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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 93 INF-45

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: October 19, 1993

SUBJECT: Revisions to Mandatory Client Notices

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Food Stamp Directors  
 Medical Assistance Directors  
 Corrective Action Coordinators  
 Directors of Services  
 Forms Coordinators  
 Staff Development Coordinators

CONTACT PERSON: Maria Eckhardt  
 1-800-342-3715, extension 4-6501

ATTACHMENTS: Attachment I - Listing of all attachments - available  
 on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
See Attach- ment II		See Attach- ment II	See Attach- ment II	See Attach- ment II	See Attach- ment II

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This is to notify local districts of the following changes to certain mandatory client notices:

o Phone Number Changes to the Fair Hearings Section of Upstate Notices

The Department designated a separate phone number for Fair Hearings for Nassau and Suffolk counties, so the additional phone number was added to the back of Upstate client notices containing Fair Hearing phone numbers.

o Textual Changes to Certain "Food Stamp Only" Notices

The following "Food Stamp Only" notices, DSS-3156, 3620, 3620 NYC, 3621, 3621 NYC and 4053, were changed to reflect policy changes in the Food Stamps Program.

These changes are outlined below:

I. Change in Fair Hearing Phone Number for Nassau and Suffolk Counties

In August 1993, the Department established a separate Fair Hearing Phone Number for Nassau and Suffolk counties: (516) 739-4868

As a result, the backs of the following Upstate Economic Security notices, and their Spanish versions, have been revised to reflect this change, with an 8/93 Revision Date:

DSS-2425: "Repayment Of Interim Assistance Notice"

DSS-3152: "Action Taken On Your FS Case"

DSS-3153: "Continuing Your FS"

DSS-3156: "Notice Of FS Overissuance"

DSS-3620: "Notice Of Intent To Change FS Benefits" (Timely And Adequate)

DSS-3621: "Notice Of Intent To Change FS Benefits" (Adequate Only)

DSS-4002: "Action Taken On Your Request For Assistance To Meet An Immediate Need Or A Special Allowance"

- DSS-4004: "Notice Of Intent To Change PA Grant And/Or FS Benefits And/Or MA Coverage For Non-Compliance With Employment Related Requirements" (Timely And Adequate)
- DSS-4005: "Notification Of Employability And The Right To Contest"
- DSS-4013: "Action Taken On Your Application: PA, FS And MA Coverage"
- DSS-4014: "Action Taken On Your Recertification: PA, FS, MA Coverage and Services"
- DSS-4015: "Notice Of Intent To Change Benefits: PA, FS, MA Coverage and Services" (Timely And Adequate)
- DSS-4015-C: "Notice Of Intent To Change Benefits: PA, FS, MA Coverage and Services" (Timely And Adequate) (Pinfeed version)
- DSS-4016: "Notice Of Intent To Change Benefits: PA, FS, MA Coverage and Services" (Adequate Only)
- DSS-4017: "Notice Of Intent To Change FS Benefits" (Timely and Adequate)
- DSS-4018: "Notice Of Intent To Change FS Benefits" (Adequate Only)
- DSS-4050: "FS Notice To Household Of Disqualified Individual"
- DSS-4052: "Notice OF FS Overissuance Intentional Program Violation"
- DSS-4158: "HR Notification Of Job Readiness And The Right To Contest"

II. Due to changes in the Food Stamp Program, the following Food Stamp notices (copies attached), and their Spanish versions, have been revised, as explained below:

A. Upstate Notices (These notices also contain the Nassau/Suffolk Phone Number change)

1. DSS-3156: Notice of Food Stamp Overissuance (Rev. 8/93)\*

a. In the "You MUST repay this Agency..." section, the two references to "thirty (30)" days were changed to "ten (10)" days.

- b. In the "Note" under this section, the "18 NYCRR" citation was changed from "Part 399" to "Part 359".
- c. At the bottom, in the "Regulations Require That You Immediately Notify..." section, the word "Immediately" was deleted.

\*One printing of this form, without the Nassau/Suffolk phone number change, was completed with a Revision Date of 5/93. However, future printings will reflect the 8/93 Nassau/Suffolk change.

