



**FAMILY INDEPENDENCE ADMINISTRATION**  
 Seth W. Diamond, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner  
 Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner  
 Office of Procedures

**POLICY BULLETIN #07-17-ELI**

*(This Policy Bulletin Replaces PB #02-205-ELI and PB #04-121-ELI)*

**REVISIONS TO THE FOOD STAMP ELIGIBILITY DETERMINATION  
 HISTORY SHEET (W-132A)**

<p><b>Date:</b> February 2, 2007</p>	<p><b>Subtopic(s):</b> 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 Eligibility Determination History Sheet (<b>W-132A</b>) has been revised.</p> <p>The following are the revisions to the <b>W-132A</b>:</p> <p><u>Page 1</u></p> <ul style="list-style-type: none"> <li>• Instructions to complete the Food Stamp Benefits Expedited Processing Sheet (<b>W-140K</b>) have been changed to complete the Food Stamp Application Expedited Processing Summary Sheet (<b>LDSS-3938</b>) because the <b>W-140K</b> is obsolete and has been replaced by the State's <a href="#">LDSS-3938</a>.</li> <li>• Instructions to “Screen for expedited food stamps processing” has been changed to read “Screen for expedited food stamp processing on the same date the application is filed.”</li> <li>• The question “Eligible for expedited services?” was added in the sixth row.</li> <li>• The Head of Household Information section was moved to page 2.</li> <li>• The following paragraphs were added to the first Expedited Food Stamp Service Reminder at the bottom of the page:</li> </ul> <p>“If the applicant is qualified for expedited processing but is not available for an eligibility interview within 48 hours, all reasonable efforts must be made to conduct the interview within five days”;  and</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*

“If an application submitted by mail or fax does not contain enough information to make a determination for expedited processing, make every effort to contact the household to complete the expedited food stamp screening.”

- The last sentence of the second Expedited Food Stamp Service Reminder at the bottom of the page has been changed from “Issue FS benefits within five (5) calendar days from the date of file if eligible for FS” to “Issue FS benefits within five (5) calendar days following the date of file if eligible for FS.”
- The third Expedited Service Reminder on the bottom of the page was changed from “Try to obtain verification of mandatory items other than identity within the ten-day time frame, but defer for verification if necessary to meet the requirement/time frame” to “must verify casehead’s identity to issue food stamps.”

### Page 2

- The footnote on the bottom of the page was moved next to the “Mandatory Documentation for Food Stamp Household Members” header.

### Page 3

- Instructions to review the Alien Desk Guide (**W-205V**) have been changed to review the Alien Eligibility Desk Aid ([LDSS-4579](#)) because the **W-205V** is obsolete and has been replaced by the State’s **LDSS-4579**. The statement was also moved from the bottom of the page to the top, next to the section header “Alien Status.”
- A column labeled “Date of Status” was added to the Alien Status chart.
- Instructions to reference Able Bodied Adult Without Dependents (ABAWD) rules have been changed to:

“Determine current eligibility for individuals subject to the ABAWD requirements. ABAWDs who are not exempt from the work rules may not participate in the FS program for more than three months within the most recent 36-month period unless they meet certain work requirements.”

- The last statement in the text box labeled “Work Registration” at the bottom of the page to “Process HSS Medical referral where applicable” was removed because HS Systems no longer provides medical services for the Human Resources Administration.

- The last statement in the text box labeled “Finger Image” at the bottom of the page to “Finger-image mandatory h/h members even if sanctioned” was removed because sanctioned household members are not subject to Food Stamp finger imaging.

#### Page 4

- The last column of the chart on the bottom of the page has been changed from “Number of Credits” to “Number of Hours” and “Full Time” and “Part Time” changed to “20 hours or more” and “Less than 20 hours,” respectively.

#### Page 5

- A column labeled “Frequency (weekly, biweekly, semimonthly, other)” was added to the chart at the top of the page.
- The text box on the bottom of the page labeled “Pay Stubs” has been moved to page 6 and changed to “If paystubs are submitted, 4 weekly, 2 biweekly or 2 semimonthly are necessary to determine average monthly pay.”
- The text box labeled “Current Documentation” was changed to “Current Information” and also moved to page 6.

#### Page 6

- Columns labeled “Gross Amount on Pay Stub” and “Date on Pay Stub” were changed to “Gross Amount of Wages” and “Date,” respectively.
- In the text box labeled “Employer’s Statement” the statement “See the TA/FS Documentation/Verification Desk Guide ([LDSS-3666](#)) for other acceptable documents to verify income” was added.

