



**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

Transmittal:	10-INF-03
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	April 19, 2010
Subject:	Revised LDSS-3938 (NYC): "Food Stamp Application Expedited Processing Summary Sheet" and LDSS-4921: "Working Families Food Stamp Initiative Screening Sheet"
Suggested Distribution:	Food Stamp Benefits Staff Temporary Assistance Staff MA Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Policy Questions: FS Bureau @ 1-800-343-8859, ext. 3-1469 Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991
Attachments:	Attachment 1-LDSS-3938 (NYC) Food Stamp Application Expedited Processing Summary Sheet Attachment 2 -LDSS-4921"Working Families Food Stamp Initiative Screening Sheet"
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.
07 ADM 10					GIS 09TA/DC015 GIS09TA/WMS 018

Section 2

I. Purpose

This purpose of this release is to notify districts that the following forms have been modified with the increase in Federal Minimum Wage effective 7/24/09.

LDSS – 3938 (NYC) (Rev. 7/09): “Food Stamps Application Expedited Processing Summary Sheet.”

LDSS – 4921 (Rev. 7/09): “Working Families Food Stamp Initiative Screening Sheet.”

II. Background

As of January 1, 2008, local districts began screening all applications for Non-Temporary Assistance Food Stamp (NTA-FS) benefits using the LDSS-4921 Working Families Food Stamp Initiative Screening Sheet (or approved local equivalent). In New York City, the LDSS 3938 (NYC) is used to screen for the WFFSI criteria.

III. Program Implications

The above mentioned screening forms were modified to incorporate the increase in the Federal Minimum Wage. Local districts and NYC must begin using the revised forms effective 7/24/09 for all NTA FS applications received on and after this date.

IV. Forms Ordering Information

- The revised English version of the LDSS-3938 (NYC): “*Food Stamp Application Expedited Processing Summary Sheet*” is used only in New York City and may not be ordered by local districts. The LDSS-4921: “*Working Families Food Stamp Initiative Screening Sheet*” are State printed and are available to local districts for ordering.
- 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 “*Food Stamp Application Expedited Processing Summary Sheet*” and the “*Working Families Food Stamp Initiative Screening Sheet*” **must immediately be destroyed** and replaced with the revised 7/09 versions.
- Any future written requests for master camera ready copies of the English versions, 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

FOOD STAMP APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

CASE NAME	CASE NUMBER	SCREENED BY	DATE APPLICATION FILED	MONTH	DAY	YEAR
			DATE OF SCREENING	MONTH	DAY	YEAR

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing, using the front of this form, on the day of application.
2. State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five (on reverse) within five calendar days of application.
3. If Full Eligibility Interview determines Household eligible for Food Stamp Benefits:
 - Make benefits available to client within five calendar days after the date of application.
 - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within five calendar days after the application date.
 - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.
 - Determine if Household qualifies for Working Families Food Stamp Initiative (WFFSI).

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING FOOD STAMP BENEFITS THIS MONTH?
NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

YES IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.

NO IF NO, CONTINUE WITH PART TWO.

PART TWO – CHECK YES OR NO

** In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

SECTION A

CHECK YES OR NO

DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, **AND**

HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?

YES IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.

NO IF NO, CONTINUE WITH SECTION B.

SECTION B

ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?

Rent/Mortgage: \$ _____ Income: \$ _____

*Heat/AC: _____ Resources: _____

*Utilities: _____

*Telephone: _____

Total Expenses: \$ _____ Totals: _____

YES IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.

NO IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING UNLESS QUALIFIED UNDER PART THREE. GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR.

* Use HT/AC Standard Utility Allowance (SUA) if household incurs costs, received HEAP this year, or anticipates receipt of HEAP.

PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES?
 AND

YES **NO**

IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:
 (1) WAS TERMINATED BEFORE APPLICATION?

YES **NO CONTINUE WITH B2.**

OR

(2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION?

YES **NO**

IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING, IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION.

