



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12- 49-OPE

OBSOLETE FORMS W-115E, W-115G, W-126C, W-127R, W-130D AND W-130E

Date: July 2, 2012	Subtopic: Forms												
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff that the following forms are now obsolete because they have either been replaced, outdated, and/or the intended programs are no longer applicable:</p> <ul style="list-style-type: none"> (W-115E) Reception Daily Tabulation Sheet (W-115G) Weekly Reception Activity (W-126C) Log of Forms DSS-4113-2 (W-127R) Food Stamp Eligibility Notice (W-130D) Memorandum (W-130E) Food Stamp Eligibility Transmittal <p>Job Center Directors and NCA FS Center Directors must ensure that all versions of these forms are removed from circulation and recycled.</p> <p>Samples of the obsolete forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <table border="0"> <tr> <td>W-115E</td> <td>Reception Daily Tabulation Sheet (Obsolete)</td> </tr> <tr> <td>W-115G</td> <td>Weekly Reception Activity (Obsolete)</td> </tr> <tr> <td>W-126C</td> <td>Log of Forms DSS-4113-2 (Obsolete)</td> </tr> <tr> <td>W-127R</td> <td>Food Stamp Eligibility Notice (Obsolete)</td> </tr> <tr> <td>W-130D</td> <td>Memorandum (Obsolete)</td> </tr> <tr> <td>W-130E</td> <td>Food Stamp Eligibility Transmittal (Obsolete)</td> </tr> </table>	W-115E	Reception Daily Tabulation Sheet (Obsolete)	W-115G	Weekly Reception Activity (Obsolete)	W-126C	Log of Forms DSS-4113-2 (Obsolete)	W-127R	Food Stamp Eligibility Notice (Obsolete)	W-130D	Memorandum (Obsolete)	W-130E	Food Stamp Eligibility Transmittal (Obsolete)
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W-130D	Memorandum (Obsolete)												
W-130E	Food Stamp Eligibility Transmittal (Obsolete)												

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

Date

RECEPTION DAILY TABULATION SHEET

Interview Classification	Number of Interviews																									TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Information And Referrals Settled At Reception	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	<input type="text"/>
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Referred Elsewhere In Center	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	<input type="text"/>
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Service Priorities Accepted	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	<input type="text"/>
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
TOTAL																									<input type="text"/>	

Reception Interviewer: _____

Weekly Reception Activity

IS/Job Center Number: _____

Week Ending: _____

Participant Disposition	MON	TUES	WED	THUR	FRI	TOTAL
1. Information and referral settled at reception						
2. Referred elsewhere in center						
3. Service priorities accepted						
Total reception activity						
Reception/Quick Serv. Man-Days						

OBSOLETE

Reception Supervisor: _____

Date: _____

- Distribution**
 OPPA Statistics
 Regional Manager
 Center Director
 File

LOG OF FORMS DSS-4113-2

TEMPORARY BENEFIT CARDS ISSUED FOR WEEK ENDING _____
Date

Printer Operator's Signature: _____

Printer Number: _____

DAY / DATE	SERIAL NUMBERS USED		Serial Number Of Voided Cards							
	From	To	1.	2.	3.	4.				
MONDAY _____ Date			1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____
TUESDAY _____ Date			1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____
WEDNESDAY _____ Date			1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____
THURSDAY _____ Date			1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____
FRIDAY _____ Date			1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____

OBSOLETE

SSI Food Stamp Office (F-15)
GPO Box C9030
Brooklyn N.Y. 11202-9030

SSI Food Stamp Office F-15
233 Schermerhorn Street
Brooklyn, New York 11201

Dear SSI Recipient:

You can get Food Stamp Benefits.

Most SSI recipients are entitled to food stamps if they apply for them. You can apply for food stamps by mail. Just complete the enclosed Food Stamp Application and mail it to us in the enclosed envelope.

IMPORTANT NOTICE TO NON-CITIZENS

The following non-citizens are eligible for federally funded food stamps:

- **A refugee, asylee, or an alien whose deportation was withheld** for seven years after attaining that status.
- **A lawfully admitted alien** who is currently on active duty with the US Armed Forces or is an honorable discharged veteran of the US Armed Forces or his/her spouse or unmarried dependent child.
- **A lawfully admitted alien** who has worked for 40 qualifying quarters or can be deemed so. Certain restrictions apply.

