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Governor

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Commissioner

Informational Letter

Section 1

Transmittal:	06-INF-09
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	March 3, 2006
Subject:	Revisions for the LDSS-3151: Food Stamp Change Report Form (Rev.1/06)
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 Temporary Assistance Bureau - (518) 474-9344 HEAP Bureau - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749
Attachments:	LDSS-3151 (1/06)
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.
04 ADM-02 02 ADM-7 01 ADM-9 03OMM/ADM -2 04 INF-15 03 INF-33 03 INF-10 02 INF-8 03 INF-2		387.17 (e)	7CFR 273.12 (a)		

Section 2

I. Purpose

The purpose of this release is to introduce the revised (1/06) LDSS-3151: “Food Stamp Change Report Form” (copy attached). This **mandated** form is used by local districts to solicit information from Food Stamp benefits recipients on changes in household circumstances.

The primary reason for this revision is to update the change reporting requirements for Food Stamp Benefits households who are subject to change reporting (non-six-month reporting households). The requirement has been modified to allow non-six-month reporting households to report the changes within ten (10) days after the calendar month in which the change occurred.

II. Forms Revisions

The following are the changes to the 2/04 “Food Stamp Change Report Form” which are incorporated into the 1/06 version:

A. **General** - The revision date was changed on every page to 1/06.

B. Page 1

1. The reference to “five months” in question #3 on Page 1 **was changed** to “three months.”
2. The instruction, if you answer “Yes” to question #4 on Page 1, **was changed** to read:
YES – Go to “Six-Month Reporting” on page 2 (Skip questions 5 through 8)
3. The reference to “disabled” in question #5 on Page 1 **was changed** to read:
“permanently disabled”

C. Page 2

1. The first sentence in Section 3 on Page 2 **was changed** to read:
If anyone in your food stamp household is an Able-Bodied Adult Without Dependents (“ABAWD”), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.
2. The introductory statement under “**CHANGE REPORTING RULES**” in Section 3 on Page 2 **was changed** to read:
As a food stamp household under the “Change Reporting” rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:
3. The 9th bullet under the “**CHANGE REPORTING RULES**” on Page 2 **was changed** to read:
Increases in your household’s **cash, stocks, bonds, money in the bank or savings institution** if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3000 for a household **with** an elderly or permanently disabled household member.

4. The 10th bullet under the “**CHANGE REPORTING RULES**” on Page 2 was changed to read:

If anyone in your food stamp household is an **Able-Bodied Adult Without Dependents** (“ABAWD”), you **MUST** tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

III. Forms Ordering Information:

- Supplies of the 1/06 version of the LDSS-3151 are expected to be delivered to the Upstate (Albany) and the HRA (New York City) warehouses in early May 2006. All existing copies of the old (2/04) versions of the LDSS-3151 must be destroyed upon receipt of the revised, 1/06 versions.

Local districts will automatically receive supplies of the English 1/06 version. The “Other than English” versions of the LDSS-3151 will follow. When the Spanish version (LDSS-3151-SP) is printed, only NYC will automatically receive supplies. Other districts must order the LDSS-3151-SP using the procedure described below.

- Any requests for printed copies of the 1/06 versions of the LDSS-3151 and LDSS-3151-SP should be submitted on OTDA-876 “Request For Forms or Publications,” and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- Documents also may be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.ny.net/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page to Bureau of Management Services section (this section contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@otda.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://sdssnet5/otda/ldss_eforms.

Issued By _____

Name: **Russell Sykes**
Title: **Deputy Commissioner**
Division/Office: **Division of Employment and Transitional Supports**

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOOD STAMP CHANGE REPORT FORM*(Please Print Clearly)*

CASE NUMBER

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES
ACCORDING TO THE RULES LISTED BELOW.**

DATE: _____

TO: _____
ADDRESS: _____

COMPLETE THIS FORM AND MAIL TO:

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

YOUR RESPONSIBILITY TO REPORT CHANGES

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of food stamp benefits and collect the amount of the overpayment from you.

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your food stamp household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A "SIX-MONTH REPORTER" OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIX-MONTH REPORTER" OR A "CHANGE REPORTER".

