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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:	03 INF 12
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	February 6, 2003
Subject:	Revision of the "Food Stamp Household Composition Desk Guide" (LDSS-4314) (Rev.1/03)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits 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) 383-1454 WMS Questions: (518) 474-8749
Attachments:	Attachment LDSS-4314: Food Stamp Benefits Household Composition Desk Guide
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.
02 INF-30 95-INF-48	95-INF-48	18 NYCRR 387.1	7 CFR 273.1	FSSB V-A-All	

Section 2

I. Purpose

The purpose of this INF is to introduce the revised LDSS-4314: "Food Stamp Benefits Household Composition Desk Guide" (Rev.1/03).

The primary reason for the revision is to clarify the treatment of Foster Care income and resources in determining Food Stamp Benefits eligibility.

II. Background

The LDSS-4314 can be used by examiners as a “ready reference guide” to aid in clarifying household relationships and composition. Use of this form by local districts is optional.

III. Revisions

Revisions to the 6/02 version of the LDSS-4314 for the 1/03 version are outlined below:

A. Front - The revision date was changed to (Rev.1/03).

B. Reverse:

1. The revision date was changed to (Rev.1/03).

2. The wording was revised in the last “SITUATION RESULT” box to read:

"Considered to be a household member only at the household's request. (If included, foster care payments are excluded but the foster child's other income and resources are counted. If excluded, **no foster care income or resources are counted.**) A foster care child cannot be a separate household."

IV. Additional Information

Forms Requests

The revised 1/03 version of the LDSS-4314 is expected to be delivered to the Upstate (Albany) and the HRA (New York City) warehouses in March, 2003.

Your district **will not** automatically receive copies of the revised forms.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 6/02 supplies until your stocks are depleted, or until May, 2003 whichever occurs first. Reorders of these forms will be filled with 1/03 versions.

Requests for the LDSS-4314 (Rev. 1/03) 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. 4-9522.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance