



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #20-68-OPE

REVISIONS TO FORMS M-90C, M-90D AND M-90E; INTRODUCTION OF FIA-1237 AND FIA-1238

Date: November 06, 2020	Subtopic(s): Application Kit Forms, Recertification Kit Forms
	<p>The purpose of this policy bulletin is to inform all Job Center and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff that the forms listed below have been revised:</p> <ul style="list-style-type: none"> • Cash Assistance Application Kit Forms (M-90c); • Cash Assistance Recertification Kit Forms (M-90d); • Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms (M-90e).
M-90c, M-90d revision	<p><u>Revision made to the M-90c and M-90d:</u></p> <ul style="list-style-type: none"> • The “Instructions for Submitting Your Paper Cash Assistance Application or Recertification Form” (FIA-1237) was created and is now to be included in all CA application and recertification kits. This new form provides submission instructions to applicants/participants interested in returning a paper application or recertification form.
M-90e revision.	<p><u>Revision made to the M-90e:</u></p> <ul style="list-style-type: none"> • The “Instructions for Submitting Your Paper Supplemental Nutrition Assistance Program (SNAP) Application or Recertification Form” (FIA-1238) was created and is now to be included in all SNAP application/recertification kits. This new form provides submission instructions to applicants/participants interested in returning a paper application or recertification form. <p>The automated kits, when created, will now also include the FIA-1237 or FIA-1238. This includes when DSS Infoline staff systemically create kits using the PikPak application.</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

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

Effective Immediately

Attachments:

- M-90c** Cash Assistance Application Kit Forms
(09/09/2020)
- M-90d** Cash Assistance Recertification Kit Forms
(09/09/2020)
- M-90e** Non-Cash Assistance Supplemental Nutrition
Assistance Program (NCA SNAP)
Application/Recertification Kit Forms 09/09/2020)
- FIA-1237** Instructions for Submitting Your Paper Cash
Assistance Application or Recertification Form
- FIA-1238** Instructions for Submitting Your Paper
Supplemental Nutrition Assistance Program
(SNAP) Application or Recertification Form

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	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	DFR Legal Residence Statement	LDSS-4738*	State
11	Referral for Child Support Services	LDSS-5145**	State
12	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
13	Instructions for Completing the Application for Certain Benefits and Services	PUB-1301*	State
14	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004*	State
15	Keep the Heat On With HEAP	PUB-4735*	State
16	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
17	Child Care Fact Sheet and Planner	CS-574EE**	ACS
18	Fraud Brochure	BRC-151 †	BFI
19	Do you have a disability?	FLY-972 †	HRA
20	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
21	Notice of Free Interpretation Services	DSS-4 ‡	DSS
22	Utility Handout	FIA-1104a ‡	FIA
23	How to Report Child Abuse Or Neglect	FIA-1132 ‡	FIA
24	Required Documents for Your Interview with the Office of Child Support Enforcement	M-384t ‡	FIA
25	Child Care Guarantee Informational	M-528m ‡	FIA
26	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U ***	FIA
27	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
28	Services for Victims of Sexual Assault	W-131 ‡	FIA
29	Cash Assistance Additional Allowances	W-137C ‡	FIA
30	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
31	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A ‡	FIA
32	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
33	Eligibility Verification Review Questionnaire	W-532T ‡	FIA
34	Language Questionnaire	W-680FE ‡	FIA
35	Notice to Applicants/Participants	W-904DD ‡	FIA
36	Essential Persons	W-912KK ‡	FIA
37	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k ***	MAP
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	Cash Assistance & Child Support What You Need to Know	W-549D *	OCSS
41	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
42	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
43	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B *	State
44	Protect Children From Lead Hazards	FLY-1027 ***	DOHMH
45	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 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 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	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C *	State
6	Notice Of Responsibilities And Rights For Support	LDSS-4279 *	State
7	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583 *	State
8	Domestic Violence Palm Card	LDSS-4588A **	State
9	Referral for Child Support Services	LDSS-5145 **	State
10	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905 *	State
11	Instructions for Completing the Recertification for Certain Benefits and Services Form	PUB-1313 *	State
12	Fraud Brochure	BRC-151 †	BFI
13	Do you have a disability?	FLY-972 †	HRA
14	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U ***	FIA
15	How to Report Child Abuse Or Neglect	FIA-1132 †	FIA
16	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
17	Notice of Free Interpretation Services	DSS-4 ‡	DSS
18	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
19	Services for Victims of Sexual Assault	W-131 ‡	FIA
20	Cash Assistance Additional Allowances	W-137C ‡	FIA
21	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
22	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
23	Language Questionnaire	W-680FF ‡	FIA
24	Notice to Applicants/Participants	W-904DD ‡	FIA
25	Essential Persons	W-912KK ‡	FIA
26	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
27	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
28	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
29	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B *	State
30	Protect Children From Lead Hazards	FLY-1027 ***	DOHMH
31	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.

