

FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-144-ELI

FORMS FOR THE TELEPHONE RECERTIFICATION PILOT

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Date:	Subtopic(s):
November 30, 2007	Forms
This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform East End (F02) and Fordham (F44) Non-Cash Assistance (NCA) Food Stamp (FS) Center staff about three new forms and one revised form which are to be used in the Telephone Recertification interview process. The Telephone Recertification process is being piloted at F02 and F44 and began with the November 2007 recertifications. This bulletin is informational for all other staff. The information below describes the new forms and their use. • The Incomplete Application form (W-901F) is sent to a participant when s/he fails to sign the Food Stamp Benefit Application/Recertification form (LDSS-4826) on page 1 or page 5. When there is no signature indicated on page 1 or 5 of the LDSS-4826, make a copy of the application and the documents. Send the participant the W-901F, LDSS-4826 and all documents advising him/her to sign the application in the appropriate location(s) and return along with the documentation. • If the signature is missing from page 1 of the LDSS-4826, the Worker cannot continue the telephone recertification process until this signature is obtained. • If the participant failed to sign page 5 of the LDSS-4826, the Worker can proceed with the telephone recertification process. The recertification, however, cannot be considered complete until the participant returns page 5 with the missing signature.

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

- FS Telephone Recertification Interview Guide (W-901G) is a
 questionnaire and worksheet that must be completed prior to
 interviewing the participant. The Worker must compare
 information currently in WMS with information on the application.
 This comparison will assist the Worker with the telephone
 interview. Where there is a difference between information from
 the application and from the interview, the telephone information
 supersedes the application information.
- Non-Response to Telephone Recertification Notice (W-102E)
 is sent to participants that have not responded to the original
 recertification notice. It reminds the participant that a telephone
 recertification packet was sent to him/her previously and that
 prompt action is required if Food Stamps are to be continued.

The following form has been updated for use in the Telephone Recertification process:

Food Stamp Program Pending Applications Control form (W-706B) now includes a column for annotating whether or not the LDSS-4826 has been returned to the participant due to a missing signature.

Until further notice, these forms are <u>only</u> to be used at F02 and F44 for those NCA FS participants who are eligible to participate in the pilot.

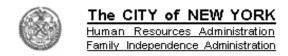
Samples of the forms are attached.

Effective Immediately

Attachments:

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

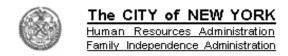
W-102E	Non-Response to Telephone Recertification Notice
W-102E (S)	Non-Response to Telephone Recertification Notice
	(Spanish)
W-706B	Food Stamp Program Pending Applications Control
	(Rev. 11/30/07)
W-901F	Incomplete Application
W-901F (S)	Incomplete Application (Spanish)
W-901G	FS Telephone Recertification Interview Guide



Date:	
Participant Name:	
Case Number:	
Food Stamp Center:	
Telephone Number:	

Non-Response to Telephone Recertification Notice

not interviewed, you will not receive Food Stamp Benefits after ______.



 Fecha:
 Nombre del Participante:
 Número del Caso:
Centro de Cupones para Alimentos:
Número de Teléfono:

Falta de Respuesta al Aviso de Recertificación Por Teléfono

Elle mandamos por correo un paquete de recertificación por teléfono. En dicho
paquete le pedimos que llenara la solicitud de recertificación y que la devolviera a la Administración
de Recursos Humanos (Human Resources Administration - HRA) a más tardar el
Hasta la fecha aún no hemos recibido su solicitud de recertificación y documentos comprobantes.
Si aún no lo ha hecho, por favor llene la solicitud de recertificación adjunta y envíela por correo junto
los documentos comprobantes a la HRA. Una vez recibamos su solicitud de recertificación, nos
pondremos en contacto con usted por teléfono para realizar su entrevista de recertificación. Recuerde
que no es necesario que usted venga a un Centro de Cupones para Alimentos para llevar a cabo su
entrevista de recertificación. Este nuevo proceso le permitirá recertificarse desde su propio hogar y/o
de su local de trabajo. Si prefiere ser entrevistado(a) en persona, puede llenar y mandar por correo la
solicitud y sus documentos comprobantes para obtener una cita y/o puede llevarlos personalmente a
un Centro de Cupones para Alimentos.
Usted NO será contactado(a) por teléfono y la entrevista NO se llevará a cabo hasta DESPUÉS de
que nuestra oficina haya recibido su solicitud de recertificación firmada. Si no envía su solicitud de recertificación y no es entrevistado(a), usted no recibirá Beneficios de Cupones para Alimentos
después de

