



**George E. Pataki**  
Governor

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

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	04-INF-14
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	May 28, 2004
<b>Subject:</b>	Revision of the Mandated Food Stamp Benefits Civil Rights Complaint Procedure Poster (LDSS-8036)
<b>Suggested Distribution:</b>	Food Stamp Benefits Directors Temporary Assistance Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859, Extension 6-1095 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
<b>Attachments:</b>	LDSS-8036: Food Stamp Benefits Complaint Procedure Poster (Rev.4/04) (Eng./Span.)
<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.
03 LCM-3				FSSB: Page 3 Section 8	

## Section 2

### I. Purpose

The purpose of this INF is to introduce the revised 4/04 version of the LDSS-8036: “Food Stamp Benefits Complaint Procedure” (English/Spanish) poster.

### II. Background

03 LCM-3 provided Local Social Services Districts (LSSDs) with a statewide, uniform procedure for civil rights complaints concerning the Food Stamp Benefits Program. One of those procedures is the requirement for LSSDs to publicize the applicant’s/recipient’s right to request a conference if they have a civil rights complaint and if that complaint is not resolved, information where the applicant/recipient can file a complaint in writing. The LDSS-8036: “Food Stamp Benefits Complaint Procedure” poster (English/Spanish) was developed for this purpose, contains that information and continues to be required to be displayed in all local Food Stamp Benefits offices.

### III. Revisions to the Poster

- The revision date was changed on both the front (English side) and the reverse (Spanish side) to 4/04.
- All references to “Food Stamps” on the poster were changed to “Food Stamp Benefits”.

### IV. Forms ordering and Usage

In order for the revised poster to be displayed in LSSD Food Stamp Benefits Offices within a reasonable time, you may continue to display the previous version (2/00) **only until** you have placed an order for the 4/04 versions and they have been received or until September 2004, whichever occurs first.

Upon receipt of the 4/04 posters, immediately remove and replace any previous versions with the revised poster.

Requests for the 4/04 printed copies of the revised LDSS-8036 should be submitted on OTDA-876 (Rev.6/98): “Request 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 posters should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

In addition, for local district staff, an electronic PDF version of this poster referenced in this INF can be accessed on the OTDA Intranet website at [http://sdssnet5/otda/ldss\\_eforms/default.htm](http://sdssnet5/otda/ldss_eforms/default.htm)

**Issued By** \_\_\_\_\_

**Name:** Patricia A. Stevens

**Title:** Deputy Commissioner

**Division/Office:** Division of Temporary Assistance