#### Page 7

- In the Boarder/Lodger Income field the statements “Determine if boarder/lodger or if shared living arrangement” and “Consideration must first be given to shared living arrangement” were added.
- The following sentences were added to the Rental Income field:  
  
“Determine if rental income can be considered shared living arrangement. Refer to Food Stamp Source Book Section 12 to determine amount to be budgeted. Treat income as self-employment income.”

Page 8

- The statement “See FSSB Section 12, income exclusions” was added to the text box labeled “Contributions.”

Page 9

- In the text box labeled “Exempt Automobile” at the bottom of the page the first bullet was changed to:

“One licensed vehicle per adult household member and one licensed vehicle for each child under age 18 who drives to school, work, training or to look for work.”

The second bullet in the “Exempt Automobile” text box was changed to:

“Refer to PA and FS Resource Limits/Exemptions Desk Guide ([W-204X](#)) for additional licensed vehicle exemptions.”

Page 11

See Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (**W-205HH**).

- The following statement was added in the Utility Expenses field, “Evaluate the household’s eligibility for a Level 1, Level 2 or Level 3 Standard Utility Allowance (see FSSB Section 11, page 258).”
- The column labeled “Monthly Amount” was removed from the Utility Expenses field because standard utility allowances are mandated and actual expenses can no longer be used even if they exceed the mandated standard.
- The Telephone/Cellular field was simplified because verification of telephone expense is not necessary to receive the Level 3 telephone Standard Utility Allowance.
- The text boxes labeled “HEAP-Eligible Shelter Types,” “HEAP-Eligible if Incurring Heating Expenses” and “HEAP-Ineligible Shelter Types” were removed because the information can be obtained from the Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (**W-205HH**).
- The statement “Refer to Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (**W-205HH**) for more information on SUA budgeting” was added above the text boxes.
- Text boxes labeled “Level 1 SUA Heating/Cooling” and “Level 2 SUA Utilities” were added on the bottom of the page.

- The text box labeled “Standard Telephone Allowance” was changed to “Level 3 SUA Standard Telephone Allowance” and the text now reads:

“The Level 3 SUA covers the cost of basic service plus tax for one telephone. With the exception of Shelter Type Code **23** (undomiciled), households that do not pay for heating/air conditioning and/or utilities separate and apart from rent and are not eligible for HEAP will automatically receive SUA Level 3 for telephone expenses whether or not the expense is actually incurred.”

- The text box labeled “Example” was removed.

#### Page 12

- The following statement was added to the Child Care/Dependent Care section:

“Only actual unreimbursed costs for dependent care itself can be allowed. The cost of transporting children to a babysitter, even if the child care is free or otherwise paid, is not allowed as a dependent care deduction.”

- A column labeled “Age” was added to the Child Care/Dependent Care chart.
- The information in the text box at the bottom of the page to “Defer cases only for mandatory documentation or because the lack of documentation makes the case ineligible” has been moved to the Case Deferral section at the top of page 13.

#### Page 13

- The two instances requesting specific citation information for Citation Number 18 NYCRR were removed.
- The statement “Give at least 10 days to provide documentation” has been added next to the space for the deferral due date in the Case Deferral section.

POS implications

The **W-132A** is not currently available for use at NPA FS Paperless Office System (POS) pilot sites. It will be available in the future. Until then, information captured at the FS eligibility interview will be stored as data in the POS system.

Samples of the forms are attached.

