





FAMILY INDEPENDENCE ADMINISTRATION

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #14-102-OPE

REVISION TO THE CASH ASSISTANCE APPLICATION KIT FORMS (M-90C) AND THE CASH ASSISTANCE RECERTIFICATION KIT FORMS (M-90D)

Date: September 25, 2014	Subtopic(s): Form Revision
<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 staff that the Cash Assistance Application Kit Forms (M-90c) and the Cash Assistance Recertification Kit Forms (M-90d) have been revised to reflect a change in the form number on the Welfare Fraud (BFI Bureau of Fraud Investigation) (BRC-151) brochure.</p> <p>Job Center Directors must ensure that all previous versions of the M-90c and M-90d forms are removed and recycled.</p> <p>Samples of the revised forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>M-90c Cash Assistance Application Kit Forms (Rev. 9/25/14)</p> <p>M-90d Cash Assistance Recertification Kit Forms (Rev. 9/25/14)</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

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 Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004**	State
16	Keep the Heat On With HEAP	PUB-4735	State
17	Notice to All Applicants	EXP-75Q***	FIA
18	I Speak Cards for Limited English Proficient Applicant/Participant	HRA-101*** (FIA-1043)	FIA
19	Your Interview with the Office of Child Support Enforcement	M-384t*	FIA
20	Child Care Guarantee Informational	M-528m*	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.

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Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
21	Attention: Applicants/Participants	W-116U ***	FIA
22	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
23	Services for Victims of Sexual Assault	W-131 **	FIA
24	Cash Assistance Additional Allowances	W-137C *	FIA
25	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
26	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A **	FIA
27	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
28	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
29	What To Do If You Have Been Sexually Assaulted	BRC-100B **	Mayor's Office
30	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151 **	BFI
31	Guide to Work Supports	BRC-504 **	FIA
32	Are You a Person With a Disability?	BRC-681A *	HRA
33	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
34	Eligibility Verification Review Questionnaire	W-532T *	FIA
35	Cash Assistance & Child Support What You Need to Know	W-549D **	OCSE
36	Child Care Fact Sheet and Planner	CS-574EE **	ACS
37	Language Questionnaire	W-680FF *	FIA
38	Notice to Applicants/Participants	W-904DD *	FIA
39	Essential Persons	W-912KK **	FIA
40	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k ***	MAP
41	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 *	MAP
42	Child/Teen Health Program (C/THP) Fact Sheet	MAP-109G *	MAP

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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	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
9	Domestic Violence Palm Card	LDSS-4583A**	State
10	Absent Parent Questionnaire	LDSS-4882	State
11	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
12	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	PUB-1313*	State
13	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
14	What To Do If You Have Been Sexually Assaulted	BRC-100B**	Mayor's Office
15	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151**	BFI
16	Guide to Work Supports	BRC- 504**	FIA
17	Are You a Person With a Disability?	BRC-681A*	HRA
18	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
19	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
20	Services for Victims of Sexual Assault	W-131 **	FIA
21	Cash Assistance Additional Allowances	W-137C *	FIA
22	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
23	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
24	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
25	Language Questionnaire	W-680FF *	FIA
26	Notice to Applicants/Participants	W-904DD *	FIA
27	Essential Persons	W-9T2KK **	FIA

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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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