



FAMILY INDEPENDENCE ADMINISTRATION


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Policy, Procedures, and Training


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Office of Procedures

POLICY BULLETIN #13-20-OPE

REVISIONS TO FORMS FIA-1036, M-90C, M-90CC, M-90D, AND M-90E

Date: March 8, 2013	Subtopic: Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this Policy Bulletin is to inform staff that the Recertification Review Addendum Checklist (FIA-1036), Cash Assistance Application Kit Forms (M-90c), Application Review Addendum Checklist (M-90cc), Cash Assistance Recertification Kit Forms (M-90d), and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms (M-90e) have been revised, as follows:</p> <ul style="list-style-type: none"> • Forms FIA-1036 and M-90cc have been updated to reflect the change in the numerical designation of the “Are You a Person With a Disability?” brochure, from W-681A to BRC-681A. Additionally, the Language Code designation for Haitian/Creole in the “Language Legend” box has been changed from “H” to “D”, in accordance with the Agency’s current Language Codes. • Form M-90c has been updated to reflect the current titles of BRC-681A and MAP-2020N, “Are You a Person With a Disability?” and “Public Health Insurance Eligibility: You Can Qualify”, respectively. • Forms M-90d has been updated to reflect the current title of BRC-681A, “Are You a Person With a Disability?” • Form M-90e has been updated to reflect the current titles of BRC-681A and Form W-519, “Are You a Person With a Disability?” and “Photo Identification for Supplemental Nutrition Assistance Program (SNAP)/Finger Imaging for Cash Assistance Notice”, respectively. <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

 Please use Print on Demand to obtain copies of forms.

Attachments:

- FIA-1036** Recertification Review Addendum Checklist (Rev. 3/8/13)
- M-90c** Cash Assistance Application Kit (Rev. 3/8/13)
- M-90cc** Application review Addendum Checklist (Rev. 3/8/13)
- M-90d** Cash Assistance Recertification Kit (Rev. 3/8/13)
- M-90e** Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit (Rev. 3/8/13)

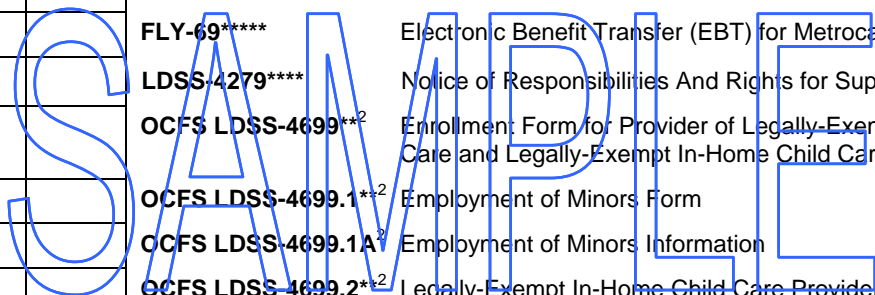
Job Center: _____

Review Month: _____

Reviewer's Name: _____

Recertification Review Addendum Checklist
 (Reviewer is to request to see the Recertification in three different languages)

A Reception Area Application Kit INDICATE LANGUAGE (3)				Language Legend A = Arabic C = Chinese D = Haitian/Creole E = English R = Russian S = Spanish V = Vietnamese															
1																			
2																			
3																			
B Mandated Forms Check to see if the Mandated Forms are in the Recertification Kit in the requested language. ENTER: YES (Y) / NO (N) or Check the box for English/Spanish Only (E/S)**				BRC-151M*	BRC-681A*	LDSS-3151*	LDSS-3174 ¹ *	LDSS-4148A*	LDSS-4148B*	LDSS-4148C*	LDSS-4905*	MAP-252*	M-384D ² *	PUB-1313*	W-126E*	W-137C*	W-299*	W-680FF*	W-904DD*
	1																		
	2																		
	3																		
1	2	3	E/S	<p>Attachment-2**** Revised Assignment of Support Rights Language for LDSS-3174</p> <p>BRC-100B** What To Do If You Have Been Sexually Assaulted</p> <p>BRC-504** A Guide to Work Supports</p> <p>CS-273E² Did You Know That The City of New York Will Pay for Your Child Care For You Children Under 13 and For Children With Special Needs?</p> <p>CS-574EE**² Child Care Fact Sheet and Planner</p> <p>FLY-69**** Electronic Benefit Transfer (EBT) for Metrocards</p> <p>LDSS-4279**** Notice of Responsibilities And Rights for Support</p> <p>OCFS LDSS-4699**² Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care</p> <p>OCFS LDSS-4699.1**² Employment of Minors Form</p> <p>OCFS LDSS-4699.1A² Employment of Minors Information</p> <p>OCFS LDSS-4699.2**² Legally-Exempt In-Home Child Care Provider Agreement Form</p> <p>OCFS LDSS-4699.2A² Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider</p> <p>OCFS LDSS-4700**² Enrollment Form for Provider of Legally-Exempt Group Child Care</p> <p>M-528M² Child Care Guarantee Informational</p> <p>PUB-4916**** Helping Hands for People in Need</p> <p>W-116U*** Attention: Applicants/Participants</p> <p>W-131** Services for Victims of Sexual Assault</p> <p>W-139E** Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)</p> <p>W-515W*** Interpretation Services Notice for the Application/ Recertification Kits (Insert)</p> <p>W-549D**² Cash Assistance & Child Support: What You Need To Know</p> <p>W-912KK** Essential Persons</p>															
C- POSTER				D- PALM CARDS															
All Applicant/Participant Waiting Areas "IF YOU NEED AN INTERPRETER" POSTER (PUB-4842)				Application/Reception Area LANGUAGE PALM CARDS (FORM W-194)															
ENTER Y – YES N – NO	POSTER AVAILABLE	Available in all Waiting Areas		Palm Card Available					Available in Application/ Reception Area										