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

*Effective Immediately*

**Attachments:**

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

**W-132A** Food Stamp Eligibility Determination History Sheet (Rev. 2/02/07)

**W-205HH** Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (Rev. 4/04/06)



## Food Stamp Eligibility Determination History Sheet

Case Name:		Case Number:	Name of Authorized/Organizational Representative:			
Center No:	Worker Name:					
Was the language questionnaire (W-680FF) prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please prepare <b>W-680FF</b> .		First Name	M.I.	Last Name
What is the applicant's preferred <b>speaking</b> language? _____			Address: _____		Apt. No. _____	
What is the applicant's preferred <b>reading</b> language? _____			City _____		State _____	Zip Code _____
Screen for expedited food stamp processing on the same date the application is filed. Complete Food Stamp Application Expedited Processing Summary Sheet ( <b>LDSS-3938</b> ).			Has applicant ever received Food Stamps (FS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Public Assistance (PA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Application Filed: _____		Application Due Date: _____				
Date of Interview: _____		Eligible for Expedited Services? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Process as a recertification only if application was filed prior to end of certification period.  For recertifications use the Food Stamp Recertification History Sheet ( <b>W-132X</b> ).			If yes, prior number and status		Food Stamps	
			Case Number		Public Assistance	
			Closed/Rejected		<input type="checkbox"/> Closed	<input type="checkbox"/> Rejected
			Date			
			Code/Reason			
			Last Benefit Amount			
			Active <sup>1</sup>			
			Center Number			
			<sup>1</sup> If the food stamp case is active and closing is not anticipated, this application must be rejected.			
<b>EXPEDITED FOOD STAMP SERVICE REMINDERS</b> LDSS-3938 must be completed and the Agency determination/assessment must be indicated. File form in case record. If LDSS-3938 indicates household is eligible for expedited processing, conduct a full eligibility interview.  If the applicant is qualified for expedited processing but is not available for an eligibility interview within 48 hours, all reasonable efforts must be made to conduct the interview within 5 days.  If an application submitted by mail or fax does not contain enough information to make a determination for expedited processing, make every effort to contact the household to complete the EFS screening.			Issue FS benefits within five (5) calendar days following the date of file if eligible for FS.		Must verify casehead's identity to issue food stamps.	
Is applicant applying for Medical Assistance (MA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has information on current application been compared to information provided during prior application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, Medicaid Referral for Eligibility Application ( <b>M-42g</b> ) must be completed.			If no, explain: _____			

**Head of Household Information**

<b>IDENTITY</b>	_____ First Name                      M.I.                      Last Name	(Verification of casehead's identity is required to issue EFS) Documentation Seen:
<b>ADDRESS</b>	_____ Address (House/Bldg. No., Street/Avenue, Apt. No.)	Documentation Seen:
	_____ City                      State                      Zip Code	
<b>PAST MANAGEMENT</b>	Why is household applying and how were they maintaining themselves prior to application?	
Review prior application, if any. Use History Sheet (W-25) if needed.	_____ _____ _____	

SAMPLE

Mandatory Documentation for Food Stamp Household Members If item was previously documented, enter in the appropriate space below the date the document was seen.							
Name (Last, First, M.I.)	Verification of Household Presence	Date of Birth (DOB)	Documentation Seen to Verify DOB	Social Security Number	Documentation Seen to Verify Social Security Number	Validation Code	Resolution (if code is not 1 or 8)

Is there anyone else in the household who is not applying?  Yes  No                      Food Stamp household size \_\_\_\_\_

If yes, explain. Describe relationship, status in household, eating arrangements and age, if relevant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Alien Status (REVIEW ALIEN ELIGIBILITY DESK AID [LDSS-4579])							Work Registration (check one)				Finger Imaging Required?	
Name	ACI	USCIS Form Number (seen)	Serial Number	USA Entry <sup>1</sup> Date	Date of <sup>2</sup> Status	SAVE	WA	WR <sup>3</sup>	WE	Reason for WE Status	Check <input checked="" type="checkbox"/> One	
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No

SAMPLE

<sup>1</sup>Date the individual entered the USA

<sup>2</sup>Date the individual obtained current alien status

<sup>3</sup>Only able-bodied individuals age 18–49 with no dependent children in the household are to be coded WR.

Determine current eligibility for individuals subject to the ABAWD requirements. ABAWDs who are not exempt from the work rules may not participate in the FS program for more than three months within the most recent 36-month period unless they meet certain work requirements.

DO NOT COUNT TIME NOT IN RECEIPT OF FOOD STAMPS.

Is anyone listed above in sanction status?  No  Yes If yes, who? \_\_\_\_\_  
First Name M.I. Last Name

What type of sanction? \_\_\_\_\_ Sanction end date: \_\_\_\_\_

Additional documentation required: \_\_\_\_\_

Mandatory documentation accurate and complete.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**WORK REGISTRATION**

Review work registration status for all individuals age 16–59.  
Refer to work activity if required.  
Obtain documentation for permanent and temporary disabilities.

**FINGER IMAGE**

- Finger-image head of h/h and all mandatory h/h members 18 years of age or older unless exempt.

