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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-31

Date: March 1, 1990

Division: Income Maintenance

TO: Local District Commissioners

SUBJECT: Food Stamp Reporting Requirements: Torres v. Lyng, et.al

ATTACHMENTS: Torres v. Lyng, et.al, Reporting Requirements (available on-line).

In 89 LCM-150, you were informed of your responsibility to record and report the number of households that obtain a retroactive payment and the total dollar amount of retroactive payments issued as a result of the Torres v. Lyng, et. al settlement which affects the treatment of foster care payments in calculating food stamp eligibility and benefit levels (Ref: 89 ADM-28). The first report, covering the period September through November 1989, has been received from all districts outside of New York City. This LCM is to remind you of the final Torres reporting requirement.

For all districts outside of New York City, this report is due by March 31, 1990 for retroactive benefits issued during December 1989, January 1990, and February 1990.

For New York City, this report is due by July 31, 1990 covering the last six reporting months (December 1989 through May 1990). In addition to the data discussed above, New York City's report must also include:

- a. the number of households that requested a change in food stamp benefits as a result of this policy change; and
- b. the number of households that obtained a prospective change in benefit as a result of this policy change.

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The attached report form is provided for your convenience in supplying the required information. Please complete and return the form even if your district had zero cases affected by this change in policy. Please send the completed form to:

Linda S. Muncil, Director of Food Stamp Programs
New York State Department of Social Services
40 N. Pearl Street, 7-A
Albany, NY 12243

Once again, I want to thank you for your attention and cooperation in this matter. If you have any questions or need assistance in completing the attached report form, please contact your county's food stamp representative at 1-800-342-3715, extension 4-9225.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

Torres v. Lyng, et. al
Reporting Requirements

Name of District: _____

Contact Person: _____ Telephone Number: _____

Record the following information:

1. How many households obtained a retroactive payment as a result of the current change in policy?

PA: _____ NPA: _____ TOTAL: _____

2. What is the total amount of retroactive benefits paid?

PA: \$_____ NPA: \$_____ TOTAL: \$_____

(Questions 3 and 4 are to be completed by NYC only)

3. How many households requested a change in food stamp benefits as a result of the change in policy?

PA: _____ NPA: _____ TOTAL: _____

4. How many households obtained a prospective change in benefits as a result of the change in policy?

PA: _____ NPA: _____ TOTAL: _____

REPORT SCHEDULE

Outside of New York City

- o Report covering the period December 1989 - February 1990 is due March 31, 1990.

New York City

- o Report covering the period December 1989 - May 1990 is due July 31, 1990

Completed reports (even if zero cases are affected) are to be returned to:

Linda S. Muncil, Director of Food Stamp Programs
New York State Department of Social Services
40 N. Pearl Street, 7-A
Albany, NY 12243

Thank you for your assistance.