



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-118-OPE

REVISIONS TO THE FOOD STAMP APPLICATION CONTROL CARD (W-119A)

Date: August 24, 2006	Subtopic(s): Forms
<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 Non-Public Assistance (NPA) Food Stamp (FS) Office staff that the Food Stamp Application Control Card (W-119A) was revised to add:</p> <ul style="list-style-type: none">• a new line below the space for the applicant's name to provide the applicant's Social Security number;• the question "Applicant requested later interview date?" with "yes" and "no" checkboxes;• lines to record the scheduled and requested interview dates. <p>A sample of the form is attached.</p> <p>Food Stamp Office Site Managers must ensure that all previous versions of the W-119A are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p>Attachment:</p> <p>W-119A Food Stamp Application Control Card (Rev. 8/23/06)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*



Food Stamp Application Control Card

To be Completed by Receptionist

Date Application Filed: _____	Scheduled Interview Date: _____
Name: _____	Address: _____
Social Security Number: _____	_____
Case Number (if available): _____	
Assigned to Unit: _____	Date Assigned: _____
Date Failed to Return to Application Interview: _____	
Applicant requested later interview date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Interview Date: _____
To be Completed by Control Unit	
Date Case Rejected: _____	Date Case Accepted: _____
Form DSS-3517 effective: _____	
Form DSS-3574 : From: _____	To: _____
From: _____	To: _____

SAMPLE



Food Stamp Application Control Card

To be Completed by Receptionist

Date Application Filed: _____	Scheduled Interview Date: _____
Name: _____	Address: _____
Social Security Number: _____	_____
Case Number (if available): _____	
Assigned to Unit: _____	Date Assigned: _____
Date Failed to Return to Application Interview: _____	
Applicant requested later interview date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Interview Date: _____
To be Completed by Control Unit	
Date Case Rejected: _____	Date Case Accepted: _____
Form DSS-3517 effective: _____	
Form DSS-3574 : From: _____	To: _____
From: _____	To: _____