

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

40 NORTH PEARL STREET ALBANY, NY 12243-0001

David A. Paterson *Governor*

Informational Letter

Section 1

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Transmittal:	09-INF-21									
To:	Local District Commissioners									
Issuing	Center for Employment and Economic Supports									
Division/Office:	1 7									
Date:	November 9, 2009									
Subject:	Revision to LDSS-4887 Mail-in Recert/Eligibility Questionnaire									
Suggested	Employment Coordinators									
Distribution:	Temporary Assistance Staff									
	Food Stamp Benefits Staff									
	WMS Coordinators									
	Staff Development Coordinators									
Contact	Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991									
Person(s):	Policy Questions: Greg Nolan @ 1-800-343-8859, ext. 4-9101									
Attachments:	Attachment A- Revised LDSS-4887 Mail-in Recert/Eligibility Questionnaire									
Attachment Avail Line:	Attachment Available On –									

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.	
06 ADM-10		351.21(c)	Legal Rei.			

Section 2

I. Purpose

The purpose of this release is to inform local districts of a revision to the LDSS-4887 "Mail-in Recert/ Eligibility Questionnaire".

II. Background

Under OTDA regulation 18 NYCRR 351.21 (c), districts may use a mail-in recertification form as a substitute for one of the Temporary Assistance (TA) face-to-face recertifications for certain TA cases upon Office of Temporary and Disability Assistance (OTDA) approval. While TA cases with earned income are excluded from the TA mail-in recertification process, some TA cases that start employment during a certification period may receive one mail-in recertification form before being returned to a face-to-face recertification schedule by the district.

06 ADM-10 introduced the district optional model LDSS-4887 "Mail-in Recert/Eligibility Questionnaire" form. Districts may use this form or an approved alternative in the mail-in recertification process.

This model mail-in recert form is now being amended to address a program concern. Previously, the mail-in recert form only requested verification of earned income if it had changed since last reported. Now, the mail-in recert form will request verification of any earned income that a TA recipient has. This is necessary to accommodate those few cases that may have earned income to report through the TA mail-in recertification process.

III. Program Implications

Rest of State

The following changes have been made to the LDSS-4887 "Mail-in Recert /Eligibility Questionnaire":

- Revision dates have been changed to 7/09.
- The second bullet on the cover page of the form has the following sentence added:

"In addition, if you or a family member has a job (earned income) you must submit your last four pay-stubs even if your wages have not changed."

It is anticipated that this change will have little operational impact but may result in more accurate reporting of earned income.

New York City

There are no program implications for New York City (NYC). The LDSS-4887 is an upstate form. While New York City possesses OTDA approved procedures for using a mail-in recertification form, the mail-in form and approved procedures are distinct for New York City. Changes to NYC forms will be made as necessary to support specific OTDA approved procedures for NYC.

IV. Forms Ordering Information

• The revised English version of the LDSS-4887: "Mail-In Recert/Eligibility Questionnaire" and the LDSS-4887-SP (Spanish) versions are State printed.

- The above-referenced documents have also been posted on the OTDA Intranet website at
 http://otda.state.nyenet/ldss_eforms/default.htm and are available for downloading by local districts
 for reproduction locally.
- Upon the release of this INF, all previous versions of the "Mail-In Recert/Eligibility Questionnaire" must immediately be destroyed and replaced with the revised 7/09 version.
- Any future written requests for master camera ready copies of the English and Spanish versions of the documents, 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 PO Box 1990 Albany, NY 12201

- Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.
- Master camera ready copies of the documents may also be ordered through Outlook. To order a
 master camera ready copy you must obtain an OTDA-876 electronically by going to the OTDA
 Intranet Website at http://otda.state.nyenet/ then to Division of Operations and Program Support page,
 then to PSQI E-forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