<b>Training</b>				
Is anyone currently attending a vocational or training program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Student	Name and Address of School	Program	Verification	Number of Hours Attending
				<input type="checkbox"/> 30 hours or more <input type="checkbox"/> Less than 30 hours
				<input type="checkbox"/> 30 hours or more <input type="checkbox"/> Less than 30 hours
				<input type="checkbox"/> 30 hours or more <input type="checkbox"/> Less than 30 hours
				<input type="checkbox"/> 30 hours or more <input type="checkbox"/> Less than 30 hours
				<input type="checkbox"/> 30 hours or more <input type="checkbox"/> Less than 30 hours

SAMPLE

<b>Higher Education</b>				
Is anyone in the household currently a student in an institution of higher education requiring a high school degree? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Student	Name and Address of School	Program	Verification	Number of Hours
				<input type="checkbox"/> 20 hours or more <input type="checkbox"/> Less than 20 hours
				<input type="checkbox"/> 20 hours or more <input type="checkbox"/> Less than 20 hours
				<input type="checkbox"/> 20 hours or more <input type="checkbox"/> Less than 20 hours
				<input type="checkbox"/> 20 hours or more <input type="checkbox"/> Less than 20 hours
				<input type="checkbox"/> 20 hours or more <input type="checkbox"/> Less than 20 hours

Does student meet the student criteria?  No  Yes If yes or exempt, explain why: \_\_\_\_\_

\_\_\_\_\_  
If no, remove ineligible student from the case.

**NPA FS History Employment Record – 12 Months Prior to Application**

List each individual age 18 or older who is to be included in the Food Stamp application. If there is no previous employment history for the past 12 months, enter "none" next to the applicant's name.

Name (Last, First, M.I.)	None	Period Covered Start with the most recent employment		Gross Wages	Frequency (weekly, biweekly, semimonthly, other)	Employer Name	Employer Address	Employer Telephone Number
		From	To					
				\$				
				\$				
				\$				
				\$				
				\$				

SAMPLE

**RFI Clearance**

Is there any discrepancy between the NPA FS History Employment Record and the RFI Clearance?  Yes  No  Not Applicable

How was discrepancy resolved? \_\_\_\_\_  
\_\_\_\_\_

**Income**

Did household have income during the month of application?  Yes  No If yes, how much (gross amount)? \$ \_\_\_\_\_ Frequency \_\_\_\_\_

List source(s): \_\_\_\_\_  
\_\_\_\_\_

Was the income terminated?  Yes  No

If yes, when? \_\_\_\_\_

Why? \_\_\_\_\_

**Gross Earned Income** (Includes self-employment and work as a child care provider)

Does anyone in the household earn wages?  Yes  No

Name of wage earner: _____ First Name                      M.I.                      Last Name	Name of wage earner: _____ First Name                      M.I.                      Last Name
--	--

Name, address and telephone number of employer: Name of Employer _____ Employer Telephone Number _____ Building No., Street/Avenue, Floor/Suite No. _____ City _____ State _____ Zip Code _____	Name, address and telephone number of employer: Name of Employer _____ Employer Telephone Number _____ Building No., Street/Avenue, Floor/Suite No. _____ City _____ State _____ Zip Code _____
--	--

No.	Gross Amount of Wages	Date	Frequency	No.	Gross Amount of Wages	Date	Frequency
1.	\$			1.	\$		
2.	\$			2.	\$		
3.	\$			3.	\$		
4.	\$			4.	\$		
Total	\$			Total	\$		

Average: \$ \_\_\_\_\_ Per: \_\_\_\_\_      Average: \$ \_\_\_\_\_ Per: \_\_\_\_\_

**Employer's Statement**

Gross Earnings	Frequency	Date of Letter	Date of Collateral Contact	Result of Collateral Contact
\$				
\$				

List other documentation seen to verify income: \_\_\_\_\_

**COLLATERAL CONTACTS**  
Entries on collateral contacts must give details on who was called and what information was confirmed. Indicate name, title and telephone number.

**SELF-EMPLOYMENT INCOME**  
See Food Stamp Source Book Section 12 for allowable costs to deduct from earnings.

**PAY STUBS**  
If paystubs are submitted, 4 weekly, 2 biweekly or 2 semimonthly are necessary to determine average monthly pay.

**EMPLOYER'S STATEMENT**  
If pay stubs are not available, a statement from the employer indicating gross earnings and frequency of pay may be used. The employer's statement must be current and contain his/her address and telephone number. See the TA/FS Documentation/Verification Desk Guide (**LDSS-3666**) for other acceptable documents to verify income.

