Applying for SNAP

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LDSS-4942 Authorized Representative Request Form

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/Verification Desk Guide

NYDocSubmit Quick Reference Card

Applying for SNAP

SNAPSB SECTION 3 & 4

10-INF-22

Helpful resource:

SNAP Navigators provide prescreening and application assistance to households throughout New York State. Find a SNAP Navigator at FoodHelpNY.org

The first steps in the SNAP application process are:

- Obtain an application
- Complete it
- Submit (file) it to the local Department of Social Services office (LDSS) or the Human Resources Administration (HRA) in New York City

The applicant must then:

- Be interviewed,
- Provide information about the circumstances of those applying, and
- Provide verification of the criteria necessary to determine eligibility.

The application process is paperwork intensive and can be complicated, but getting SNAP benefits can make the difference between going hungry and having food on the table.

The Application Form

SNAPSB SECTION 3: PG. 6; SECTION 4: PG. 17

03-ADM-03

10-INF-22

12-INF-12

16-ADM-08

20-ADM-14

Helpful resource at the back of this section:

LDSS-4826 SNAP Application Form and LDSS-4826A How to Complete Booklet

OTDA order form for SNAP applications and brochures

SNAP applicants must file an application, which can be found online or obtained from any SNAP office. Many human service agencies also keep SNAP applications on hand.

SNAP offices are required to mail an application form the same day it is requested.

Anyone has a right to submit an application to any SNAP office in NYS. That office must forward the application to the correct SNAP office, based on the applicant's county of residence. However, that is not always a smooth process. Therefore, it is best to be clear about a county's SNAP application procedures and direct applicants to the SNAP office in their county of residence. For a listing of all county SNAP offices, visit OTDA's website: otda.ny.gov/workingfamilies/dss.asp

New York State has three application forms:

- 2-page simplified SNAP-only application for people 60 and older or those with a disability with no earned income. Known as the Elderly Simplified Application Project (ESAP), this application is part of a larger effort to increase participation among these vulnerable populations by simplifying the SNAP application/recertification process.
- 6-page simplified SNAP-only application (at the back of this section)
- 16-page common application form—also known as the joint application—used by anyone who wishes to apply for multiple assistance programs, including:
  - SNAP
  - Medicaid
  - Child care assistance
  - Temporary Assistance (TANF)

The Application Form, cont.

20-ADM-12

26-LCM-11

NYS "myBenefits" Screening Tool and Online SNAP Application

myBenefits is an online tool available to all NYS residents that educates and connects households with an array of benefits, services, and work supports customized to fit their unique circumstances.

myBenefits is a portal to the online SNAP Application LDSS E-2921, which mirrors the 16-page common application form and can be used to apply for:

- Public Assistance (PA)
- SNAP
- Medicaid (MA)
- And other MA and PA services.

Individuals can also submit electronic recertifications for the programs listed above.

Electronic Signatures

New York State's Electronic Signature and Records Act (ESRA) permits and promotes the use of electronic signatures and records by providing that electronic signatures bearing certain features are the legal counterpart of signatures written by hand. In addition, the ESRA authorizes the use of electronic means to create and manage records and establishes that electronic records have the same legal force and effect as non-electronic records.

ESRA defines an "electronic signature" as: "an electronic sound, symbol, or process, attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the record."

SNAP Offices outside of NYC must accept and process the E-2921 as they would a paper copy of the LDSS-2921. The E-2921 requires an e-signature for all applications and recertifications prior to submission. While SNAP rules mandate only one signature on the application, usually the head of household, the E-2921 allows up to four household members to electronically sign applications and recertifications.

Accessing the Application

10-INF-22

When distributing or accepting a SNAP application, the SNAP/HRA office must follow these federal and state regulations:

A. All people must be allowed to receive an application and/or apply for SNAP benefits at any time during the regular business hours of the local office.