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE

QUALIFIED FOR EXPEDITED APPLICATION PROCESSING. **CONDUCT A FULL ELIGIBILITY INTERVIEW AND COMPLETE PART FIVE**– VERIFICATION, DISPOSITION AND DATE OF INTERVIEW (ON REVERSE).

NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.

NOTES:

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C

VERIFICATION - CHECK YES OR NO

SECTION A	<p>1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.</p> <p>2. HAS HOUSEHOLD RECEIVED EXPEDITED PROCESSING OF FOOD STAMP BENEFITS IN THE PAST?</p> <p>3. IF YES TO QUESTION 2, HAS ALL PREVIOUSLY PENDED VERIFICATION ALREADY BEEN SUBMITTED, OR HAS THE HOUSEHOLD BEEN CERTIFIED FOR ONGOING FOOD STAMP BENEFITS UNDER NORMAL PROCESSING (NO PENDED VERIFICATION), SINCE THE LAST EXPEDITED PROCESSING?</p>	<p><input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET. GO TO QUESTION 2.</p> <p><input type="checkbox"/> YES GO TO QUESTION 3.</p> <p><input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p>	<p><input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED. GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p> <p><input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____</p>
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SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:	
	<i>PLEASE COMPLETE FOR NON-CA FS HOUSEHOLDS ONLY</i>		
	<p>1. IS ANY <u>ADULT</u>* (18 YEARS OF AGE OR OLDER) MEMBER OF YOUR HOUSEHOLD EITHER WORKING 30 OR MORE HOURS PER WEEK <u>OR</u> EARNING \$217.50 OR MORE PER WEEK?</p> <p style="text-align: center;">OR</p> <p>2. ARE ANY TWO (2) <u>ADULT</u>* MEMBERS OF YOUR HOUSEHOLD <u>EACH</u> EITHER WORKING 20 OR MORE HOURS PER WEEK <u>OR</u> EARNING \$145 OR MORE PER WEEK?</p> <p><small>* (Also Minor Heads of FS Household)</small></p>	<p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p> <p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p>	<p><input type="checkbox"/> NO IF NO GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFFSI.</p>

AGENCY DISPOSITION OF FOOD STAMP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES

SECTION C	<p><input type="checkbox"/> ELIGIBLE</p> <p><input type="checkbox"/> ELIGIBLE (Applied on or before 15th of month; zero benefit due to proration)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full second month's benefit)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus second month's benefit)</p> <p><input type="checkbox"/> INELIGIBLE: Indicate reason :</p> <p style="margin-left: 20px;"><input type="checkbox"/> HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE)</p> <p style="margin-left: 20px;"><input type="checkbox"/> HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE)</p> <p>Other Denial Reason/Comments _____ _____</p>
	<div style="width:50%;">DATE OF FINAL DISPOSITION ON FOOD STAMP BENEFIT ELIGIBILITY:</div> <div style="width:50%;">WORKER NAME:</div>

WORKING FAMILIES FOOD STAMP INITIATIVE SCREENING SHEET

Answer the following 2 Questions below.

Answering “**YES**” to either of the questions below identifies the applicant household as presumptively qualifying for the Working Families Food Stamp Initiative. **No additional verification is necessary beyond the information on a signed application to establish presumptive eligibility.**

Presumptively qualifying for the Working Families Food Stamp Initiative does not mean that a household is eligible for Food Stamp Benefits.

QUESTION 1

Is any **adult** (18 years of age or older) member of your household either working **30 or more** hours per week or earning **\$217.50 or more** per week?

YES _____ **NO** _____

(If you answered “YES” to QUESTION 1, then you do not have to answer QUESTION 2.)

QUESTION 2

Are any **two (2) adult** members of your household **each** either working **20 or more** hours per week or earning **\$145.00 or more** per week?

YES _____ **NO** _____

FOR LOCAL DISTRICT WORKERS ONLY

Case Name:	Case Number:	Date App Filed:		
Screened By:				Date Screened:
	Eligibility Interview:	By Telephone	In-Person	Other
<input type="checkbox"/> Qualified for WFFSI				
<input type="checkbox"/> <u>Not</u> Qualified for WFFSI				