



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #21-72-OPE

INTRODUCTION OF THE INSERT FOR LDSS-4148B, NEW YORK STATE WHAT YOU SHOULD KNOW ABOUT SOCIAL SERVICE PROGRAMS QUESTIONS AND ANSWERS

<p>Date: December 20, 2021</p>	<p>Subtopic(s): Application Kit Forms, Recertification Kit Forms</p>
	<p>The purpose of this policy bulletin is to inform all Job Center staff that the New York State (NYS) Office of Temporary and Disability Assistance (OTDA) has developed an insert (LDSS-4148B.1) for the New York State What You Should Know About Social Services Programs (LDSS-4148B). This policy bulletin is informational for all other staff.</p> <p>The LDSS-4148B is an informational book, and provides information regarding program requirements and answers to questions that applicants/participants may have about social services benefits, including Cash Assistance (CA), Home Energy Assistance Program (HEAP), Supplemental Nutrition Assistance Program (SNAP), and Medical Assistance (MA).</p> <p>The LDSS-4148B.1 insert was created to provide CA applicants/participants with up-to-date information on current non-citizen eligibility policy. This insert replaces the first Question and Answer (Q & A) section on page 6 of the LDSS-4148B, titled “Can I Get Temporary Assistance If I Am Not A Citizen of The United States?”.</p> <p>Staff must include the LDSS-4148B.1 insert when providing the LDSS-4148B informational book to applicants/participants. The LDSS-4148B.1 insert must be provided until a revised version of the LDSS-4148B is finalized and available for distribution.</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 Fax* or fax to: (917) 639-0298

Translated Versions

The **LDSS-4148B.1** is available in Arabic, Chinese (traditional), Haitian Creole, Italian, Korean, Russian, and Spanish. Translated versions of the **LDSS-4148B.1** can be downloaded from:

- OTDA intranet site: http://otda.state.nyenet/ldss_eforms/; and
- OTDA public-facing website: <http://otda.ny.gov/programs/applications/>.

Alternative Formats

Audio, data and large print versions of the **LDSS-4148B.1** can be downloaded from the OTDA intranet site at:

- http://otda.state.nyenet/ldss_eforms/.

Information on Ordering Forms

The **LDSS-4148B.1** may be ordered by:

- submitting a completed **OTDA-876** form, available at http://otda.state.nyenet/ldss_eforms/, via email to forms.orders@otda.ny.gov; or
- Staff may use the Electronic Forms and Publications Online System at <http://formorders/> to order replacement stock of the **LDSS-4148B.1**.

Revision to the M-90c and M-90d

The Cash Assistance Application Kit Forms (**M-90c**) and Cash Assistance Recertification Kit Forms (**M-90d**) have been revised to include the **LDSS-4148B.1** insert.

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

Effective Immediately

References:

21-LCM-22

Related Items:

[HRA-PB-2021-049](#)

Refer to [HRA-PB-2021-049](#)

Attachments:

- LDSS-4148B.1** Insert for LDSS-4148B, New York State What You Should Know About Social Services Programs (Rev. 9/21)
- M-90c** Cash Assistance Application Kit Forms (Rev. 12/02/2021)
- M-90d** CA Recertification Kit Forms (Rev. 12/02/2021)

Replace 1st Q & A with the following:

Q. Can I Get Temporary Assistance If I Am Not A Citizen of the United States (U.S.)?

A. If you are not a citizen of the U.S., you must document that you are in one of the categories listed below in order to be eligible for Temporary Assistance (some people may only be eligible for Safety Net Assistance):

