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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 92 INF-43

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: October 7, 1992

SUBJECT: Revision of "Food Stamp Change Report Form"
 (DSS-3151) (Rev. 7/92)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 WMS Coordinators
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Call 1-800-342-3715 and ask for the following:

FS Questions - Your FS County Representative,
 extension 4-9225
 Forms Questions - Bob Gullie, extension 4-6501

ATTACHMENTS: DSS-3151 (Rev. 7/92): "Food Stamp Change Report
 Form" - not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
91 INF-27	91 INF-27			FSSB Section VI-B-1-all	

The purpose of this release is to introduce the revised (7/92) "Food Stamp Change Report Form" (DSS-3151). This form is used by local districts to solicit information from food stamp recipients on changes in household circumstances. Please note that the revised Spanish version of this form will be available at approximately the same time.

The primary reason for the revision is to reflect updated Standard Utility Allowance (SUA) policy.

Listed below is a detailed summary of the changes to the 5/91 version which were incorporated into the 7/92 version:

I. GENERAL

- A. The form was expanded to four pages.
- B. The following was added to each page:
 - 1. Form Number
 - 2. Page Number
 - 3. Revision date of 7/92

II. PAGE 1

- A. The statement, "YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES" was added below the title.
- B. The order of the first and second bullets was reversed.
- C. The word "licensed" was deleted from the sixth bullet since any new vehicle, licensed or unlicensed, should be reported.
- D. The phrase "(\$3,000 or more if one household member is 60 years old or older)" was added to the end of the seventh bullet to reflect a different resource limit for the elderly.
- E. The last bullet was reformatted into a list, and an additional household member status, "disability-based medical assistance" was added.
- F. The third paragraph was changed as follows to address the option of bringing this form to the agency instead of mailing it:

"If you have any changes to report ... mailed "or brought" to the agency listed above. If for some reason... mail "or bring" ... by calling us at _____."

III. PAGE 2

- A. Change in Income or Source of Income Changes
 - 1. The title was changed to "Change In Income or Source of Income".

2. A new sentence was added to the end of the instructions that reads:

"You must also tell us if there is a change in your source of income."
3. The "Total New Amount" column title was changed to "New Amount".
4. Three lines were deleted from this section and the remaining lines were numbered.

B. Change In Household

1. The instructions were changed to read:

List all new members to "your" household... Also list members who have "moved in or out or have died."
2. A "Relationship" to the recipient column was added.
3. The "Entered Household" and "Left Household" columns were combined into one column with check boxes for "Came Into Household" and "Left Household".
4. A "Date" column was added to reflect the date the number of household members changed.
5. The "Income Before Deductions" column title was changed to "Income Amount".
6. The "Disabled" column was deleted and replaced with a "Source" column, since disabled income is not the only new income that could become available to a household.
7. Two lines were deleted from this section and the remaining lines were numbered.

C. Change of Address and/or Change in Rent or Mortgage Payment

This section was split into the following two sections:

1. Change of Address - No changes.
2. Change in Housing Costs - This section was reformatted extensively, to better record changes in rent payments, mortgage payments and other housing costs.

D. Change in Number of Cars or Licensed Vehicles

1. This entire section was moved to Page 3 of the revised form.
2. The title was changed to "Change in Number of Cars or Vehicles".

3. The title sentence was changed to read:

"Has anyone in your household purchased, sold or traded a car... or other vehicle since the last time you told us about vehicles."

This was changed so that licensed and unlicensed vehicles would be reported.

4. Two lines in this section were deleted and the remaining lines were numbered.

IV. PAGE 3

A. Change in Savings

1. This section is now located under the "Change In Number of Cars or Vehicles" section on Page 3 of the revised form.
2. The instructions were reformatted into two sentences, and the phrase "(\$3,000 or more if one household member is 60 years old or older)" was added to the second sentence.

B. Change in Utilities or Dependent Care Costs For a Child or Adult

1. The title of this section was changed to "Change in Child Care or Other Dependent Care Costs".

This was done because it was decided that any changes in "Utility Costs" would be more appropriately reflected in the new "Change in Housing Costs" section of the revised form, and that this section should be limited only to changes in "Dependent Care Costs".

2. The Heading Question was changed to read:

"Have your child care or dependent care costs changed? If so, you may be eligible for more food stamps."

3. New columns were added to reflect the type of change in dependent care costs and for whom and to whom the new dependent care costs are paid.
4. One line in this section was deleted and the remaining lines were numbered.

C. Change in Medical Costs

1. The Instructions for this section were reformatted, and an additional household member status "getting disability-based medical assistance" was added.
2. The "Household Member" column title was changed to "Name".

3. The lines in this section were numbered.
- D. The Instruction "BE SURE TO READ AND SIGN PAGE 4" was added to the bottom of the revised Page 3.
- E. Legal Information
 1. All the Legal Information that was on Page 3 was moved to Page 4 of the revised form.
 2. The line around the Signature box was bolded.

Delivery of the revised DSS-3151 and DSS-3151S to the Albany Warehouse is expected in October, 1992. Your district will not automatically receive copies.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 5/91 supplies until your stocks are depleted, or until December 1992, whichever occurs first. Reorders of these forms will be filled with 7/92 versions.

Requests for supplies of these revised forms are to be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form," and should be sent to:

New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12201

Attention: Office of Systems Development (OSD)

Questions concerning ordering forms should be directed to OSD by calling 1-800-342-3715, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance