



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 #04-184-OPE

REVISION OF THE ALIEN STATUS HISTORY SHEET (W-25H)

Date: October 19, 2004	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>Please refer to PB #04-53-ELI for additional information regarding the FAP program.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform staff that the Alien History Sheet (W-25H) has been revised to:</p> <ul style="list-style-type: none">• Update the eligibility criteria for the Food Assistance Program (FAP), which has been extended through September 2005;• Delete the alien immigration statuses that are eligible for federal Food Stamp (FS) Benefits; <u>and</u>• Advise Workers that the Alien Desk Aid (W-205V) should be used to establish eligibility for federal FS Benefits. <p>Center Directors must ensure that prior versions of the W-25H are recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p>Attachment: W-25H Alien Status History Sheet (Rev. 10/18/04)</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*



Alien Status History Sheet

Application

Recertification/First Contact

Nonalien Case

Case Name: _____

Case Number: _____

Case Reviewed for Alien Status on: _____

Number of Aliens in Household (H/H): _____

Use this form along with the Alien Eligibility Desk Aid (**W-205V**) to identify and document aliens in the H/H who are eligible for federal Food Stamp Benefits or for Food Stamp Benefits under the State's Food Assistance Program (FAP).

Number of aliens eligible for Federal Food Stamp Benefits: _____ (List their names in the space provided below.)

First Name	M.I.	Last Name	Alien Number	LPR Date/Date Status Was Granted	Reason Code

SAMPLE

An alien may be eligible for FAP if s/he is a victim of domestic violence or 60 years of age or older, born after 8/22/31. (**Note:** Individuals born before 8/22/31 are eligible for federally funded Food Stamp [FS] Benefits.) The individual must also meet all of the following criteria:

- s/he is a qualified alien not eligible for federally funded Food Stamp (FS) Benefits solely because of alien rules. For example, an alien who has lived in the United States (U.S.) for seven years, but gained qualified status only a year ago;
- s/he resided in the U.S. as of 8/22/96;
- s/he has not been absent from the U.S. for more than 90 days within the 12-month period preceding the date of application; and
- s/he applied for citizenship within 30 days of applying for FAP Benefits or, if ineligible for citizenship at that time, within 30 days of becoming eligible to apply for citizenship.

Number of aliens eligible for the Food Assistance Program: _____ (List their names in the space provided below.)

First Name	M.I.	Last Name	Alien Number	LPR Date/Date Status Was Granted	Reason Code	Applied for Citizenship?		
						Yes	No	Eligible

Note: For each individual determined eligible for FAP benefits, the FAP Indicator Data Entry form (**LDSS-4840**) must be completed to have code "F" data-entered into the Welfare Management System.

Number of aliens not eligible for the Food Assistance Program: _____ (List the names in the space provided below)

First Name	M.I.	Last Name	Date of Birth	Alien Number	LPR Date	Reason Not Eligible

JOS/Worker Signature Date

JOS/Supervisor Signature Date

AFFIRMATION

Each alien eligible for FAP must sign this affirmation.

I affirm that I have not been outside the U.S. for more than 90 days during the past 12 months.

SAMPLE

First Name	M.I.	Last Name	Signature	Date
First Name	M.I.	Last Name	Signature	Date
First Name	M.I.	Last Name	Signature	Date
First Name	M.I.	Last Name	Signature	Date

AFIRMACIÓN

Todos los extranjeros elegibles respecto a FAP deben firmar la siguiente afirmación.

Yo afirmo que no he estado fuera de los Estados Unidos por más de 90 días durante los últimos 12 meses.

Nombre	I	Apellido	Firma	Fecha
Nombre	I	Apellido	Firma	Fecha
Nombre	I	Apellido	Firma	Fecha
Nombre	I	Apellido	Firma	Fecha