



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-14-OPE

REVISIONS TO THE FOOD STAMP RECERTIFICATION HISTORY SHEET (W-132X)

<p>Date: January 29, 2007</p>	<p>Subtopic(s): Food Stamp Eligibility</p>
<p> This procedure can now be accessed on the FIAweb.</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 Recertification History Sheet (W-132X) has been revised as follows:</p> <p><u>Page 1</u></p> <ul style="list-style-type: none"> • The second column under the heading “Alien Status” was changed from “SAVE – W-515 completed” to “SAVE – W-515X completed.” • The column in the Work Registration section labeled “HSS Referral” was removed because HS Systems no longer provides medical services for the Human Resources Administration. • The first text box at the bottom of the page, labeled “CED,” has been moved to page 2. • Instructions in the second text box at the bottom of the page to “Review Alien Desk Guide W-205V” have been changed to “Review Alien Eligibility Desk Aid LDSS-4579” because the W-205V is obsolete and has been replaced by the State’s LDSS-4579. • Instructions in the third text box at the bottom of the page to “Determine current eligibility (36-month look back) and months of eligibility remaining on ABAWD status” have been changed to “Determine current eligibility for individuals subject to the ABAWD requirements.” • Instructions in the fourth text box at the bottom of the page under the heading “Finger Imaging” have been changed to “Finger-image head of H/H and all adults 18 years of age or older, unless exempt.”

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*

Page 2

- A column for Frequency was added at the top of the page in the section that addresses income.
- The instructions in the third sentence of the “Employment Information” text box at the bottom of the page to “Process HSS Medical” have been changed to “Obtain documentation for permanent and temporary disabilities” and the box has been moved to page 1.
- The second text box at the bottom of the page, labeled “Exempt Automobile,” now reads:

“One licensed vehicle per adult household member and one licensed vehicle for each child under age 18 who drives to work, school, training or to seek work. Refer to PA and FS Resource Limits/Exemptions Desk Guide (**W-204X**) for additional licensed vehicle exemptions.”

Page 3

- “Maintenance Fees” was added to the row labeled “Mortgage.”
- A row labeled “Other Mandatory Fees” was added to the “Expenses” and “Amount Reported on Application” fields.
- The rows under the heading “Standard Utility Deductions (SUA) Level” have been changed to “Heating/Cooling,” “Utilities” and “Telephone.”
- “Washer/Dryer” was added as an example in the row labeled “Utilities” in the “Amount Reported on Application” section.
- In the field labeled “Other Pertinent Data,” the statement “Include when discrepancy was resolved” was added next to “Detail Match Information.”
- A text box was added at the bottom left of the page to “Refer to SUA Levels Desk Guide (**W-205HH**).”
- The last sentence in the text box labeled “Information” has been changed from “Budget only amount paid by participant” to “Budget only participant’s share of the rent.”

A sample of the **W-132X** is attached.

NPA FS Office Site Managers must ensure that all previous versions of the **W-132X** are removed from circulation and recycled.

Effective Immediately

Attachment:

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

W-132X Food Stamp Recertification History Sheet (Rev. 1/29/07)

Food Stamp Recertification History Sheet

Guide for **LDSS-4826** Food Stamp Benefits Application

Case Name: _____

Case Number: _____

HOUSEHOLD SIZE _____ Existing data per CED

Current Information on Application List Household Members

Eligible Household Members	Verification of Residence Seen/Date of Documentation	Alien Status			Work Registration			Finger Imaging Required		Discrepancy/Resolution		
		ACI Code/NA	SAVE-W-515X completed			Employment Code			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Social Security Number	If not verified
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	WA	WR	WE			If code is not 1 or 8	Birthdate
SAMPLE												
Ineligible Household Members	Reason											
Nonhousehold Members	Relationship to Casehead											

STUDENT Is anyone currently attending a vocational or training program? Yes No

Name of Student	Name and Address of School	Program	Indicate Status
			30 hours or more <input type="checkbox"/> Less than 30 hours <input type="checkbox"/>

HIGHER EDUCATION Is anyone in the household currently a student in an institution of higher education requiring a high school diploma? Yes No

Name of Student	Name and Address of School	Program	Indicate Status
			20 hours or more <input type="checkbox"/> Less than 20 hours <input type="checkbox"/>

