



FAMILY INDEPENDENCE ADMINISTRATION
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Office of Procedures

POLICY BULLETIN #14-84-OPE

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

<p>Date: July 31, 2014</p>	<p>Subtopic(s): Form Revisions</p>
<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 Recertification Kit Forms (M-90d) form has been revised to include the following:</p> <ul style="list-style-type: none"> • The Domestic Violence Screening Form Under the Family Violence Option (LDSS-4583); and • The Domestic Violence Palm Card (LDSS-4583A). <p>Job Center Directors must ensure that all previous versions of the M-90d form are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p>References: 08-INF-02 08-INF-05</p> <p>Related Item: PB #08-16-OPE PD #13-09-ELI</p> <p>Attachments:</p> <p>M-90d Cash Assistance Recertification Kit Forms (Rev. 7/31/14)</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 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-151M**	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

*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.

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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