



# FAMILY INDEPENDENCE ADMINISTRATION



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## POLICY BULLETIN #13-112-OPE

### REVISIONS TO FORMS M-90C, M-90CC

<b>Date:</b> December 19, 2013	<b>Subtopic:</b> Forms				
<p>  This procedure can now be accessed on the FIAweb.         </p> <p>           Please see <a href="#">PB #13-91-OPE</a> </p> <p>  Please use Print on Demand to obtain copies of forms         </p>	<p>           The purpose of this policy bulletin is to inform all Job Center staff that the “MAP Summary of Service Brochure” (<b>MAP-2020n</b>) has been obsolete.         </p> <p>           As a result of this change, the following forms have been revised:         </p> <ul style="list-style-type: none"> <li>• Cash Assistance Application Kit Forms (<b>M-90c</b>).</li> <li>• Application Review Addendum Checklist (<b>M-90cc</b>).</li> </ul> <p>           Job Center Directors must ensure that all versions of the <b>M-90c</b>, <b>M-90cc</b> and <b>MAP-2020n</b> are removed and recycled.         </p> <p> <i>Effective Immediately</i> </p> <p> <b>Attachments:</b> </p> <table data-bbox="477 1310 1370 1436"> <tr> <td><b>M-90c</b></td> <td>Cash Assistance Application Kit (Rev. 12/19/13)</td> </tr> <tr> <td><b>M-90cc</b></td> <td>Application Review Addendum Checklist (Rev. 12/19/13)</td> </tr> </table>	<b>M-90c</b>	Cash Assistance Application Kit (Rev. 12/19/13)	<b>M-90cc</b>	Application Review Addendum Checklist (Rev. 12/19/13)
<b>M-90c</b>	Cash Assistance Application Kit (Rev. 12/19/13)				
<b>M-90cc</b>	Application Review Addendum Checklist (Rev. 12/19/13)				

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

## Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	<a href="#">Attachment A****</a>	State
2	Changes to the LDSS-2921 Statewide	<a href="#">Attachment 1****</a>	State
3	Statewide Common Application	<a href="#">LDSS-2921*</a>	State
4	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	<a href="#">LDSS-3151*</a>	State
5	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	<a href="#">LDSS-4148A*</a>	State
6	New York State What You Should Know About Social Services Programs Questions and Answers	<a href="#">LDSS-4148B*</a>	State
7	New York State What You Should Know If You Have An Emergency Questions and Answers	<a href="#">LDSS-4148C*</a>	State
8	Notice Of Responsibilities And Rights For Support	<a href="#">LDSS-4279**</a>	State
9	Domestic Violence Screening Form Under the Family Violence Option	<a href="#">LDSS-4583*</a>	State
10	Domestic Violence Palm Card	<a href="#">LDSS-4583A**</a>	State
11	DFR Legal Residence Statement	<a href="#">LDSS-4733</a>	State
12	Information about Child Support Services and Application/Referral for Child Support Services	<a href="#">LDSS-4882</a>	State
13	Domestic Violence Information for all Temporary Assistance Applicants	<a href="#">LDSS-4905*</a>	State
14	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	<a href="#">PUB-1301*</a>	State
15	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	<a href="#">LDSS-5004**</a>	State
16	Keep the Heat On With HEAP	<a href="#">PUB-4735</a>	State
17	Notice to All Applicants	<a href="#">EXP-75Q***</a>	FIA
18	Notice to Individuals Who Entered the United States or Had Their Status Changed Via Sponsorship	<a href="#">FIA-1068*</a>	FIA
19	I Speak Cards for Limited English Proficient Applicant/Participant	<a href="#">HRA-101***</a> <a href="#">(FIA-1043)</a>	FIA
20	Your Interview with the Office of Child Support Enforcement	<a href="#">M-384t*</a>	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
21	Child Care Guarantee Informational	<a href="#">M-528m</a> **	FIA
22	Attention: Applicants/Participants	<a href="#">W-116U</a> *	FIA
23	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	<a href="#">W-126E</a> *	FIA
24	Services for Victims of Sexual Assault	<a href="#">W-131</a> **	FIA
25	Cash Assistance Additional Allowances	<a href="#">W-137C</a> *	FIA
26	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	<a href="#">W-139E</a> **	FIA
27	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	<a href="#">W-273A</a> **	FIA
28	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?	<a href="#">CS-273E</a> **	ACS
29	Notice to Applicants and Participants Regarding Third Party Health Insurance	<a href="#">W-299</a> *	FIA
30	What To Do If You Have Been Sexually Assaulted	<a href="#">BRC-100B</a> **	Mayor's Office
31	Welfare Fraud (BFI Bureau of Fraud Investigation)	<a href="#">BRC-151M</a> **	BFI
32	Guide to Work Supports	<a href="#">BRC-504</a> **	FIA
33	Are You a Person With a Disability?	<a href="#">BRC-681A</a> *	HRA
34	Interpretation Services Notice for the Application/Recertification Kits (Insert)	<a href="#">W-515W</a> ***	FIA
35	Eligibility Verification Review Questionnaire	<a href="#">W-532T</a> *	FIA
36	Cash Assistance & Child Support What You Need to Know	<a href="#">W-549D</a> **	OCSE
37	Child Care Fact Sheet and Planner	<a href="#">CS-574EE</a> **	ACS
38	Language Questionnaire	<a href="#">W-680FF</a> *	FIA
39	Notice to Applicants/Participants	<a href="#">W-904DD</a> *	FIA
40	Essential Persons	<a href="#">W-912KK</a> **	FIA
41	List of Participating Clinics and Hospitals (Child/Teen Health Program)	<a href="#">MAP-58k</a> ***	MAP
42	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	<a href="#">MAP-252</a> *	MAP
43	Child/Teen Health Program (C/THP) Fact Sheet	<a href="#">MAP-1096</a> *	MAP

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Job Center: \_\_\_\_\_

Review Month: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_

**Application Review Addendum Checklist**

(Reviewer is to request to see the Application Kits in three different languages)

A- APPLICATION KIT																	Language Legend										
Reception Area																	A = Arabic										
INDICATE LANGUAGE (3)																	C = Chinese										
1																	D = Haitian/Creole										
2																	E = English										
3																	K = Korean										
																	R = Russian										
																	S = Spanish										
B- MANDATED FORMS				Attachment A ****	BRC-151M**	BRC-681A*	LDSS-2921*	LDSS-3151*	LDSS-4148A*	LDSS-4148B*	LDSS-4148C*	LDSS-4583*	LDSS-4882	LDSS-4905*	MAP-252*	M-384K*	MAP-1096*	PUB-1301*	LDSS-5004	PUB-4916*	W-126E*	W-137C*	W-299*	W-680FF*	W-904DD*		
Application Kit Check to see if the Mandated Forms are in the Application Kit in the requested language. <b>ENTER:</b> <b>YES (Y) / NO (N)</b> or <b>Check the box</b> for <b>English/Spanish</b> <b>Only (E/S)**</b>				1																							
				2																							
				3																							
				E/S																							
1	2	3	E/S	<p><b>Attachment-1</b> Revised Assignment of Support Rights Language for <b>LDSS-2921</b></p> <p><b>BRC-100B**</b> What To Do If You Have Been Sexually Assaulted</p> <p><b>BRC-504**</b> A Guide to Work Supports</p> <p><b>BRC-681A*</b> Are You a Person With a Disability?</p> <p><b>CS-273E**</b> 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?</p> <p><b>CS-574EE**</b> Child Care Fact Sheet and Planner</p> <p><b>EXP-75Q***</b> Notice to All Applicants</p> <p><b>FIA-1043*** (HRA-101)</b> I Speak Card (Instructional)</p> <p><b>FIA-1068*</b> Notice to Individuals Who Entered the United States or Had Their Status Changed Via Sponsorship</p> <p><b>LDSS-4279**</b> Notice of Responsibilities And Rights for Support</p> <p><b>LDSS-4583A**</b> Domestic Violence Palm Card</p> <p><b>LDSS-4733</b> DFR Legal Residence Statement</p> <p><b>MAP-58K***</b> List of Participating Clinics and Hospitals</p> <p><b>M-384T*</b> Your Interview With The Office of Child Support Enforcement</p> <p><b>M-528M**</b> Child Care Guarantee Informational</p> <p><b>PUB-4735**</b> Keep The Heat On With HEAP Pamphlet</p> <p><b>W-116U*</b> Attention: Applicants/Participants</p> <p><b>W-131**</b> Services for Victims of Sexual Assault</p> <p><b>W-139E**</b> Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)</p> <p><b>W-273A**</b> Troubled? Frustrated? Angry? Don't Take it Out On Your Children!</p> <p><b>W-515W***</b> Interpretation Services Notice for the Application/Recertification Kits (Insert)</p> <p><b>W-532T*</b> Eligibility Verification Review Questionnaire</p> <p><b>W-549D**</b> Cash Assistance &amp; Child Support: What You Need To Know</p> <p><b>W-912KK**</b> Essential Persons</p>																							
C- POSTER				D- PALM CARDS																							
All Applicant/Participant Waiting Areas				Application/Reception Area																							
"IF YOU NEED AN INTERPRETER" POSTER				LANGUAGE PALM CARDS																							
(PUB-4842)				(FORM W-194)																							
ENTER		POSTER		Available in all						Palm Card						Available in Application/Reception Area											
Y – YES		AVAILABLE		Waiting Areas						Available																	
N – NO																											

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