B. SNAP offices must **not** establish any of the following:

- Periodic daily quotas on application submissions;
- Limits on application pickup or submission times during normal office business hours;
- Limits on daily submissions based on the number of available interview slots;

- Zip code or alphabetic restrictions that limit when a person may request or submit an application during a local district's business hours; or
- Accessibility limits due to an individual or household's:
  - National origin
  - Citizenship status
  - Any other factor.

Accommodations for Special Populations

06-ADM-05

SNAP is subject to the Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act (RA) of 1973, which protect people who have a physical or mental disability. The ADA and the RA are not limited to people who are "disabled" under SNAP regulations. Therefore, the SNAP office must provide the accommodations required by these laws, even if the applicant is not considered disabled for SNAP purposes. OTDA issued a comprehensive policy directive (06-ADM-05) clarifying local districts' obligations to provide equal access to persons with disabilities.

16-ADM-08
06-ADM-05
GIS 15 TA/DC023

Application in Alternative Format for Those with Disabilities

SNAP offices must provide the SNAP application in alternative formats when requested to accommodate people with disabilities.

SNAP offices cannot decide that a SNAP applicant should receive an alternate format application. Requests for alternative format applications must come directly from the individual, either verbally or in writing, and must be documented in the case record.

Individuals are not allowed to request combinations of alternative format notices, but they may change the type of alternative format they are receiving at any time.

SNAP offices must:

- Provide alternative format applications upon request without requiring medical documentation, and cannot deny a request for them.
- Make both the alternative and non-alternative application available to consumers requesting an alternative format version.
- Advise individuals requesting notices in alternative formats that these are provided in addition to the non-alternative format notice, and not in place of it. In cases where there is a designated authorized representative, both the head of the household and the authorized representative will receive the primary notice and the alternative format notice.
- Provide reasonable accommodations to assist the individual when requested. For example, a SNAP office may allow the information to be provided orally to a SNAP office employee or designee, who then puts the information into the non-alternative application format.

Accommodations for Special Populations, cont.

Most alternative formats are for informational purposes only. Individuals using an alternative format deemed for informational purposes only must complete and submit their SNAP application using a non-alternative format application.

The following alternative formats **cannot** be submitted as an application for SNAP benefits:

- Audio disc—an audio transcription of the form
- Large print—18-point font
- Braille

The only alternative format SNAP application that can be submitted to apply for SNAP benefits, and must be accepted by SNAP offices, is:

- Data disc, an audio transcription of the form, available in a "fillable" format. For it to be an acceptable written application, the applicant must:
  - Complete it
  - Print it
  - Sign it

Note: Fillable format applications cannot be submitted or signed electronically.

All OTDA-generated notices using the Client Notice System include a banner advising SNAP recipients of the availability of alternative format notices and other written materials. For a complete list of materials available in alternative formats, see pages 5 and 6 of 16-ADM-08 or view and download the materials at otda.ny.gov/programs/applications/alternative-formats.asp

06-ADM-05
17-INF-14
GIS 19 TA/DC026

People Who Do Not Speak English

People who do not speak English or have limited English proficiency (LEP) often have difficulty navigating the SNAP application process. They cannot be denied access to SNAP because of that.

All SNAP offices should have an assigned LEP contact responsible for monitoring, investigating, and resolving LEP applicants' complaints.

In New York State, the SNAP application form is available in:

- English
- Arabic
- Spanish
- Traditional Chinese
- Russian
- Haitian-Creole
- Korean
- Bengali
- French
- Italian
- Polish
- Urdu
- Yiddish

SNAP offices should have applications on hand in all thirteen languages.

SNAP offices must:

- Have an "Interpreter Services" poster in their waiting areas, which has information in many different languages about the availability of translation services.
- Provide a translator or interpreter to any applicant who needs one.

If the SNAP office does not have an interpreter or bilingual worker on staff, they should make other arrangements to provide translation services. Households can bring their own interpreter, but only if they wish to do so. New York City has special requirements to ensure that LEP households have access to translation services.

