



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-133-OPE

(This Policy Bulletin Replaces PB #09-111-OPE)

NEW FORMS FOR THE CASH ASSISTANCE APPLICATION AND RECERTIFICATION KITS

Date:	Subtopic(s):
<p>December 14, 2009</p> <p> This procedure can now be accessed on the FIAweb.</p> <p>Assignment of Rights</p> <p>(See PD #09-45-ELI.)</p>	<p>Forms</p> <p>The purpose of this policy bulletin is to inform Job Center staff of revisions to the Cash Assistance Kit Forms (M-90c) and the Cash Assistance Recertification Kit Forms (M-90d).</p> <p>Forms M-90c and M-90d have been revised to state that JOS/Workers must provide the following to applicants/recertifying participants:</p> <ul style="list-style-type: none"> • Revised Assignment of Support Rights Language for LDSS-2921 (Attachment 1), New York State Application for: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS) – Services (S), including Foster Care (FC) – Child Care Assistance (CC) Assignment of Support Rights, • Revised Assignment of Support Rights Language for LDSS-3174 (Attachment 2), New York State Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS), • Notice of Responsibilities and Rights for Support (LDSS-4279 (Attachment 3)) <p>Effective October 1, 2009, revisions have been made to the assignment of support rights, but New York State’s Office of Temporary and Disability Assistance (OTDA) has not yet revised forms LDSS-2921, LDSS-3174, and LDSS-4279 to reflect these changes for offering on FIAweb or OTDA’s website.</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*

Insert attachments into Application and Recertification kits.

These attachments are only available in English at this time.

Until the revised forms are available on the intranet, these inserts should be included in all Application/ Recertification kits. **Attachment 1** and **Attachment 3** are to be inserted into the Application kits. **Attachment 2** and **Attachment 3** are to be inserted into the Recertification kits.

Job Center Directors must ensure that all previous versions of forms **M-90c** and **M-90d** are removed from circulation and recycled.

Effective Immediately


References:

[09-ADM-19](#)
[09-INF-17](#)

Related Item:

[PD #09-45-ELI](#)

Attachments:

 Please use Print on Demand to obtain copies of forms.

- M90c** Cash Assistance Application Kit Forms (Rev. 12/14/09)
- M90d** Cash Assistance Recertification Kit Forms (Rev. 12/14/09)
- Attachment 1** Revised Assignment of Support Rights Language for **LDSS-2921**, New York State Application for: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS) – Services (S), including Foster Care (FC) – Child Care Assistance (CC), effective October 1, 2009
- Attachment 2** Revised Assignment of Support Rights Language for **LDSS-3174**, New York State Recertification Form For: Temporary Assistance (TA) - Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS), effective October 1, 2009
- Attachment 3** **LDSS-4279**, Notice of Rights and Responsibilities for Support (Rev. 10/09)

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Growing Up Healthy	DOH-4133	State
2	Statewide Common Application	LDSS-2921 *	State
3	Revised Assignment of Support Rights Language for LDSS 2921	Attachment 1****	State
4	Food Stamp Change Report Form	LDSS-3151 *	State
5	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A *	State
6	New York State What You Should Know About Social Services Programs	LDSS-4148B *	State
7	New York State What You Should Know If You Have An Emergency	LDSS-4148C *	State
8	New Information About Temporary Assistance and Food Stamps	LDSS-4148D *	State
9	Notice Of Responsibilities And Rights For Support (LDSS-4279)	Attachment 3****	State
10	Domestic Violence Screening Form	LDSS-4583 *	State
11	Domestic Violence Palm Card	LDSS-4583A **	State
12	DFR Legal Residence Statement	LDSS-4733	State
13	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905 *	State
14	New York State How To Complete The Temporary Assistance (TA) - Medical Assistance (MA) - Medical Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC) Application	PUB-1301 *	State
15	How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits	PUB-4596 *	State
16	Keep the Heat On With HEAP Pamphlet	PUB-4735 **	State
17	Helping Hands For People In Need	PUB-4916 *	State
18	Notice to All Applicants	EXP-75Q ***	FIA
19	Absent Parent Questionnaire	M-384k *	FIA
20	Your Interview with the Office of Child Support Enforcement	M-384t **	FIA
21	Child Care Guarantee Informational	M-528m	FIA
22	Attention: Applicants/Participants	W-116U ***	FIA