**CURRENT INFORMATION**  
For documentation to be current it must not be more than 60 days old.

**Boarder/Lodger Income:** Determine if boarder/lodger or if shared living arrangement. Consideration must first be given to shared living arrangement.

Is anyone in the home a lodger or boarder?  Yes  No

Lodger	Boarder/ Lodger	Name	Relationship	Amount Charged	Frequency	Monthly Boarder or Lodger Expense	Number of Meals Provided
<input type="checkbox"/>	<input type="checkbox"/>			\$			
<input type="checkbox"/>	<input type="checkbox"/>			\$			

**Rental Income:** Determine if rental income can be considered shared living arrangement. Refer to Food Stamp Source Book Section 12 to determine amount to be budgeted. Treat income as self-employment income.

Does anyone in the household receive rental income?  Yes  No

Tenant's Name	Space Rented	Amount Charged	Frequency
		\$	
		\$	

List documentation seen to verify rental income: \_\_\_\_\_

Record results of collateral calls, if any: \_\_\_\_\_

How many hours per week are spent managing the property? \_\_\_\_\_ (If 20 hours or more, budget as earned income on WMS.)

**Nonexempt Unearned Income** (UIB, SSA, SSI, VA, etc.)

Does anyone in the household receive disability, retirement, military or work-related benefits?  Yes  No

Individual's Name	Source	Gross Amount	Frequency	Documentation Seen	Date
		\$			
		\$			

Record results of collateral calls, if any: \_\_\_\_\_

**COLLATERAL CONTACTS**  
Entries on collateral contacts must give details on who was called and what information was confirmed. Indicate name, title and telephone number.

**HOMEOWNERS**  
Obtain verification of rental income, insurance payments, taxes, utilities and interest.

**Other Income Sources**  
Examples: contributions, dividends, alimony, child support

Does the household receive income from any other source?  Yes  No

Individual's Name	Source	Gross Amount	Frequency	Documentation Seen	Date
		\$			
		\$			

Record results of collateral calls, if any: \_\_\_\_\_

**Exempt Income**  
Examples of exempt income sources: Loans, reimbursements, vendor payments, JTPA job training, Title V of the Older Americans Act, Earned Income Tax Credit (EITC).  
**Refer to Food Stamp Source Book (FSSB) for other exempt income sources.**

Is the household receiving loans?  Yes  No

Individual's Name	Source	Amount	Frequency	Documentation Seen	Date
		\$			
		\$			

Record results of collateral calls, if any: \_\_\_\_\_

Is anyone in the household receiving income from any other exempt source?  Yes  No

Individual's Name	Source	Amount	Frequency	Documentation Seen	Date
		\$			
		\$			

Additional documentation required: \_\_\_\_\_  
 Mandatory documentation accurate and complete.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT DOCUMENTATION**  
For documentation to be current, it must not be more than 60 days old.

**CONTRIBUTIONS**  
The first \$300 per quarter is excluded if the cash donation is from a nonprofit charitable organization. See FSSB Section 12, income exclusions.

**FOSTER CARE/ADOPTION SUBSIDY**  
Foster care payments and adoption subsidies are excluded.

**Resources**  
Review the resources reported by the applicant.

**Bank Accounts**  
Does anyone in the household have bank accounts?  Yes  No  
(List all accounts: savings, checking, trusts, custodial, CDs, money market, credit unions, etc.)

Name of Bank	Address of Bank	Type of Account	Account Number	Current Balance	Documentation Seen	Date of Last Entry
				\$		
				\$		

If any account is exempt, explain why and list documentation seen: \_\_\_\_\_

**Investments**  
Does anyone in the household have stocks, bonds, IRAs, investments and/or burial funds?  Yes  No

Name of Institution or Company	Address of Institution or Company	Type of Account	Current Value	Documentation Seen	Date
			\$		
			\$		

**Automobiles**  
Does anyone in the household own an automobile, truck or motorcycle?  Yes  No

Year	Model	Purpose of Vehicle (school, work activities or leisure)	Kelley Blue Book Trade-In Value	Current Exemption	Balance Actual Resources (value minus expenses)
			\$		\$
			\$		\$

If any car is exempt, explain: \_\_\_\_\_

**EXEMPT AUTOMOBILE**

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

**AUTOMOBILES**

Refer to Kelley Blue Book for details on calculating the value of nonexempt automobiles.