22TA/DC027

Gender Identity and Pronouns Use for Applicants

To foster respectful and appropriate customer services for individuals applying for SNAP in NYS, there have been computer upgrades to document gender identity other than male or female, and to collect an applicant's or recipient's (A/Rs) pronoun.

Pronouns include "he," "she," "they," or any other pronoun indicated by the A/R. The SNAP worker must ask A/Rs what pronouns they prefer and enter this into the case file. This includes using multiple pronouns.

Filing the Application

SNAPSB SECTION 4:
PG. 3, 9, 19, 27

13-INF-05

18-INF-13

LDSS-4995

26-LCM-15

Applicants should turn in a completed application form as soon as possible.

The form *does not* have to be completely filled out to be turned in, but it is best to provide as much information as possible. At a minimum, the form must include the applicant's:

- Name
- Address
- Signature, and
- The date

Applicants do not have to wait for a caseworker to see them before they turn in their application at their county SNAP office. They can drop off (file) the application and have their interview by phone at a later date. Applicants will have to provide more information during the interview.

More information on interviews can be found later in this section.

Filing the Application, cont.

Applications can be turned in:

- Online at myBenefits (all of NYS) or AccessHRA (NYC)
- On a mobile application
- By a third party (friend, relative, or community agency representative)
- In person
- By mail
- By fax

Mediating on behalf of SNAP applicants may be necessary at SNAP offices that will not accept applications by mail/fax.

All SNAP offices must post the LDSS-4995 "Right to File" poster, which provides information concerning the rights of individuals to file a SNAP application.

Filing Date

The date the application is turned in is called the filing date. SNAP benefits are issued based on the filing date, not the date the application is approved.

26-LCM-15

Telephonic Signature

SNAP offices may choose to allow the recording of telephonic signatures for SNAP-only applications filed over the telephone or for paper applications submitted without a signature, allowing for more flexibility when assisting households that require telephone-based assistance.

SNAP offices that use telephonic signatures must capture an audio recording of the household's verbal agreement and keep it in the case record. They are also allowed to document the household's verbal consent in the case record when a signature is missing or cannot be easily obtained.

All telephone applicants must be given a completed copy of their application, along with instructions for a simple process to correct any errors or omissions.

SNAP offices must continue to accept paper applications with signatures and online applications with electronic signatures.

Households with SSI Benefits

If everyone in a household is applying for or receiving Supplemental Security Income (SSI) benefits, the household can file their SNAP application at the Social Security Administration (SSA), and it will be forwarded to the proper SNAP office for processing.

Single SSI live-alone recipients are automatically enrolled in SNAP through the New York State Combined Application Program (NYSCAP); see *NYSCAP* in *Programs to Help Seniors and Disabled Applicants Access SNAP* for more information.

Filing the Application, cont.

SNAPSB SECTION 4: PG. 3, 12

Applying for SNAP When Not Applying for Cash Assistance Benefits

If a SNAP applicant submits a joint application for TANF and SNAP and is determined not eligible for TANF, the SNAP office must continue to process their SNAP eligibility based on the original joint application. The applicant does not need to submit a new application.

This should not cause any delay in processing the SNAP application.

SNAPSB SECTION 3: PG. 4; SECTION 4: PG. 9, 20-23

14-INF-16

Timeliness

SNAP application processing time is mandated by federal regulations and should be adhered to by SNAP offices.

Once the SNAP office receives an application, it has no more than 30 days to act on the application and issue SNAP benefits if the household is eligible.

SNAP offices must give applicants at least 10 days to submit all documentation. If the applicant is having difficulty securing the required documents, the SNAP office must assist them in obtaining the verification.

If the SNAP office does not make a determination on an application within the normal 30 days, contact a SNAP supervisor or manager to discuss the situation.

Timeliness: Prompt Action Time Frames

Action	Timeframe
Providing application forms to households	Same day the request is received
Accepting an identifiable application	Same day as received
Expedited service screening	Same day that application is received
Application interview	As soon as possible after receipt of an application. Households eligible for expedited service should be interviewed within seven days of their application date.
Application processing/eligibility determination and issuance of benefits	As soon as possible and always within 30 days of application

Delays Caused by the Applicant(s)

If the applicant does not turn in the required documents within the time period allotted by the SNAP office and does not have a good reason, the SNAP application can be denied. There is some flexibility in the timeframe for submitting documents.

