



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
 40 NORTH PEARL STREET
 ALBANY, NY 12243-0001
Andrew M. Cuomo
Governor

Informational Letter

Section 1

Transmittal:	11-INF-08
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	July 25, 2011
Subject:	Revisions to Manual Client Notices
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: TA Bureau - @ 1-800-343-8859, ext. 3-1469 FS Bureau - @ 1-800-343-8859, ext. 4-9344 Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991
Attachment Available On – Line:	<input checked="" type="checkbox"/> All forms are available on-line

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21 89 ADM-8 89 ADM-6 88 ADM-4 87 ADM-48 87 ADM-4 86 ADM-10 86 ADM-7 85 ADM-45 85 ADM-17		350.5, 351.22, 351.23, 355, 358-3.3, 360- 2.4, 2.5, 2.6.6.4, 7.5, 369.6, 387.14, 387.20, 505.14(b)(5)(SSL 22 SSL366-a	MARG pp. 378-387 TASB Section 8 A-J FSSB Sections 4.3.b; 5; 5.2; 5.3.h; 5.3.i; 5.6; 6.2; 6.5; 7.1;	GIS 89 MA-007 DCL 7/13/83 89 LCM-155 89 LCM-22

82 ADM-55 82 ADM-5 81 ADM-55 80 ADM-90 03 INF-41 03 INF-15 99 INF-05 92 INF-42 89 INF-28 88-INF-83		v), (viii), (x) 385.3, 385.14		7.1.e; 7.2; 7.2.b; 7.3; 7.4; 7.6; 7.7; 15.3; 15.1.c; 15.1.D; 15.1.e; 15.3; 15.4; 15.5; 15.1.c	
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Section 2

I. Purpose

The purpose of this release is to inform Local Districts of the revisions to the 41 manual client notices.

II. Background

The Office of Administrative Hearings issued a Procedures Transmittal (11-01) on March 21, 2011 informing districts of the following changes:

- ✓ To close the walk-in address at 330 West 34th Street, New York, NY
- ✓ To change the Internet address for on-line fair hearing filings to <http://www.otda.ny.gov/oah/forms.asp>

Below is the full list of the notices affected with these changes:

- LDSS-2114: “Continuing Your Public Assistance, Medical Assistance and/or Food Stamp Benefits”
- LDSS-2425: “Repayment of Interim Assistance Notice”
- LDSS-2425A: “Repayment of Interim Assistance Notice” (Camera Ready Only)
- LDSS-3152: “Action Taken on Your Food Stamp Case”
- LDSS-3152 NYC: “Action Taken on Your Food Stamp Case” (NYC)
- LDSS-3156: “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)”
- LDSS-3156 NYC: “Notice of Food Stamp Benefits Overpayment (Demand Letter) Timely and Adequate)” (NYC)
- LDSS-3620: “Notice of Intent to Change Food Stamp Benefits (Timely and Adequate)”
- LDSS-3620 NYC: “Notice of Intent to Change Food Stamp Benefits (Timely and Adequate)” (NYC)
- LDSS-3621: “Notice of Intent to Change Food Stamp Benefits (Adequate Only)”
- LDSS-3621 NYC: “Notice of Intent to Change Food Stamp Benefits (Adequate Only)” (NYC)
- LDSS-3969A: “Notice of Action on Your Application/Benefit for the Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services – Part A” (*Camera Ready Only*)

- LDSS-3969B: “Notice of Action on Your Application/Benefit for the Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services – Part B” **(Camera Ready Only)**
- LDSS-4002: “Action Taken on Your Request for Assistance to Meet an Immediate Need or Special Allowance”
- LDSS-4004: “Notice of Intent to Change Public Assistance and/or Food Stamp Benefits for Non-Compliance with Employment Related Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits” **(Web Posting Only)**
- LDSS-4005: “Notification of Temporary Assistance Work Requirements Determination” (Exempt)
- LDSS-4005 NYC: “Notification of Temporary Assistance Work Requirements Determination” (Exempt) (NYC)
- LDSS-4005A: “Notification of Temporary Assistance Work Requirements Determination” (Non-Exempt)
- LDSS-4005A NYC: “Notification of Temporary Assistance Work Requirements Determination” (Non-Exempt) (NYC)
- LDSS-4013A: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – Part A”
- LDSS-4013A NYC: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – Part A” (NYC)
- LDSS-4013B: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – Part B”
- LDSS-4013B NYC: “Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage – Part B” (NYC)
- LDSS-4014A: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part A”
- LDSS-4014A NYC: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part A” (NYC)
- LDSS-4014B: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part B”
- LDSS-4014B NYC: “Action Taken on Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part B” (NYC)
- LDSS-4015A: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part A” (Timely and Adequate)
- LDSS-4015A NYC: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part A” (Timely and Adequate) (NYC)
- LDSS-4015B: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part B” (Timely and Adequate)
- LDSS-4015B NYC: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part B” (Timely and Adequate) (NYC)
- LDSS-4016A: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part A” (Adequate Only)
- LDSS-4016A NYC: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part A” (Adequate Only) (NYC)
- LDSS-4016B: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part B” (Adequate Only)

- LDSS-4016B NYC: “Notice of Intent to Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services – Part B” (Adequate Only) (NYC)
- LDSS-4682: “Notification of Overpayment of PA to a Former Recipient and Demand for Repayment” (*Camera Ready Only*)
- LDSS-4682 NYC: “Notification of Overpayment of PA to a Former Recipient and Demand for Repayment” NYC (*Camera Ready Only*)
- LDSS-4799: “Intentional Program Violation (IPV) Disqualification Notice for the Food Stamp Benefits Program” (*Camera Ready Only*)
- LDSS-4799 NYC: “Intentional Program Violation (IPV) Disqualification Notice for the Food Stamp Benefits Program” (NYC) (*Camera Ready Only*)
- LDSS-4827: “Intentional Program Violation (IPV) Disqualification Notice for the Public Assistance Program” (*Camera Ready Only*)
- LDSS-4827 NYC: “Intentional Program Violation (IPV) Disqualification Notice for the Public Assistance Program” (NYC) (*Camera Ready Only*)

III. Forms Ordering Information

We expect that all of the above referenced Client Notices will be printed and delivered to the Albany warehouse by the end of July 2011.

Upon receipt of any of these notices, Document Services will immediately distribute supplies to the local districts.

When any of the 3/11 revised notices arrive, the previous versions must immediately be destroyed and replaced with the newly revised version.

Additionally, for local district staff, electronic PDF versions of all the notices referenced in this INF can be accessed on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm

Any future requests for printed copies of the revised English and Spanish notices or English or Spanish master copies, if that form is not printed, 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.

Documents may also 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.nyenet/> then under Program Areas, go to Division of Operations and Program Support page, then to OPS 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