Issued By

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports

Dist Cd:	Ofc	<u> </u>	Unit:	Worker:		Case Name:			Cas	e #:
MAIL-IN RECERT/ELIGIBILITY QUESTIONNAIRE										
To determine	To determine your continued eligibility for Temporary Assistance (TA) and Food Stamps (FS) you must complete this form, RETURN DATE									RN DATE
sign, date it and return it to us at the address on the first page of the notice by:										
 For TA this form is considered a mail-in recertification form. For FS it is an Eligibility Questionnaire. You must enclose copies of letters or documents that verify the changes you report. In addition, if you or a family member have a job (earned income) you must submit your last four pay-stubs even if your wages have not changed. Failure to return the form or returning it without the required verification may result in the closing of your case or reduction of benefits. 										
1. Do you still need: Temporary Assistance? Yes \square No \square Food Stamps? Yes \square No \square Medical Assistance? Yes \square No \square										
2. Did anyone move into or out of your household since the last time you reported the number of persons in your household (including births)? If yes, provide the information requested below. If they want to apply for assistance an application must be filed. If you are reporting a newborn enclose a copy of a birth certificate for verification.										
SOCIAL SE	CURITY #		NAME	RELATI	ONSHIP TO	YOU	MOVED IN	MOVED OL	T DATE	
3. Other than Temporary Assistance, did you or anyone in your household, have a change in income? Has anyone begun receiving any new or increased income or lost income from any of the following sources since the last time you reported your income? If you check "YES", indicate the amount you receive and whether this amount is new, more or less. If this amount has changed enclose photocopies to verify your last four weeks of pay, or other proof of how much you receive.										
SOURCE OF	INCOME				YES	NO	AMOUNT	NEW	MORE	LESS
A. Contribu	tions						\$			
B. Employi		number of ho	ours working per week _				\$			
C. Unempl				 -			\$			
D. Supplen	nental Secur	ity Income (SSI)				\$			
E. Child Su	pport (Includ	ing Court O	rdered Payments)				\$			
F. Veterans	Or Other M	ilitary Benef	its				\$			
G. Other inc	come						\$			
4. Have there	been any ch	anges in the	e following since you las	st reported to	us:	l				1
YES NO										
	A. Rent cost: Increase ☐ Decrease ☐ New Amount \$ (Enclose rent receipt copy if your rent changed) B. Someone is now pregnant or disabled. Name: (Enclose copy of Medical Proof)									
			ples: motor vehicle, bar			(Efficiose copy of	- Wedical F1001)		
		•	•		•		nloin.			
	D. Other	changes (ir	ncluding hours employe	u or in work a	activities), ple	ease ex	piain:			
SIGNATURE	SECTION									
I swear (or) af	firm that the	information	I have provided on this	form is true a	and correct.					
Sign here: X Date:										
Husband/Wife	Husband/Wife or Authorized Representative Signature: X Date:									

<u>WARNING</u>: Federal and State law provides for penalties of fine, imprisonment or both if you do not tell the truth or if you conceal or fail to disclose facts regarding your continuing eligibility for assistance. Regulations require that you immediately notify this agency of any changes in needs, income, resources, living arrangements or address.

MAIL-IN RECERT/ELIGIBILITY QUESTIONNAIRE

FOOD STAMPS

In order to determine if you can still get food stamps, you must complete this eligibility questionnaire and return it by the date on the front of this questionnaire. If you do not complete and return the eligibility questionnaire by the due date, your food stamp benefits will be reduced or stopped. We will send you another notice if this happens. This decision is based on Regulation 18 NYCRR 387.17.

List of changes you must report for Food Stamps at this time:

- 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.

<u>MEDICAL ASSISTANCE -</u> You must immediately report any changes in your address, income, resources or household size to this agency. You will be notified if your Medical Assistance coverage changes.

Authorization For Reimbursement of Public Assistance Benefits From SSI Retroactive Payment

I authorize the Commissioner of the Social Security Administration (SSA) to send to the local social services district the amount due to me at the time of my first payment of (1) retroactive Supplemental Security Income (SSI) benefits that I may receive upon an application for SSI or (2) retroactive SSI benefits I may receive if my SSI benefits are terminated or suspended and are later reinstated.

I understand that the local social services district may take from my retroactive SSI payment the amount of Public Assistance (except assistance paid wholly or partly with federal funds) that it paid to me during the period that begins (1) with the first day I became eligible for payment of SSI or (2) the first day to which SSI benefits were reinstated after a period of suspension or termination and ends with the month that SSI payments actually began (or the following month if the local social services district cannot stop delivery of my last public assistance payment during the month that SSI payments resume).

