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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 93 INF-44

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: October 18, 1993

SUBJECT: Revision of "Food Stamp Change Report Form"
 (DSS-3151) (Rev. 9/93)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 WMS Coordinators
 Staff Development Coordinators
 Forms Coordinators

CONTACT PERSON: Call 1-800-342-3715 and ask for the following:

FS Questions - Your FS County Representative,
 extension 4-9225
 Forms Questions - Bob Gullie, extension 4-6501

ATTACHMENTS: DSS-3151 (Rev. 9/93): "Food Stamp Change Report
 Form" - not available on-line

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|-------------------------------|------------|
| 93 INF 27 | 93 INF-27 | | | FSSB Section VI-B-1-all | |

The purpose of this release is to introduce the revised (9/93) "Food Stamp Change Report Form" (DSS-3151) (copy attached). This mandated form is used by local districts to solicit information from Food Stamp recipients on changes in household circumstances. Please note that the Spanish version will also be revised.

The primary reason for this revision is to reflect recent Federal changes to the specific penalties and fines associated with the Food Stamp Program.

Listed below is a detailed summary of the changes to the 3/93 version which were incorporated into the 9/93 version:

I. GENERAL - The revision date was changed on every page to (Rev. 9/93).

II. FOOD STAMP PENALTY WARNING SECTION

The second sentence of the second paragraph of this section was changed to read:

THE INDIVIDUAL CAN ALSO BE FINED UP TO \$250,000, IMPRISONED UP TO 20 YEARS, OR BOTH.

The revised 9/93 version of the DSS-3151 is expected to be delivered to the Upstate (Albany) Warehouse and to the HRA (New York City) Warehouse in December, 1993. The Spanish version of this form (DSS-3151-S) will be available at the same time. Your district will not automatically receive copies of these forms.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 3/93 supplies until your stocks are depleted, or until March, 1994, whichever occurs first. Reorders of these forms will be filled with 9/93 versions.

Requests for supplies of these revised forms are to 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
P.O. Box 1990
Albany, New York 12201

Attention: Office of Systems Development (OSD)

Questions concerning ordering forms should be directed to OSD by calling 1-800-342-3715, extension 6-6223.

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