INFORMATIONAL LETTER

TO: Commissioners of Social Services

DATE: October 28, 1994

SUBJECT: Revision to DSS-3959: "Food Stamp Excess Net Income Narrative"

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

CONTACT PERSON: Call 1-800-343-8859 and ask for the following individual at the indicated extension:
For FS ABEL Questions - Carl Poole, extension 4-8538 (AV1120)
For Forms Questions - Bob Gullie, extension 4-6501 (AV1060)

ATTACHMENTS: DSS-3959: Food Stamp Excess Net Income Narrative (Rev. 7/94) (not available on-line).

FILING REFERENCES

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DSS-329EL (Rev. 9/89)
The purpose of this release is to introduce the revised Food Stamp ABEL Budget Narrative, DSS-3959: "Food Stamp Excess Net Income Narrative" (copy attached). There will be no revisions at this time to the other Food Stamp ABEL Budget Narratives, DSS-3960: "Food Stamp Excess Gross Income Narrative" and DSS-3961: "Food Stamp Budget Narrative".

As mandated by Department Regulations 358-2.2(n) and 358-3.3(b), upstate districts are required to provide a copy of the appropriate Food Stamp ABEL Budget Narrative to a Food Stamp applicant or recipient whenever a copy of their Food Stamp ABEL budget is presented to them.

The 7/94 revisions to the DSS-3959 are outlined below:

I. FACE

A. The Revision Date was changed to 7/94.

B. The Computer Budget Screen facsimile was modified to reflect the current ABEL budget screens.

1. Section Seven

   a. The Dependent Care deduction "FRQ" field was deleted to accommodate the new Mickey Leland Hunger Act changes.

   b. A third "DEP CARE" (Dependent Care) deduction field was added.

   c. A "SUPPORT" deduction field was added to accommodate a future Mickey Leland Hunger Act change.

2. Section Eight: This section was deleted since ATP's are no longer issued manually.

3. Section Nine: The "EFFECTIVE DATE" information was moved to the left and renumbered to Section Eight.

II. REVERSE

A. The Revision Date was changed to 7/94.

B. The "Section 8: Not Applicable" heading and instruction for "FS COUPON MIX" screen information was deleted, since this area was removed from the computer screen.

C. The "Section 9" instruction heading for "EFFECTIVE DATE" information was renumbered to "Section 8".
The revised DSS-3959 was delivered to the Albany Warehouse in mid-September 1994. Your district will not automatically receive copies.

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 Customer Support Services (OCSS)

Questions concerning ordering forms should be directed to OCSS by calling 1-800-343-8859, extension 6-6223.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 8/92 supplies until your stocks are depleted, or until January 1995, whichever occurs first. Reorders of these forms will be filled with 7/94 versions.

Local Equivalent Forms - All requests for approval of local equivalent forms must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-5 of the Local District Manager's Guide.

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