



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #14-20-OPE

*(This Policy Bulletin replaces PB #12-66-ELI)*

### OBSOLETION OF PB #12-66-ELI AND FORM FIA-1068

<b>Date:</b> February 19, 2014	<b>Subtopic(s):</b> Obsolete Form								
<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 all staff that PB# 12-66-ELI Non-Citizens Who Entered The U.S. or Had Their Status Changed Via Sponsorship and form <b>FIA-1068 (E)</b> Notice to Individuals Who Entered The United States Or Had Their Status Changed Via Sponsorship are now obsolete because they are no longer in effect.</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 and SNAP Center Directors must ensure that all previous versions of the <b>M-90c</b>, <b>M-90cc</b>, and all versions of the <b>FIA-1068 (E)</b> are removed and recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <table border="0"> <tr> <td><b>M-90c</b></td> <td>Cash Assistance Application Kit Forms (Rev. 02/18/14)</td> </tr> <tr> <td><b>M-90cc</b></td> <td>Application Review Addendum Checklist (Rev. 02/18/14)</td> </tr> <tr> <td><b>FIA-1068 (E)</b></td> <td>Notice to Individuals Who Entered The United States Or Had Their Status Changed Via Sponsorship (Obsolete)</td> </tr> <tr> <td><b>FIA-1068 (S)</b></td> <td>Notice to Individuals Who Entered The United States Or Had Their Status Changed Via Sponsorship (Spanish) (Obsolete)</td> </tr> </table>	<b>M-90c</b>	Cash Assistance Application Kit Forms (Rev. 02/18/14)	<b>M-90cc</b>	Application Review Addendum Checklist (Rev. 02/18/14)	<b>FIA-1068 (E)</b>	Notice to Individuals Who Entered The United States Or Had Their Status Changed Via Sponsorship (Obsolete)	<b>FIA-1068 (S)</b>	Notice to Individuals Who Entered The United States Or Had Their Status Changed Via Sponsorship (Spanish) (Obsolete)
<b>M-90c</b>	Cash Assistance Application Kit Forms (Rev. 02/18/14)								
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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-458B*</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	I Speak Cards for Limited English Proficient Applicant/Participant	<a href="#">HRA-101***</a> <a href="#">(FIA-1043)</a>	FIA
19	Your Interview with the Office of Child Support Enforcement	<a href="#">M-384t*</a>	FIA
20	Child Care Guarantee Informational	<a href="#">M-528m**</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	Attention: Applicants/Participants	<a href="#">W-116U*</a>	FIA
22	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	<a href="#">W-126E*</a>	FIA
23	Services for Victims of Sexual Assault	<a href="#">W-131**</a>	FIA
24	Cash Assistance Additional Allowances	<a href="#">W-137C*</a>	FIA
25	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	<a href="#">W-139E**</a>	FIA
26	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	<a href="#">W-273A**</a>	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?	<a href="#">CS-273E**</a>	ACS
28	Notice to Applicants and Participants Regarding Third Party Health Insurance	<a href="#">W-299*</a>	FIA
29	What To Do If You Have Been Sexually Assaulted	<a href="#">BRC-100B**</a>	Mayor's Office
30	Welfare Fraud (BFI Bureau of Fraud Investigation)	<a href="#">BRC-151M**</a>	BFI
31	Guide to Work Supports	<a href="#">BRC-504**</a>	FIA
32	Are You a Person With a Disability?	<a href="#">BRC-681A*</a>	HRA
33	Interpretation Services Notice for the Application/Recertification Kits (Insert)	<a href="#">W-515W***</a>	FIA
34	Eligibility Verification Review Questionnaire	<a href="#">W-532T*</a>	FIA
35	Cash Assistance & Child Support What You Need to Know	<a href="#">W-549D**</a>	OCSE
36	Child Care Fact Sheet and Planner	<a href="#">CS-574EE**</a>	ACS
37	Language Questionnaire	<a href="#">W-680FF*</a>	FIA
38	Notice to Applicants/Participants	<a href="#">W-904DD*</a>	FIA
39	Essential Persons	<a href="#">W-912KK**</a>	FIA
40	List of Participating Clinics and Hospitals (Child/Teen Health Program)	<a href="#">MAP-58k***</a>	MAP
41	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	<a href="#">MAP-252*</a>	MAP
42	Child/Teen Health Program (C/THP) Fact Sheet	<a href="#">MAP-109G*</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 INDICATE LANGUAGE (3)																	A = Arabic C = Chinese D = Haitian/Creole E = English K = Korean R = Russian S = Spanish																					
1																																						
2																																						
3																																						
B- MANDATED FORMS																																						
<b>Application Kit</b> Check to see if the Mandated Forms are in the Application Kit in the requested language. <b>ENTER: YES (Y) / NO (N) or Check the box for English/Spanish Only (E/S)**</b>																	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*
1																																						
2																																						
3																																						
1	2	3	E/S	<p align="center"><b>SAMPLE</b></p>																																		
				Attachment-1	Revised Assignment of Support Rights Language for																	LDSS-2921																
				BRC-100B**	What To Do If You Have Been Sexually Assaulted																																	
				BRC-504**	A Guide to Work Supports																																	
				BRC-681A*	Are You a Person With a Disability?																																	
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				W-912KK**	Essential Persons																																	
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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## Notice to Individuals Who Entered the United States or Had Their Status Changed Via Sponsorship

