



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	02 INF 41
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	December 11, 2002
Subject:	Revision to Food Stamp Benefits ABEL Budget Narratives (LDSS-3959, LDSS-3960 and LDSS-3961)
Suggested Distribution:	Food Stamp Benefits Staff Temporary Assistance Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859, Extension 4-6055 Program Questions: Eastern Region - (518) 473-1469 Central Region - (518) 474-9344 Western Region - (518) 473-0332 Metro Region - (212) 383-1658 WMS Questions: (518) 474-8749
Attachments:	Attachment - I LDSS-3959: Food Stamp Excess Net Income Narrative Attachment - II LDSS-3960: Food Stamp Benefits Excess Gross Income Narrative Attachment - III LDSS-3961: Food Stamp Benefits Budget Narrative
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
96 INF-3	96 INF-3	358-2.2(n) 358-3.3.(b) 387.20 (b)		FSSB VII-D	

Section 2

I. Purpose

The purpose of this release is to introduce the revised (12/01) Food Stamp Benefits ABEL Budget Narratives:

LDSS-3959: "Food Stamp Excess Net Income Narrative"

LDSS-3960: "Food Stamp Benefits Excess Gross Income Narrative"

LDSS-3961: "Food Stamp Benefits Budget Narrative"

II. Background

As mandated by Department Regulations 358-2.2(n) and 358-3.3 (b), Upstate local districts are required to provide a copy of the appropriate printed Food Stamp Benefits ABEL Budget Narrative to Food Stamp Benefits applicants or recipients whenever a copy of their Food Stamp Benefits ABEL budget is presented to them.

III. Program Implications

The primary revisions included in the 12/01 versions reflect any policy changes and updates since the previous revisions.

Listed below is a detailed summary of all the changes that were incorporated into these revisions.

1. LDSS-3959

Face:

- A. The revision date was changed on the face of the form to (12/01).
- B. The form number was changed from DSS-3959 to LDSS-3959.
- C. The "Department of Social Services" reference was changed to "Office of Temporary and Disability Assistance".
- D. The FS Budget Screen section at the top of the page was updated to accurately reflect the corresponding data entry computer screen on WMS.
- E. The four "Food Stamp" references in the paragraph below the computer screen facsimile were changed to "Food Stamp Benefits".
- F. The "Public Assistance" reference in Section 2 was changed to "Temporary Assistance".

Reverse:

- A. The revision date was changed on the reverse of the form to (12/01).
- B. The form number was changed from DSS-3959 to LDSS-3959.
- C. The "Department of Social Services" reference was changed to "Office of Temporary and Disability Assistance".
- D. The "Food Stamp" reference in Section 8 was changed to "Food Stamp Benefits".

2. LDSS-3960

Face:

- A. The revision date was changed on the front of the form to (12/02).
- B. The form number was changed from DSS-3960 to LDSS-3960.
- C. The title of the form was changed to "Food Stamp Benefits Excess Gross Income Narrative".
- D. The "Department of Social Services" reference was changed to "Office of Temporary and Disability Assistance".
- E. "DISTRICT" was changed to "DIST" at top of the computer screen facsimile.
- F. On the computer screen facsimile, the reference to "\$ FS Coupon Mix \$" was deleted from section 8.
- G. On the computer screen facsimile, section "9" was moved under section 6 and renamed Section "8".
- H. The four "Food Stamp" references in section directly below the computer screen facsimile were changed to "Food Stamp Benefits".
- I. The Number "9" reference was changed to Number "8" in the first paragraph underneath the computer screen facsimile.
- J. The "Public Assistance" reference was changed to "Temporary Assistance" in the first paragraph underneath the computer screen facsimile.

Reverse:

- A. The form number was changed from DSS-3960 to LDSS-3960.
- B. The revision date on the reverse of the form was changed to (12/01).
- C. The "Department of Social Services" reference was changed to "Office of Temporary and Disability Assistance".
- D. The "Sections 7 and 8" header was changed to "Section 7".
- E. The "Section 9" header was changed to "Section 8".
- F. The "food stamp" reference in the last sentence was changed to "food stamp benefits".

3. LDSS-3961

Face:

- A. The revision date on the face of the form was changed to (12/01).
- B. The form number was changed from DSS-3961 to LDSS-3961.
- C. The title of the form was changed to "Food Stamp Benefits Budget Narrative".
- D. "DISTRICT" was changed to "DIST" at top of the computer screen facsimile.

- E. The "Department of Social Services" reference was changed to "Office of Temporary and Disability Assistance".
- F. The "\$ FS Coupon Mix \$" reference was deleted from "Section 8" on the computer screen facsimile.
- G. The current "Section 9" on the computer screen facsimile was moved under "Section 6" and renamed "Section 8".
- H. The four "Food Stamp" references were changed to "Food Stamp Benefits".
- I. The number "9" reference, in the first paragraph underneath the computer screen facsimile, was changed to number "8".
- J. The "Public Assistance" reference was changed to "Temporary Assistance".

Reverse:

- G. The form number was changed from DSS-3961 to LDSS-3961.
- H. The revision date was changed from 12/89 to 12/01.
- I. The "and 8" reference in the "Sections 7 and 8" header reference was changed to just "Section 7".
- J. The "Section 9" reference has been changed to "Section 8".
- K. The "food stamp" reference was changed to "food stamp benefits".

IV. Additional Information

The 12/01 versions of the three Food Stamp Benefits ABEL Budget Narratives are available at the Albany warehouse for ordering.

Any requests for the LDSS-3959 (Rev.12/01), LDSS-3960 (Rev.12/01) and LDSS-3961 (Rev.12/01), should be submitted on Form OTDA-876 (Rev. 6/98): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
 Document Services
 P.O. Box 1990
 Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859 Ext. 2-0159.

Issued By

Name: Patricia A. Stevens
Title: Deputy Commissioner
Division/Office: Division of Temporary Assistance