



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 #10-38-OPE

(This Policy Bulletin Replaces PB #10-27-OPE, and Obsoletes PD #00-89)

**REVISION TO THE CASH ASSISTANCE APPLICATION KIT FORM (M-90c):
 REMOVAL OF ACCESS NY HEALTH CARE APPLICATION (DOH-4220)**

Date: April 19, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff and the Application Kit Unit (AKU) of the Office of Central Processing (OCP) that the Cash Assistance (CA) Application Kit Form (M-90c) has been revised to remove the Access NY Health Care Application (DOH-4220) because it is no longer required in the CA application kit. Job Centers are not required to distribute the DOH-4220.</p> <p>PD #00-89 Growing Up Healthy Application (DOH-4133) is obsolete because the Growing Up Healthy Application Form DOH-4133 has been made obsolete.</p> <p>Individuals wishing to apply for MA only, regardless of age, may complete the Application for Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) - Food Stamp Benefits (FS) – Services (S), including Foster Care (FC) – Child Care Assistance (CC) (LDSS-2921) or obtain the DOH-4220 from ACCESS NYC and apply at a Medicaid office.</p> <p>Job Center Directors must ensure that all previous versions of Form M-90c are removed from circulation and recycled.</p> <p>The Application Kit Unit must ensure that Form DOH-4220 is removed from the CA Application kits.</p> <p>A sample of the M-90c is attached.</p> <p><i>Effective Immediately</i></p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
 Call 718-557-1313 then press 3 at the prompt followed by 1 or
 send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Attachment:

🖨 Please use Print on Demand to obtain copies of forms.

M-90c

Cash Assistance Application Kit Form (Rev. 4/19/10)

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Statewide Common Application	LDSS-2921*	State
2	Revised Assignment of Support Rights Language for LDSS 2921	Attachment 1****	State
3	Food Stamp Change Report Form	LDSS-3151*	State
4	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs	LDSS-4148B*	State
6	New York State What You Should Know If You Have An Emergency	LDSS-4148C*	State
7	New Information About Temporary Assistance and Food Stamps	LDSS-4148D*	State
8	Notice Of Responsibilities And Rights For Support (LDSS-4279)	Attachment 3****	State
9	Domestic Violence Screening Form	LDSS-4583*	State
10	Domestic Violence Palm Card	LDSS-4583A**	State
11	DFR Legal Residence Statement	LDSS-4733	State
12	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
13	New York State How To Complete The Temporary Assistance (TA) - Medical Assistance (MA) - Medical Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC) Application	PUB-1301*	State
14	How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits	PUB-4596*	State
15	Keep the Heat On With HEAP Pamphlet	PUB-4735**	State
16	Helping Hands For People In Need	PUB-4916*	State
17	Notice to All Applicants	EXP-75Q***	FIA
18	Absent Parent Questionnaire	M-384k*	FIA
19	Your Interview with the Office of Child Support Enforcement	M-384t**	FIA
20	Child Care Guarantee Informational	M-528m	FIA
21	Attention: Applicants/Participants	W-116U***	FIA

*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

**Available in English and Spanish only.

***Multiple languages are contained on one form.

****Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
22	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E*	FIA
23	Cash Assistance Additional Allowances	W-137C*	FIA
24	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
25	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A**	FIA
26	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
27	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299†	FIA
28	Welfare Fraud (BFI-Bureau of Fraud Investigation)	BRC-151M*	BFI
29	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
30	Eligibility Verification Review Questionnaire	W-532T**	FIA
31	Cash Assistance & Child Support	W-549D**	OCSE
32	Child Care Fact Sheet and Planner	CS-574EE**	ACS
33	Language Questionnaire	W-680FF*	FIA
34	Are You Disabled?	W-681A*	FIA
35	Notice to Applicants/Participants	W-904DD*	FIA
36	Essential Persons	W-912KK**	FIA
37	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
38	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096*	MAP
39	Your Guide To Public Health and Eligibility	MAP-2020N	MAP

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