

OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #22-51-OPE

REVISIONS TO THE CASH ASSISTANCE APPLICATION KIT FORMS (M-90C), CASH ASSISTANCE RECERTIFICATION KIT FORMS (M-90D) AND INTRODUCTION OF PUB. 5222

Date:	Subtopic(s):
July 26, 2022	Application Kit Form, Recertification Kit Form
	The purpose of this policy bulletin is to inform all Job Center staff that a new publication has been added to the Cash Assistance Application Kit Forms (M-90c) and the Cash Assistance Recertification Kit Forms (M-90d).
	 Cash Assistance Application Kit Forms (M-90c). Cash Assistance Recertification Kit Forms (M-90d).
M-90c, M-90d revision	Revision made to the M-90c and M-90d:
	The "ACEs Understanding adverse childhood experiences (ACEs)" (PUB. 5222) is a new publication that must be included in all CA application and recertification kits and should be made available to Cash Assistance (CA) applicants and recipients who are a parent, guardian, custodian or responsible for a child's care.
	There are educational materials about ACEs that provide information about the importance of protective factors and the availability of services for children at risk of or suffering from the effect ACEs.
	All previous versions of the M-90c and M-90d must be removed and recycled.
	A sample of the M-90c, M-90d and PUB.5222 are attached.
	Effective Immediately

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 **Attachments:**

M-90c Cash Assistance Application Kit Forms

(07/26/2022)

M-90d Cash Assistance Recertification Kit Forms

(07/26/2022)

PUB-5222 ACEs Understanding adverse childhood

experiences (ACEs) (03/2022)

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	<u>LDSS-4148C</u> *	State
8	Notice Of Responsibilities And Rights For Support	LDSS-4279*	State
9	Domestic Violence Screening Form Under the Flamily Violence Option	LDSS-4583*	State
10	Domestic Violence Palm Card	<u>LDSS-4583</u> A**	State
11	DFR Legal Residence Statement	<u>LDSS-4733</u> *	State
12	Referral for Child Support Services	* DSS-5145**	State
13	Domestic Violence Information for all Temporary Assistance Applicants	<u>LDSS-4905</u> *	State
14	Instructions for Completing the Application for Certain Benefits and Services	<u>PUB-1301</u> *	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?	<u>CS-273E</u> **	ACS
18	Child Care Fact Sheet and Planner	<u>CS-574EE</u> **	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.

Form M-90c (page 2 of 2) Rev. 07/26/2022

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	<u>M-384t</u> ‡	FIA
26	Child Care Guarantee Informational	<u>M-528m</u> ‡	FIA
27	Attention: Single Parents and Caretaker Relatives of a Dependent Child	<u>W-116U</u> ***	FIA
28	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	<u>W-126E</u> ‡	FIA
29	Services for Victims of Sexual Assault	<u>W-131</u> ‡	FIA
30	Cash Assistance Additional Allowances	<u>W-137C</u> ‡	FIA
31	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	<u>W-139E</u> ‡	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 Flealth Insurance	<u>W-299</u> ‡	FIA
34	Eligibility Verification Review Questionnaire	W-53 <u>2T</u> ‡	FIA
35	Language Questionnaire	<u>W-680FF</u> ‡	FIA
36	Notice to Applicants/Farticipants	<u>W-904DD</u> ‡	FIA
37	Essential Persons U U U U U	<u>₩-912KK</u> ‡	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	<u>W-549D</u> *	ocss
42	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	<u>DSS-1</u> ‡	DSS
43	DSS Non-Discrimination Flyer	<u>FLY-997</u> ***	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
	Instructions for Submitting Your Paper Cash Assistance		DOLIMIL
46	Application or Recertification Form	FIA-1237 ‡	FIA
47	ACEs Understanding Adverse Childhood Experiences (ACEs)	PUB-5222 ****	State

^{*} 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.

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[‡] 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)	<u>LDSS-4148A</u> *	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	<u>LDSS-4148B.1</u> *	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	<u>LDSS-5145</u> **	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	<u>PUB-1301</u> *	State
13	Fraud Brochure	BRC-151 ‡	BFI
14	Do you have a disability?	<u>FLY-972</u> ‡	HRA
15	Attention: Single Parents and Caretaker Relatives of a Dependent Child	<u>W-116U</u> ***	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	<u>DSS-4</u> ‡	DSS
19	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	<u>W-126E</u> ‡	FIA
20	Services for Victims of Sexual Assault	<u>W-131</u> ‡	FIA
21	Cash Assistance Additional Allowances	<u>W-137C</u> ‡	FIA
22	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	<u>W-139E</u> ‡	FIA
23	Notice to Applicants and Participants Regarding Third Party Health Insurance	<u>W-299</u> ‡	FIA
24	Language Questionnaire	<u>W-680FF</u> ‡	FIA
25	Notice to Applicants/Participants	<u>W-904DD</u> ‡	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/lifegal Lockout	DSS-1 ‡	DSS
29	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
		Supplement to	
30	Important Changes in the Medicaid Program	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	<u>FIA-1237</u> ‡	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.