1. A U.S. non-citizen national; or
2. A North American Indian born in Canada to whom the provisions of Section 289 of the Immigration and Nationality Act (INA) apply; or
3. A member of a federally recognized Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304(e)), who was born outside of the U.S.; or
4. An alien admitted to the U.S. as a refugee under Section 207 of the INA; or
5. An alien granted asylum under Section 208 of the INA; or
6. An alien whose deportation has been withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or an alien whose removal has been withheld under Section 241(b)(3) of the INA; or
7. An alien who is a Cuban or Haitian Entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or
8. An alien admitted into the U.S. as an Amerasian immigrant as described in Section 402(a)(2)(A)(i)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1612(a)(2)(A)(v)); or
9. Certain Hmong or Highland Laotian aliens; or
10. A qualified alien who is on active military duty, other than active duty for training, in the U.S. Armed Forces, or their spouse, un-remarried surviving spouse, or unmarried dependent child if such spouse or dependent child is also an alien in a qualified status; or
11. A qualified alien who is a veteran and who (1) has received a discharge from the U.S. Armed Forces characterized as honorable and not on account of alienage, or (2) has a qualifying condition, as defined in Section 350 of the New York State Executive Law, and has received a discharge other than bad conduct or dishonorable (and not on account of alienage) from the armed forces, or (3) is a discharged LGBT veteran, as defined in Section 350 of the New York State Executive Law, and has received a discharge other than bad conduct or dishonorable (and not on account of alienage) from the armed forces; or their spouse, un-remarried surviving spouse, or unmarried dependent child if such spouse or dependent child is also an alien in a qualified status; or
12. A qualified alien who has worked for 40 (Social Security) qualifying quarters and was lawfully admitted for permanent residence into the U.S. prior to August 22, 1996, or who entered the U.S. on or after August 22, 1996, and has resided in the U.S. for five or more years in a qualified status. A qualifying quarter includes any quarter worked by the parent of an alien while the alien was under 18 and any quarter worked by a spouse during marriage if the alien remains married to the spouse or the spouse is deceased. Quarters earned after December 31, 1996, do not count if the alien receives any federal means-tested public benefits during these quarters; or

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13. A qualified alien who was lawfully admitted for permanent residence into the U.S. prior to August 22, 1996, or who entered the U.S. on or after August 22, 1996, and has resided in the U.S. for five or more years in a qualified status; or
14. A qualified alien who entered the U.S. on or after August 22, 1996, and who has resided in the U.S. for less than five years in a qualified status; or
15. An alien paroled into the U.S. under Section 212(d)(5) of the INA for a period of at least one year; or
16. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980; or
17. Certain Iraqi or Afghan nationals granted special immigrant status under Section 101(a)(27) of the INA or Section 602(B)(1) of the Afghan Allies Protection Act of 2009 (AAPA)/Sec 1059(a) of the National Defense Authorization Act of 2006 (NDAA); or
18. Certain battered aliens as defined in 8 U.S.C. 1641(c); or
19. An alien who is in receipt of a certification or eligibility letter from the U.S. Department of Health and Human Services identifying them to be a victim of severe form of trafficking in persons or an alien classified as a nonimmigrant under Section 1101(a)(15)(T)(ii) of Title 8 in accordance with the Victims of Trafficking and Violence Protection Act of 2000, as amended; or
20. An alien whose status is not listed above and is not within the meaning of the term qualified alien but who is otherwise considered to be Permanently Residing Under Color of Law (PRUCOL) in the U.S., which include the following:
 - a. An alien paroled into the U.S. under Section 212(d)(5) of the INA for less than one year; or
 - b. An alien residing in the U.S. pursuant to an Order of Supervision under Section 241(a)(3) of the INA; or
 - c. An alien granted cancellation of removal pursuant to Section 240A of the INA; or
 - d. An alien granted deferred action status; or
 - e. An alien granted "K3," "K4," or "V" visa status established under the Legal Immigration Family Equity Act (LIFE Act); or
 - f. An alien granted deferred action as interim relief for a "U" visa; or
 - g. An alien granted "S" or "U" visa status; or
 - h. An alien who demonstrates that they entered and have continuously resided in the U.S. prior to January 1, 1972, pursuant to Section 249 of the INA; or
 - i. An alien who is a permanent nonimmigrant, pursuant to Public Law (P.L.) 99-239, as amended by P.L. 108-188 (applicable to certain citizens of the Federated States of Micronesia and the Republic of the Marshall Islands) or P.L. 99-658 (applicable to citizens of the Republic of Palau); or
 - j. An alien granted Temporary Protected Status (TPS) by the United States Citizenship and Immigration Services (USCIS); or
 - k. An alien who has an asylum application pending and has been granted employment authorization by the USCIS; or
 - l. An alien who is a beneficiary of deferred enforced departure pursuant to a designation by the President of the U.S.; or
 - m. An alien approved by the USCIS for Special Immigrant Juvenile (SIJ) classification; or
 - n. An alien who the USCIS has officially determined is legitimately present in the U.S. and who the USCIS is allowing to reside in the country for an indefinite period of time.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	Attachment A****	State
2	New York State Application for Certain Benefits and Services	LDSS-2921*	State
3	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
4	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B*	State
6	Insert for LDSS-4148B, New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B.1*	State
7	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C*	State
8	Notice Of Responsibilities And Rights For Support	LDSS-4279*	State
9	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
10	Domestic Violence Palm Card	LDSS-4583A**	State
11	DFR Legal Residence Statement	LDSS-4733*	State
12	Referral for Child Support Services	LDSS-5145**	State
13	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
14	Instructions for Completing the Application for Certain Benefits and Services	PUB-1301*	State
15	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004*	State
16	Keep the Heat On With HEAP	PUB-4735*	State
17	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
18	Child Care Fact Sheet and Planner	CS-574EE**	ACS
19	Fraud Brochure	BRC-151 †	BFI
20	Do you have a disability?	FLY-972 †	HRA
21	Notice to All Applicants	EXP-75Q***	FIA

* Denotes State forms that are available in the mandated Local Law 73 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. Only available in English.

† Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Application Kit Forms

Item	Title	Form Number	Agency
22	Notice of Free Interpretation Services	DSS-4 ‡	DSS
23	Utility Handout	FIA-1104a ‡	FIA
24	How to Report Child Abuse Or Neglect	FIA-1132 ‡	FIA
25	Required Documents for Your Interview with the Office of Child Support Enforcement	M-384t ‡	FIA
26	Child Care Guarantee Informational	M-528m ‡	FIA
27	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U ***	FIA
28	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
29	Services for Victims of Sexual Assault	W-131 ‡	FIA
30	Cash Assistance Additional Allowances	W-137C ‡	FIA
31	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
32	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A ‡	FIA
33	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
34	Eligibility Verification Review Questionnaire	W-532T ‡	FIA
35	Language Questionnaire	W-680FE ‡	FIA
36	Notice to Applicants/Participants	W-904DD ‡	FIA
37	Essential Persons	W-912KK ‡	FIA
38	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k ***	MAP
39	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
40	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 ‡	MAP
41	Cash Assistance & Child Support What You Need to Know	W-549D *	OCSS
42	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
43	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
44	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B *	State
45	Protect Children From Lead Hazards	FLY-1027 ***	DOHMH
46	Instructions for Submitting Your Paper Cash Assistance Application or Recertification Form	FIA-1237 ‡	FIA

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** Available in English and Spanish only.

*** Multiple languages are contained on one form.

‡ Denotes forms that are available in the mandated local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
2	New York State Recertification Form for Certain Benefits and Services	LDSS-3174*¹	State
3	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A*	State
4	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B*	State
5	Insert for LDSS-4148B, New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B.1*	State
6	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C*	State
7	Notice Of Responsibilities And Rights For Support	LDSS-4279*	State
8	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
9	Domestic Violence Palm Card	LDSS-4583A**	State
10	Referral for Child Support Services	LDSS-5145**	State
11	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
12	Instructions for Completing the Recertification for Certain Benefits and Services Form	PUB-1313*	State
13	Fraud Brochure	BRC-151 †	BFI
14	Do you have a disability?	FLY-972 †	HRA
15	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U***	FIA
16	How to Report Child Abuse Or Neglect	FIA-1132 †	FIA
17	Utility Handout	FIA-1104a †	FIA

* Denotes State forms that are available in the mandated Local Law 73 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

**** Denotes forms that must be manually printed. Only available in English.

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

† Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
18	Notice of Free Interpretation Services	DSS-4 ‡	DSS
19	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
20	Services for Victims of Sexual Assault	W-131 ‡	FIA
21	Cash Assistance Additional Allowances	W-137C ‡	FIA
22	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
23	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
24	Language Questionnaire	W-680FF ‡	FIA
25	Notice to Applicants/Participants	W-904DD ‡	FIA
26	Essential Persons	W-912KK ‡	FIA
27	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
28	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
29	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
30	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B*	State
31	Protect Children From Lead Hazards	FLY-1027 ***	DOHMH
32	Instructions for Submitting Your Paper Cash Assistance Application or Recertification Form	FIA-1237 ‡	FIA

* Denotes State forms that are available in the mandated Local Law 37 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

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Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
2	Legally Exempt Program Enrollment Form Information and Instructions Guide	OCFS LDSS-4699a	State
3	Employment of Minors	OCFS LDSS-4699.1**	State
4	Employment of Minors, Information	OCFS LDSS-4699.1A**	State
5	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
6	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A**	State
7	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State
8	Instructions for Part A: Enrollment Form for Legally Exempt Group Child Care Program	OCFS LDSS-4700a	State
9	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
10	Child Care Fact Sheet and Planner	CS-574EE**	ACS
11	Child Care Guarantee Informational	M-528m †	FIA
12	Cash Assistance & Child Support: What You Need to Know	W-549D †	OCSS
13	Notification of New York City Requirement for Relative-Only Child Care Providers	CFWB-047	ACS

** Available in English and Spanish only.

† Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.