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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	03 INF 16
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	April 8, 2003
Subject:	Revisions to the Food Stamp Benefits Budget Worksheets (LDSS-3114 and LDSS-3115)
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
Attachments:	Attachment I - LDSS-3114: Food Stamp Benefits Budget Worksheet Attachment II - LDSS-3115: Food Stamp Benefits Budget Worksheet (Elderly and Disabled for Medical and/or Special Shelter Deductions)
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-24 98 INF-7 92 INF-19	02 INF-24		358-2.2	FSSB Section X-A-all	

Section 2

I. Purpose

The purpose of this release is to introduce the revised, 2/03, versions of the Food Stamp Benefits Budget Worksheets (LDSS-3114 and LDSS-3115).

II. Background

If a CNS Notice is not generated and the worker is sending a manual client notice without an ABEL Budget, the applicant/recipient is given a copy of form LDSS-3114 or LDSS-3115, whichever is appropriate. The budget worksheets are also used for training and audit purposes.

III. Program Implications

Listed below are the changes that were incorporated into the 2/03 revisions:

1. The "Revision Dates" were changed to (Rev.2/03).
(LDSS-3114 and LDSS-3115)
2. The "Legally Obligated Child Support" sections were reworded to reflect the treatment of legally obligated child support as a Food Stamp Benefits **exclusion** rather than as a Food Stamp Benefits **deduction**. (LDSS-3114 and LDSS-3115)
3. The "Shelter" sections were revised to clarify what household conditions qualify for Food Stamp Benefits SUA allowances. (LDSS-3114 and LDSS-3115)

IV. Forms Information:

Delivery of the revised 2/03 versions of the LDSS-3114 and LDSS-3115 is expected by the end of April 2003. Your district will **not** automatically receive copies.

In order to ensure that usage of the revised forms begin within a reasonable time, you may continue to use previous (9/01) versions until your stock is depleted, or until June 2003, whichever occurs first. Reorders will be filled with the 2/03 versions.

Future requests for these forms are to be submitted on Form OTDA-876 (Rev.6/98): "Request for Forms or Publications", and should be sent to:

NYS Office of Temporary and Disability Assistance
Document Services
Forms Supply, Control and Distribution
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to the Document Services by calling 1-800-343-8859, extension 4-9522.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance