Informational Letter

Section 1

Transmittal: 10-INF-11
To: Local District Commissioners
Issuing Division/Office: Center for Employment and Economic Supports
Date: July 1, 2010
Subject: Revised LDSS-3087: “Application/Recertification Guide Dog Food Program”

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: 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

Attachments: Attachment 1: LDSS-3087

Filing References

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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, 19th 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 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. 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
**APPLICATION/RECERTIFICATION**

**GUIDE DOG FOOD PROGRAM**

Directions:
1. **PLEASE PRINT CLEARLY AND DO NOT WRITE IN THE SHADADED 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, 19th 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.

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<th>UNIT ID</th>
<th>WORKER ID</th>
<th>CASE TYPE</th>
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**APPLICATION TO THE LOCAL DEPARTMENT OF SOCIAL SERVICES**

- **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.)

**DATE OF BIRTH**: (MONTH) (DAY) (YEAR)  

**SEX**: (M/F)  

**ADDRESS**: (STREET) (CITY) (COUNTY) (STATE) (ZIP CODE): PHONE NUMBER

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**: (STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

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:

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-employ?  
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)**

**SIGNATURE OF WITNESS**

**ADDRESS OF WITNESS**: (STREET) (CITY) (STATE) (ZIP CODE)

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**DISPOSITION**

- **OPENING**  
- **DENIAL**  
- **RECERTIFICATION**  
- **REOPENING**  
- **WITHDRAWAL**

**NOTE**: For Recertification, Use Transaction Type 05 - Change

**ELIGIBILITY DETERMINED BY (WORKER)**

**SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION**

**EMPLOYED BY:**

- **PROVIDER AGENCY**
- **SOCIAL SERVICE DISTRICT**