If a SNAP applicant submits the missing documents within the initial 30-day application period, their case must be opened, if eligible, and they must be provided SNAP benefits back to the application date. No new application is required.

If an applicant submits the missing documents after the initial 30-day period but within 60 days of the application date, their case must be opened, if eligible, but benefits will be provided in the month following the application month (the second 30-day period).

If an applicant submits the missing documents later than 60 days after their initial application date, they must file a new SNAP application.

Delays Caused by the SNAP Office

If the applicant has submitted all of their documents and is eligible for SNAP, but the SNAP office hasn't provided the applicant with SNAP benefits within the allotted 30 days, the SNAP office must provide SNAP benefits back to the day the application was first handed in (the filing date). This is true even if the SNAP office does not decide on the application until more than 60 days after it was submitted.

When a household submits a SNAP application that is not processed within the 30-day period and the SNAP office causes the delay, the household will receive a notice that the SNAP application is "pending." The application will be completed in as timely a manner as possible, and SNAP benefits will be provided back to the day the application was submitted.

SNAP Expedited Service

SNAPSB SECTION 4: PG. 24-25; SECTION 5: PG. 128, 133-136; SECTION 15: PG. 316-317; SECTION 20: PG. 381

05-ADM-13

Helpful resource at the back of this section:

LDSS-3938 SNAP Application Expedited Processing Summary Sheet

People with very low income and few resources may qualify for expedited service. Those eligible will get their SNAP benefits within seven calendar days after the day they hand in their application. For example, if a person applies on a Friday and qualifies for expedited service, the SNAP office must provide SNAP benefits by Friday of the following week.

Expedited SNAP benefits are not administered as a separate program. Every SNAP applicant must be screened for expedited service eligibility on the day they apply. New York has a standard screening form for this: LDSS-3938, which can be found at the back of this section.

An applicant is eligible for screening and to receive expedited service even if they have an authorized representative, such as a friend or relative, apply for them. They may also be screened during a phone interview or an interview in their home if they are unable to get to the SNAP office.

SNAP Expedited Service, cont.

GIS16TA/DC011

26DC047

Eligibility for Expedited SNAP Benefits

A household is eligible for expedited service if:

- Their liquid resources (cash or readily available savings, online crowdfunding accounts,* or virtual currency) do not exceed $100 and they have received less than $150 in gross income during the calendar month in which they are applying for SNAP; *or*
- The household's shelter costs for the month—rent or mortgage, plus utility expenses (the Standard Utility Allowance—SUA)—are greater than the combination of the household's liquid resources and gross income for the calendar month in which they are applying; *or*
- They are a migrant or seasonal farmworker household that has liquid resources of $100 or less and meet SNAP requirements for being destitute.

After determining that a household meets any one of those three conditions, the SNAP office must interview the household and obtain proof of the applicant's identity. If verification of identity is impossible, benefits cannot be issued.

Expedited processing should not be delayed due to a lack of verification for anything other than identity.

Identity can be verified through:

- A driver's license *or*
- A voter registration card *or*
- Any other document that proves the applicant's identity

If the applicant does not have any ID, the SNAP office must try to call someone (such as a friend, relative, or worker at a shelter or other agency) to verify their identity.

The office must also assess whether the applicant has ever received expedited SNAP benefits in the past. Families who received expedited SNAP benefits the last time they applied but were not certified for ongoing benefits because they didn't follow through with the verification process have to meet certain additional criteria the next time they apply in order to receive expedited SNAP benefits. These applicants must submit either:

- The missing verification from their last application or
- All verification required with their new application

Once the applicant has submitted all necessary documents and is found eligible, the SNAP office must provide SNAP benefits within the expedited time frame.

