FAMILY INDEPENDENCE ADMINISTRATION



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POLICY BULLETIN #05-02-OPE

REVISION TO THE NOTICE OF FOOD STAMP RECERTIFICATION APPOINTMENT (W-129RR)

Date: January 5, 2005	Subtopic(s): Forms						
This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform staff that the Notice of Food Stamp Recertification Appointment (W-129RR) has been modified as follows:						
	 The brackets reserved for the mailing and return addresses were removed. The following fields were added to the form header: Date Case Number Case Name 						
	Center Directors must ensure that all previous versions of this form are recycled.						
	A sample of the revised form is attached.						
	Effective Immediately						
	Attachments:						
Please use Print on Demand to obtain copies of forms.	W-129RR	Notice of Food Stamp Recertification Appointment (Rev. 1/5/05)					
	W-129RR (S)						
	I						



Date: _____

Case Number:

Case Name:

Notice of Food Stamp Recertification Appointment

Dear Participant:

Under current Food Stamp Program rules, your benefits will expire on ______. If you wish to continue to receive uninterrupted Food Stamp Benefits, you must file a new application by your expiration date. We have therefore scheduled an appointment for you on:

Appointment Date:			Time:		Phone:		
Location:							
	Location Name						
	Address Line 1						
	Address Line 2						
	City				State	Zip Code	
If you are	not able to kee	ep your appoi	ntm <mark>en</mark> t or if yo	u have any	questions, you ma	ay call	to

reschedule your appointment. Failure to either keep your appointment or bring the requested verification will result in the delay and possible discontinuance of benefits to your household.

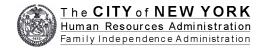
You will need to bring to your interview current verification of the items listed below that apply to you if the verification previously submitted is older than 30 days or if the information is new:

- Earned income for the past four (4) weeks
- Monthly unearned income
- Resources/assets
- Household composition
- Shelter and utility expenses
- Child care or dependent costs
- · Medical assistance for elderly or disabled household members
- Newly obtained Social Security numbers
- The dates of birth and Social Security numbers of new household members
- Alien status if it has changed

For information regarding acceptable documentation, refer to the enclosed Eligibility Factors and Suggested Documentation Guide (W-119D).

BE SURE TO READ THE ATTACHED INSERT FOR YOUR INTERVIEW/APPLICATION RIGHTS FOR FOOD STAMP BENEFITS AND CONFERENCE AND FAIR HEARING INFORMATION.

Mail Job 350



Fecha:

Número del Caso:

Nombre del Caso:

Aviso de Cita de Recertificación de Cupones para Alimentos

Estimado(a) Participante:

Conforme a las normas actuales del Programa de Cupones para Alimentos (Food Stamp Program), sus beneficios se vencerán el _________. Si usted desea seguir recibiendo Beneficios de Cupones para Alimentos ininterrumpidos, debe presentar una nueva solicitud para su fecha de vencimiento. Para ello le hemos programado una cita como sigue a continuación:



para reprogramar su cita. El no cumplir con la cita o no traer los comprobantes solicitados resultará en el retraso y posible discontinuación de los beneficios de su hogar.

Para su entrevista usted tendrá que traer comprobantes al día de lo que le corresponda en la lista a continuación, si ya han pasado 30 días desde que usted presentó los comprobantes anteriores, o si esta información es nueva:

- Ingreso salarial durante las cuatro (4) últimas semanas
- Ingreso mensual no salarial
- Fuentes/bienes económicos
- Miembros del hogar
- · Gastos de albergue y servicios de electricidad y gas
- Costos de cuidado infantil o de cargas familiares
- Asistencia médica para los ancianos o incapacitados de su hogar
- Nuevos números de Seguro Social (Social Security) obtenidos recientemente
- · Las fechas de nacimiento y números de Seguro Social de los nuevos miembros del hogar
- El estado de extranjería, en caso de cambio

Para información respecto a documentación aceptable remítase al adjunto Factores de Elegibilidad y Guía de Documentos Sugeridos (Eligibility Factors and Suggested Documentation Guide – **W-119D**).

ASEGÚRESE DE LEER LAS HOJAS ADJUNTAS SOBRE SUS DERECHOS RESPECTO A LA SOLICITUD/ENTREVISTA DE CUPONES PARA ALIMENTOS Y SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES.

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