



George E. Pataki  
Governor

NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
ALBANY, NEW YORK 12243-0001

Brian J. Wing  
Commissioner

**INFORMATIONAL LETTER**

**TRANSMITTAL:** 97 INF-15

**TO:** Commissioners of  
Social Services

**DIVISION:** Temporary  
Assistance

**DATE:** October 3, 1997

**SUBJECT:** Food Stamps: Expedited Food Stamp Screening Sheet  
(DSS-3938) (Rev.2/97)

**SUGGESTED  
DISTRIBUTION:** Income Maintenance Directors  
Food Stamp Directors  
Forms Coordinators  
Staff Development Coordinators

**CONTACT PERSON:** Forms Questions: Bob Gullie, DIA/New Technology,  
1-800-343-8859, extension 4-6055 (AV1060)  
Program Questions:  
Regional County Team Representative at 1-800-343-8859:  
Region I ext. 3-0332; Region II ext. 4-9344;  
Region III ext. 4-9307; Region IV ext. 4-9300;  
Region V ext. 3-1469; Region VI (212) 383-1658

**ATTACHMENTS:** DSS-3938: "Expedited Food Stamp Screening Sheet"  
(Rev.3938) - Not available on-line

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
94 INF-48	94 INF-48	387.8(a)		FSSB Sections IV-I IV-K-5.1	96 LCM-83

DSS-329EL (Rev. 9/89)

The purpose of this release is to introduce the revised DSS-3938: "Expedited Food Stamp Screening Sheet" (Rev. 2/97). A copy of the new form is attached.

Food Stamp policy requires local districts to identify households eligible for expedited service. Identification of such households may be done by a receptionist, volunteer or other employee. Applications must be screened as they are filed or as individuals come in to apply.

The DSS-3938 is designed to assist local district staff in making accurate and consistent assessments of food stamp applicants' potential eligibility for expedited food stamp service. Use of the DSS-3938, and subsequent maintenance of the completed form in each case record, will also ensure that all PA and NPA applicant households have been assessed for expedited service eligibility in accordance with Food Stamp Program requirements.

The use of the DSS-3938 is optional, but its routine use is strongly urged, and many local districts have utilized this form since 1989. Mandatory use of the form will only be imposed upon those districts where it has been determined by the Department that use of the form could improve their accuracy in identifying households potentially eligible for expedited processing and bring their performance to within the Statewide average.

Completion of the DSS-3938 is self-explanatory. The form's design guides the worker through each part until it is determined that the household is either "Eligible" or "Ineligible" for expedited food stamp service. In cases involving migrant/seasonal farmworker households, it should be noted that if eligibility for expedited service can be determined in Part Four, it is not necessary to complete Part Five. This section is needed only if the migrant/seasonal farm worker fails to meet any of the eligibility criteria in Part Four.

Listed below is a summary of the changes to this form that were incorporated into the 2/97 revision:

- I. GENERAL - The revision date was changed to 2/97.
- II. PART ONE - No Changes
- III. PART TWO - No Changes
- IV. PART THREE - No Changes
- V. PART FOUR
  - A. SECTION A (Deleted) - This whole Section was deleted because the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) does not consider homelessness a automatic qualifying criteria for expedited service. (see 96 LCM 83)
  - B. SECTION B (Relabeled to SECTION A)

The instruction, if the answer to the question is NO, was changed to read:

If NO, Continue with SECTION B.

C. SECTION C (Relabeled to SECTION B)

The note at the bottom of the this section was changed to read:

- \* Use standard allowance if household incurs costs or received a HEAP benefit this year.

VI. PART FIVE - No Changes

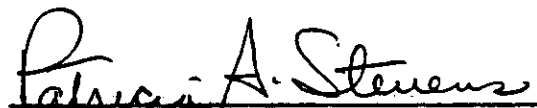
Delivery of the revised DSS-3938 to the Albany warehouse is expected in October, 1997. Your district will not automatically receive copies.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 7/94 supplies until your stocks are depleted, or until December 1997, whichever occurs first. Reorders of these forms will be filled with 2/97 versions.

