

FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner Office of Procedures

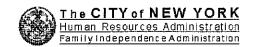
POLICY BULLETIN #06-16-OPE

(This Policy Bulletin Replaces PB #02-30-ELI and PB #04-184-OPE)

OBSOLETE FORM W-25H

Date:	Subtopic(s):					
February 7, 2006	Forms					
☐ This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform staff at Job Centers and Non-Public Assistance (NPA) Food Stamp (FS) Offices that the Alien Status History Sheet (W-25H) is now obsolete.					
	The W-25H was designed to assist Workers in identifying aliens eligible for the New York State Food Assistance Program (FAP). FAP, however, was terminated on September 30, 2005.					
	Center Directors and Office Site Managers must ensure that all copies of the W-25H are removed from circulation and recycled.					
	Effective Immediately					
☐ Please use Print on ☐	Attachment:					
Demand to obtain copies of forms.	W-25H Alien Status History Sheet (Rev. 10/18/04) (Obsolete)					

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



Alien Status History Sheet

	Applic	ation	Recertification/F	First Contact	Nonalien (Case			
Case Name:				Case Number:					
Case Reviewed for Allo	en Status o	n:		_ Number of Al	iens in House	hold (H <i>I</i> H):		·	
Use this form along wi Food Stamp Benefits o	th the Alier or for Food	ı Eligibility Desk Stamp Benefits	Aid (W-205V) to ident under the State's Foo	lify and document aliens d Assistance Program (s in the H <i>I</i> H wi FAP).	ho are eligi	ible for	federal	
Number of aliens elig	ible for Fe	deral Food Sta	mp Benefits:	_ (List their names in t	-				
First Name	M.I	. La	st Name	Allen Number	LPR Date/D Was Gr		Reas	on Code	
			***************************************			ma			
Individuals born before following criteria: s/he is a qualified alien who has lived it s/he resided in fre to s/he has not been a s/he applied for driving becoming eligible to	e 8/22/31 a	gible for federal d States (U.S.) (22/96; the U.S. for mo	Tunded Food Stem for seven years, but go the transport of the seven was a seven within applying for FAP Bene	ence or 60 years of a Stamp [FS] Benefits.) p (FS) Benefits solely be a ned qualified status or the 12-month period profits or, if ineligible for c LPR Date/Date Status Was Granted	The individual because of alle ally a year ago; eceding the da itizenship at th	must also en rules. F ate of appli	meet a	all of the mple, an and days of	
				Status was Granted	Code	Yes	INU	Eligible	
				·	-				

Note: For each individual determined eligible for FAP benefits, the FAP Indicator Data Entry form (LDSS-4840) must be completed to have code "F" data-entered into the Welfare Management System.

First Name	M.I.	Last Name	Date of Birth	Allen Number	LPR Date	Reason N Eligible
OS/Worker Signature			1.46.	Date		
OS/Supervisor Signature				Date		
		A -				
	Fac	AFF ch alien eligible for	FIRMATION FAP must sign th	his affirmation		
ffirm that I have no		de the U.S. for more	_		nonths.	
			<u>-</u> 			
First Name	M.I.	Last Name		Signature		Date
First Name	M.I.	LastName		Signature		Date
First Name	MI.	Last Name		Signature	· 	Date
First Name	Mi.	LastiName	tro.	Signature		Date
			RMACIÓN			
		os elegibles respec		4		
) arirmo que no ne	estado fuera	i de los Estados Uni	idos por mas de	96 dias durante lo	s ultimos 12	meses.
Nombre	1	Apellido		Firma	**************************************	Fecha
Nombre	1	Apellido		Firma		Fecha
Nombre		Apellido		Firma		Fecha

ì

Nombre

Apellido

Firma

Fecha