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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 90 INF-26

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: May 14, 1990

SUBJECT: Food Stamp Program: Revision of Replacement Claim
 Statement - Food Stamp Program (DSS-2291, Rev. 1/90)

SUGGESTED

DISTRIBUTION: Accounting Directors
 Food Stamp Directors
 Income Maintenance Directors
 Corrective Action Coordinators
 Staff Development Coordinators

CONTACT PERSON: County Food Stamp Liaison at 1-800-342-3715,
 extension 4-9225.

ATTACHMENTS: DSS-2291 (Rev. 1/90) - (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		387.16(n) - (p)	7 CFR 274.6	FSSB Section X-F-all X-G-2	

The purpose of this release is to introduce the revised Replacement Claim Statement - Food Stamp Program (DSS-2291 Rev. 1/90). New federal regulations require that more specific client notifications be inserted in the certification section. Further explanation of these requirements will be provided in a forthcoming ADM. The former version of this form was one sided and entitled Replacement Claim Affidavit (6/83).

The changes are highlighted from the top of the form to the bottom, as follows:

FRONT

- A. A new column has been added titled "Food Purchased with Food Stamp Benefits".
- B. Line 2 now indicates coupons received by household and claimed as stolen.
- C. Line 3 now indicates coupons, the ATP, or food are being claimed as destroyed in a household misfortune.
- D. The following line has been added: "***\$_____ dollar amount of my food purchased with food stamp benefits and destroyed by household disaster."
- E. A note has been added on the bottom of the form to indicate that food stamp regulations will not allow replacement of FS coupons or an ATP lost after receipt.

REVERSE

The Certification Section (in English and Spanish) has been changed to incorporate new federal requirements.

Districts should use normal procedures to order these forms from:

NYS Department of Social Services
Forms & Publications
40 N. Pearl Street
Albany, NY 12243

The attached revised DSS-2291 (Rev. 1/90) should be photocopied (front and back) as necessary for use in replacement situations. Effective immediately all old supplies of the former DSS-2291 (Rev. 6/83) should be discarded.

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