



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-04-OPE

REVISION TO THE DESIGNATION OF FOOD STAMP STATUS OF FOSTER CHILD FORM (W-904JJ)

Date: January 13, 2006	Subtopic(s): Food Stamps, Forms
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p><input type="checkbox"/> Please use Print on Demand to obtain copies of forms.</p>	<p>This policy bulletin is to inform all staff that the Designation of Food Stamp Status of Foster Child Form (W-904JJ) has been revised to update the instructions regarding foster children who are included as household (h/h) members.</p> <p>Participants have the choice of including or not including a foster child as a h/h member. If a foster child is included as a h/h member, the foster care payments received on behalf of the foster child are <u>not to be counted</u> toward the Food Stamp budget. However, <u>all other</u> income or resources received by or on behalf of the foster child must be counted.</p> <p>If the foster child is not included in the h/h, a separate FS case cannot be created for him/her.</p> <p>A sample of the W-904JJ is attached.</p> <p>Center Directors are to ensure that all previous versions of the W-904JJ are recycled.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>W-904JJ Designation of Food Stamp Status of Foster Child (Rev. 1/13/06)</p> <p>W-904JJ (S) Designation of Food Stamp Status of Foster Child (Spanish) (1/13/06)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call (718) 557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Distribution: X



Date: _____
Case Number: _____
Case Name: _____

Designation of Food Stamp Status of Foster Child

INSTRUCTIONS: Complete in instances where there is a foster child in the household. A separate form is to be completed for each foster child.

You have a choice as to whether or not to include a foster child as part of your Food Stamp household.

If you choose to include the foster child as a household member, his/her foster care payments will not be counted toward your Food Stamp household, however, all other income and resources received on behalf of the foster care child will be counted in the calculation of your Food Stamp benefits.

If you choose not to include the foster child as a household member, the foster child may not receive Food Stamp benefits as a separate household.

Please indicate your choice by checking one of the following boxes:

Yes, I want _____ (Name of Foster Child) _____ to be part of the Food Stamp household.

No, I do not want _____ (Name of Foster Child) _____ to be part of the Food Stamp household.

I further understand that I have the right to change my decision by completing a new form at a future date, at which time the amount of my Food Stamp benefits will be recomputed.

Print Name: _____ Case Head _____ Telephone _____

Signature: _____ Case Head _____ Date: _____

Worker's Name: _____ Telephone _____

Signature: _____ Date _____

If you have questions regarding the budgeting of your Food Stamp case, please contact your Worker.

A copy of this form must be scanned into the case file.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____

Designación de Cupones para Alimentos del Niño de Crianza

INSTRUCCIONES: A ser llenado en el caso en que haya un niño de crianza en el hogar. Se debe llenar un formulario por separado para cada niño de crianza.

Usted tiene la opción de incluir o no a un niño de crianza como parte de su hogar de Cupones para Alimentos.

Si usted decide incluir al niño de crianza como miembro del hogar, los pagos de cuidado de crianza no afectará la cantidad de Cupones para Alimentos de su hogar, en cambio, cualquier otros ingresos y recursos recibidos en nombre del niño de crianza sí se tomarán en cuenta a la hora de calcular sus beneficios de Cupones para Alimentos.

Si usted decide no incluir al niño de crianza como miembro del hogar, el niño no podrá recibir beneficios de Cupones para Alimentos como si fuera un hogar independiente.

Favor de indicar su opción, marcando una de las siguientes casillas:

- Sí, yo deseo que _____ sea parte del hogar de Cupones para Alimentos.
(Nombre del Niño de Crianza)
- No, no deseo que _____ sea parte del hogar de Cupones para Alimentos.
(Nombre del Niño de Crianza)

Además, soy consciente de que tengo derecho a cambiar mi decisión llenando un nuevo formulario en fecha ulterior, momento en el cual la cantidad de mis beneficios de Cupones para Alimentos será recalculada.

Nombre en Letra de Molde: _____
Participante Principal del Caso Teléfono

Signature: _____ Fecha: _____
Participante Principal del Caso Fecha

Nombre del Trabajador: _____
Teléfono

Firma: _____
Fecha

Si tiene preguntas sobre la presupuestación de su caso de Cupones para Alimentos, favor de comunicarse con su Trabajador.
Se debe escanear una copia de este formulario para el archivo del caso.