



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-98-OPE

(This Policy Bulletin Replaces PB #01-04-OPE, PB #02-127-OPE, PB #04-115-OPE and PB #05-13-OPE)

REVISIONS TO THE CASH ASSISTANCE, MEDICAL ASSISTANCE AND FOOD STAMP CERTIFICATION DESK GUIDE (W-205W)

Date: August 18, 2009	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform staff that the Cash Assistance, Medical Assistance and Food Stamp Certification Desk Guide (W-205W) has been revised.</p> <p>The revisions are as follows:</p> <ul style="list-style-type: none"> • In the second Instructions section, the title of the W-908T has been changed to “Notice of Recertification Appointment” and the word “Form” was also added. • The text of the second bullet under the second Instructions section has been reworded to read “Enter the Food Stamp benefits expiration date from Column 2 on the designated line in the Food Stamp Benefits section of the Notice of Recertification Appointment (W-908T) form.” • The word “Form” has been added to the Instructions for Entering Food Stamp Expiration Date on the Notice of Recertification Appointment (W-908T) form, in the second instructions section. <p>In the “Enter appropriate ‘From’ and ‘To’ dates on forms” section:</p> <ul style="list-style-type: none"> • The word ‘FROM’ has been moved to be the heading for Column 3; • The word ‘To’ has been moved to be the heading for the Next Certification Period Ends (“To” Date) section; • In Column 5, “DASIS” has been changed to HIV/AIDS Services Administration (HASA) to reflect the current title; and • Column 6, titled “All Adults are Aged/Disabled (Two Years),” has been added to include dates for the two-year recertification period.

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*

- The word “**From**” has been added to Column 8 (Certification Period Begins); and
- The word “**To**” has been added to Column 9 (Certification Period Ends)

A sample of the revised **W-205W** is attached.

Effective Immediately

Related Items:


[PB #08-09-OPE](#)

[PB #08-110-OPE](#)

Attachment:

W-205W

Cash Assistance, Medical Assistance and Food Stamp Certification Desk Guide (Rev. 8/18/09)

 Please use Print on Demand to obtain copies of forms.

Cash Assistance, Medical Assistance and Food Stamp Certification Desk Guide

Instructions for Entering Certification Periods on Forms LDSS-4013A NYC/LDSS-4013B NYC, LDSS-4014A NYC/LDSS-4014B NYC

Forms **LDSS-4013A NYC/LDSS-4013B NYC** and **LDSS-4014A NYC/LDSS-4014B NYC** will automatically be generated by the Client Notices System (CNS). A manual notice is required if the Worker suppresses this notice by entering an **A, T** or **1** in the **M3e** field of the TAD.

If a manual notice is required for a case that is being accepted or recertified:

- Prepare either forms **LDSS-4013A NYC** and **LDSS-4013B NYC** (case acceptances) or forms **LDSS-4014A NYC** and **LDSS-4014B NYC** (recertifications).
 - For recertifications, even if there is no change, check the "continue" box and indicate the current grant amount for Cash Assistance and Food Stamps.
- Using the tables below, enter the participant's certification period for Cash Assistance and Food Stamps.
- On forms **LDSS-4013A NYC** and **LDSS-4013B NYC**, enter the certification information on the line "Accepted for the period from _____ to _____."
- On forms **LDSS-4014A NYC** and **LDSS-4014B NYC**, enter the certification information on the line "Recertified for the period from _____ to _____."
- Sign your name legibly and enter the date.
- Be sure to enter the Fair Hearing and Conference (FH&C) Unit telephone number of your Center in the space to the right of the participant's name and address.

Instructions for Entering Food Stamp Expiration Date on the Notice of Recertification Appointment (W-908T) Form

- For recertification, refer to the line indicating the date (month/year) of the recertification schedule (**WINRO32/WINRO32X**) on which the participant's name appears.
- Enter the Food Stamp benefits expiration date from column 2 on the designated line in the "Food Stamp Benefits" section of the **W-908T** form.

Enter appropriate "From" and "To" dates on forms
LDSS-4013A NYC/LDSS-4013B NYC, LDSS-4014A NYC/LDSS-4014B NYC

1 Recertification Schedule Date WINRO32, WINRO32X	2 Food Stamp Benefits Expire	3 FROM Next Certification Period Begins ("From" Date)	TO Next Certification Period Ends ("To" Date)		
			4 Low-Risk Cases (One Year)	5 Earned Income and HIV/AIDS Services Administration (HASA) Cases Only (Six Months)	6 All Adults are Aged/Disabled (Two Years)
January 2009	2/28/2009	3/1/2009	2/28/2010	8/31/2009	2/28/2011
February 2009	3/31/2009	4/1/2009	3/31/2010	9/30/2009	3/31/2011
March 2009	4/30/2009	5/1/2009	4/30/2010	10/31/2009	4/30/2011
April 2009	5/31/2009	6/1/2009	5/31/2010	11/30/2009	5/31/2011
May 2009	6/30/2009	7/1/2009	6/30/2010	12/31/2009	6/30/2011
June 2009	7/31/2009	8/1/2009	7/31/2010	1/31/2010	7/31/2011
July 2009	8/31/2009	9/1/2009	8/31/2010	2/28/2010	8/31/2011
August 2009	9/30/2009	10/1/2009	9/30/2010	3/31/2010	9/30/2011
September 2009	10/31/2009	11/1/2009	10/31/2010	4/30/2010	10/31/2011
October 2009	11/30/2009	12/1/2009	11/30/2010	5/31/2010	11/30/2011
November 2009	12/31/2009	1/1/2010	12/31/2010	6/30/2010	12/31/2011
December 2009	1/31/2010	2/1/2010	1/31/2011	7/31/2010	1/31/2012

Cash Assistance, Medical Assistance, and Food Stamp Certification Desk Guide (continued)

Enter appropriate "From" and "To" dates on forms LDSS-4013A NYC/ LDSS-4013B NYC and LDSS-3152 NYC		
New Acceptance and Cases Reopened Using the Eligibility Subsystem		
7	8	9
Month of Acceptance	FROM Certification Period Begins ("From" Date)	TO Certification Period Ends ("To" Date)
January 2009	1*/2009	6/30/2009
February 2009	2*/2009	7/31/2009
March 2009	3*/2009	8/31/2009
April 2009	4*/2009	9/30/2009
May 2009	5*/2009	10/31/2009
June 2009	6*/2009	11/30/2009
July 2009	7*/2009	12/31/2009
August 2009	8*/2009	1/31/2010
September 2009	9*/2009	2/28/2010
October 2009	10*/2009	3/31/2010
November 2009	11*/2009	4/30/2010
December 2009	12*/2009	5/31/2010

* Food Stamp Application filing date