



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-25-OPE

CHANGES TO THE CASH ASSISTANCE RECERTIFICATION SHEET (W-909FF)

Date: February 28, 2008	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the Cash Assistance Recertification Sheet (W-909FF) has been revised. Specific changes are as follows:</p> <ul style="list-style-type: none"> • The form has been expanded from 2 pages to 3 pages. • Page numbers have replaced “face” and “reverse” in the top left-hand corners of the form. • The Social Security number section has been updated to include lines for Social Security numbers or application verification, as well as a note regarding noncitizens’ eligibility for Social Security numbers. • Page 1 now contains an Alien Status section to determine eligibility for federal and state benefits. • The Earned and Unearned Income section is now on page 2, and refers staff to the Eligibility Factor and Suggested Documentation Guide (W-119D) for verification assistance. • The High Risk Message section is now on page 2. • The Shelter/Utility Expenses section is now on pages 2 and 3, and refers staff to the Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (W-205HH) to determine the correct SUA level. The question regarding telephone expense has been removed, and checkboxes added to the “results” column to record change in SUA. • The Employment, Other, Comments, and Recertification Statement sections are now on page 3. <p>The W-909FF is to be used only for homebound recertification interviews, multi-suffix cases, or when the Paperless Office System (POS) is unavailable.</p> <p>A sample of the revised form is attached.</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*

Center Directors must ensure that all previous versions of the **W-909FF** are removed from circulation and recycled

Effective Immediately

Reference:

[07-INF-01](#)

Related Items:


[PD #07-32-ELI](#)

[PD #08-04-ELI](#)

Attachment:

W-909FF

Cash Assistance Recertification Sheet
(Rev. 2/28/08)

 Please use Print on Demand to obtain copies of forms.

Cash Assistance Recertification Sheet

Case Name		Category	Case Number	Caseload																												
Date of Interview		This form focuses on high error areas. Use a W-25 as necessary for all additional information.																														
Eligibility Factor	Case File Review	Interview Findings		Results of Interview																												
PRESENCE IN HOME	Number of individuals active on TAD: <input type="checkbox"/> Adults <input type="checkbox"/> Dependent children <input type="checkbox"/> 18-19 years old <input type="checkbox"/> Non-Cash Assistance Food Stamp individuals (NCA FS)	Number of individuals listed on LDSS-3174: <input type="checkbox"/> CA Adults <input type="checkbox"/> CA Dependent children <input type="checkbox"/> NCA FS If LDSS-3174 does not agree with TAD, list who joined or left household (H/H) <table border="0"> <tr> <td>Name</td> <td>Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> List all dependent children with Board of Education (BOE) status code "1" (school registration verified by BOE): <table border="0"> <tr> <td>Name</td> <td>Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> List all remaining household members and indicate how presence in H/H was verified. Specify the individual's status (CA, NCA, undocumented alien, essential person, etc.): <table border="0"> <tr> <td>Name</td> <td>Status</td> <td>DCB</td> <td>How Verified?</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Name	Date of Birth	_____	_____	_____	_____	Name	Date of Birth	_____	_____	_____	_____	Name	Status	DCB	How Verified?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Household remains the same size <input type="checkbox"/> Household CA member removed <input type="checkbox"/> Household CA member reclassified <input type="checkbox"/> Household CA member added <input type="checkbox"/> Household/ Food Stamp member added
	Name	Date of Birth																														
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IMPORTANT Advise casehead that essential persons 18 years old or older must be present at the interview.	SAMPLE																															
SOCIAL SECURITY NUMBER	TAD validation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Not Validated or Participant Does Not Have SSN, Indicate Action Taken <input type="checkbox"/> Applied for at birth: Line No. _____ Date: _____ <input type="checkbox"/> SSN or verification of application submitted: Line No. _____ Date: _____ Line No. _____ Date: _____ Line No. _____ Date: _____ Does Individual, other than LPR, have Social Security Card Authorizing Employment (Card doesn't say "Not Valid for Employment")? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Any noncitizen, other than LPR, who has a current EAD or is in receipt of Federal public benefits is eligible for a SSN, and is required to apply for one.		<input type="checkbox"/> Social Security numbers are correct <input type="checkbox"/> Social Security referral completed																												
ALIEN STATUS	<input type="checkbox"/> QUALIFIED ALIEN <input type="checkbox"/> PRUCOL ELIGIBLE RESIDENT	List Alien Status information for all household members added since last recertification Lawful Perm. Resident Name: _____ Alien Type: _____ (LPR)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Status Granted: _____ Date of Entry: _____ Alien #: _____ Lawful Perm. Resident Name: _____ Alien Type: _____ (LPR)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Status Granted: _____ Date of Entry: _____ Alien #: _____ Date of Application when alien status B was determined: _____ Date Deportation/Removal Withheld (Alien Type J only): _____ Eligibility/Certification Date (Alien Type D only): _____ (Certification document for adults; Eligibility letter for children) Does LPR have forty qualifying quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No List all supporting documents for LPR status: _____		<input type="checkbox"/> Eligible for Federal Benefits <input type="checkbox"/> Eligible for State Benefits (Non-Cash Safety Net Assistance) <input type="checkbox"/> Eligible for Federal and State Benefits <input type="checkbox"/> Immigration status remains the same <input type="checkbox"/> Ineligible Alien																												

