



**FAMILY INDEPENDENCE ADMINISTRATION**  
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**Policy Bulletin #07-101-OPE**  
*(This Policy Bulletin Replaces PB #07-84-OPE)*

**NEW FORM FOR THE PA APPLICATION AND RECERTIFICATION KITS**

<p><b>Date:</b> August 15, 2007</p>	<p><b>Subtopic(s):</b> Forms, Domestic Violence</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to provide Workers at the Job Centers with information regarding the Universal Notification Form/Hand-Out to All Applicants for Welfare.</p> <p>As of April 2007, the above form has been renamed Domestic Violence Information for all Temporary Assistance Applicants and it has been assigned form number <b>LDSS-4905</b>. The <b>LDSS-4905</b> must be included in all Public Assistance (PA) application and recertification kits.</p> <p>The Public Assistance Application Kit Forms list (<b>M-90c</b>) and the Public Assistance Recertification Kit Forms list (<b>M-90d</b>) have been revised to reflect this change.</p> <p>Center Directors must ensure that all copies of the Universal Notification Form/Hand-Out to All Applicants for Welfare are removed from circulation and recycled and that the <b>LDSS-4905</b> is included in all PA application and recertification kits.</p> <p>Samples of the <b>LDSS-4905</b> and the updated <b>M-90c</b> and <b>M-90d</b> are attached.</p> <p><i>Effective Immediately</i></p> <p><b>Reference:</b></p> <p><a href="#">07-INF-09</a></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*

🖨 Please use Print on Demand to obtain copies of forms.

**Attachments:**

- LDSS-4905** Domestic Violence Information for all Temporary Assistance Applicants (Rev. 4/07)
- LDSS-4905-SP** Domestic Violence Information for all Temporary Assistance Applicants (Spanish) (Rev. 4/07)
- M-90c** Public Assistance Application Kit Forms (Rev. 8/15/07)
- M-90d** Public Assistance Recertification Kit Forms (Rev. 8/15/07)

## **Domestic Violence Information for all Temporary Assistance Applicants**

This information is intended to help you determine if you are a victim of domestic violence and to consider ways to help keep yourself and your family safe and self-supporting.

### ***Are you in danger of your partner or ex-partner doing any of the following:***

- Physically hurting you – for example, pushing, grabbing, slapping, hitting, choking, or kicking?
- Forcing you to have sex when you don't want to or to do sexual things you don't want to do?
- Threatening to hurt you, your children or someone close to you?
- Constantly putting you down or telling you that you are worthless?
- Stalking, checking up on you or following you?
- Making you afraid?

### ***What kinds of help are available?***

**Temporary Assistance:** You must meet certain requirements to be eligible for temporary assistance. If you are a victim of domestic violence and believe meeting those program requirements may put you or your children at risk of harm or make it more difficult to escape the abuse you may request a temporary delay (waiver) of certain requirements. For example: meeting all or some employment, child support enforcement or drug and alcohol assessment and treatment requirements may be temporarily delayed. You may complete the Domestic Violence Screening Form and request to see a Domestic Violence Liaison to determine your eligibility for a temporary waiver.

**Services:** You can call a 24 hour domestic violence hotline for information about emergency shelter, support groups, counseling and your legal rights.

**In NYC call:**  
1-800-621-4673

**In any other area of NY State call:** 1-800-942-6906  
**Spanish speaking callers may call:** 1-800-942-6908

LDSS Hotline Number

## **Información sobre violencia doméstica para toda persona solicitante de Asistencia Temporal**

El objetivo de esta información es ayudarle a determinar si usted es víctima de violencia doméstica y a considerar maneras de mantenerse a sí misma y a su familia fuera de peligro y económicamente independiente.

### **¿Corre usted el riesgo de que su pareja o ex-pareja haga lo siguiente?**

- ¿la agrede físicamente, como por ejemplo, la empuje, agarre, abofetee, golpee, estrangule o patee?
- ¿la fuerce a tener relaciones sexuales o a cometer actos sexuales que usted no quiere?
- ¿la amenace con lastimarla a usted, lastimar a sus hijos o a alguien cercano a usted?
- ¿constantemente la menosprecie o le diga que usted no vale nada?
- ¿la acose, la vigile o la siga?
- ¿le haga sentir miedo?

### **¿Qué tipos de ayuda están disponibles?**

**Asistencia Temporal:** Usted debe cumplir con ciertos requisitos para poder recibir prestaciones de Asistencia Temporal. Si usted es víctima de violencia doméstica y cree que el cumplimiento de los requisitos del programa puede ponerla a usted o poner a sus niños en peligro, o dificultarle(s) escapar de la situación de abuso, puede solicitar la postergación temporal (dispensa) de ciertos requisitos. Por ejemplo: el cumplimiento del requisito de empleo -total o parcial-, la ejecución de pagos de sustento de menores, o la evaluación para la detección de consumo de drogas y alcohol, y los requisitos de tratamiento pueden ser postergados temporalmente. Usted puede rellenar el Formulario de Evaluación de Detección Sistemática de Violencia Doméstica y solicitar una entrevista con el personal de coordinación de servicios relacionados con violencia doméstica para determinar si puede recibir una dispensa temporal.

**Servicios:** Usted puede llamar a la línea telefónica de información sobre violencia doméstica las 24 horas para obtener respuestas a preguntas sobre refugios de emergencia, grupos de apoyo, asesoramiento y sus derechos legales.

