



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #07-144-ELI

### FORMS FOR THE TELEPHONE RECERTIFICATION PILOT

<b>Date:</b> November 30, 2007	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>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.</p> <p>The information below describes the new forms and their use.</p> <ul style="list-style-type: none"> <li>• The <b>Incomplete Application</b> form (<b>W-901F</b>) is sent to a participant when s/he fails to sign the <b>Food Stamp Benefit Application/Recertification</b> form (<a href="#">LDSS-4826</a>) on page 1 or page 5.</li> </ul> <p>When there is no signature indicated on page 1 or 5 of the <b>LDSS-4826</b>, make a copy of the application and the documents. Send the participant the <b>W-901F</b>, <b>LDSS-4826</b> and all documents advising him/her to sign the application in the appropriate location(s) and return along with the documentation.</p> <ul style="list-style-type: none"> <li>▪ If the signature is missing from page 1 of the <b>LDSS-4826</b>, the Worker cannot continue the telephone recertification process until this signature is obtained.</li> <li>▪ If the participant failed to sign page 5 of the <b>LDSS-4826</b>, 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.</li> </ul>

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 only 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:**

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

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



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

### **Non-Response to Telephone Recertification Notice**

On \_\_\_\_\_ we sent you a telephone recertification packet. In the packet we requested that you complete the recertification application and return it to the Human Resources Administration (HRA) by \_\_\_\_\_. As of \_\_\_\_\_ we have not received your recertification application and supporting documentation.

If you have not already done so, please complete the enclosed recertification application and mail any supporting documentation back to HRA. Once we receive your recertification application, we will contact you by telephone to conduct your recertification interview. Remember, it is not necessary for you to come into a Food Stamp Center to conduct your recertification interview. The new process will allow you to recertify from your home or place of employment. If you prefer to be interviewed in person you can complete and mail in the application and supporting documents to get an appointment or bring them into the Food Stamp Center.

You will **NOT** be called and **NO** interview will be conducted until **AFTER** our office has received your signed recertification application. If you do not submit your recertification application and are 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

El \_\_\_\_\_ le 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 \_\_\_\_\_.



## Food Stamp Program Pending Applications Control

"A" Group Number: \_\_\_\_\_

Group/Section: \_\_\_\_\_

Card Number: \_\_\_\_\_

Date FS Appl. Filed	25th Day	Case Name	Case Number	Worker's Name	Interview	30th Day	Food Stamp Action Control						Mail/Fax					
							Expe- dited	Single Issue	Deferred	Accept	Reject	Appl. Returned No Signature	RFI Only	Date Rec'd	Due Date	Decision Comments		

SAMPLE



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. In order to accept and process your application your signature is required. If your signature is missing from page 1 of the Food Stamp Benefits Application/Recertification form (**LDSS-4826**), your application is not considered filed.

We are returning the application and the documents you originally mailed to us because one or all of the signatures are missing.

- page 1
- 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 \_\_\_\_\_ usted envió su solicitud de recertificación y documentos para llevar a cabo una entrevista de recertificación por teléfono. Su firma se requiere para aceptar y tramitar su solicitud. Si falta su firma en la página 1 del formulario de Solicitud/Recertificación de Cupones para Alimentos (**LDSS-4826-SP**), su solicitud no se considerará presentada.

Le estamos devolviendo la solicitud y los documentos que nos envió por correo inicialmente porque falta(n) una o todas las firmas.

- página 1
- página 5
- ambas 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:

- SAMPLE**
1. Are all questions on the application completed?  Yes  No
  2. \*Has the household composition changed?  Yes  No
  3. \*Has the participant moved?  Yes  No
  4. \*Has the amount of rent/mortgage changed?  Yes  No
  5. \*Did the unearned income change from what was previously reported?  Yes  No
  6. \*Has the child/dependent care provider or cost changed?  Yes  No
  7. \*Have the medical expenses changed from what was previously reported?  Yes  No
  8. \*Did the amount paid in child support change?  Yes  No
  9. \*Has there been any change in resources?  Yes  Yes
  10. \*Has any previous documentation that was pended been submitted?  
(Computer match information)  Yes  No

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



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

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

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

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

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

### Recertification 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 \$	\$	\$
	2 \$	\$	\$
	3 \$	\$	\$
Unearned Income	1 \$	\$	\$
	2 \$	\$	\$
	3 \$	\$	\$
	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)