Eligibility Factor	Case File Review	Interview Findings	Results of Interview																														
ALIEN STATUS (CONTINUED)		<p>Did Individual Have Another Qualified Status Prior to Becoming an LPR? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prior Status: _____</p> <p>Documents to verify prior status: _____</p> <p>Documented Date of Prior Status: _____</p> <p>Does Individual have Employment Authorization Document I-688, I-765, or I-766? _____</p> <p>For participants who meet criteria for ACI codes B, G, K, and S, did they enter the country prior to 8/22/96? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, was individual outside of the U.S. for more than 30 days continually or 90 days combined?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how long? _____</p> <p>Individual eligible to receive Cash Assistance under the PRUCOL status <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, PRUCOL status and supporting documentation: _____</p> <p>NOTE: To determine appropriate alien residence status refer to the Alien Eligibility Desk Aid (LDSS-4579) and PRUCOL Eligibility Desk Guide (W-205JJ)</p>																															
EARNED AND UNEARNED INCOME	<input type="checkbox"/> From TAD/case <input type="checkbox"/> SDX screen <input type="checkbox"/> WMS <input type="checkbox"/> Match <input type="checkbox"/> W-700D <input type="checkbox"/> Other	<p>From LDSS-3174/Interview:</p> <p style="text-align: center;">Income Declared</p> <table border="1" data-bbox="467 764 1282 991"> <thead> <tr> <th>Line</th> <th>Source Code</th> <th>Amount</th> <th>Frequency</th> <th>How Verified?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table> <p>• Are all source codes correct for budget? See Eligibility Factor and Suggested Documentation Guide (W-119D)</p> <p>• Verify all income with current documents.</p>	Line	Source Code	Amount	Frequency	How Verified?			\$					\$					\$					\$					\$			<input type="checkbox"/> Income unchanged <input type="checkbox"/> Budget reduced <input type="checkbox"/> Budget increased
Line	Source Code	Amount	Frequency	How Verified?																													
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HIGH RISK MESSAGE	<p>High risk message present?:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>High risk message: _____</p> <p>Action taken, or explanation for no action:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Resolved <input type="checkbox"/> Follow-up action taken <input type="checkbox"/> BFI referral																														
SHELTER/UTILITY EXPENSES	<p>From TAD/Case Record:</p>	<p>From LDSS-3174/Interview:</p> <p>Actual Rent \$ _____ Shelter Code _____</p> <p>Rent is charged: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly (twice per month)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other</p> <p>Verified by: _____</p> <p>Current Landlord Name, Address, and Telephone number: _____</p> <p>_____</p> <p>_____</p> <p>Reminder: If rent is not currently restricted and case does not meet exception criteria, action must be taken to restrict rent.</p> <p>CA Rent: \$ _____ Excess Rent: \$ _____</p> <p>Note: H/Hs with children are entitled to receive a higher CA rent level indicated on schedule one (1) of the Guide to Budgeting (W-203K).</p> <p><input type="checkbox"/> Excess rent contribution verified by: _____</p> <p>Name and Address of Contributor: _____</p> <p>_____</p> <p>Section 8 <input type="checkbox"/> Deep Subsidy Voucher Program/Project-Based Section B <input type="checkbox"/> Shallow Subsidy or Section 236-202</p> <p>Does H/H incur a heating or air conditioning expense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Utility bills verified by: _____</p> <p>Did H/H receive a HEAP Grant within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																															

Eligibility Factor	Case File Review	Interview Findings	Results of Interview
SHELTER/UTILITY EXPENSES (CONTINUED)	<p>Food Stamp budget includes allowance for SUA level:</p> <p><input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III</p> <p>Shelter Code: _____</p>	<p>Refer to Shelter Type Codes/Standard Utility Allowance (SUA) Levels Desk Guide (W-205HH) to determine the correct SUA level.</p> <p>Rent arrears amount: \$ _____</p> <p>Utility arrears amount: \$ _____</p> <p>Action</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> SUA corrected</p> <p><input type="checkbox"/> No change in SUA</p>
EMPLOYMENT	<p><input type="checkbox"/> Exempt individuals</p> <p><input type="checkbox"/> Nonexempt individuals</p>	<p>Does Exempt status remain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, reason/verification:</p> <p>_____</p> <p>_____</p> <p>Are Nonexempt individual(s) engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, no action needed; if No, initiate Employment Plan in NYCWAY.</p>	<p><input type="checkbox"/> No action taken</p> <p><input type="checkbox"/> Individual(s) engaged</p> <p><input type="checkbox"/> Referrals made</p> <p>Specify: _____</p> <p>_____</p>
OTHER	<p>Restaurant allowance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Resources?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pregnancy allowance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are special allowances valid and correct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any action to be taken on resources? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Changes</p>

Comments:

Recertification Statement: This case has been reviewed and the actions necessary to maintain eligibility and appropriate financial assistance have been taken.

- This case is eligible to receive cash assistance, food stamps, and medical assistance benefits in accordance with New York State Social Service and U.S. Federal regulations.
- This case is **not** eligible to receive cash assistance, food stamps, and/or medical assistance benefits in accordance with New York State Social Service and U.S. Federal regulations.

I have reviewed the actions taken and certify that they are appropriate and in accordance with departmental policy.

JOS/Worker's Signature/Date

Telephone Number

Authorized By/Date