If you are not eligible for federally-funded food stamps we can provide you with State and City funded food stamps through the Food Assistance Program (FAP), provided that you file an application for citizenship as soon as you are eligible to do so and provide us with verification within 60 days of doing so. If you already have filed for citizenship, please include a photocopy of the receipt issued to you by the Immigration and Naturalization Service with your application. Also include a photocopy, front and back, of your Alien Registration Card (I-551 "green card").

If you have any questions or need help in completing your application please call 1 (718) 722-4009.

SSI Food Stamp Office (F-15)
GPO Box C9030
Brooklyn N.Y. 11202-9030

Estimado(a) Beneficiario(a) del SSI:

Usted puede obtener Beneficios de Cupones para Alimentos.

La mayor parte de los beneficiarios del SSI tienen derecho a cupones para alimentos si los solicitan. Usted puede solicitar beneficios de cupones para alimentos por correo. Llene la Solicitud para Cupones para Alimentos incluida y envíela a nosotros en el sobre adjunto.

NOTIFICACIÓN IMPORTANTE A PERSONAS NO-CIUDADANOS

Las siguientes personas que no son ciudadanos son elegibles para cupones para alimentos con fondos federales.

- **Un refugiado, asilado o extranjero cuya deportación ha sido retenida** por 7 años después de lograr esa condición.
- **Un extranjero(a) admitido legalmente** que actualmente está en el servicio militar activo de las Fuerzas Armadas de los Estados Unidos o que es veterano de la Fuerzas Armadas de los Estados Unidos con licenciamiento honorable o su cónyuge o su hijo(a) dependiente soltero(a).
- **Un extranjero(a) admitido legalmente** que ha trabajado 40 trimestres calificables o puede ser considerado calificado. Ciertas restricciones aplican.

Si usted no es elegible para cupones para alimentos con fondos federales le podemos proveer con cupones para alimentos con fondos estatales y locales, a través del Programa Asistencia para Alimentos (FAP), con tal que usted registre una solicitud para la ciudadanía tan pronto sea elegible de hacerlo y nos provee verificación dentro de 60 días de hacerlo. Si usted ya ha solicitado ciudadanía, favor de incluir una fotocopia del recibo emitido a usted por el Servicio de Inmigración y Naturalización con su solicitud. Incluya también una fotocopia de los dos lados de su Tarjeta de Registración de Extranjero (I-551 "green card").

Si tiene cualquier pregunta o necesita ayuda llenando su solicitud, favor de llamar al 1 (718) 722-4009.

MEMORANDUM

DATE : _____

- TO : SSI Food Stamp Office F-15
 Homebound Office F-63

FROM : Food Stamp Office F- _____

SUBJECT : TRANSMITTAL OF APPLICATION

OBSOLETE

Case Name: _____

Case Number: _____

The individual identified above, filed an application by mail with this office on _____.
The application is being forwarded to you because the household qualifies for mail processing by your office.

Received by _____ Date _____
(Signature at F-15/F-63)

Instructions: Complete in duplicate. The copy is to be retained as a control. The original is to be attached to the case folder being delivered to F-15 or F- 63. Upon return of the signed original, destroy the copy and retain the signed original in an alphabetical file for three months.



FOOD STAMP ELIGIBILITY TRANSMITTAL

DATE: _____

TO: Center Director , F-_____

FROM: SSI Food Stamp Center F-15

SUBJECT: APPLICATION

Case Name _____

Case Number _____

OBsolete

The individual identified above filed an application with the SSI Food Stamp Office, F-15, on _____.

Date

The application is being forwarded to your office for an eligibility determination because the household does not meet the criteria of an "SSI Live-Alone" household.

Instructions: Complete in duplicate. Retain the copy as a control; attach the original to the case folder being delivered to the new Food Stamp Center. Upon return of the signed original, destroy the copy and retain the signed original in an alphabetical file for three months.

Received by: _____

(Signature at FS Center)

_____ Date