<p>Employment Information Review work registration status for all individuals aged 16–59. Refer to work activity if required. Obtain documentation for permanent and temporary disabilities.</p>	<p>Review Alien Eligibility Desk Aid LDSS-4579</p>	<p>ABAWD (ES Code WR) Determine current eligibility for individuals subject to the ABAWD requirements.</p>	<p>Finger Imaging Finger-image head of H/H and all adults 18 years of age or older, unless exempt.</p>
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INCOME

Existing Data per CED			Current Information on Application List Name(s), Source(s) and Amount(s) of Income				Case Name: _____
Line Number	Income Source Code	Amount	Name	Source	Amount	Frequency	Verification/Documentation/Calculation for All Income Sources:
		\$			\$		
		\$			\$		
		\$			\$		
		\$			\$		
		\$			\$		

RESOURCES/ASSETS

- Automobile
 Bank Accounts
 Investments
 Real Estate
 Other

Resources Indicated on Case Record/Image Viewer and/or RFI Screen Printout:

SAMPLE

Resources Reported on the Food Stamp Application:

Verification Seen/Date of Documentation:

CED
Review/Resolve High Risk Messages.
Example: Milestone Events

Exempt Automobile
One licensed vehicle per adult household member and one licensed vehicle for each child under age 18 who drives to work, school, training or to seek work. Refer to PA and FS Resource Limits/Exemptions Desk Guide (**W-204X**) for additional licensed vehicle exemptions.
Refer to Kelley Blue Book for details on calculating the value of nonexempt vehicles.

Current Documentation
For documentation to be current it must not be more than 60 days old.

EXPENSES

Review existing data per CED

	Indicate Amount Charged
Rent	\$
Mortgage/Maintenance Fees	\$
Medical	\$
Dependent Care	\$
Child Support Payment	\$
Other Mandatory Fees	\$

Amount Reported on Application

Data Changed?

	Indicate Amount Charged	Yes	No
Rent	\$	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage/Maintenance Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>
Medical	\$	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Care	\$	<input type="checkbox"/>	<input type="checkbox"/>
Child Support Payment	\$	<input type="checkbox"/>	<input type="checkbox"/>
Other Mandatory Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>

Case Name: _____

Case Number: _____

If there is a change, explain case action:

Standard Utility Deductions (SUA) Level

Heating/Cooling	
Utilities	
Telephone	

Heating/Cooling	\$	<input type="checkbox"/>	<input type="checkbox"/>
Utilities (e.g., Washer/Dryer)	\$	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	\$	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

OTHER PERTINENT DATA

Detail Match Information/Include when discrepancy was resolved:

Is there a computer match on this case?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Was the RFI resolved?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Summary of Deferral Areas

Please check the appropriate deferral area(s)						Explanation of Deferral(s):
Household Size	Income	Resources/Assets	Expenses	Other	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Deferral Case Actions

Effective Date: _____

The case has been deferred for verification of expenses. The case will be recertified without budgeting these expenses if the requested verification is not received.

The case has been deferred for verification required to establish eligibility. The case will be closed if the requested verification is not received.

Eligibility Specialist: _____ Date: _____

Supervisor: _____ Date: _____

Review HEAP Eligibility

Refer to SUA Levels Desk Guide (W-205HH)

Information

NYCHA rents and Section 8 subsidies are based on 30% of the household's gross income. If rent exceeds 30% of gross income, question participant about Section 8 or other income. Budget only participant's share of the rent.

Medical Expenses

Only for household members who are elderly or disabled (age 60, receiving Social Security, SSI, 100% V.A. Disability, Government Disability Pension). Refer to Food Stamp Source Book, Section 11, for additional criteria.

Medical Bills

Include only that portion of bills not reimbursed by third-party insurers or Medicare or Medicaid. Do not include any bills previously claimed and credited on Food Stamp budgets.

Deferral Returns

Date	Deferral Area	Documentation Submitted		Re-Deferred for Documentation
				No <input type="checkbox"/> Yes <input type="checkbox"/>
				If Yes, explain:

SAMPLE

Final Case Action

Date	Action	Reason		Re-Deferred for Documentation
				No <input type="checkbox"/> Yes <input type="checkbox"/>
	Recertified <input type="checkbox"/>			If Yes, explain:
	Closed <input type="checkbox"/>			

Additional Information/Documentation:

Recertification Statement:
This case has been reviewed and the actions necessary to maintain eligibility and appropriate benefits have been taken.

Eligibility Specialist: _____ Date: _____
I have reviewed the actions taken and certified that they are appropriate and in accordance with department policy.

Supervisor: _____ Date: _____