*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

**Available in English and Spanish only.

***Multiple languages are contained on one form.

****Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
23	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E*	FIA
24	Cash Assistance Additional Allowances	W-137C*	FIA
25	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
26	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A**	FIA
27	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?	CS-273E**	ACS
28	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299*	FIA
29	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M*	BFI
30	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
31	Eligibility Verification Review Questionnaire	W-532T**	FIA
32	Cash Assistance & Child Support	W-549D**	OCSE
33	Child Care Fact Sheet and Planner	CS-574EE**	ACS
34	Language Questionnaire	W-680FF*	FIA
35	Are You Disabled?	W-681A*	FIA
36	Notice to Applicants/Participants	W-904DD*	FIA
37	Essential Persons	W-912KK**	FIA
38	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
39	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096*	MAP
40	Your Guide To Public Health and Eligibility	MAP-2020N	MAP

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Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Food Stamp Change Report Form	LDSS-3151*	State
2	Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS)	LDSS-3174*¹	State
3	Revised Assignment of Support Rights Language for LDSS-3174	Attachment 2****	State
4	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs	LDSS-4148B*	State
6	New York State What You Should Know If You Have An Emergency	LDSS-4148C*	State
7	New Information About Temporary Assistance and Food Stamps	LDSS-4148D*	State
8	Notice Of Responsibilities And Rights For Support (LDSS-4279)	Attachment 3****	State
9	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
10	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	PUB-1313*	State
11	Helping Hands for People in Need	PUB-4916*	State
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	Cash Assistance Additional Allowances	W-137C*	FIA
16	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
17	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M*	BFI
18	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299*	FIA
19	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
20	Language Questionnaire	W-680FF*	FIA
21	Are You Disabled?	BRC-681A*	FIA
22	Notice to Applicants/Participants	W-904DD*	FIA
23	Essential Persons	W-912KK**	FIA

*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

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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 Informational	M-528m	FIA
3	Cash Assistance & Child Support	W-549D**	OCSE
4	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?	CS-273E	ACS
5	Child Care Fact Sheet and Planner	CS-574EE**	ACS
6	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
7	Employment of Minors Form	OCFS LDSS-4699.1**	State
8	Employment of Minors Information	OCFS LDSS-4699.1A	State
9	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
10	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCES LDSS-4699.2A	State
11	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State

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

Attachment 1

Changes to the LDSS-2921 Statewide (Rev. 1/05), *New York State Application for: Temporary Assistance (TA) - Medical Assistance (MA) - Medicare Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC)*, effective October 1, 2009

Page 14:

Support – Applying for or receiving Family Assistance (FA), Safety Net Assistance (SNA) or Title IV-E foster care services operates as an assignment to the State and the social services district of rights to support from any other person that the applicant/recipient may have in his or her own right or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance. The assignment by persons applying for or receiving FA or SNA is limited to support which accrues during the period that the applicant/recipient or family member receives assistance. However, any support rights assigned to the State prior to October 1, 2009 continue to be assigned to the State (Social Services Law §§ 158 and 348). Other sections of this application contain additional assignments.

Page 16:

Assignment of Support Rights – I assign to the State and social service district any rights I have to support from persons having legal responsibility for my support, and any rights to support on behalf of any family member for whom I am applying for or receiving assistance. Where applying for or receiving FA or SNA, my assignment of support rights is limited to support which accrues during the period that I and/or any family member receives assistance. However, any support rights that I assigned to the State on behalf of myself or any family member prior to October 1, 2009 continue to be assigned to the State.

Applicant/Representative Signature: _____

Husband or Protective Representative Signature: _____

Date Signed: _____

Attachment 2

Language Changes for the LDSS-3174 Statewide (Rev. 5/05), New York State Recertification Form For: Temporary Assistance (TA) - Medical Assistance (MA) – Medicare Savings Program (MSP) - Food Stamp Benefits (FS)

The following language changes have been made to the LDSS-3174 and are effective for any recertification requirements on or after October 1, 2009:

Page 14:

Support – Applying for or receiving Family Assistance (FA), Safety Net Assistance (SNA) or Title IV-E foster care services operates as an assignment to the State and the social services district of rights to support from any other person that the applicant/recipient may have in his or her own right or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance. An assignment by persons applying for and receiving FA or SNA on or after October 1, 2009 is limited to support which accrues during the period that the applicant/recipient or family member receives assistance. However, any support rights assigned to the State prior to October 1, 2009 continue to be assigned to the State (Social Services Law §§ 158 and 348). Other sections of this application contain additional assignments.

