



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-101-OPE

MANDATED SIGNAGE – REVISION OF FOOD STAMP COMPLAINT PROCEDURE POSTER (LDSS-8036)

| Date: June 10, 2004 | Subtopic(s): Forms |
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| <p> This procedure can now be accessed on the FIAweb.</p> | <p>The purpose of this policy bulletin is to inform staff that the poster titled Food Stamp Complaint Procedure (LDSS-8036) has been revised.</p> <p>The revision is as follows:</p> <ul style="list-style-type: none"> • All references to “Food Stamps” on the poster were changed to “Food Stamp Benefits.” <p>The revised LDSS-8036 (dated 4/04) is available in both English and Spanish and must be prominently displayed in all Job and NPA Food Stamp Centers.</p> <p>Center Directors must ensure that all prior versions of the LDSS-8036 are recycled and replaced with the updated version no later than September 2004.</p> <p>Instructions on how to order the revised LDSS-8036 will be sent out shortly. However, if either instructions on ordering posters or the posters themselves are not received by September 2004, the FIAweb can be used to retrieve the 4/04 version of the LDSS-8036 for subsequent posting.</p> <p><i>Effective Immediately</i></p> |

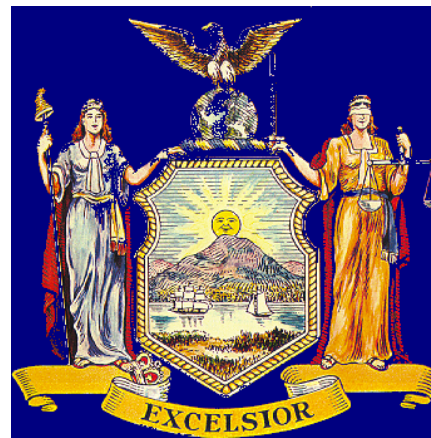
HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call (718) 557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Forms can now be accessed through Print on Demand at all Job Centers.

Attachments:

LDSS-8036 Food Stamp Benefit Complaint Procedure (Rev. 4/04)

LDSS-8036(S) Food Stamp Benefit Complaint Procedure (Spanish) (Rev. 4/04)



FOOD STAMP BENEFITS COMPLAINT PROCEDURE

If you have a complaint concerning processing standards and/or service you may request a local agency conference. If your complaint is not satisfactorily resolved by your local food stamp benefits office, you may file a complaint in writing to:

New York State
Office of Temporary and Disability Assistance
Division of Temporary Assistance, ATT: Food Stamp Benefits Program
40 North Pearl Street
Albany, NY 12243

The following information should be included when you send in your complaint:

- Your name
- Your complete address
- Telephone number where we can reach you
- Name of the local food stamp benefits office involved
- Your food stamp benefits case number, if applicable
- All pertinent information regarding your complaint

NOTE: THIS PROCEDURE IN NO WAY TAKES THE PLACE OF A FAIR HEARING



PROCEDIMIENTO DE QUEJA RELATIVO A LOS CUPONES PARA ALIMENTOS

Si desea presentar una queja con relación a las normas de trámite y/o servicio asociado con los cupones para alimentos, le sugerimos solicitar una reunión con la agencia local. Si la resolución de la oficina local no le es de su entera satisfacción, favor de enviar una queja por escrito a la siguiente dirección:

New York State
Office of Temporary and Disability Assistance
Division of Temporary Assistance, ATT: Food Stamp Program
40 North Pearl Street
Albany, NY 12243

Incluya los siguientes datos en la queja formal:

- Nombre
- Dirección completa
- Número de teléfono donde le podamos localizar
- Nombre de la oficina local de cupones para alimentos a cargo del caso
- Número de caso, si es pertinente
- Todo dato relacionado con la queja

NOTA: EL PROCEDIMIENTO DE QUEJA NO SUSTITUYE LA VISTA IMPARCIAL