2. DSS-3620: "Notice of Intent to Change Food Stamp Benefits" (Timely and Adequate) (Rev. 8/93)

- a. Where applicable, the words "Food Stamp Benefits" were changed to "Food Stamps".
- b. In the first and second checkboxes, second sentence, "The specific reason...", the word "specific" was deleted.
- c. The third checkbox on suspension of benefits was deleted.
- d. The sentence under the Law/Regulation citation, was changed to:

The enclosed budget worksheet for your case explains how we calculated your food stamp budget and made the decision checked above.

- e. The following new section was added:

RESPONSIBILITY TO REPORT CHANGES

If your situation changes in any way (such as the number of people in your household, your income or your address changes), you must let your worker know right away unless you are required to fill out and send in Quarterly Reports.

If you are required to send in Quarterly Reports, you do not need to report changes at any time other than on the Quarterly Report or at recertification. However, you may voluntarily report changes at any time, and we will take appropriate action.

- f. At the bottom, the "Regulations Require That You Immediately Notify..." section was deleted.
- 3. DSS-3621: "Notice of Intent to Change Food Stamp Benefits" (Adequate Only) (Rev. 8/93)
  - a. Where applicable, the words "Food Stamp Benefits" were changed to "Food Stamps".
  - b. In the first, second and third checkboxes, second sentence, "The specific reason...", the word "specific" was deleted.
  - c. The fifth checkbox on suspension of benefits was deleted.
  - d. The sentence under the Law/Regulation citation, was changed to:

The enclosed budget worksheet for your case explains how we calculated your food stamp budget and made the decision checked above.

- e. The following new section was added:

RESPONSIBILITY TO REPORT CHANGES

If your situation changes in any way (such as the number of people in your household, your income or your address changes), you must let your worker know right away unless you are required to fill out and send in Quarterly Reports.

If you are required to send in Quarterly Reports, you do not need to report changes at any time other than on the Quarterly Report or at recertification. However, you may voluntarily report changes at any time, and we will take appropriate action.
- f. At the bottom, the "Regulations Require That You Immediately Notify..." section was deleted.
- 4. DSS-4053: Food Stamp Repayment Agreement (Rev. 5/93\*)
  - a. Section II, Number 1
    - (1) The following checkboxes were deleted:

Quarterly Payments only (if you receive your food stamps quarterly)

Part now, the rest in quarterly payments (if you receive your food stamps quarterly)

- (2) In the first bullet, at the end, "monthly/quarterly payments" was changed to "monthly payments".

b. Section II, Number 2

- (1) In the first sentence, "monthly/quarterly allotment" was changed to "monthly allotment".

- (2) In the first checkbox, "month/quarter" was changed to "month".

\*Since the back of this notice is blank, the Fair Hearing Phone Number change did not need to be incorporated, so the Revision Date remains 5/93.

B. NYC Notices

- 1. DSS-3620 NYC: Notice of Intent to Change Food Stamp Benefits (Timely and Adequate) (New York City version) (Rev. 5/93)\*

- a. Where applicable, the words "Food Stamp Benefits" were changed to "Food Stamps".
- b. In the first and second checkboxes, second sentence, "The specific reason...", the word "specific" was deleted.
- c. The third checkbox on suspension of benefits was deleted.
- d. The sentence under the Law/Regulation citation, was changed to:

The enclosed budget worksheet for your case explains how we calculated your food stamp budget and made the decision checked above.

- e. The following new section was added:

RESPONSIBILITY TO REPORT CHANGES

If your situation changes in any way (such as the number of people in your household, your income or your address changes), you must let your worker know right away unless you are required to fill out and send in Quarterly Reports.

If you are required to send in Quarterly Reports, you do not need to report changes at any time other than on the Quarterly Report or at recertification. However, you may voluntarily report changes at any time, and we will take appropriate action.

- f. At the bottom, the "Regulations Require That You Immediately Notify..." section was deleted.

\*Since the back of this notice contains only the New York City Fair Hearing Phone Number, the Nassau/Suffolk change did not need to be incorporated, so the Revision Date remains 5/93.