**This is true even if the funds in the online account are used only to pay a deductible expense like medical bills or shelter costs. In such a case, the SNAP office would deduct the allowable expense as part of the regular SNAP budget process.*

Documentation Requirements for Ongoing SNAP

The SNAP office must give the household at least 10 days to submit the additional paperwork needed to qualify for ongoing benefits. This 10-day timeframe is the minimum window allowed when required verification has been postponed and ensures there is no delay or interruption in ongoing benefits for those determined eligible for ongoing SNAP.

The maximum time frame for households to submit verification that was postponed and receive continued ongoing benefits without interruption is the end of the month following the last month of the expedited payment period. This could delay receipt of the ongoing benefit until the needed verification has been provided.

For example:

> A household applied on May 16th, qualified for expedited processing, is found eligible for ongoing SNAP—with required documentation pending—and is issued benefits for the initial expedited payment period of May 16th through June 30th. If the household does not provide the required documentation by June 30th, no further benefits will be provided until they submit the outstanding documentation. The household must submit the outstanding documents by July 31st to receive full ongoing benefits for the month of July and beyond.

The SNAP Interview

SNAPSB SECTION 4: PG. 5, 11

GIS 06 TA/DC 010

GIS 08 TA/DC018

All SNAP applicants must be interviewed in a timely manner, either in person or over the phone, at the time of application submission or a later date. Applicants can request an in-person interview and can bring with them whomever they choose, including legal representation.

Applicants eligible for expedited processing must be interviewed within seven days of submitting the application.

The SNAP worker will do the following in the interview:

- Review the application
- Clarify any incomplete or confusing information
- Ask additional questions as needed
- Provide a list of any missing documentation
- Give the applicant at least 10 days to turn in any needed information

07-ADM-10

08-INF-07

LDSS-4921

Phone Interviews

Many SNAP applicants are automatically granted a phone interview instead of an in-office one.

The SNAP Interview, cont.

Phone interviews are granted for:

- **Working families:** Non-temporary assistance SNAP applicants get an automatic phone interview when one of the following conditions is met:
  - One adult on the application is working 30 hours or more per week or earning an average of at least the federal minimum wage ($7.25/hour) multiplied by 30 hours per week. Ultimately, the adult on the application would need to average $217.50 gross per week.
  - Two adults on the application are each working 20 hours per week or earning at least the federal minimum wage ($7.25/hour) multiplied by 20 hours per week. In this instance, each adult would need to earn $145 gross per week, for a total of $290 per week.
- **Applicants submitting online:** ex. myBenefits or AccessHRA
- **NYC on-demand interviews:** After returning their application, new SNAP applicants in NYC can call HRA at 718-SNAP-NOW (718-762-7669) between 8:30 AM and 5:00 PM, Monday through Friday, for an "on-demand" interview.
- **Disabled/senior applicants:** Special rules apply to households composed of all elderly and/or disabled adults with no earned income. See *Seniors and People with a Disability* in the *Eligibility Rules* section for details.
- **Others by request:** Other applicants who demonstrate a hardship can request a phone interview on a case-by-case basis. Hardships can include transportation difficulties, illness, prolonged severe weather, care of a household member, or work hours that conflict with the SNAP office hours.

Helpful resource at the back of this section:

LDSS-4942 Authorized Representative Request Form

Authorized Representatives

SNAP applicants can appoint an "authorized representative" who can apply on their behalf, attend the interview, and use the EBT card to make purchases, if approved.

The authorized representative can be a friend, a relative, someone who works for an agency, or anyone else the applicant chooses.

This person cannot be part of the applicant's household but must be able to provide the SNAP office with all the information it needs to determine eligibility, including the household's documentation.

If an applicant wants someone to act as an authorized representative, an adult member of the household must provide a written notice to the SNAP office giving the person permission to act as their authorized representative. It is recommended to use the OTDA form (LDSS-4942), provided at the back of this section. The form is available in both English and Spanish, and is specifically for households wishing to designate an authorized representative. Use of this form **cannot be required** by the SNAP office, but it is recommended. The form is developed for use with the electronic application, but is available statewide for use with any applicant household.