### IF

- You entered the United States by sponsorship; **OR**
- You became a permanent resident by sponsorship; and
- Your sponsor signed the I-864 (Affidavit of Support); and
- You are applying or recertifying for Cash Assistance.

### What HRA May Do

- HRA may ask your sponsor to repay the government for the cash benefits you received or may receive from HRA.
- HRA will ask you to provide information about your sponsor when you apply or recertify for Cash Assistance.
- HRA may take legal action against your sponsor if your sponsor refuses to repay the government for the cash benefits you receive(d).
- At this time, HRA will NOT attempt to recover payment from your sponsor for Supplemental Nutrition Assistance Program (Food Stamps) or Medicaid benefits you received or may receive.
- HRA will first send you a letter before it contacts your sponsor about repayment.

### I-864 Form

- The I-864 is the form you gave with your petition to enter this country or adjust your immigration status to permanent resident.
- The I-864 form stated that the agency may ask for repayment if a Federal, State or local agency provides certain public benefits to the person who becomes a permanent resident based on the I-864.
- By signing the I-864 your sponsor agreed to financially support you up to a certain level.<sup>1</sup>

***If you have any questions how this may affect your immigration status you can contact an Immigration Attorney or Advocate.***

**Note:** Beginning August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutritional Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

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<sup>1</sup> By signing the I-864 your sponsor agreed to provide you with the support necessary so that your income is at least 125% of the Federal Poverty Level. If your sponsor is on active duty in the U.S. Armed Forces and he/she is your spouse or parent (if you are under 21 yrs and unmarried) then he/she must support you so that your income is at least 100% of the Federal Poverty Level.

## **Aviso a las Personas Que Ingresaron a los Estados Unidos O Que Cambiaron Su Estado Mediante Patrocinio**

### **SI**

- Usted ingresó a los Estados Unidos mediante patrocinio; **O**
- Usted se hizo residente permanente mediante patrocinio; y
- Su patrocinador firmó el I-864 (Affidavit of Support); y
- Usted está presentando solicitud o recertificándose para Asistencia en Efectivo.

### **Lo Que Puede Hacer la HRA**

- La HRA puede pedirle a su patrocinador que le devuelva al gobierno su pago de beneficios en efectivo que usted recibió o pueda recibir de la HRA.
- La HRA le pedirá a usted que proporcione información sobre su patrocinador al presentar solicitud o recertificarse para Asistencia en Efectivo.
- La HRA puede tomar acción legal contra su patrocinador si éste se rehúsa a devolverle al gobierno los pagos de beneficios en efectivo que usted recibe o ha recibido.
- En este momento, **la HRA NO intentará** recobrar su patrocinador el pago del Programa de Asistencia de Nutrición Suplemental (Cupones para Alimentos) o beneficios de Medicaid que usted recibió o pueda recibir.
- La HRA le enviará a usted una carta antes de comunicarse con su patrocinador respecto a la devolución de pago.

### **Formulario I-864**

- El I-864 es el formulario que usted presentó con su petición para ingresar a este país o ajustar su estado de inmigración a residente permanente.
- El formulario I-864 indicó que la agencia puede pedir la devolución de pago si una agencia Federal, Estatal o local le suministra ciertos beneficios públicos a la persona que se hace residente permanente conforme al I-864.
- Al firmar el I-864 su patrocinador acuerda brindarle apoyo económico hasta cierto punto.<sup>1</sup>

***Si usted tiene cualquier pregunta sobre cómo esto le puede afectar su estado de inmigración, puede comunicarse con un Defensor (Advocate) de Inmigración.***

**Nota:** A partir del 29 de agosto, el Programa de Cupones para Alimentos se conocerá como el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda mención de Cupones para Alimentos se referirá a SNAP.

<sup>1</sup> Al firmar el I-864 su patrocinador acordó brindarle el apoyo económico necesario para que su ingreso sea por lo menos 125% del Nivel Federal de Pobreza. Si su patrocinador está en servicio activo en las Fuerzas Armadas de E.E.U.U. y él/ella es su cónyuge o padre/madre (si usted es menor de 21 años y soltero[a]), él/ella debe brindarle apoyo económico para que su ingreso sea por lo menos 100% del Nivel de Federal de Pobreza.