- 2. DSS-3621 NYC: Notice of Intent to Change Food Stamp Benefits (Adequate Only) (New York City version) (Rev. 5/93)\*

- a. Where applicable, the words "Food Stamp Benefits" were changed to "Food Stamps".
- b. In the first, second and third checkboxes, second sentence, "The specific reason...", the word "specific" was deleted.
- c. The fifth checkbox on suspension of benefits was deleted.
- d. The sentence under the Law/Regulation citation, was changed to:

The enclosed budget worksheet for your case explains how we calculated your food stamp budget and made the decision checked above.

- e. The following new section was added:

RESPONSIBILITY TO REPORT CHANGES

If your situation changes in any way (such as the number of people in your household, your income or your address changes), you must let your worker know right away unless you are required to fill out and send in Quarterly Reports.

If you are required to send in Quarterly Reports, you do not need to report changes at any time other than on the Quarterly Report or at recertification. However, you may voluntarily report changes at any time, and we will take appropriate action.

- f. At the bottom, the "Regulations Require That You Immediately Notify..." section was deleted.

\*Since the back of this notice contains only the New York City Fair Hearing Phone Number, the Nassau/Suffolk change did not need to be incorporated, so the Revision Date remains 5/93.

Upstate districts will not automatically receive copies of the revised English versions of any of these revised notices, since each notice will be revised when it is due for reprinting.

As explained in 89 LCM-155, clear photocopied masters of the revised Spanish versions will be available to each district which requires Spanish notices. Districts will then reproduce the forms locally.

NYC/HRA will receive copies of the revised English and Spanish notices at the NYC/HRA Warehouse in October, 1993 and November 1993, respectively.

The restrictions on local equivalent notices contained on pages 10-11 of 89 ADM-21 continue to apply. No changes in the language of State-printed notices will be permitted. Any request for approval of local equivalent notices with format changes must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-5 of the Local District Manager's Guide.

Requests for the revised notices, as well as requests for the Spanish masters, should 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  
PO Box 1990  
Albany, New York 12201  
Attention: Office of Systems Development (OSD)



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Questions concerning ordering forms should be directed to the Office of Systems Development by calling 1-800-342-3715, extension 6-6223.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Economic Security

## Listing of All Attachments

Attachment II	-	Filing References	
Attachment III	-	DSS-3156:	"Notice of Food Stamp Overissuance" (Rev. 8/93)
Attachment IV	-	DSS-3620:	"Notice of Intent to Change Food Stamp Benefits" (Timely and Adequate) (Rev. 8/93)
Attachment V	-	DSS-3621:	"Notice of Intent to Change Food Stamp Benefits" (Adequate Only) (Rev. 8/93)
Attachment VI	-	DSS-4053:	"Food Stamp Repayment Agreement" (Rev. 5/93)
Attachment VII	-	DSS-3620 NYC:	"Notice of Intent to Change Food Stamp Benefits" (Timely and Adequate) (New York City version) (Rev. 5/93)
Attachment VIII	-	DSS-3621 NYC:	"Notice of Intent to Change Food Stamp Benefits" (Adequate Only) (New York City version) (Rev. 5/93)

## FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21		350.5,351.22	SSL 22	<u>FSSB</u>	GIS 89
89 ADM-8		351.23	SSL 366-a	Section	MA007
89 ADM-6		352.31(d)		VI-A,B	
88 ADM-4		355,358-3.3,		VII-all	
87 ADM-4		359,360-2.4,		XV-C	89 LCM-155
86 ADM-10		2.5,2.6,6.4			89 LCM-22
86 ADM-7		7.5		<u>PASB</u>	
85 ADM-45		369.6		Section	
85 ADM-17		387.19		VI-all	
82 ADM-55		387.20			
82 ADM-5		505.14(b)(5)		<u>MARG</u>	
81 ADM-55		(v),(viii),		pp. 378-387	
80 ADM-90		(x)			
92 INF-46		385.3		<u>Local</u>	
92 INF-34		385.14		<u>District</u>	
90 INF-57				<u>Manager's</u>	
90 INF-57				<u>Guide</u>	
89 INF-53				pp. 12-1	
88 INF-83				through	
88 INF-28				12-5	