Page 16:

Assignment of Support Rights – I assign to the State and social service district any rights I have to support from persons having legal responsibility for my support, and any rights to support on behalf of any family member for whom I am applying for or receiving assistance. If I have applied for and received FA or SNA on or after October 1, 2009, my assignment of support rights is limited to support which accrues during the period that I and/or any family member receives assistance. However, any support rights that I assigned to the State on behalf of myself or any family member prior to October 1, 2009 continue to be assigned to the State.

Applicant/Representative Signature: _____

Husband or Protective Representative Signature: _____

Date Signed: _____

NOTICE OF RESPONSIBILITIES AND RIGHTS FOR SUPPORT**YOUR RESPONSIBILITIES**

When you sign a Temporary Assistance (TA) Medical Assistance (MA) application, and for as long as you get TA and/or MA, you must:

- I. **Tell your worker if you are pregnant or were pregnant in the last two months because some of the requirements below may not apply to you at this time.**
- II. **Turn over ("assign") to the State and your local Department of Social Services ("the Department") your rights and the rights of any applying family member to get support (including medical support) from anyone else. [Social Services Law (SSL) 158 and 348] The assignment of support is limited to support which accrues during the period that you and/or any family member receives assistance. If you are applying only for MA, you assign to the State and the Department your rights and the rights of any applying family member to get medical support including the rights to any medical benefits. [SSL 366(4)(h)]**
- III. **Cooperate with the Department to legally name who the father of your child is ("establish paternity") and to get any support (including medical support) owed to you and any child living with you [SSL 132-a, 158, 349-b and 366(4)(h)]. If you have a good reason not to cooperate, be sure to read the "YOUR RIGHTS IF YOU DO NOT COOPERATE" section below.**

To cooperate means you will have to:

- ◆ Go to the TA office and, if required, to the child support office and court to sign papers or tell what you know about the absent parent. Some things that you may be asked you may already know. See the back of this form for the section on "**Information You May Already Have On The Absent Parent**".
- ◆ Name the absent parent of any child applying for or getting TA or MA, and tell what you know to help find that parent.
- ◆ Help the court in establishing paternity of any child who was born to unmarried parents.
- ◆ Tell what you know about the absent parent's income and whether the absent parent has access to health insurance benefits to help the Department help you or any child getting TA or MA to get financial and/or medical support.
- ◆ Turn over to the Department any money given to you by the absent parent for you or any child getting TA; you still will be able to get your full TA grant.

NOTE: By signing the TA/MA application, you are attesting under penalty of perjury that you will give true and complete information. If you don't know information about the parent of your child, you must sign a form saying you don't know.

A child should get support from both parents. By cooperating, you are investing in your child's future. Some of the benefits of cooperating are:

- ◆ Finding the absent parent
- ◆ Establishing the paternity of your child is (see the back of this form for the section on "**Fathers' Rights When Paternity is Established in Court**")
- ◆ Up to **\$100** per month of current support collected is given to you if there is one child active on your TA case (this is called a "pass-through").
- ◆ Getting support that could help you so that you might not need TA
- ◆ Your child gains inheritance rights to medical and life insurance
- ◆ You and your child gain rights to future Social Security, Veteran's or other government benefits.

YOUR RIGHTS IF YOU DO NOT COOPERATE**I. If you feel that cooperating would not be good for you or your child:**

A. You have the right to make a "good cause claim" for not cooperating. The following are reasons that the Department will use to see if it can approve your good cause claim:

- ◆ Your cooperation is likely to cause physical or emotional harm to you or your child
- ◆ Your child came from a pregnancy due to incest or rape
- ◆ You are working with the court or an authorized adoption agency to have your child adopted.

