

DATE: December 12, 2018

TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA Directors, SNAP Directors,
Employment Coordinators, Staff Development
Coordinators

FROM: Jeffrey Gaskell, Assistant Deputy Commissioner
Employment and Income Support Programs

SUBJECT: Release of Revised LDSS-4310 "Periodic Report" and LDSS-4310A "Follow-
Up to the Periodic Report"

EFFECTIVE DATE: Immediately

CONTACT PERSON: Supplemental Nutrition Assistance Program (SNAP) at:
518-473-1469

The purpose of this GIS message is to inform social services districts (districts) that the English and Spanish versions of the [LDSS-4310](#) "Periodic Report" and [LDSS-4310A](#) "Follow-up to the Periodic Report" forms, have been revised (Rev. 3/18.)

The Able-Bodied Adult Without Dependents (ABAWD) language under "General Instructions, Reminder" on Page 1 of both the LDSS-4310 and LDSS-4310A forms was changed to: "If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), he/she MUST tell the district if their hours go below 80 hours each month within 10 days after the end of that month. The ABAWD can request a qualifying work activity from the district to help him/her meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, he/she should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes he/she should be exempt from the ABAWD requirement."

The following changes have been made on page 2:

- Section 2
 - The language in the first check box was changed to "An able-bodied adult in your household did not work/participate in a work activity for at least 80 hours in each month"
 - A new check box was added which reads "Change in medical conditions that limit someone in the household's ability to work or the type of work they can perform. (Write who and when the medical condition occurred)".
- Certification
 - The sentence "If my gross income exceeds the 130% level, I must report it within 10 days after the end of the month in which it was received" was added.

Forms Ordering Information

The revised English versions of the LDSS-4310: "*Periodic Report*" and the LDSS-4310A: "*Follow-Up to the Periodic Report*" are Camera Ready Only forms.

The above referenced documents have been posted on the OTDA Intranet website at http://otda.state.ny.net/ldss_eforms/default.htm and are available for downloading by districts for reproduction locally.

Upon the release of this GIS all previous versions of the “*Periodic Report*” and “*Follow-Up to the Periodic Report*” **must immediately be destroyed** and replaced with the revised 3/18 versions.

Any future requests for master camera ready copies of the English versions, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

E-mail: forms.orders@otda.ny.gov

District online forms ordering system: <http://formorders/>

Fax: (518) 402-0084

Questions concerning ordering forms should be directed to BMS Document Services at (518) 474-9522.

Any previously approved Local Equivalents of these forms should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.