



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

Transmittal:	05-INF-04
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	February 7, 2005
Subject:	Reinstatement of LDSS-3666: "TA/FS Documentation/Verification Desk Guide" (1/05)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Cash Assistance Bureau - (518) 474-9344 HEAP Bureau - (518) 473-0332 Metro Field Support Bureau - (212) 961-8207 SSI Bureau - (518) 474-7218 WMS Questions: (518) 474-8749
Attachments:	LDSS-3666: "TA/FS Documentation/Verification Desk Guide" (Rev. 1/05)
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.
5 ADM-38 03 INF-21 88 INF-74	03 INF-21	351.6 360-2.1, 2.2 387.8		PASB III-H-2 iv-29.2 to iv-29.2 FSSB 5, P. 65-77 6, P.17	

Section 2

I. Purpose

The purpose of this release is to notify local districts that the following form, that was made obsolete in Informational Letter 03 INF-21, is being reinstated.

LDSS-3666: “TA/FS Documentation/Verification Desk Guide” (Rev. 1/05)

II. Background

The LDSS-3666: “TA/FS Documentation/Verification Desk Guide” was originally developed to provide local district eligibility workers with a listing of suggested documentation sources required to verify and/or document required TA/FS case record information.

Because all of the suggested documentation listed on the LDSS-3666 is also listed on the LDSS-2642: “Documentation Requirements” form, the LDSS-3666 was made obsolete in 2003.

However, while performing Management Evaluation (ME) reviews, DTA staff repeatedly found processing discrepancies relating to program requirements for combined TA/FS applications. Of particular concern was the denial of FS cases for failure to meet documentation requirements that exceeded program requirements.

III. Program Implications

Food Stamp applicants/recipients cannot be denied for failing to meet documentation requirements of another program. Using the Desk Guide, workers should be able to differentiate between requirements of the TA and FS programs and be able to independently determine FS eligibility on that basis. This form is suggested for the use of all eligibility workers who handle combined TA/FS applications. While it is not a mandatory distribution and may be used at the discretion of the local district, it may be helpful in avoiding improper denials of FS households and is useful as a training tool.

IV. Forms Information

The revised 1/05 versions of the LDSS-3666: “TA/FS Documentation/Verification Desk Aid” are expected to be printed and delivered to the Upstate (Albany) warehouse in April 2005.

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

Requests for supplies of the reinstated LDSS-3666 (Rev.1/05) should 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
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, for local district staff, an electronic PDF version of the LDSS-3666 in this INF can be accessed on the OTDA Intranet website at http://sdssnet5/otda/ldss_eforms/default.htm.

Issued By _____

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Division of Temporary Assistance

TA/FS DOCUMENTATION/VERIFICATION DESK GUIDE

TA	FS	ELIGIBILITY FACTOR	PRIMARY	SECONDARY	TA	FS	ELIGIBILITY FACTOR	PRIMARY
M	M	Identity	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers	Statement from Another Person Social Security Number Birth/Baptismal Certificate	M	N	Absent Parent Information	Pay Stubs Tax Returns Social Security or VA Records Unemployment (UIB) Book ID Cards (Health Insurance) Driver's License or Registration
M	N	Marital Status	Marriage/Death Certificates Separation Agreement Divorce Decree Social Security Records VA Records	Statement from Clergy Census Records Newspaper Notice Statement from Another Person	M	M *	Social Security Number	Social Security Card Official Correspondence from SSA For TA and FS , provided or apply for # at certification; must verify at first recertification unless validated by WMS
M	M *	Residence	Statement from Landlord Current Rent Receipt or Lease Mortgage Records	Statement from Another Person Current Mail School Records	M	M *	Citizenship and Alien Status	Birth/Baptismal Certificate Hospital Records US Passport Military Service Records Naturalization Certificate USCIS Documentation Evidence of Continuous US Residence since Prior to 1/1/72 For TA and FS , alien status is verified on an individual basis For FS Only , citizenship is verified only if questionable
M	M *	Household Composition/ Size	Statement from Non-relative Landlord	Statement from Other Persons	M	M *	Earned Income	Current Wage Stubs and Statement of Tips Pay Envelopes Contact with Employer Business Records Records and Related Materials Concerning Self-Employment Earnings and Expenses Current Income Tax Return Statement from Roomer, Boarder, Tenant Income Tax Records
M	M *	Age	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License For FS Only , DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA	M	M *	Unearned Income	Statement from Family Court Statement from Person Paying Statement from School Statement from Bank or Credit Union Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check Official Correspondence with NYS Dept. of Labor Official Correspondence from SSA Official Correspondence from VA Official Correspondence from source of income Award Letter
M	N	Absent Parent	Death Certificate Survivor's Benefits Hospital Records VA or Military Records Divorce Papers Proof of Remarriage	Newspaper Notice Insurance Company Records institutional Records Agency Case Records and Burial Payment Lines Statement from a Non-Relative				

LEGEND: M = Mandatory Documentation/Verification required for Certification
 N = No Documentation/Verification required
 O = Optional Documentation/Verification (may be necessary for TA and/or FSP eligibility or benefit amount.)
 * = Verification can be pended under FSP Expedited Processing

TA/FS DOCUMENTATION/VERIFICATION DESK AID

TA	FS	ELIGIBILITY FACTOR	PRIMARY
M	M *	Resources	Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Burial agreement Burial plot deed Statement from funeral director Refund or EITC check Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Title of ownership Registration (older models) Appraisal of current value by dealer Financing data Statement from source of payment
M	O *	Health Insurance	Insurance policy Insurance card Statement from provider of coverage Medicare card
M	O *	Disabled/ Incapacitated/ Pregnant	Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness
N	M *	Able-Bodied Adult Without Dependents (ABAWD) Eligibility	For non-waiver areas and non-exempt individuals Proof of working and/or work program participation for at least 80 hours per month Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement
M	O *	Referral	Statement from provider of Treatment Statement from employment service
O	O *	School Attendance	School records (current report card) Statement from school For FS, affects work registration and earnings of children under 18

EXPENSES THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT			
TA	FS	ELIGIBILITY FACTOR	PRIMARY
O	O *	Shelter Expenses	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
O	O *	Medical Bills	Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card For FS, for A/D individuals only
O	O *	Unpaid Bills Rent, Utility	Copy of each bill showing amount owed, period of services and provider
O	O *	Other Expenses Dependent Care Cost	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts
<p>*LEGEND: M = Mandatory Documentation/Verification required for Certification N = No Documentation/Verification required O = Optional Documentation/Verification (may be necessary for TA and and/or FSP eligibility or benefit amount.) * = Verification can be pended under FSP Expedited Processing</p>			