* 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 Recertification 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.
 ***** Distribute until close of business on June 30, 2011.
¹ Included in the kit for homebound interviews and when POS is down.
² Included in the kit for households with children only.

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	Attachment A****	State
2	Changes to the LDSS-2921 Statewide	Attachment 1****	State
3	Statewide Common Application	LDSS-2921*	State
4	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
5	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A*	State
6	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B*	State
7	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C*	State
8	Notice Of Responsibilities And Rights For Support	LDSS-4279**	State
9	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
10	Domestic Violence Palm Card	LDSS-4583A**	State
11	DFR Legal Residence Statement	LDSS-4733	State
12	Information about Child Support Services and Application/Referral for Child Support Services	LDSS-4882	State
13	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	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	PUB-1301*	State
15	How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits	PUB-4596*	State
16	Keep the Heat On With HEAP	PUB-4735	State
17	Notice to All Applicants	EXP-75Q***	FIA
18	Notice to Individuals Who Entered the United States or Had Their Status Changed Via Sponsorship	FIA-1068*	FIA
19	I Speak Cards for Limited English Proficient Applicant/Participant	HRA-101*** (FIA-1043)	FIA
20	Your Interview with the Office of Child Support Enforcement	M-384t*	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	M-528m**	FIA
22	Attention: Applicants/Participants	W-116U*	FIA
23	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E*	FIA
24	Services for Victims of Sexual Assault	W-131**	FIA
25	Cash Assistance Additional Allowances	W-137C*	FIA
26	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
27	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A**	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?	CS-273E**	ACS
29	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299*	FIA
30	What To Do If You Have Been Sexually Assaulted	BRC-100B**	Mayor's Office
31	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M**	BFI
32	Guide to Work Supports	BRC-504**	FIA
33	Are You a Person With a Disability?	BRC-681A*	HRA
34	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
35	Eligibility Verification Review Questionnaire	W-532T*	FIA
36	Cash Assistance & Child Support What You Need to Know	W-549D**	OCSE
37	Child Care Fact Sheet and Planner	CS-574EE**	ACS
38	Language Questionnaire	W-680FF*	FIA
39	Notice to Applicants/Participants	W-904DD*	FIA
40	Essential Persons	W-912KK**	FIA
41	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k***	FIA
42	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
43	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096*	MAP
44	Public Health Insurance Eligibility: You Can Qualify	MAP-2020N	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*	PUB-4596*	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. ENTER: YES (Y) / NO (N) or Check the box for English/Spanish Only (E/S)**		1																						
		2																						
		3																						
1	2	3	E/S	<p>Attachment-1 Revised Assignment of Support Rights Language for LDSS-2921</p> <p>BRC-100B** What To Do If You Have Been Sexually Assaulted</p> <p>BRC-504** A Guide to Work Supports</p> <p>BRC-681A* Are You a Person With a Disability?</p> <p>CS-273E** Did You Know That The City of New York Will Pay for Your Child Care For You Children Under 13 and For Children With Special Needs?</p> <p>CS-574EE** Child Care Fact Sheet and Planner</p> <p>EXP-75Q*** Notice to All Applicants</p> <p>FIA-1043*** (HRA-101) I Speak Card (Instructional)</p> <p>FIA-1068* Notice to Individuals Who Entered the United States or Had Their Status Changed Via Sponsorship</p> <p>LDSS-4279** Notice of Responsibilities And Rights for Support</p> <p>LDSS-4583A** Domestic Violence Palm Card</p> <p>LDSS-4733 DFR Legal Residence Statement</p> <p>MAP-58K*** List of Participating Clinics and Hospitals</p> <p>MAP-2020N Public Health Insurance Eligibility: You Can Qualify</p> <p>M-384T* Your Interview With The Office of Child Support Enforcement</p> <p>M-528M** Child Care Guarantee Informational</p> <p>PUB-4735** Keep The Heat On With HEAP Pamphlet</p> <p>W-116U* Attention: Applicants/Participants</p> <p>W-131** Services for Victims of Sexual Assault</p> <p>W-139E** Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)</p> <p>W-273A** Troubled? Frustrated? Angry? Don't Take it Out On Your Children!</p> <p>W-515W*** Interpretation Services Notice for the Application/Recertification Kits (Insert)</p> <p>W-532T* Eligibility Verification Review Questionnaire</p> <p>W-549D** Cash Assistance & Child Support: What You Need To Know</p> <p>W-912KK** Essential Persons</p>																				
C- POSTER										D- PALM CARDS														
All Applicant/Participant Waiting Areas "IF YOU NEED AN INTERPRETER" POSTER (PUB-4842)										Application/Reception Area LANGUAGE PALM CARDS (FORM W-194)														
ENTER Y – YES N – NO		POSTER AVAILABLE	Available in all Waiting Areas	Palm Card Available	Available in Application/Reception Area																			