B. You have the right to make a "good cause claim" at any time by telling a worker. If you make a good cause claim, you must:

- ◆ Give evidence to the Department to prove this. See the back of this form for the section on "**Examples Of Evidence You Can Give For A Good Cause Claim**". If you need help getting the evidence, the Department will give you reasonable help. If your claim is due to fear of physical harm, and you cannot get the evidence, the Department may still be able to approve your good cause claim.
- ◆ Give your evidence **within 20 days** of making your good cause claim. You may only have 20 days even if you have a hard time getting evidence.

NOTE: If you are applying for TA or MA, you must give evidence and tell what you know about the absent parent, or you will get less TA and you will not get MA for yourself.

Once you make a good cause claim, the Department will do one of the following:

- ◆ Approve your claim based on the evidence you have given to prove one of the good cause reasons listed in Section I.A. above. If your claim is approved, you will not have to cooperate with the Department.
- ◆ Deny your claim because the evidence you gave was not enough to prove one of the reasons listed in Section I.A. above.
- ◆ Look into ("investigate") your claim further so that the Department can get the information it needs to see if it can approve your claim. You may have to tell what you know about the absent parent, such as their name and address. The Department will not contact the absent parent without telling you first.

NOTE: The Child Support Enforcement Unit (CSEU) may review the Department's findings and the good cause decision. If you ask for a hearing on your good cause claim, the CSEU may be involved with that hearing. If your good cause claim is approved, the CSEU may try to establish paternity or collect support only if the Department decides that this can be done without risk to you or your child. This will not be done without telling you first.

II. If you do not cooperate and do not have a good cause claim or domestic violence waiver that was approved:

- ◆ You will get less TA and will not get MA for yourself.
- ◆ TA for your child may be paid to someone else called a "protective payee".

I have read the **front and back** of this notice,

I **can** cooperate in pursuing child support without exposing my children or myself to physical or emotional harm.

I **cannot** pursue child support, as it would expose my children or myself to physical or emotional harm.

I have given the applicant/recipient a copy of this notice.

SIGNATURE OR APPLICANT/RECIPIENT

DATE

SIGNATURE OF WORKER

DATE

I. INFORMATION YOU MAY ALREADY HAVE ON THE ABSENT PARENT(S)

You will be asked to give as much information about the absent parent(s) as possible. Social Security Number(s) and date(s) of birth are especially important. This information may be found on the absent parent's following documents:

- ◆ Pay stubs
- ◆ Tax returns (may be joint returns)
- ◆ Tax Department forms and letters
- ◆ Unemployment Benefits (UIB) booklet
- ◆ Social Security/Veterans Administration records
- ◆ Workers' Compensation statement
- ◆ School/College records
- ◆ Life and auto insurance policies
- ◆ Bank books (current and old)
- ◆ Medical/Dental records and bills
- ◆ Marriage certificate
- ◆ ID cards (health insurance, school ID, alien registration)
- ◆ Other personal records

II. EXAMPLES OF EVIDENCE YOU CAN GIVE FOR A GOOD CAUSE CLAIM:

- ◆ Birth Certificate, or medical or law enforcement records, which show that your child came from a pregnancy due to incest or rape
- ◆ Court records or other records which show that action on a legal adoption is pending in court.
- ◆ Court, medical, criminal, child protective services, social services, psychological or law enforcement records which show that the alleged or absent parent might physically or emotionally harm you or your child.
- ◆ Medical records which show emotional health history and present health history and present health status of you or your child; or written statements from mental health staff showing a diagnosis or prognosis on the emotional health of you or your child.
- ◆ A written statement from a public or private agency that you are being helped to decide whether to keep or give up your child for adoption.
- ◆ Sworn statements from people including friends, neighbors, clergy, social workers and medical staff who would know your situation and could confirm the basis of your good cause claim.

If you need help in getting evidence, ask the Department. The Department will give you reasonable help in getting the evidence you need.

III. FATHERS' RIGHTS WHEN PATERNITY IS ESTABLISHED IN COURT

When a court has established who is the father of a child, or when a mother and father acknowledge that he is the child's father by signing an Acknowledgment of Paternity form anytime after the child is born, the father may ask to:

- ◆ Get custody of the child
- ◆ Visit with the child
- ◆ Take part in any adoption or foster care plans for the child
- ◆ Disagree with any adoption or foster care placements of the child
- ◆ Inherit from the child