INFORMATIONAL LETTER TRANSMITTAL: 94 INF-4 DIVISION: Economic Security

TO: Commissioners of

Social Services

DATE: January 12, 1994

Revision of Food Stamp Application for SSI Recipients SUBJECT:

and Group Living Residents (DSS-3035) and (DSS-3035

NYC) (Rev. 9/93)

SUGGESTED

DISTRIBUTION: Food Stamp Staff

Staff Development Coordinators

Forms Coordinators

CONTACT PERSON: Maria Eckhardt

1-518-474-6501

ATTACHMENTS: Attachment I - "Food Stamp Application for SSI

Recipients and Group Living Residents" (DSS-3035) - not

available on-line

Attachment II - "Food Stamp Application for SSI

Recipients and Group Living Residents" (DSS-3035 NYC) - not

available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled 	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 INF-6 91 INF-54	 93 INF-6 			 <u>FSSB</u> IV-E-1-2 IV-F	
				V-E-5.1 	

DSS-329EL (Rev. 9/89)

The purpose of this release is to introduce the revised (9/93) versions of the following two forms (copies attached):

o DSS-3035: Food Stamp Application For SSI Recipients And Group Living Residents" (Upstate version)

o DSS-3035 NYC: Food Stamp Application For SSI Recipients And Group Living Residents" (NYC version)

SSI recipients living alone or with their spouse may be certified and recertified by mail using the DSS-3035/DSS-3035 NYC. In addition, residents of group living arrangements may be recertified by mail using these forms.

Listed below is a summary of the changes to the DSS-3035 and DSS-3035 NYC that were incorporated into these 9/93 revisions.

I. The Revision Date was changed to "9/93" on all pages.

II. Page One

- A. In the directions at the top, a Spanish statement indicating that this form is available in Spanish was added.
- B. At the bottom, in the first question, "alcoholic treatment center" was changed to "alcohol treatment center".

III. Page Five

- A. "Food Stamp Penalty Warning" section
 - 1. The penalties of "\$10,000" and "5 years" were changed to "\$250,000" and "20 years" to reflect changes in Federal Food Stamp policy.
 - 2. The words "identification/benefits cards" were replaced with "Common Benefit Identification Cards". (On the DSS-3035 NYC, The words "identification/benefits cards" were replaced with "Benefit Cards".
- B. The "Pick Up Your Food Stamps During The Period Of Intended Use" section was deleted, since this information is now contained in the "Your Responsibilities" section of the Client Information Book DSS-4148A: "What You Should Know About Your Rights And Responsibilities (When Applying For Or Receiving Social Services)".
- C. The "Witness Signature" line was changed to:

Signature of Witness if Applicant signed with an X______

IV. Page Seven (DSS-3035 only)

- A. At the top, places for "Case Name", "Social Security Number" and "Case Number" were added.
- B. In the "Housing" section, the "Roomer/Boarder" box was changed to "Roomer".

Delivery of these forms to the Albany and NYC HRA Warehouses should be in January 1994. Your district will not automatically receive copies. Spanish versions of these forms will also be available at approximately the same time.

In order to ensure that usage of the revised forms begins within a reasonable amount of time, you may continue to use the previous (09/92) versions until your stock is depleted, or until April 30, 1994, whichever occurs first. Reorders will be filled with the 9/93 versions.

Future requests for the revised forms, as well as requests for the Spanish forms, should be submitted on Form WMS-47 (Rev. 09/89): "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

Questions concerning ordering forms should be directed to the Office of Systems Development (OSD) by calling 1-518-486-6223.

Oscar R. Best, Jr. Deputy Commissioner

Division of Economic Security