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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

<b>Transmittal:</b>	03 INF 26
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Program Support & Quality Improvement
<b>Date:</b>	July 8, 2003
<b>Subject:</b>	Introduction of a Statewide LDSS-3174: "Recertification Form" and the associated PUB-1313: "How to Complete" publication.
<b>Suggested Distribution:</b>	Income Maintenance Directors Food Stamp Directors Medical Assistance Directors CAP Coordinators WMS Coordinators Corrective Action Coordinators Staff Development Coordinators Forms Coordinators
<b>Contact Person(s):</b>	John M. Paolucci, Assistant Division Director, Division of Program Support & Quality Improvement (518) 474-1683
<b>Attachments:</b>	Attachment 1 - LDSS-3174 Statewide (Rev.5/03) Attachment 2 - PUB-1313 Statewide (Rev.5/03)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
85-ADM-38 89 INF-53 95 INF-8 95 INF-29 96 INF-26 01 INF-22	95 INF-29 95 INF-8	350.4 351.21 360.1 369.1 369.4 387.6 387.17 404.1		PASB III-E, III-H, V-B-1, V-C FSSB IV-E-2, IV-F IV-E-5, VI-A MARG p.364	95 ADM-1

## **Section 2**

### **I. Purpose**

The purpose of this INF introduce the following new “Statewide” mandated forms:

- LDSS-3174 Statewide “Recertification Form” (Rev 5/03)
- PUB-1313 Statewide “How to Complete” (Rev 5/03)

### **II. Background**

02 INF 20 announced the release, for the first time, of a Statewide “Common Application”, LDSS-2921 and associated Statewide “How to Complete”, PUB-1301. Prior to this, there were separate Upstate and NYC versions.

Since the “Common Application” and associated “How to Complete” contain primarily the same information as on the “Recertification Form” and “How to Complete”, it was decided that Statewide versions of the recertification forms should also be developed.

To accomplish this, the Statewide “Common Application” and “How To” were used as templates and because Services, Child Care Assistance and Foster Care programs do not use the recertification forms, any references to those specific programs were eliminated.

### **II. Program Implications**

The following are the major revisions incorporated into the new forms:

#### **General**

- PAGE 1, Section 2 - A “WHAT IS YOUR PRIMARY LANGUAGE”: box was added.
- Red printed numbers located on the right side of some boxes of the “Recertification Form” were added. The first appearance of these numbers is found on PAGE 1, Section 5. These numbers are for internal State use only and should be ignored.
- The program names throughout the “Recertification Form” and “How to Complete” were changed from Aid to Dependant Children (ADC) to Family Assistance (FA) and Home Relief (HR) to Safety Net Assistance (SNA).

#### **Temporary Assistance**

- PAGE 3, Section 6 - In order to facilitate federal reporting requirements, Race/Ethnic Affiliation codes were added to the “Household Composition” section.
- PAGE 5, Section 12 - A new section was added to collect information on absent children.
- PAGE 12, Section 23 - The addition of the Certification/Recertification Checklist questions to “Other Information” section has eliminated the need to provide TA applicants with the checklist at application.

- PAGE 14, Section 24 - The Social Security Number section was incorporated into the “Privacy Act Statement”.

### **Food Stamp Benefits**

- PAGE 2, Section 6 - The “Purchase and Prepare” question for FS was modified to read “...buy food or prepare meals with you”.
- PAGE 4, Sections 9 and 10 - The “Citizenship/Alien” section was changed substantially so that FS recipients would be able to list household members and their status without requiring their certifying that their status is acceptable.
- PAGE 6, Section 15 - The following was added as an Income entry: “Foster Care Payments (Received)”. Corresponding language was also added to the PUB-1313.
- PAGE 12, Section 23 - The present and past assistance questions were modified.
- PAGE 14, Section 25 - The “Non Discrimination” notice was expanded to include joint HHS/USDA language.
- PAGE 15, Section 26 - The FS Penalty Warning section was expanded to include additional penalties authorized by recent USDA regulations.

### **Medical Assistance**

- The “Medicare Buy-In” program has been changed to the “Medicare Savings Program”.
- A statement concerning the “Release of Information for the Early Intervention Program” was added to Section (26) under “Assignments, Authorization and Consents”.
- The language in portions of Section 8 and 9 of the PUB. 1313 Statewide: “How To Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS) – Services (S) – Child Care Assistance (CC) Application” regarding citizenship/alien status have been revised to reflect the policy changes implemented in order to comply with a recent decision by the New York State Court of Appeals, Alessia, et al v. Nevello.
- PAGE 16, Section 27 – The “Release of Medical Information” language was modified to incorporate the Health Insurance Portability and Accountability Act 1996 (HIPPA) requiring all Medical applicants to sign a release of information.

## **IV. Forms Implications**

Districts will automatically receive supplies of the new Statewide 5/03 versions of LDSS 3174: “Recertification Form” and the new Statewide 5/03 version of the PUB-1313: “How to Complete” in August.

Upon receipt of the 5/03 versions of these forms, the following forms should be destroyed:

Upstate:

- LDSS 3174: “Recertification Form” (Rev. 4/96)
- PUB. 1313: “How to Complete” (Rev. 4/96)

NYC:

- LDSS 3174 NYC: “ Recertification Form” (Rev. 4/96)
- PUB.1313 NYC: “How to Complete” (Rev. 4/96)

Any future requests for printed copies of the (Rev. 05/03) versions of the LDSS-3174 Statewide and PUB-1313 Statewide should be submitted on an OTDA-876 (Rev. 6/98): “Requests For Forms or Publications” form, 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.

In addition, electronic PDF versions of the (Rev 05/03) LDSS 3174 Statewide and the PUB 1313 Statewide will be posted on the OTDA Intranet Home Page, LDSS E-Forms link.

## **V. Additional Information**

Because these documents provide current program and policy information as well as mandated legal information, comments on the format and content of these forms and publications are always welcomed. Comments received will be pended and considered at the next printing of these forms.

Comments may be forwarded to:

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### **Issued By**

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**Title:** Deputy Commissioner

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