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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: 98 INF-7

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: March 30, 1998

SUBJECT: Revisions to the Food Stamp Budget Worksheets
(DSS-3114 and DSS-3115) (Rev. 3/98)

SUGGESTED DISTRIBUTION: Food Stamp Directors
Welfare Management System Coordinators
IM Directors
Forms Coordinators
Staff Development Coordinators

CONTACT PERSON: Forms Questions:
Bob Gullie, DIA/New Technology at 1-800-343-8859,
extension 4-6055 (AV1060)
Program Questions:
Region I (518) 473-0332; Region II (518) 474-9344;
Region III (518) 474-9307; Region IV (518) 474-9300;
Region V (518) 473-1469; Region VI (212) 383-1658

ATTACHMENTS: Attachment I - DSS-3114: Food Stamp Budget
Worksheet - not available on-line
Attachment II - DSS-3115: Food Stamp Budget Worksheet
(Elderly and Disabled for Medical
and/or Special Shelter Deductions)-
not available on-line

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|----------------------------|------------|
| 92 INF-19 | 92 INF-19 | | | FSSB Section X-A-all | |

The purpose of this release is to introduce revisions to the Food Stamp Budget Worksheets (DSS-3114 and DSS-3115).

At the time a new or reopened Food Stamp case is approved, the applicant/recipient receives a copy of their ABEL Budget. If the ABEL budget is not available, the applicant/recipient receives a copy of Form DSS-3114 or DSS-3115 whichever is appropriate. The budget worksheets are also used for training and audit purposes.

Listed below is a detailed summary of the changes which were incorporated into the 3/98 revisions:

- 1. The Revision Date was changed to (Rev.3/98) (DSS-3114 and DSS-3115)
- 2. The following "Legally Obligated Child Support" procedure was added (#17 on DSS-3114 and #14 on DSS-3115).

Enter Legally Obligated Child Support Paid.

(DSS-3114) 17.

(DSS-3115) 14.

- 3. Line numbers 17 - 29 (DSS-3114) were renumbered to 18 - 30 and Line numbers 14 - 26 (DSS-3115) were renumbered to 15 - 27.
- 4. The wording in the renumbered Section 20 (DSS-3114) and renumbered Section 18 (DSS-3115) both in the "Shelter Costs" sections was changed to read as follows:

Has Heating/Cooling Costs or received HEAP for the current program year. (Enter larger of Heating/Cooling Standard or Total of Actual Cost for Heating, Cooling, Utilities and Phone) (See note 3 below) OR

Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs - Has Utility Costs. (Enter larger of Utility Standard or Total of Actual Costs for Utilities and Phone) (See note 3 below) OR

Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs, has No Utility Costs - Has Phone Cost. (Enter larger Phone Standard or Actual Phone Cost) (See note 3 below) OR

Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling or Utility or Phone Costs. (Enter \$0) (See note 3 below)

(DSS-3114) 20

(DSS-3115) 18

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5. The second note at the bottom of the page (DSS-3114 and DSS-3115) was changed to read:

PA Grant amounts are to be entered minus appropriate Food Stamp exclusions. Monthly student income is to be entered minus tuition, fees and allowable reimbursements.

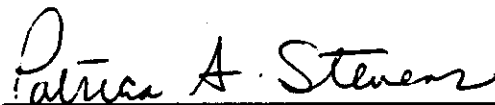
We expect that the forms will be printed and delivered to the Albany warehouse some time in May, 1998. Your district will not automatically receive copies.

In order to ensure that the usage of the revised forms begins within a reasonable amount of time, you may continue to use the previous (12/91) version until your stock is depleted, or until July 31, 1998, whichever occurs first. Reorders will be filled with the 3/98 versions.

Future requests for these forms are to be submitted on Form DSS-876 (Rev.2/96): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
Bureau of Management Services
Forms Supply, Control and Distribution
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Management Services by calling 1-800-343-8859, extension 4-2702.



Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance



| | | | | | | | |
|-----------------------------------|------------|--------|----------------|---------------|------------------------------------|-------|----------|
| CASE NAME - First | | M.I. | Last | SOC. SEC. NO. | CASE NUMBER | DIST. | CENTER |
| MAILING ADDRESS | | | | | City | State | Zip Code |
| *CATEGORICALLY ELIGIBLE? (Y or N) | OPEN CLOSE | RECERT | DENIED REASON: | | TOTAL NO. OF PERSONS IN HOUSEHOLD: | | |

| INCOME | | | |
|----------|-------|------|------|
| LINE NO. | First | M.I. | Last |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

| AMOUNT | |
|--------|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

| UNEARNED INCOME (See note 1 below) | | | |
|------------------------------------|-------|------|------|
| LINE NO. | First | M.I. | Last |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |

| AMOUNT | |
|--------|--|
| 6. | |
| 7. | |
| 8. | |
| 9. | |

5. TOTAL lines 1, 2, 3, 4..... 5.

10. TOTAL lines 6, 7, 8, 9..... 10.

11. Enter countable vendor payments (paid by agency) 11.

*12. Gross Income Subject to FS Gross Income Eligibility Test (Total lines 5, 10 and 11) 12.

13. Enter 20% of Line 5 13.

14. Adjusted Gross Income - (Line 12 minus Line 13) 14.

STANDARD DEDUCTION

15. Line 14 less standard deduction. If negative, enter zero 15.

DEPENDENT CARE

16. Enter Dependent Care up to maximum limit 16.

LEGALLY OBLIGATED CHILD SUPPORT

17. Enter Legally Obligated Child Support paid 17.

18. Adjusted Net Income (Line 15 minus lines 16 and 17). If negative, enter zero 18.

SHELTER COSTS

19. Actual Rent, Mortgage, etc 19.

20. Property Taxes, Insurance on Building 20.

21. Has Heating/Cooling Costs or received HEAP for the current program year (Enter larger of Heating/Cooling Standard or Total of Actual Costs for Heating, Cooling, Utilities and Phone) (See note 3 below) OR

Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs - has Utility Costs. (Enter larger of Utility Standard or Total of Actual Costs for Utilities and Phone) (See note 3 below) OR

Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs, has No Utility Costs - has Phone Cost. (Enter larger Phone Standard or Actual Phone Cost) (See note 3 below) OR

Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling or Utility or Phone Costs. (Enter \$0) (See note 3 below)

| | | |
|-----|--|--|
| 21. | | |
| 22. | | |

22. Other 22.

23. TOTAL lines 19, 20, 21, 22 23.

24. Enter 50% of line 18 24.

25. Shelter Excess. Line 23 minus line 24. If negative, enter zero 25.

26. Enter maximum excess shelter deduction, or amount from line 25, whichever is less 26.

*27. Food Stamp Net Income. (Line 18 minus line 26). Check net FS Income Eligibility Limits 27.

28. Full month's benefit amount [(appropriate Thrifty Food Plan amount) - (line 27 x .30 rounded to the next higher dollar amount)] 28.

29. Claims recovery amount (Leave blank if prorating benefits) 29.

PARTICIPATION

30. Monthly Coupon Allotment Amount (line 28 minus line 29) or Prorate Benefit amount if appropriate.

PRORATION FORMULA

Line 28 x (31 - Date of Application) / 30

| COUPON AMOUNT | \$2 | \$7 | \$10 | \$40 | \$50 | \$65 |
|---------------|-----|-----|------|------|------|------|
| 30. | | | | | | |

- Notes: 1 Self-employment income is to be entered minus the cost of doing business.
 2. PA Grant amounts are to be entered minus appropriate Food Stamp exclusions. Monthly student income is to be entered minus tuition, fees and allowable reimbursements.
 3. Enter prorated share of the Standard or Actual expense, whichever is greater when HEAP benefit (or expense) is shared.

AUTHORIZED REPRESENTATIVE NAME: _____

AUTHORIZED PERIOD: FROM _____ TO _____ WORKER'S SIGNATURE: _____ DATE: _____

ADVERSE ACTION EFFECTIVE: _____ SUPERVISOR'S SIGNATURE: _____ DATE: _____

*Categorically eligible households are not subject to Gross or Net Eligibility Limits (lines 12 and 27).



FOOD STAMP BUDGET WORKSHEET

(Elderly and Disabled for Medical and/or Special Shelter Deductions)

Header section containing fields for NYS, CASE NAME - First, M.I., Last, SOC. SEC. NO., CASE NUMBER, DIST., CENTER, MAILING ADDRESS, Number & Street, City, State, Zip Code, *CATEGORICALLY ELIGIBLE?, OPEN CLOSE, RECERT, DENIED REASON, and TOTAL NO. OF PERSONS IN HOUSEHOLD.

INCOME

Table for GROSS EARNED INCOME with columns for LINE NO., First, M.I., Last.

Table for AMOUNT with column for AMOUNT.

Summary lines for Gross Income: 4. TOTAL lines 1, 2, 3; 5. 80% of line 4.

Table for UNEARNED INCOME (See note 1 below) with columns for LINE NO., First, M.I., Last.

Table for AMOUNT with column for AMOUNT.

Summary lines for Unearned Income: 6. TOTAL lines 6, 7, 8; 7. Enter countable vendor payments; 8. Adjusted Gross Income.

STANDARD DEDUCTION

Line 9. Line 8 less standard deduction. If negative, enter zero.

DEPENDENT CARE

Line 10. Enter Dependent Care up to maximum limit.

LEGALLY OBLIGATED CHILD SUPPORT

Line 11. Enter Legally Obligated Child Support Paid.

MEDICAL EXPENSES

Line 12. Enter Allowable Medical Expenses minus \$35 deduction; Line 13. Adjusted Net Income.

SHELTER COSTS

Lines 14-19. Shelter costs including rent, mortgage, property taxes, and HEAP costs.

Line 20. Other shelter costs.

Lines 21-26. Summary of shelter costs and food stamp net income.

PARTICIPATION

Line 27. Monthly Coupon Allotment Amount and Proration Formula table.

Notes: 1. Self-employment income is to be entered minus the cost of doing business. 2. PA Grant amounts are to be entered minus appropriate Food Stamp exclusions. 3. Enter prorated share of the Standard or Actual expense, whichever is greater when HEAP benefit (or expense) is shared.

AUTHORIZED REPRESENTATIVE NAME, AUTHORIZED PERIOD, WORKER'S SIGNATURE, DATE, ADVERSE ACTION EFFECTIVE, SUPERVISOR'S SIGNATURE, DATE.

*Categorically eligible households are not subject to Gross or Net Eligibility Limits (line 24).