**CURRENT DOCUMENTATION**

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

**Real Estate/Property**

Does anyone in the household own real estate or property other than his/her residence?  Yes  No

Property	Location	Value	Documentation Seen	Date
		\$		
		\$		
		\$		

List total value of all nonexempt resources: \$ \_\_\_\_\_

**If this amount exceeds the allowances maximum, reject/close case at this point.**

List the total value of the nonexempt resources pertaining to the noncategorically eligible applicants only:

\$ \_\_\_\_\_

Additional documentation required: \_\_\_\_\_

Resource documentation accurate and complete

SAMPLE

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Shelter Costs/Expenses**

What is the applicant's living arrangement?

Apartment rental

\_\_\_\_\_  
Rental Company/ Landlord

\_\_\_\_\_  
Address

Telephone Number: \_\_\_\_\_

NYCHA

\_\_\_\_\_  
Rental Company/ Landlord

\_\_\_\_\_  
Address

Telephone Number: \_\_\_\_\_

Section 8 or other subsidized program

\_\_\_\_\_  
Rental Company/ Landlord

\_\_\_\_\_  
Address

Telephone Number: \_\_\_\_\_

Monthly Rental: \$ \_\_\_\_\_ Documentation Seen: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Tenant**

Name of Secondary Tenant: \_\_\_\_\_ Relationship to Primary Tenant: \_\_\_\_\_

First Name

M.I.

Last Name

Rent	Frequency	Documentation Seen	Date	Utilities	Utilities/Telephone Included? (If yes, give amount)
\$				Telephone	<input type="checkbox"/> No <input type="checkbox"/> Yes \$

**Homeowner\***

Type of Mortgage	Lender's Name	Lender's Address	Monthly Amount	Documentation Seen	Date
			\$		

**Homeless**

Give details of current living arrangements, dates, reasons, etc: \_\_\_\_\_

\*Homeowners insurance on structure (include fire insurance); 55% deduction is allowed.



**Collateral Contacts**  
List all collateral contacts made to verify shelter costs: \_\_\_\_\_

Expenses						
	Included in Mortgage?		Amount	Frequency	Documentation Seen	Date
Taxes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$			
Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$			
Other: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$			

**Utility Expenses** Evaluate the household's eligibility for a Level 1, Level 2 or Level 3 Standard Utility Allowance (See FSSB Section 11, page 258).

Does the household pay for heat, gas and/or electricity?  Yes  No

Does the household have an air conditioner?  Yes  No

Supplier's Name	Account Number	Name on Bill

**Telephone/Cellular**  
Does the household pay for telephone or cellular phone service?  Yes  No

Refer to Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (**W-205HH**) for more information on SUA budgeting.

**Level 1 SUA Heating/Cooling**  
The Level 1 SUA covers heating and air conditioning, utilities and telephone costs. It is available to households that have received a Home Energy Assistance Program (HEAP) payment within the past 12 months, households whose application for and receipt of HEAP is reasonably anticipated within 12 months, and households that are regularly billed separately from their rent or mortgage for heating and/or air conditioning their residence.

**Level 2 SUA Utilities**  
The Level 2 SUA includes all utility costs other than heating/air conditioning. It includes telephone, electricity, cooking fuel, sewage, trash collection, water fees, fuel for heating hot water and the rental fee for a propane tank. It is available to households:

- billed separately from rent or mortgage for one or more of these utilities; and
- which do not incur a cost for heating and/or air conditioning separate and apart from their rent or mortgage; and
- which have not received and do not reasonably anticipate receiving a HEAP payment in the next 12 months. No separate inquiry into whether the household incurs a cost for a telephone is required.

**Level 3 SUA Standard Telephone Allowance**  
The Level 3 SUA covers the cost of basic service plus tax for one telephone. With the exception of Shelter Type Code **23** (undomiciled), households that do not pay for heating/air conditioning and/or utilities separate and apart from rent and are not eligible for HEAP will automatically receive SUA Level 3 for telephone expenses whether or not the expense is actually incurred.

**Child Care/Dependent Care**

Does household pay for child care or dependent care?  Yes  No  
 Only actual unreimbursed costs for dependent care itself can be allowed. The cost of transporting children to a babysitter, even if child care is free or otherwise paid, is not allowed as a dependent care deduction.

