



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-83-OPE

(This Policy Bulletin Replaces PB #01-46-OPE and PB # 05-115-OPE)

DSS-4113-2 REFERRAL TO THE CBIC OTC SITE

Date: July 6, 2009	Subtopic(s): CBIC
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PB #08-84-OPE for instructions on issuing referrals to OTC sites when the CBIC printers are not operational.</p> <p>CBIC OTC sites will only release a CBIC to the case payee.</p>	<p>The purpose of this policy bulletin is to remind staff at Job Centers and Non Cash Assistance Food Stamp (NCA FS) Centers that referrals to Over-the-Counter (OTC) sites for Benefit Identification Cards (DSS-4113-2) are only issued to case payees and that the DSS-4113-2 must have the required signatures on the reverse side.</p> <p>The participant and the Worker must sign and date the reverse side of the DSS-4113 while at the Job Center or NCA FS Center. Disbursement and Collections (D&C)/Food Stamp (FS) Reception Area Supervisors are to ensure that all required signatures are recorded on form DSS-4113-2 before referring applicants/participants for a Common Benefit Identification Card (CBIC).</p> <p>CBIC OTC sites will not service any participant who appears with a DSS-4113-2 referral that does not have the required signatures and dates. Also, because CBICs will only be issued to case payees, DSS 4113-2 referrals must not be distributed to third parties (e.g., relatives, home attendants, etc.).</p> <p>CBICs are to be mailed to case payees who are unable to appear at a Center for a referral or are unable to go to the OTC.</p> <p>D&C/FS Reception Area Supervisors must ensure that the above mentioned processes are followed by all staff responsible for the issuance of CBIC cards.</p> <p><i>Effective Immediately</i></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*

Related Item:

[PB #08-84-OPE](#)

Attachment:

DSS-4113-2 Benefit Identification Card

 Please use Print on Demand to obtain copies of forms.

BENEFIT
 IDENTIFICATION CARD

0141436



New York State
 Department of Social Services

Identification Number Sex Birth Date

XXXXXXXXXX X XXXXXXXXXXXX
 LAST NAME FIRST NAME M.I.
 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X
 XXXXXX XXXXXXXXXXXXXXXXXXXX
 XX
 XXXXXXXXXXXXXXXXXXXX

XX
TEMPORARY
 000406 XXXX XXXX XXX XX XXXXXXXXXXXX
 ISO# ACCESS NUMBER SEQ.# EXPIRES

XXXXXXXXXXXXXXXXXXXXX
 USER ID
 FID #
 XX

SAMPLE

Signatures and dates required at the Centers

CLIENT SIGNATURE at IM, FS or MA Center
 X _____ DATE _____

WORKER SIGNATURE at IM, FS or MA Center
 X _____ DATE _____

CLIENT SIGNATURE at over the counter Card Issuance Site
 X _____ DATE _____

WORKER SIGNATURE at over the counter Card Issuance Site
 X _____ DATE _____

PROPERTY OF
 NEW YORK STATE DEPARTMENT OF SOCIAL SE
 MUST BE SURRENDERED ON DEMAND

FRAUDULENT USE OF THIS CARD IS A PUNISHABLE
 NOT VALID
 UNLESS SIGNED _____

CARD HOLDER -Present this card to the proper vendor
 authorized benefits or medical services.

REIMBURSEMENT TO PROVIDERS OF BENEFITS OR MEDIC
 CES AUTHORIZED BY NYSOSS ELECTRONIC VERIFICAT
 TEMS IS DEPENDENT ON VERIFICATION BY THE APP
 SYSTEM.