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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.

	clude the forms on this page for households without children.	Carre Number	Aganay
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 Wil 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	<u>CS-574EE</u> **	ACS
11	Child Care Guarantee Informational	M-528m ‡	FIA
12	Cash Assistance & Child Support: What You Need to Know	<u>W-549D</u> ‡	ocss
13	Notification of New York City Requirement for Relative-Only Child Care Providers	<u>CFWB-047</u>	ACS
14	ACEs Understanding Adverse Childhood Experiences (ACEs)	PUB-5222 ****	State

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 ‡ 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.

▶ What Are Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (also known as ACEs) are stressful or traumatic events, such as neglect and/or violence during childhood. ACEs are strongly related to brain development and a wide range of health problems throughout a person's lifetime.

ACEs may include but are not limited to: physical or sexual abuse, domestic violence, living in poverty, parental mental illness, discrimination, substance use disorder or incarceration.



► Why is it Important to Consider ACEs and Their Impact?

Research has shown that:

- When families experience historical and systemic racism or living in poverty for generations, the effects of ACEs can add up over time.
- ACEs are very common in every population group.
- ACEs can have a significant impact on a child's ability to succeed in school, causing a negative impact on their mental health and general well-being.
- Adults who have experienced ACEs may have higher rates of negative health outcomes, including depression, obesity, substance abuse, anxiety, smoking and early death.



► Resilience, Protective Factors

What is resilience?

Resilience is the ability to bounce back from challenges and hardship.

Parental and child resilience have been shown to reduce the negative impacts of ACEs.

▶ Protective Factors

Protective factors that may boost child or parental resilience may include:

- supportive and caring relationships and social connections
- programs that understand a person's background and culture
- a healthy lifestyle, which may include regular exercise, mindfulness, getting sufficient sleep and eating a healthy and nutritious diet
- economic support/stability for families
- quality child care and education early in life









▶ Services to Address ACEs and More Information

If you or a loved one has experienced ACEs, services may be available in your community. Please visit: ocfs.ny.gov/ACEs.



Scan this QR code, and it will take you directly to the website to learn about additional information regarding ACEs (adverse childhood experiences) and how to find services to help.



and Family Services | Mental Health | of Health

Department Office of Temporary and Disability Assistance | Services and Supports

Office of Addiction

Capital View Office Park 52 Washington Street, Rensselaer, NY 12144 ocfs.ny.gov

Statewide Central Register Toll Free Telephone Number 1-800-342-3720

If you are deaf or hard of hearing, call TDD/TT() 1-800-638-5163 or

> Video Relay System provider call 1-800-342-3720

NYS Project Hope

Emotional Support Helpline to talk to a crisis counselor: 1-844-863-9314

"... promoting the safety, permanency, and well-being of our children, families, and communities. ..."

Pursuant to the Americans with Disabilities Act, the New York State Office of Children and Family Services will make this information available in an appropriate format upon request.

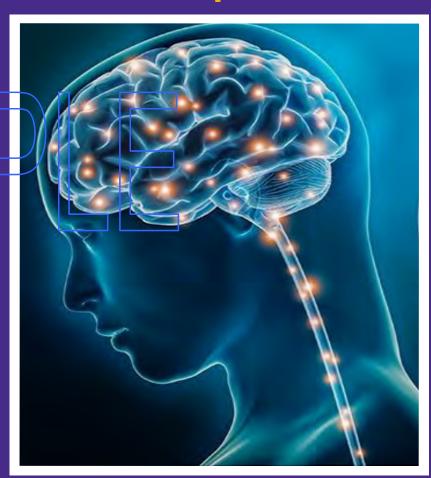
Pub. 5222 (03/2022)



Office of Children and Family Services Mental Health Office of Health Office of Temporary and Disability Assistance Services and Supports

ACEs

Understanding adverse childhood experiences (ACEs)



Visit these important websites to find out helpful information:

OCFS website - https://ocfs.ny.gov;

OMH website - https://omh.ny.gov/; DOH website - https://www.health.ny.gov/; OTDA website - https://otda.ny.gov/; OASAS website - https://oasas.ny.gov/