Name of Person(s) in Care	Age	Reason	Amount Charged	Frequency	Provider Name	Provider Address	Provider Telephone Number
			\$				
			\$				
			\$				

Documentation Submitted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Collateral Contact Result: \_\_\_\_\_

**Child Support**

Does household pay for legally obligated child support for children outside the Food Stamp household?  Yes  No

Name of Child(ren) – Support Granted	Amount Charged	Frequency
	\$	
	\$	
	\$	

**Medical Expenses**

Name of household member(s) eligible for medical expense deductions:  None

Individual's Name	Type of Medical Expenses	Bill Amount	Frequency
		\$	
		\$	

Total: \$ \_\_\_\_\_ Monthly Amount to be Budgeted: \$ \_\_\_\_\_  
 Documentation Submitted: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EXPENSES**  
 Only for household members who are elderly or disabled (age 60, receiving Social Security, SSI, 100% Veteran's 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 or credit on Food Stamp budgets.

**EXAMPLES**  
 Households eligible for excess medical deductions must be allowed at certification to give a reasonable estimate of the medical expenses they expect to incur during the course of the certification period.

**Case Deferral:** Defer cases only for mandatory documentation or because the lack of documentation makes the case ineligible.

Does case have to be deferred?  No  Yes

If yes, list all reasons for deferral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Deferral Due Date: \_\_\_\_\_ (Give at least 10 days to provide documentation)

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Deferral Return**

List date(s) deferral information required:

Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**SAMPLE**

If deferral information is complete and acceptable, record information in the appropriate section of this history sheet and complete case decision process.

If deferral information is incomplete or unacceptable, list outstanding items still required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List date of second notice to applicant requesting the above items: \_\_\_\_\_  
Date

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Allow 10-day time frame.

**Case Decision**

**Acceptance**

Expedited	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Citation Number 18 NYCRR: _____
Single Issuance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Citation Number 18 NYCRR: _____
Recurring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Citation Number 18 NYCRR: _____

Budget Number	Benefit Code	Authorization Period		Amount
		From	To	
				\$
				\$
				\$

Is there a completed Food Stamp Application Expedited Processing Summary Sheet (LDSS-3938) with the appropriate agency disposition in case record?  
 Yes  No

If no, explain: \_\_\_\_\_

If case is single issuance, explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rejection**

Reject Code: \_\_\_\_\_ Citation Number 18 NYCRR: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

**Anticipated Future Action**

\_\_\_\_\_

\_\_\_\_\_

Worker's Signature _____	Date _____
Supervisor's Signature _____	Date _____

**Reminder:** Was Medicaid Referral for Eligibility Application (M-42g) completed? (see page 1)



### Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide

Code	Shelter Type	SUA Levels	Verification Required for SUA <sup>1</sup>
01	Unfurnished Room or Apartment	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Automatically granted if H/H incurs a shelter expense; or</li> <li>If H/H does <u>not</u> incur a shelter expense but pays separately for heating and/or air-conditioning, when calculating the budget in WMS an entry of "x" in the <b>FSUA:IND</b> field or a numeric entry in the <b>FSUA:TYPE</b> field is required in order for the <b>Level 1</b> SUA to be applied.<sup>2</sup></li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>If H/H does not incur a shelter expense and does not pay separately for heating and/or air conditioning but pays for utilities, an entry of "x" in the <b>FSUA:IND</b> field is required.</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>If H/H does <u>not</u> incur a shelter expense and does <u>not</u> pay separately for heating, air conditioning or utilities, a telephone allowance is automatically provided (no entries required).</li> </ul>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Proof of shelter expense; or</li> <li>Proof of current heating and/or air conditioning bill</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Current utility bill</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
03	Own Home (Includes Trailer)		
20	Emergency Rental Supplement Program (EARP)		
25	Rented Private Home		
26	Furnished Apartment		
39	Subsidized Housing – Shallow Subsidy – Section 236/Section 202		
41	Jiggetts – Approved Excess Shelter		
42	Congregate Care Level III – Adult Homes and DOH Enriched Housing	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>If H/H pays separately for heating and/or air-conditioning, an entry of "x" in the <b>FSUA:IND</b> field or a numeric entry in the <b>FSUA:TYPE</b> field is required.</li> </ul>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Letter verifying air-conditioning expense</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
43	Congregate Care Level II – OMH/OMRDD Supervised/Supportive Apartments	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>If H/H does <u>not</u> pay separately for heating and/or air-conditioning, a telephone allowance is automatically provided (no entries required).</li> </ul>	
06	Hotel/Motel Temporary	Not eligible for SUA <b>Level 1</b> or <b>2</b> .	
11	Room Only	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>A telephone allowance is automatically granted (no entries required).</li> </ul>	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
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 I – New York City, Nassau, Suffolk, Westchester		
16	Congregate Care Level II – State Certified – New York City, Nassau, Suffolk, Westchester		

