



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-42-ELI

ADDITIONAL FORM REQUIREMENT FOR REPLACEMENT OF LOST, STOLEN, OR UNDELIVERED SSI CHECKS

Date: April 13, 2009	Subtopic(s): SSI
<p> This procedure can now be accessed on the FIAweb.</p> <p>See Job Center Operations manual</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that as a condition of eligibility, individuals who apply for Emergency Assistance for Adults (EAA) because of a lost, stolen, or undelivered Supplemental Security Income (SSI) check are required to sign an Emergency Assistance for Adults Applicant Statement (LDSS-2921A).</p> <p>Form LDSS-2921A states that the applicant has reported a lost, stolen, or undelivered SSI check to the Social Security Administration (SSA) and agrees to repay any amount granted as EAA upon receiving the original check or replacement SSI check.</p> <p>Form LDSS-2921A must be completed in addition to the Statewide Common Application (LDSS-2921) and the Agreement to Repay Cash Assistance (M-15f) form.</p> <p>Samples of form LDSS-2921A are attached.</p> <p><i>Effective Immediately</i></p> <p>Related Item:</p> <p>Job Center Operations Manual</p> <p>Attachments:</p> <p>LDSS-2921A Emergency Assistance for Adults Applicant Statement (Rev. 10/01)</p> <p>LDSS-2921A-S Emergency Assistance for Adults Applicant Statement (Spanish) (Rev. 10/01)</p>

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*

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

EMERGENCY ASSISTANCE FOR ADULTS APPLICANT STATEMENT

My SSI check was lost, stolen or not received. I have reported this to the Social Security Office and have filed a request there for the original check or a replacement check. If the Department of Social Services gives me some money or a food voucher because of my emergency situation, I will pay them back within 5 days after I get the original or replacement check.

I have signed this application and given required information to the Department of Social Services so that they could give me emergency assistance. The information which I gave on the application is true and correct. I understand that by signing this Application/Certification form, I am giving the Department of Social Services the right to investigate to confirm that the information I have given is correct and that there is no other reason why I would not be eligible for emergency assistance.

SAMPLE

YOUR SIGNATURE:

Today's Date

Witness if you signed with an X

OFICINA DE ASISTENCIA TEMPORAL Y ASISTENCIA PARA INCAPACITADOS DEL ESTADO DE NUEVA YORK

DECLARACION DEL SOLICITANTE PARA AYUDA DE EMERGENCIA PARA ADULTOS

Mi cheque del SSI se perdió, fue robado o no lo recibí. He informado ésto a la Oficina del Seguro Social y he presentado una solicitud allí para obtener el cheque original o un cheque de reemplazo. Si el Departamento de Servicios Sociales me da algún dinero o un cupón de comida debido a mi situación de emergencia, yo les devolveré el dinero a los 5 días de haber recibido el cheque original o de reemplazo.

He firmado esta solicitud y he otorgado la información requerida al Departamento de Servicios Sociales para que ellos me provean ayuda de emergencia. La información que y dí en la solicitud es verdadera y correcta. Comprendo que al firmar este formulario de Solicitud/Certificación estoy otorgando al Departamento de Servicios Sociales El derecho de investigar para confirmar que la información que he provisto es correcta y de que no existe otra razón por la cual yo no sería elegible para la asistencia de emergencia.

SU FIRMA:

La Fecha de Hoy

Testigo si usted firmó con una X