The SNAP office cannot force an applicant to use an authorized representative.

GIS 08 TA/DC018

Notice of Missed Interview Rules at Application

SNAP offices must comply with federal regulations for sending a Notice of Missed Interview (NOMI) during the SNAP application and recertification process.

SNAP offices must follow these regulations during the application process:

- The office must provide a date and time for the interview or provide the client with information about its on-demand system.
- If a new applicant misses their interview, the SNAP office must mail a NOMI letter informing the household that it is now the household's responsibility to reschedule the eligibility interview.
- The SNAP office must reschedule the eligibility interview for any applicant who responds to the missed interview notice.
- If the SNAP applicant does not contact the local district upon receiving the NOMI, the district will deny the case for failure to comply with the eligibility interview requirement, and a denial notice will be sent. The SNAP office must allow 30 days from the filing date before sending the notice.

Verification and Documentation

SNAPSB SECTION 5: PG. 114-127

12-INF-06

19-ADM-07

GIS19 TA/DC048

GIS 25DC004

GIS 25DC062

All eligibility criteria must be verified before the household is determined to be eligible to receive a SNAP benefit. Even if the SNAP worker is sure the information is true, they must obtain verification for the file.

The SNAP office should only ask a household to verify their present circumstances and should only use verification to assess if the household is currently eligible.

The SNAP office can gain verification from:

- Documents provided by the applicant(s)
- Collateral contact: a person outside the applicant's household who provides verbal confirmation of the household's circumstances
- Computer matches
- Home visits

Helpful resource at the back of this section:

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/ Verification Desk Guide

NYDocSubmit Quick Reference Card

The documentation requirements checklist (LDSS-2642—at the back of this section) includes each eligibility criterion and acceptable forms of verification. One document may serve as verification for more than one eligibility criterion. For example, a birth certificate can serve as verification of identity, date of birth, and citizenship. They are divided into primary and secondary verification categories, but SNAP does not differentiate between primary and secondary verification, so any form of acceptable verification in OTDA's list is acceptable for SNAP. It is easiest to get an application accepted promptly if the most common forms of documentation are provided.

If an applicant has tried to get a form of documentation and is unable to, then the caseworker is obligated to assist, including paying necessary fees. If the needed documentation is simply unavailable, the worker must find another way to verify the eligibility criteria.

Verification and Documentation, cont.

02-INF-33

21TA/DC088

GIS23DC045

25DC062

Documents Provided by Applicants

Any reasonable form of documentation must be accepted, and acceptable verification is not limited to any single type of document. Applicants should provide the SNAP office with the following: rent or mortgage payment receipts, telephone and utility bills, child care expense receipts, pay stubs, and verification of identity and address.

Households can upload documentation to the SNAP office using:

- myBenefits website
- NYC AccessHRA website
- NYC Access HRA mobile application—for NYC applicants/recipients
- NYDocSubmit mobile application—for upstate applicants/recipients

Visit otda.ny.gov/programs/nydocsubmit/ for a list of counties using NYDocSubmit, as well as other resources and information. The NYDocSubmit Quick Reference Card (at the end of this section) includes information about submitting document images, available languages, types of documents that can be submitted and more.

SNAP offices outside NYC must accept LDSS forms containing signatures of applicants, recipients, or other required third parties that are uploaded through NYDocSubmit. NYDocSubmit warns users that it is not designed to accept periodic reports or applications for services and benefits. However, if a user uploads an application for TA, SNAP, HEAP, or Medical Assistance, the SNAP office must process that application following the same rules and regulations that apply to applications submitted online or in person. This is also true if a user uploads a periodic report. Applications for any other programs or services that are uploaded in NYDocSubmit must be securely transmitted to the appropriate agency/area for action.