Form W-706B Rev. 11/30/07



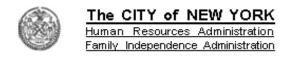
The CITY of NEW YORK

Human Resources Administration Family Independence Administration

Food Stamp Program Pending Applications Control

"A" Group Number:	
Card Number:	

Group/Section:									Ca	rd Numbe	er:					
Date FS	25th	Case Name	Case	Worker's	Interview	30th Food Stamp Action Control				Mail/Fax						
Appl. Filed	Day	Case Name	Number	Name	Interview	Day Day	Expe- dited	Single Issue	Deferred	Accept	Reject	Appl. Returned No Signature	RFI Only	Date Rec'd	Due Date	Decision Comments
					$\left \right\rangle \left\langle \right\rangle \left\langle \right\rangle $	$\backslash \backslash$										
				П												

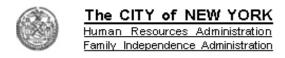


Date:	
Case Number:	
Case Name:	
NCA Food Stamp Center:	

Incomplete Application

Dear	
On	you returned your recertification application and documents to conduct a telephone
recertification interview	v. In order to accept and process your application your signature is required. If your
signature is missing fro	m page 1 of the Food Stamp Benefits Application/Recertification form (LDSS-4826), you
application is not consi	dered filed. / / \
()	
We are returning the	application and the documents you originally mailed to us because one or all of the
signatures are missing.	
Π	
(\	
Γ	page 1
Γ	page 5
	both page 1 and page 5

Return the signed application and the accompanying documents in the enclosed postage-paid envelope immediately, so we can conduct the scheduled telephone interview.

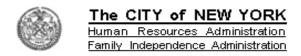


Fecha: _	
Número del Caso:	
Nombre del Caso:	
Centro NCA de	
Cupones para Alimentos: _	

Solicitud Incompleta

Estimado(a)		,			
El					para llevar a cabo una
firma en la página 1 <mark>del</mark> for	mulario de Solic				
solicitud no se considerará	presentada.)) <u> </u>	
Le estamos devolviendo la	solicitud y los de	ocumentos d	que nos envió	por correo inicialme	nte porque falta(n) una
o todas las firmas.					
□ p	ágina 1				
□ p	ágina 5				
□ a	mbas páginas 1	y 5			

Devuelva de inmediato la solicitud con la(s) firma(s) y los documentos correspondientes en el sobre adjunto prepagado, para que podamos llevar a cabo la entrevista programada por teléfono.



Food Stamp Telephone Recertification Interview Guide

Case Information Case Name: _____ Case Number: Interview date: _____ Name of person interviewed: _____ Attempts made: (mm/dd/yy; time) (mm/dd/yy; time) (mm/dd/yy; time) (mm/dd/yy; time) Prep for interview Complete Budget Worksheet and answer the following questions: 1. Are all questions on the application completed? □ Yes ☐ No 2. *Has the household composition changed? □ No ☐ Yes 3. *Has the participant moved? ☐ No Yes 4. *Has the amount of rent/mortgage changed? □ No Yes 5. *Did the unearned income change from what was previously reported? □ No ☐ Yes 6. *Has the child/dependent care provider or cost changed? □ No ☐ Yes 7. *Have the medical expenses changed from what was previously reported? □ No ☐ Yes 8. *Did the amount paid in child support change? □ No ☐ Yes ☐ Yes ☐ Yes 9. *Has there been any change in resources? ☐ Yes ☐ No 10. *Has any previous documentation that was pended been submitted?

*If the answer is YES to any of the above, request verification.