Requests for the 2/97 version of the DSS-3938 should be submitted on Form DSS-876 (Rev. 2/96): "Request for Forms or Publications", and should be sent to:

New York State Department of Social Services  
Bureau of Forms and Print Management  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Forms and Print Management by calling 1-800-343-8859, ext. 4-2702.



Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary Assistance

**EXPEDITED FOOD STAMP SCREENING SHEET**

CASE NAME	CASE NUMBER	SCREENED BY:	TODAY'S DATE:	MONTH	DAY	YEAR
			DATE APPLIC. FILED	MONTH	DAY	YEAR

**PART ONE - CHECK YES OR NO**

HAS THE HOUSEHOLD RECEIVED FOOD STAMPS THIS MONTH?  
 NOTE: IF 'YES' IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

**YES STOP**  
 HOUSEHOLD INELIGIBLE FOR EXPEDITED SERVICE

**NO**  
 CONTINUE WITH PART TWO

**PART TWO - CHECK YES OR NO**

<b>SECTION A</b>	HAS HOUSEHOLD RECEIVED EXPEDITED FOOD STAMPS IN THE PAST?	<input type="checkbox"/> <b>YES</b> ANSWER SECTION B	<input type="checkbox"/> <b>NO</b> CONTINUE WITH PART THREE
<b>SECTION B</b>	IF "YES", HAS ALL PREVIOUSLY PENDED VERIFICATION BEEN SUBMITTED SINCE THE LAST EXPEDITED ISSUANCE? OR HAS THE HOUSEHOLD BEEN CERTIFIED FOR ONGOING BENEFITS UNDER NORMAL PROCESSING STANDARDS SINCE THE LAST EXPEDITED ISSUANCE?	<input type="checkbox"/> <b>YES</b> CONTINUE WITH PART THREE	<input type="checkbox"/> <b>NO STOP</b> HOUSEHOLD INELIGIBLE FOR EXPEDITED SERVICE

**PART THREE - CHECK YES OR NO**

DOES THE HOUSEHOLD APPEAR OTHERWISE ELIGIBLE FOR FOOD STAMPS BASED ON THE FSP INCOME/RESOURCES LIMITATIONS (ie., CAR, BANK ACCOUNTS, etc.), LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSTION?

**YES**  
 CONTINUE WITH PART FOUR

**NO STOP**  
 HOUSEHOLD INELIGIBLE FOR EXPEDITED SERVICE

**PART FOUR - CHECK YES OR NO**

<b>SECTION A</b>	<p><i>CHECK YES OR NO</i></p> DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, AND HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME DURING THE MONTH OF APPLICATION?	<input type="checkbox"/> <b>YES</b> IF YES, CONDUCT AN INTERVIEW, IF NO, CONTINUE WITH SECTION B	<input type="checkbox"/> <b>NO</b>
<b>SECTION B</b>	ARE HOUSEHOLD'S TOTAL GROSS INCOME DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?  Rent/Mortgage:\$ _____ Income:\$ _____ *Heat/AC: _____ Resources: _____ *Utilities: _____ *Telephone: _____ Total Expenses:\$ _____ Total:\$ _____  *Use standard allowance if household incurs costs or received a HEAP benefit this year.	<input type="checkbox"/> <b>YES</b> CONDUCT AN INTERVIEW	<input type="checkbox"/> <b>NO STOP</b> HOUSEHOLD INELIGIBLE FOR EXPEDITED SERVICE UNLESS QUALIFIED UNDER PART FIVE

**PART FIVE - MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO**

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES?  
 AND

**YES**

**NO STOP**  
 HOUSEHOLD INELIGIBLE FOR EXPEDITED SERVICE

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION?  
 OR

**YES**

**NO**

(2) IS NEW AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION?

**YES**  
 IF YES to QUESTION A, and YES to either QUESTION B1 or QUESTION B2, CONDUCT AN INTERVIEW

**NO**

**AGENCY DISPOSITION OF EXPEDITED ELIGIBILITY ASSESSMENT**

**ELIGIBLE**
                         
  **INELIGIBLE** DUE TO PRORATION
                         
  **INELIGIBLE** (Other) INDICATE REASON

COMMENTS/REASON: \_\_\_\_\_