SNAP offices should issue documentation receipts to all SNAP applicants and recipients when they deliver documents in person to the SNAP office. This is true even if the SNAP office has a drop box. The LDSS-4847 is provided to SNAP offices as a template receipt, and OTDA has provided a list of items that should appear on any receipt for documentation provided by a SNAP office.

SNAPSB SECTION 5: PG. 121-122

12-INF-06

Collateral Contacts

Collateral Contact: a person outside the applicant's household who provides verbal confirmation of the household's circumstances.

The SNAP office will use a collateral contact as a substitute for written verification only in instances when written documentation is unavailable or inadequate. The office will call the collateral contact directly for information to support what the household has reported. For example, the SNAP office might call the landlord or neighbors to confirm the applicant's address and household composition.

The SNAP worker must:

- Obtain the information in writing, over the telephone, or in person from acceptable collateral contacts provided by the applicant. If the applicant does not give the SNAP office an acceptable contact person, the SNAP office will identify a person to contact.

Verification and Documentation, cont.

- Obtain the applicant's permission to disclose household information to a collateral contact. When the SNAP office makes collateral contact, it is inadvertently letting that person know that the applicant's household is applying for some type of benefit.
- Give the applicant a chance to verify information in some other way or to withdraw their application if they do not want a person selected by the SNAP office contacted.

Home Visits

The SNAP office should conduct a home visit only if it cannot verify household eligibility criteria through documentation or collateral contacts. Applicants do not have to let workers visit their homes, but the SNAP office can deny the application if it cannot verify the household's eligibility.

Computer Matches for Verification

The SNAP office can obtain information from:

12-INF-06

- Other public benefit programs
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Some banks
- NYS Department of Motor Vehicles (DMV)
- Tax collectors
- Other agencies and organizations that may have records about people's wages, benefit checks, addresses, and other factors that affect SNAP eligibility

The SNAP office usually will not tell the applicant when it is checking information in this way. If the office gets information that affects the SNAP case, it will typically contact the household to verify the information or refer the case to an internal investigation unit.

GIS 20DC/TA69 NYC ONLY

Computer Matches Involving NYC Veterans Only

OTDA matches a quarterly Public Assistance Reporting Information System (PARIS) file from the United States Department of Veterans Affairs (VA) against NYC HRA clients and applicants in WMS. This match is done to identify veterans who may be eligible for, but unaware of, veteran-related healthcare, counseling and employment services. When appropriate, eligible veterans and their families will be referred to those services in place of receiving TANF, SNAP or other public benefits.

Verification and Documentation, cont.

SNAPSB SECTION 5: PG. 114-117

12-INF-06

GIS 13 TA/DC043

Helpful resource at the back of this section:

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/ Verification Desk Guide

Necessary Verification

SNAP rules require that the SNAP worker get proof of the following:

- **Identity of applicant**—If an authorized representative applies in place of an applicant, the SNAP office must verify both the identity of the authorized representative and the applicant. Identity is the only necessary verification for households eligible for expedited processing.
- **Household size**—Verification can be obtained from a collateral contact, such as a landlord or other people not related to the family. Other readily available documentation is also acceptable, including: school district reports, Housing Authority Section 8 information, or any other documents that can be used to prove the size of the family applying for SNAP.
- **Age**—The household must provide the date of birth for all applying household members. The household has until the next recertification to provide verification of dates of birth. Acceptable means of documentation include: birth certificates, school records, or social security number (SSN) validation.
- **Non-citizenship status** (also referred to as Alien Status by OTDA)—Anyone in the household who is applying for SNAP and is not a U.S. citizen must provide proof of their immigration status. The SNAP office verifies the claimed legal status and any immigration documents submitted to the U.S. Citizenship and Immigration Services (USCIS). The SNAP office will only verify USCIS status for household members who submit proof of their immigration status. Non-citizen household members who do not submit proof of their immigration status (such as undocumented non-citizens) are excluded from the household for SNAP purposes, but the rest of the household can still receive SNAP benefits.
- **Social security numbers (SSNs)**—Everyone in the household must provide the SNAP office with a social security number. In New York State, eligibility workers verify SSNs directly with the Social Security Administration (SSA). Therefore, individuals do not have to provide proof of their SSN unless the number they provide to the SNAP office does not match the SSA's records or cannot be verified.
- **Income and resources**—Applicants must provide pay stubs and bank records to the SNAP office to verify their earned/unearned income and resources, if applicable.
- **Residence in the county**—The SNAP office does not have to verify where the applicant lives if it is not reasonably possible to get verification. For example, the applicant recently moved to the area, is homeless, or is a migrant farm worker and cannot get verification easily.