After taking this money from my SSI check(s), the local social services district will pay me the balance; if there is any, no later than 10 working days from the date it receives my SSI payment. I also understand that if the district takes more money than I believe was paid to me as Public Assistance; I will be given an opportunity for a hearing.

I understand that:

- the SSA may treat the date that I submit this signed authorization to the local social services district as the date I first become eligible for SSI if I submit an application for initial SSI benefits within the next 60 days.
- this authorization will apply to any SSI application or appeal which is presently pending before the SSA with respect to me and to any SSI application I make or appeal I request with respect to the period ending one year after I sign this agreement. It will not have any effect on cases that have been completely decided or if the SSA has already made an initial payment of SSI either on my application or after a period of suspension or termination or if the State and I have mutually agreed to terminate the authorization.

This authorization will terminate one (1) year after it is received by the local social services district and will not have any effect upon new SSI applications made after that date.

LIFELINE - For applicants/recipients of Temporary Assistance and/or Food Stamp Benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do *not* want this information released, check this box \Box .

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service. Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Able Bodied Adult Without Dependents (ABAWDs) - If anyone in your food stamp household is an Able Bodied Adult Without Dependents ("ABAWD"), you must report when the individual's, who is an ABAWD, monthly participation in employment or other work activities falls below 80 hours.

NOTE: The last part of this form is an application to register to vote. If you would like help filling out the voter registration application form, ask your TA examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency. Return this form to the agency whether it has been completed or not.

New York

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本

"If you are not registered to vote whe you like to apply to register here toda YES (If you check yes, please complete VOTER REGISTRATION APPLICA NO because I choose not to regard I am already registered at my of I asked for and received a mail If you do not check any box, you	ny?" CTION at bottom of page) gister OR current address OR I registration form. will be considered to
have decided not to register t	o vote at this time.
(Signature)	(Date)
(Please Print Name)	

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

IMPORTANT!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

New York State Board of Elections, 40 Steuben Street, Albany, New York 12207-2109 Telephone: 1-800-469-6872; TDD/TTY users contact the New York State Relay at 711; or visit our web site - www.elections.state.ny.us

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

REGISTRATION FORM

		ER REC	J IST	RATIC	Ν	APPLICATI	$\overline{\mathbf{O}}$	N (instruc	tions on back)	NVRA-05 (01/07)		
	Yes, I need an application for	an Absentee E	Ballot	Please p	orint	or type in blue or bla	ack	ink Y	es, I would like to be an	Election Day worker		
1	Are you a U. S. citizen? Yes No D If you answered NO, do not complete this form.			Will you be 18 years old on or before election day? Yes No f you answered NO, do not complete this form unless you will be 18 by the end of the year.			Ĭ	For Board use only!				
3	Last Name		Middle Initial Suffix			Suffix						
4	Address where you live (do not give P.O. address)					City/To	own/	Village	Zip Code	County		
5	Address where you get your mai	l (if different fr	om abov	e) P.O.	. Box	, star route, etc.		Post	Office	Zip Code		
6	Date of Birth	7 Sex (ci	rcle)		e Tel.	Number (optional)		☐ New Yor	Number - Check the applicable box and provide your num New York DMV number			
1	The last year you voted	9 Last four					☐ Last four	have a New York DMV nudigits of your ecurity Number	mber, please provide:			
	In county/state	Under the Na	er the Name (if different from your name now)					☐ I do not	have a New York Driver	s license number or a		
1	□ REPUBLICAN PARTY □ INDEPENDENCE PARTY in a p election must			to vote nary , you enrolled f these erse	12	 I meet all requirement This is my signature	the the ents	nited States county, city or to register to v mark on the li is true. I unde or jailed for up	erstand that if it is not true I			

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

TO COMPLETE THIS FORM:

- Box 1: Must be completed. If you answer NO, do not complete this form.
- Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.
- Box 4: Give your home address.
- Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.).
- Box 8: The completion of this box is optional.

- Box 9: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.
- Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".
- Box 11: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only. (*Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.)
- Box 12: This application must be signed and dated in ink.