**En la ciudad de Nueva York, llame al: 1-800-621-4673**

**En cualquier otra área del Estado de Nueva York, llame al: 1-800-942-6906**

**Para información en español, puede llamar al: 1-800-942-6908**

Número telefónico de información de LDSS:

## Public Assistance Application Kit Forms

Item	Title	Number	Agency
1	Requirement to Report a Lump Sum Payment (from 03 ADM-10)	Attachment A	State
2	Growing Up Healthy	DOH-4133	State
3	Statewide Common Application	LDSS-2921	State
4	Food Stamp Change Report	LDSS-3151	State
5	What You Should Know About Your Rights and Responsibilities	LDSS-4148A	State
6	What You Should Know About Social Services Programs	LDSS-4148B	State
7	What You Should Know If You Have an Emergency	LDSS-4148C	State
8	Notice of Responsibilities and Rights for Support	LDSS-4279	State
9	Domestic Violence Screening Form	LDSS-4583	State
10	Domestic Violence Palm Card	LDSS-4583A	State
11	Important Information About Child Care	LDSS-4647	State
12	DFR Legal Residence Statement	LDSS-4733	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) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FS) - Child Care Assistance (CC) Application	PUB-1301	State
15	How to Use Your Benefit Card to Get Your FS and/or Cash Benefits	PUB-4596	State
16	HEAP Pamphlet	PUB-4735	State
17	Notice to All Applicants	EXP-75Q	FIA
18	What You Should Know About Your Rights If You Have a Disability	EXP-78F*	FIA
19	Absent Parent Questionnaire	M-384k	FIA
20	Your Interview with the Office of Child Support Enforcement	M-384t	FIA
21	Attention: Applicants/Participants	W-116U	FIA
22	Important: Using Common Benefit Identification Card (CBIC) for Medical Services	W-126E*	FIA
23	Additional Public Assistance Allowances	W-137C	FIA
24	Notice of DASIS Benefits and Services	W-139E	FIA
25	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A	FIA
26	HRA Will Pay for Your Child Care	W-273E	FIA
27	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299	FIA
28	Certification/Recertification Checklist	W-515J	FIA

\*Denotes forms that are available in multiple languages. Staff must include the appropriate foreign language version of forms in the application kit upon request.

## Public Assistance Application Kit Forms

Item	Title	Number	Agency
29	Welfare Fraud Pamphlet	W-151M	BFI
30	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W	FIA
31	Eligibility Verification Review Questionnaire	W-532T*	FIA
32	Child Care Fact Sheet & Planner	ACS Form W-574EE	ACS
33	Language Questionnaire	W-680FF*	FIA
34	Are You Disabled?	W-681A	FIA
35	Notice to Applicants/Participants	W-904DD	FIA
36	Essential Persons	W-912KK	FIA
37	Explanation of the Medicaid Buy-In Program for Working People with Disabilities	MAP-252	MAP
38	The Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096	MAP
39	Yes! You Can Still Apply For Medicaid	MAP-2020	MAP

\*Denotes forms that are available in multiple languages. Staff must include the appropriate foreign language version of forms in the application kit upon request.

SAMPLE

## Public Assistance Recertification Kit Forms

Forms included in the standard Recertification Kit:

Item	Title	Form Number	Agency
1	Requirement to Report a Lump Sum Payment (from 03 ADM-10)	Attachment A	State
2	Food Stamp Change Report Form	LDSS-3151*	State
3	What You Should Know About Your Rights and Responsibilities	LDSS-4148A*	State
4	What You Should Know About Social Services Programs	LDSS-4148B*	State
5	What You Should Know if You Have an Emergency	LDSS-4148C*	State
6	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905	State
7	How to Complete the Recertification Form	PUB-1313*	State
8	What You Should Know About Your Rights If You Have a Disability	EXP-78F*	FIA
9	Explanation of the Medicaid Buy-In Program for Working People with Disabilities	MAP-252	MAP
10	Attention: Applicants/Participants	W-116U	FIA
11	Important: Using Common Benefit Identification Card (CBIC) for Medical Services	W-126E*	FIA
12	Notice of DASIS Benefits and Services	W-139E	FIA
13	Welfare Fraud Pamphlet	W-151M	BFI
14	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299	FIA
15	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W	FIA
16	Language Questionnaire	W-680FF*	FIA
17	Are You Disabled?	W-681A	FIA
18	Notice to Applicants/Participants	W-904DD*	FIA
19	Essential Persons	W-912KK	FIA

\*Denotes forms that are available in multiple languages. Staff must include the appropriate foreign language version of forms in the PA Recertification KIT based on the Language Read indicator in element **255** of the Turn-Around Document (TAD).

## Public Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first page and those listed below:

Item	Title	Form Number	Agency
1	Recertification Absent Parent Questionnaire	M-384d*	FIA
2	HRA Will Pay for Your Child Care	W-273E	FIA
3	Child Care Fact Sheet and Planner	ACS Form W-574EE*	ACS
4	Enrollment Form for Provider of Legally-Exempt Family Child and Legally-Exempt In-Home Child Care	OCFS LDSS-4699	MAP
5	Employment of Minors Form	OCFS LDSS-4699.1	State
6	Employment of Minors Form, Information	OCFS LDSS-4699.1A	State
7	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2	State
8	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A	State
9	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700	State

SAMPLE

\*Denotes forms that are available in multiple languages. Staff must include the appropriate foreign language version of forms in the PA Recertification KIT based on the Language Read indicator in element **255** of the Turn-Around Document (TAD).