(Computer match information)

Work Registrant/ABAWD Guidelines					
Loo	k at case record and answer the following:	Exempt	Not Exempt		
1.	Is anyone under 16 or over 60 years of age?	☐ Yes	□ No		
2.	Is anyone pending or receiving UIB?	☐ Yes	□ No		
3.	Is anyone responsible for care of a child under age 6?	☐ Yes	□ No		
4.	Is anyone in drug and alcohol treatment and unable to work due to this treatment?	☐ Yes	□ No		
5.	Is anyone employed for 30 hours or more per week or earning at least \$175.50 per week?	☐ Yes	□ No		
6.	Is anyone 18 years of age or older, but under age 50, enrolled in school college, or a training program half-time or more and meeting student eligibility criteria?	☐ Yes	□ No		
7.	Is anyone physically and/or mentally unable to work?	☐ Yes	□ No		
8.	Is anyone in the household needed to care for a disabled household member?	☐ Yes	□ No		
9.	Is any 16- or 17-year-old attending school or an employment training program at least half-time?	Yes	□ No		
10.	Does any adult member of the FS household have a child under the age of 18?	Yes	□ No		
11.	Is anyone under the age of 18 or 50 years of age or older?	☐ Yes	□ No		
12.	Does any female member have a medically verified pregnancy?	☐ Yes	□ No		
13.	Is anyone unable to work in competitive employment for at least 80 hours per month due to a physical or mental limitation?	☐ Yes	□ No		

For question 7, if YES is answered, a medical is needed in the file.

For questions 1-9, if you answer \underline{YES} to any of these questions the household member is considered Work Exempt (\underline{WE}) and not subject to FSET or ABAWD requirements.

For questions 10-13, if you answer <u>YES</u> to any of these questions the household member is considered Work Eligible, but NOT ABAWD (<u>WA</u>). The household member is subject to FSET requirements.

If you answer \underline{NO} to \underline{ALL} of the above, this household is subject to ABAWD rules \underline{AND} is subject to FSET requirements (\underline{WR}) .

Recertification Budget Worksheet

Neceitification budget worksheet						
	From WMS	From Application	From Interview			
Number of individuals in Case						
Shelter Type						
Heat included in Rent	Yes / No	Yes / No	Yes / No			
Heat Paid Separately From Rent	Yes / No	Yes / No	Yes / No			
H/H Pay Utilities	Yes / No	Yes / No	Yes / No			
SUA (circle one)	Level 1 / Level 2 / Level 3	Level 1 / Level 2 / Level 3	Level 1 / Level 2 / Level 3			
Shelter Expense	\$	\$	\$			
Earned Income	1 \$ / / / / / / / / / / / / / / / / / /	\$	\$ \$			
Unearned Income	1 \$	\$ \$	\$			
	4 \$	\$	\$			
Dependent Care	\$	\$	\$			
Medical Expense	\$	\$	\$			
Child Support Paid	\$	\$	\$			

Note: Please consult the Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide form (**W-205HH**) to determine the correct SUA level.

SHELTER TYPE CODES

- 01 Unfurnished Apartment or Room
- 02 NYCHA Apartment Utilities Included
- 03 Own Home (Includes Trailer)
- 06 Hotel/Motel Temporary
- 11 Room Only
- 13 Residential Programs For Victims Of Domestic Violence (Less than 3 Meals Per Day)
- 14 Residential Programs For Victims Of Domestic Violence (3 Meals Per Day)
- 15 Congregate Care Level 1 (NYC/Nassau/Suffolk/Westchester)
- 16 Congregate Care Level 2 State Certified (NYC/Nassau/Suffolk/Westchester)
- 17 Congregate Care Level 2 State Operated
- 20 Emergency Rental Supplement Program
- 23 Undomiciled
- 24 NYCHA Apartment Utilities Not Included
- 25 Rented Private Home
- 26 Furnished Apartment
- 28 Congregate Care Level 1 Rest of State
- 29 Congregate Care Level 2 State Certified Rest of State
- 33 Homeless Shelter Tier I or Tier II (Less Than/3 meals Per Day)
- 35 Homeless Shelter Non-Tier I or Non-Tier II
- 38 Subsidized Housing Deep Subsidy Voucher Program/Project Based Section 8
- 39 Subsidized Housing Shallow Subsidy Section 236/Section 202
- 40 Section 8 Voucher 30% Limit
- 42 Congregate Care Level 3 Adult Homes and DOH Enriched Housing
- 43 Congregate Care Level 2 OMH/OMRDD Supervised/Supportive Apartments
- 94 SDX Household Eligible For Full FS SUA High Shelter Cost
- 95 SDX Household Eligible For Full FS SUA Low Shelter Cost
- 96 SDX Household Not Eligible For Full FS SUA High Shelter Cost
- 97 SDX Household Not Eligible For Full FS SUA Low Shelter Cost
- 98 SDX Household SUA Eligibility and Shelter Cost Unknown
- 99 Unknown (For SSI Mail Ins Only)