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Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
2	Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS)	LDSS-3174*¹	State
3	Revised Assignment of Support Rights Language for LDSS-3174	Attachment 2****	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	Notice Of Responsibilities And Rights For Support	LDSS-4279**	State
8	Absent Parent Questionnaire	LDSS-4882	State
9	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
10	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	PUB-1313*	State
11	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
12	What To Do If You Have Been Sexually Assaulted	BRC-100B**	Mayor's Office
13	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M**	BFI
14	Guide to Work Supports	BRC- 504**	FIA
15	Are You a Person With a Disability?	BRC-681A*	HRA
16	Attention: Applicants/Participants	W-116U*	FIA

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¹ Included in the kit for homebound interviews and when POS is down.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
17	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
18	Services for Victims of Sexual Assault	W-131 **	FIA
19	Cash Assistance Additional Allowances	W-137C *	FIA
20	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
21	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
22	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
23	Language Questionnaire	W-680FF *	FIA
24	Notice to Applicants/Participants	W-904DD *	FIA
25	Essential Persons	W-912KK **	FIA

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**Available in English and Spanish only.

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¹ Included in the kit for homebound interviews and when PCS is down.

SAMPLE

Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
2	Employment of Minors Form	OCFS LDSS-4699.1**	State
3	Employment of Minors Information	OCFS LDSS-4699.1A	State
4	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
5	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A	State
6	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State
7	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
8	Child Care Fact Sheet and Planner	CS-574EE**	ACS
9	Child Care Guarantee Informational	M-528m**	FIA
10	Cash Assistance & Child Support	W-549D**	OCSE

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¹ Included in the kit for homebound interviews and when POS is down.

Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms

Forms included in the NCA SNAP Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers Caring for Children	Attachment A	State
2	Domestic Violence Palm Card	LDSS-4583A **	State
3	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification	LDSS-4826 *	State
4	How To Complete The Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP	LDSS-4826A *	State
5	How To Use Your Benefit Card To Get Your Food Stamp and/or Cash Benefits	PUB-4596 *	State
6	List of Participating Clinics and Hospitals	MAP-58k ***	FIA
7	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 *	MAP
8	I Speak Card (Instructional)	HRA-101 ** (FIA-1043)	FIA
9	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide	W-129G *	FIA
10	Services for Victims of Sexual Assault	W-131 **	FIA
11	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
12	Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice	W-519 *	FIA
13	Language Questionnaire	W-680FF *	FIA
14	What To Do If You Have Been Sexually Assaulted	BRC-100B **	Mayor's Office
15	Guide to Work Supports	BRC-504 **	FIA
16	Are You a Person With a Disability?	BRC-681A *	HRA

*Available in multiple languages.
**Available in English and Spanish only.
***Multiple languages are contained on one form.

NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.