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Governor

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Robert Doar
Commissioner

Informational Letter

Section 1

Transmittal:	06-INF-09
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	March 3, 2006
Subject:	Revisions for the LDSS-3151: Food Stamp Change Report Form (Rev.1/06)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Temporary Assistance Bureau - (518) 474-9344 HEAP Bureau - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749
Attachments:	LDSS-3151 (1/06)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
04 ADM-02 02 ADM-7 01 ADM-9 03OMM/ADM -2 04 INF-15 03 INF-33 03 INF-10 02 INF-8 03 INF-2		387.17 (e)	7CFR 273.12 (a)		

Section 2

I. Purpose

The purpose of this release is to introduce the revised (1/06) LDSS-3151: “Food Stamp Change Report Form” (copy attached). This **mandated** form is used by local districts to solicit information from Food Stamp benefits recipients on changes in household circumstances.

The primary reason for this revision is to update the change reporting requirements for Food Stamp Benefits households who are subject to change reporting (non-six-month reporting households). The requirement has been modified to allow non-six-month reporting households to report the changes within ten (10) days after the calendar month in which the change occurred.

II. Forms Revisions

The following are the changes to the 2/04 “Food Stamp Change Report Form” which are incorporated into the 1/06 version:

A. **General** - The revision date was changed on every page to 1/06.

B. Page 1

1. The reference to “five months” in question #3 on Page 1 **was changed** to “three months.”
2. The instruction, if you answer “Yes” to question #4 on Page 1, **was changed** to read:
YES – Go to “Six-Month Reporting” on page 2 (Skip questions 5 through 8)
3. The reference to “disabled” in question #5 on Page 1 **was changed** to read:
“permanently disabled”

C. Page 2

1. The first sentence in Section 3 on Page 2 **was changed** to read:
If anyone in your food stamp household is an Able-Bodied Adult Without Dependents (“ABAWD”), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.
2. The introductory statement under “**CHANGE REPORTING RULES**” in Section 3 on Page 2 **was changed** to read:
As a food stamp household under the “Change Reporting” rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:
3. The 9th bullet under the “**CHANGE REPORTING RULES**” on Page 2 **was changed** to read:
Increases in your household’s **cash, stocks, bonds, money in the bank or savings institution** if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3000 for a household **with** an elderly or permanently disabled household member.

4. The 10th bullet under the “**CHANGE REPORTING RULES**” on Page 2 was changed to read:

If anyone in your food stamp household is an **Able-Bodied Adult Without Dependents** (“**ABAWD**”), you **MUST** tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

III. Forms Ordering Information:

- Supplies of the 1/06 version of the LDSS-3151 are expected to be delivered to the Upstate (Albany) and the HRA (New York City) warehouses in early May 2006. All existing copies of the old (2/04) versions of the LDSS-3151 must be destroyed upon receipt of the revised, 1/06 versions.

Local districts will automatically receive supplies of the English 1/06 version. The “Other than English” versions of the LDSS-3151 will follow. When the Spanish version (LDSS-3151-SP) is printed, only NYC will automatically receive supplies. Other districts must order the LDSS-3151-SP using the procedure described below.

- Any requests for printed copies of the 1/06 versions of the LDSS-3151 and LDSS-3151-SP 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
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- Documents also may 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 to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page to Bureau of Management Services section (this section contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@otda.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://sdssnet5/otda/ldss_eforms.

Issued By _____

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Division/Office: **Division of Employment and Transitional Supports**