‡ 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

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	Employment of Minors	OCFS LDSS-4699.1**	State
3	Employment of Minors, Information	OCFS LDSS-4699.1A**	State
4	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
5	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A**	State
6	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State
7	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
8	Child Care Fact Sheet and Planner	CS-574EE**	ACS
9	Child Care Guarantee Informational	M-528m †	FIA
10	Cash Assistance & Child Support: What You Need to Know	W-549D †	OCSS

** 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.



Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms

Forms included in the NCA SNAP Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	Attachment A	State
2	Domestic Violence Palm Card	LDSS-4583A**	State
3	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification	LDSS-4826*	State
4	How To Complete The Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP	LDSS-4826A*	State
5	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004*	State
6	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k***	FIA
7	Child/Teen Health Program (CTHP) Fact Sheet	MAP-1096 †	MAP
8	Notice of Free Interpretation Services	DSS-4 †	DSS
9	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide	W-129G †	FIA
10	Services for Victims of Sexual Assault	W-131 †	FIA
11	Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice / AFIS Freedom Referral	W-519 †	FIA
12	Language Questionnaire	W-680FF †	FIA
13	Do you have a disability?	FLY-972 †	HRA
14	DSS Non-Discrimination Flyer	FLY-997***	DSS
15	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B*	State
16	Instructions for Submitting Your Paper Supplemental Nutrition Assistance Program Application or Recertification Form	FIA-1238 †	FIA

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

** 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. NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.



Instructions for Submitting Your Paper Cash Assistance Application or Recertification Form

- Complete the Application for Certain Benefits and Services (**LDSS-2921**) or the Recertification Form for Certain Benefits and Services (**LDSS-3174**) form
- For Applications, sign page 1 and page 24 of the **LDSS-2921**
- For Recertifications, sign page 1 and page 23 of the **LDSS-3174**
- Mail the signed completed form, along with COPIES of any documents to one of the open Job Centers listed below:

■ **BRONX**

Rider Job Center
300 Canal Place
Bronx, NY 10451

Crotona Job Center
1910 Monterey Avenue
Bronx, NY 10457

■ **BROOKLYN**

Coney Island Job Center
3050 West 21st Street
Brooklyn, NY 11224

Clinton Hill Job Center
495 Clermont Avenue
Brooklyn, NY 11238

■ **STATEN ISLAND**

Staten Island Job Center
201 Bay Street
Staten Island, NY 10301

■ **QUEENS**

Queens Job Center
32-20 Northern Blvd, 4th Floor
Queens, NY 11101

■ **MANHATTAN**

Waverly Job Center
12 West 14th Street
New York, NY 10011



Instructions for Submitting Your Paper Supplemental Nutrition Assistance Program Application or Recertification Form

- Complete the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION (LDSS-4826) form
- Sign page 2 and page 8 of the form
- Fax the signed completed form, along with COPIES of any documents to **917-639-1111**;
OR
- Mail the signed completed form, along with COPIES of any documents to:

■ **FOR APPLICATIONS**

HRA/Family Independence Administration
Supplemental Nutrition Assistance Program
Mail Application Referral Unit
P.O. Box 29197
Brooklyn, NY 11201-9956

■ **FOR RECERTIFICATIONS**

HRA/Family Independence Administration
Supplemental Nutrition Assistance Program
Centralized Mail Recertification Unit
P.O. Box 29008
Brooklyn, NY 11202-9816