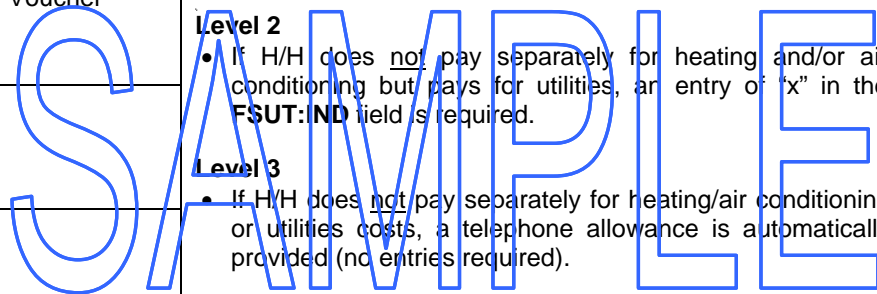
SAMPLE

<sup>1</sup>Secondary tenants that incur a shelter expense are entitled to the same SUA level as the primary tenant. A secondary tenant in a public or subsidized housing rent situation may verify the heat, air conditioning and/or utility expense by a statement from the primary tenant and proof that the primary tenant would qualify for the SUA.

<sup>2</sup>Due to current systems issues, a Level 1 SUA cannot be generated in WMS for households that do not incur a shelter expense. Please see PB #06-12-OPE for details on how to budget these cases.

Shelter Type Codes 94–99 were not included because they are for Medical Insurance and Community Services Administration (MCSA) cases only.

Code	Shelter Type	SUA Levels	Verification Required for SUA <sup>1</sup>
23	Undomiciled	No FS SUA – Not eligible for SUA Level 1, 2 or 3. A homeless shelter deduction will be added to the standard deduction in the budget.	None
02	NYCHA Apartment – Utilities Included <sup>3</sup>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>If H/H pays separately for heating and/or air-conditioning, an entry of “x” in the <b>FSUA:IND</b> field or a numeric entry in the <b>FSUA:TYPE</b> field is required.</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>If H/H does <u>not</u> pay separately for heating and/or air conditioning but pays for utilities, an entry of “x” in the <b>FSUT:IND</b> field is required.</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>If H/H does <u>not</u> pay separately for heating/air conditioning or utilities costs, a telephone allowance is automatically provided (no entries required).</li> </ul>	<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Proof of heating and/or air-conditioning costs</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Current utility bill</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
24	NYCHA Apartment – Utilities Not Included		
38	Subsidized Housing – Deep Subsidy – Voucher Program/Project-Based Section 8		
40	Section 8 Voucher – 30% limit		
44	Supportive/Specialized Housing		
17	Congregate Care Level II – State Operated	<p>Not eligible for SUA Level 1 or Level 2.</p> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>A telephone allowance is automatically granted (no entries required).</li> </ul>	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
27	Residential Treatment Center – Non–Level II		
28	Congregate Care Level I – Rest of State		
29	Congregate Care Level II – State Certified – Rest of State		
30	Scatter Site Homeless Housing – Non–Tier I/Non–Tier II		
31	Residential Treatment Center – Level II Facility – NYC, Nassau, Suffolk, Westchester		
32	Residential Treatment Center – Level II Facility – Rest of State		
33	Homeless Shelter – Tier I or Tier II – less than 3 meals per day		
34	Homeless Shelter – Tier II – 3 meals per day		
35	Homeless Shelter – Non–Tier I or II		



<sup>1</sup>Secondary tenants that incur a shelter expense are entitled to the same SUA level as the primary tenant. A secondary tenant in a public or subsidized housing rent situation may verify the heat, air conditioning and/or utility expense by a statement from the primary tenant and proof that the primary tenant would qualify for the SUA.

<sup>3</sup>Shelter type code 02 can only receive an SUA Level 2 if an additional cost for a washer and/or dryer is incurred. Refer to the Public Assistance Budgeting Manual or the NPA FS Budgeting Manual for detailed information on SUA budgeting.