



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-89-OPE

(This Policy Bulletin Replaces PB #06-125-OPE and PB #08-62-OPE)

REVISION TO THE CASH ASSISTANCE RECERTIFICATION KIT FORM (M-90D)

<p>Date: July 30, 2008</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff that the Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS) (LDSS-3174) is now included in the Cash Assistance Recertification Kit Form (M-90d). This form is being added to the kit for use by homebound persons and others who are unable to travel to the Job Center for an in-person recertification interview. These individuals are to receive a kit that contains the recertification application and instructions on how to complete it. Form LDSS-3174 should be completed at home and submitted to an authorized representative or to the Worker, who, after a home visit, will then deliver the form to the Center for processing. Form LDSS-3174 is also to be used when POS is down.</p> <p>The Cash Assistance Recertification Kit Form (M-90d) has been updated to reflect the inclusion of Form LDSS-3174.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>M-90d Cash Assistance Recertification Kit Form (Rev. 7/30/08)</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*

Cash Assistance Recertification Kit Forms

Forms included in the standard Recertification Kit:

Item	Title	Form Number	Agency
1	Requirement to Report a Lump Sum Payment (from 03 ADM-10)	Attachment A	State
2	Food Stamp Change Report Form	LDSS-3151*	State
3	Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS)	LDSS-3174*¹	State
4	What You Should Know About Your Rights And Responsibilities	LDSS-4148A*	State
5	What You Should Know About Social Services Programs	LDSS-4148B*	State
6	What You Should Know If You Have An Emergency	LDSS-4148C*	State
7	Important Information about Child Care	LDSS-4647**	State
8	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
9	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	PUB-1313*	State
10	Helping Hands For People In Need	PUB-4916*	State
11	What You Should Know About Your Rights If You Have a Disability	EXP-78F*	FIA
12	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
13	Attention: Applicants/Participants	W-116U***	FIA
14	Important: Using Common Benefit Identification Cards (CBIC) For Medical Services	W-126E*	FIA
15	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
16	Welfare Fraud Pamphlet	W-151M**	BFI
17	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299*	FIA
18	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
19	Language Questionnaire	W-680FF*	FIA
20	Are You Disabled?	W-681A*	FIA
21	Notice to Applicants/Participants	W-904DD*	FIA
22	Essential Persons	W-912KK**	FIA

*Denotes forms that are available in multiple languages. Staff must include the appropriate foreign language version of forms in the CA Recertification Kit based on the Language Read indicator in element 281 of the Turn-Around Document (TAD).

**Available in English and Spanish only

***Multiple languages are contained on one form.

¹ Included in the kit for homebound interviews and when POS is down.

Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first page and those listed below:

Item	Title	Form Number	Agency
1	Recertification Absent Parent Questionnaire	M-384d*	FIA
2	Child Care Guarantee Letter	M-528m**	FIA
3	Did you know that The City of New York Will Pay For Your Child Care for your children under 13 and for children with special needs?	ACS Form W-273E	ACS
4	Child Care Fact Sheet and Planner	CS-574EE**	ACS
5	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
6	Employment of Minors Form	OCFS LDSS-4699.1**	State
7	Employment of Minors Information	OCFS LDSS-4699.1A	State
8	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
9	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A	State
10	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700*	State

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