



**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**

<b>Transmittal:</b>	10-INF-11
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Center for Employment and Economic Supports
<b>Date:</b>	July 1, 2010
<b>Subject:</b>	Revised LDSS-3087: “Application/Recertification Guide Dog Food Program”
<b>Suggested Distribution:</b>	Food Stamp Benefits Staff Temporary Assistance Staff MA Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Policy Questions: Temporary Assistance Bureau @ 518-474-9344 or 1-800-343-8859, ext. 4-9344 Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991
<b>Attachments:</b>	<a href="#">Attachment 1: LDSS-3087</a>
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

**Filing References**

<b>Previous ADMs/INFs</b>	<b>Releases Cancelled</b>	<b>Dept. Regs.</b>	<b>Soc. Serv. Law &amp; Other Legal Ref.</b>	<b>Manual Ref.</b>	<b>Misc. Ref.</b>
01 INF-1	01 INF-1	397.10	SSL 303-a	TASB: Chapter 23, Section A	

## Section 2

### I. Purpose

The purpose of this informational letter (INF) is to inform local districts that the following form has been revised: LDSS-3087 Application/Recertification Guide Dog Food Program

### II. Program Implications

Grants of Assistance for Guide Dogs (GAGD) are provided to eligible blind, hearing impaired or disabled persons who maintain guide/service dogs and meet eligibility criteria. Eligibility is determined based on information contained in the LDSS-3087: Application/Recertification Guide Dog Food Program form. The LDSS-3087: Application/Recertification Guide Dog Food Program form is also used for the six-month recertification that is mandated by the program.

The LDSS-3087: Application/Recertification Guide Dog Food Program form must be accompanied by the LDSS-3097: Cover Letter. Local districts should use the language from the LDSS-3097: Cover Letter with their agency letterhead to create district specific cover letters.

Revisions to the LDSS-3087: “Application/Recertification Guide Dog Food Program” form:

- A. The revision date was changed to 6/10
- B. For residents of NYC, the address where the completed Application/Recertification is sent was changed to: Office of Program Support, Guide Dog Food Program Coordinator, 180 Water Street, 19<sup>th</sup> Floor, New York, NY 10038
- C. The toll free number to call for assistance regarding the Guide Dog Food Program at the top of the page was changed to: 1 (800) 342-3009

### III. Forms Ordering Information

- The revised English version of the LDSS-3087: “*Application/Recertification Guide Dog Food Program*” is **not** State printed but is available to local districts in PDF format or as master camera ready copy. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above referenced document has also been posted on the OTDA Intranet website at [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm) and is available for local district download and reproduction.
- Upon the release of this INF all previous versions of the “*Application/Recertification Guide Dog Food Program*” **must immediately be destroyed** and replaced with the revised 6/10 version.
- Any future written requests for master camera ready copies of the English version of the document, 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 first obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to the Division of Operations and Program Support page, and lastly to the 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](mailto: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](http://otda.state.nyenet/ldss_eforms/default.htm) .

**Issued By**

**Name: Russell Sykes**

**Title: Deputy Commissioner**

**Division/Office: Center for Employment and Economic Supports**

## APPLICATION/RECERTIFICATION GUIDE DOG FOOD PROGRAM

Directions:

1. PLEASE PRINT CLEARLY AND DO NOT WRITE IN THE SHADED AREAS.
2. BE SURE TO SIGN THE FORM.
3. RETURN THE FORM TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

The Local Department is listed in the White Pages of your telephone directory, alphabetically, under the name of your County. New York City residents should send application to: Office of Program Support, Attention: Guide Dog Food Program Coordinator, 180 Water Street, 19<sup>th</sup> Floor, New York, NY 10038. If you need assistance, contact your local Department of Social Services or the NYS Office of Temporary & Disability Assistance - Hotline toll-free at 1-800-342-3009.

CENTER/OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE <b>18</b>	CASE NUMBER	REGISTRY NUMBER	VERS.
CASE NAME					DISTRICT		NUMBER REUSE INDICATOR
NAME	(LAST)	(FIRST)	(M.I.)	SOCIAL SECURITY NUMBER			

**PLEASE LIST HERE ANY MAIDEN NAME OR OTHER NAME BY WHICH YOU ARE KNOWN**

ONC	NAME	(LAST)	(FIRST)	(M.I.)
ONC	NAME	(LAST)	(FIRST)	(M.I.)

DATE OF BIRTH:	(MONTH)	(DAY)	(YEAR)	SEX	(M/F)	:	CLIENT ID NUMBER
ADDRESS:	(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE):	PHONE NUMBER	

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**

(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)
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If you are a blind, deaf or disabled Supplemental Security Income (SSI) recipient, you may be entitled to a \$35 monthly food grant for your guide dog. To be eligible you must reside in New York State, have no earned income, and not be self-employed or work for salary or wages. Grant eligibility will be based on your answers to the following:

	YES	NO
1. Are you a resident of New York State?		
2. Are you blind?		
3. Are you deaf?		
4. Are you disabled?		
5. Are you a recipient of Supplemental Security Income (SSI)?		
6. Do you have any earned income, wages or salary from a job or self-employment?		
7. Do you maintain a guide dog?		

**AFFIRMATION:** I swear (affirm) that the information I have given is correct and I consent to an investigation made by the Department of Social Services with regard to this application. Furthermore, I agree to notify the Department of Social Services of any of the following status changes: Loss of Dog; Termination of SSI Benefits; Change of Address; or Returning to Employment.

SIGNATURE OF APPLICANT (IF APPLICANT USES "X", HAVE WITNESS SIGN BELOW)	Date
SIGNATURE OF WITNESS	Date
ADDRESS OF WITNESS (STREET)	(CITY) (STATE) (ZIP CODE)

### DISPOSITION

<input type="checkbox"/> OPENING	<input type="checkbox"/> DENIAL	<input type="checkbox"/> RECERTIFICATION	REASON CODE	EFFECTIVE DATE
<input type="checkbox"/> REOPENING	<input type="checkbox"/> WITHDRAWAL	<i>NOTE: For Recertification, Use Transaction Type 05 - Change</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ELIGIBILITY DETERMINED BY (WORKER)	DATE	ELIGIBILITY APPROVED BY (SUPR.)	DATE	
SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION	DATE	EMPLOYED BY:		
		<input type="checkbox"/> PROVIDER AGENCY SPECIFY _____	<input type="checkbox"/> SOCIAL SERVICE DISTRICT	