1. Do you receive transitional food stamp benefits (TBA)?	<input type="checkbox"/> YES – Go To "TBA" on page 3 (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To "NYSNIP" on page 3 (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for food stamp benefits for three months or less at a time?	<input type="checkbox"/> YES –Go To "Change Reporting" on page 2 (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your food stamp benefit amount?	<input type="checkbox"/> YES –Go To "Six-Month Reporting" on page 2 (Skip questions 5 through 8)	<input type="checkbox"/> NO – Go To Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> YES –Go To "Change Reporting" on page 2 (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)?	<input type="checkbox"/> YES –Go To "Change Reporting" on page 2 (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> Go To "Six-Month Reporting" on the top of page 2	

SIX-MONTH REPORTING RULES: As a food stamp household under the “Six-Month Reporting” rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household’s gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for food stamp benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household’s certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a report form that you **MUST** return within ten days after you receive the form. If your household has any of the changes listed below, you **MUST** report them on the report form that is sent to you at the six-month checkpoint.

List of Changes you must report at the six-month checkpoint:

- Changes in any **source of income** for anyone in your household
- Changes in your household’s total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household’s total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household’s total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your food stamp household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household’s **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 (more than \$3000 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6

3. **If anyone in your food stamp household is an Able-Bodied Adult Without Dependents (“ABAWD”), you MUST** tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

CHANGE REPORTING RULES:

As a food stamp household under the “Change Reporting” rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household’s total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household’s total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household’s total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your food stamp household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household’s **cash, stocks, bonds, money in the bank or savings institution** if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3000 for a household **with** an elderly or permanently disabled household member.
- If anyone in your food stamp household is an **Able-Bodied Adult Without Dependents (“ABAWD”),** you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6

TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional food stamp benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive food stamp benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your food stamp case.

NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more food stamp benefits. You may also report your new address if you move, so that you can continue to receive any notices we send to you.

Medical Expenses: You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- | | |
|--|---|
| - 60 years old or older | - getting veterans' disability benefits |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI) | - getting Railroad Retirement disability benefits |
| - getting Social Security Disability payments | - getting disability-based medical assistance |

If you report and verify an increase in your medical expenses, you may be eligible for more food stamp benefits. Changes in medical expenses must be reported at your next recertification.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to the Food Stamp program. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more food stamp benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of food stamp benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1.

If you no longer want to receive food stamp benefits, sign here to withdraw from participation in the Food Stamp program. Your food stamp benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for food stamp benefits by requesting a Fair Hearing within 90 days. You may re-apply for food stamp benefits at any time after your withdrawal.

X _____

IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA FOOD STAMP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING" ON PAGE 6).

Use the Form Below to Report Changes

CHANGE IN INCOME OR SOURCE OF INCOME – If you are a Six-Month Reporter, your reporting rules are explained beginning on Page 2. If you are a Change Reporter, your reporting rules are also explained on Page 2.

NAME OF PERSON RECEIVING INCOME	SOURCE OF INCOME	NEW AMOUNT	HOW OFTEN RECEIVED
1.		\$	
2.		\$	
3.		\$	

CHANGE IN HOUSEHOLD - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.

NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE
1.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
2.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
3.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
4.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	

CHANGE OF ADDRESS

NEW MAILING ADDRESS	CITY	STATE	ZIP CODE
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)			TELEPHONE NUMBER WHERE YOU CAN BE REACHED () AREA CODE

CHANGE IN HOUSING COSTS - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.

Are you a roomer or boarder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
RENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
Do you pay rent ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Do you pay for the following separate from your rent ?	YES	NO			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>			
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>			
MORTGAGE PAYMENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
Do you have a mortgage payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Do you pay for the following separate from your mortgage :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>			
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>			
Are you living in section 8 or other subsidized housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHANGE IN NUMBER OF CARS OR VEHICLES - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

CHANGE IN SAVINGS - List the **total** amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have **increased** to more than \$2,000 (more than \$3,000 if anyone in your household is 60 years old or older or been determined to be disabled). \$

CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID - Have your child care or dependent care costs changed? If so, you may be eligible for more Food Stamp benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.) – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more food stamp benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH? YES NO

If "NO" explain:

CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR FOOD STAMP HOUSEHOLD NO CHANGES

CHANGE OF BENEFITS

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

FOOD STAMP BENEFITS (FS) PENALTY WARNING

Any information you provide in connection with your application for Food Stamp Benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are:

- Found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for FS; **or**
- Found guilty in a court of law of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your:

- First IPV, you will not be able to get FS for one year.
- Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; **or**
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of food stamp benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra food stamp benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signatory authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE

DATE

X