



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

David A. Paterson
Governor

Informational Letter

Section 1

Transmittal:	09-INF-16
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	September 3, 2009
Subject:	New Form – LDSS-4942: “ Food Stamp Program Authorized Representative Request Form” (3/09)
Suggested Distribution:	Food Stamp Program Staff Temporary Assistance Staff Staff Development Coordinators
Contact Person(s):	Forms Questions: Kelly Whitney 1-800-343-8859 Extension 3-7991 Program Questions: Food Stamp Bureau 1-800-473-1469
Attachments:	LDSS-4942 : “Food Stamp Program Authorized Representative Request Form” (3/09) – English and Spanish versions
Attachment Available On–Line:	yes

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
99 INF-8 00 ADM-8		387.1 387.5(a) 387.6(a)	7 USC 2020(e)(7), 7CFR 273.2(n), 273.2(b)(1)(v) 273.2(c)(1), 273.2(d)(1), 273.2(e)(1), 273.2(f)(1)(vii)	FSSB Section 4	GIS 06 TA/DC010

Section 2

I. Purpose

The purpose of this Informational Letter (INF) is to introduce LDSS-4942: “Food Stamp Program Authorized Representative Request Form” (3/09). This form (available in English and Spanish) was developed for use with the electronic food stamp application for those households wishing to designate an authorized representative. This form is also available for statewide use and may be used by any food stamp applicant/recipient to designate an authorized representative.

It is recommended, but not required, that all applicants/recipients use this form when designating an authorized representative for purposes of applying for or accessing their food stamp benefit. **However, all authorized representatives must be authorized in writing by the applicant/recipient or other responsible adult member of the household.**

II. Background

Currently, one way to designate an authorized representative for the Food Stamp (FS) Program is to complete the authorized representative section on the application stating the name, address and phone number of the authorized representative and the applicant or other responsible adult member of the household signs the application. Although an applicant or other responsible adult member of the household may still use the application form to designate an authorized representative, it is recommended that the LDSS-4942 form be used whenever possible as it utilizes additional space to provide for a more specific designation.

With the electronic food stamp application process, a form should be used by the household to designate an authorized representative, although any written designation by the applicant or other responsible adult member of the household is sufficient. This form will be partially completed electronically based on information provided in the application, then available to print hard copy for the FS applicant or other responsible adult member to sign and submit to the LDSS.

III. Program Implications

Although an applicant may still use the application form to designate a FS authorized representative, it is recommended that the LDSS-4942 form be used whenever possible as it utilizes additional space to provide for a more specific designation.

IV. Forms Ordering Information:

- The [LDSS-4942: “Food Stamp Program Authorized Representative Request Form”](#) is not State printed but is available to local districts in PDF format or as master camera ready copies. The LDSS-4942 is also available in [Spanish](#). The procedures for ordering PDFs or master camera ready copies are listed below.
- The above-referenced documents have also been posted on the OTDA Intranet website at http://otda.state.ny.net/ldss_eforms/default.htm and are available for downloading by local districts for reproduction locally.

- Any future requests for master camera ready copies of the documents, should be submitted on OTDA-876: *“Request for Forms or Publications”*, and should either be sent to:

Office of Temporary and Disability Assistance
BMS Documentation Services and Operational Support
PO Box 1990
Albany, NY 12201

OR

- Download and complete OTDA-876 Form (http://otda.state.nyenet/psqi/eforms/OTDA-876-Req_For_Documents_or_Publications.dot) and e-mail form to gg7359@dfa.state.ny.us.

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

Issued By

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Center for Employment & Economic Supports