  Homeless SNAP applicants are exempt from the residency verification. They do not need a permanent address to apply, and can use the address of an authorized representative, a community organization (ex, shelter, soup kitchen), or the local SNAP office as an acceptable mailing address. See GIS 13TA/DC043 for more information on documentation requirements for homeless youth.

Verification and Documentation, cont.

The following documents are used for budgeting only, not eligibility determinations:

- **Shelter and utility costs**
- **Child care and child support costs** being deducted in the budgeting process
- **Medical expenses for elderly** (60 years of age and older) and applicants who meet the SNAP definition for disabled
- **Disability**—for special budgeting rules applicable to disabled people or those who are exempt from work activities due to a disability

Note: If verification of an item used *only for budgeting* a deduction is not available, the case can still be opened and budgeted without the deduction; however, the household may get a smaller benefit than it would have if the item had been verified.

Case Example: If the household does not have verification of child care costs, the budget can be calculated without the child care deduction. When the household provides documentation for the child care expense, they might get an increase in their SNAP benefit based on the new budget with the deduction.

SNAPSB SECTION 5: PG. 119-120

12-INF-06

25-INF-03

Verification of Questionable Information

Questionable information: any information on the application that is inconsistent with:

- Statements made by the applicant
- Other information on the present application or previous ones
- Information received by the caseworker

SNAP applicants should be prepared to verify as many facts as possible and to explain any unusual household circumstances in the initial interview. The SNAP office will ask for verification of any information that it finds questionable. These requests, provided in writing, should list all required information and the date by which the household should provide that information. Such requests, and the guidelines upon which they are based, must not discriminate based on race, religion, ethnic background, or national origin.

The following items shall only be verified if questionable:

- Citizenship
- Household composition
- Whether household members purchase and prepare meals together or separately

05-ADM-08

Front End Detection Systems

Front End Detection System (FEDS) program: an anti-fraud measure utilized by New York State that conducts investigations of applications that appear to have questionable circumstances. All local FEDS plans must be approved by OTDA.

For cash assistance purposes, all counties are required to operate a FEDS program.

Verification and Documentation, cont.

For SNAP-only cases: The program is optional. New York City does not have a SNAP-only FEDS plan; about two-thirds of counties throughout the state do.

Caseworkers may only refer those cases that meet specific criteria spelled out in the county's FEDS plan, and only after the household has first been given an opportunity to explain their situation.

What happens when there is a FEDS referral:

Typically, an LDSS investigator visits the applicant at their home or asks the household to appear for an in-office interview. However, for SNAP purposes, there is no obligation on the part of the household to meet with the investigator.

If a household fails to attend a FEDS interview:

That absence can not be used as a reason to deny the SNAP application and should not delay the normal application process. The investigator should continue without the household's cooperation and forward their report to the eligibility worker. The worker will then consider the information in the FEDS report before making a final decision on the household's application.

See 05-ADM-08 for a list of criteria, called indicators, that can trigger a FEDS referral.

SNAPSB SECTION 5: PG. 95-97

Households Without Social Security Numbers (SSN)

Every person in a household applying for SNAP must provide the SNAP office with their SSN. If a household member does not have an SSN, they must apply for one before they can receive SNAP benefits unless they have "good cause."

Good Cause: an applicant has tried to apply for a social security number but has not yet received it. For example, an applicant may have good cause if the Social Security Office will not accept the application because the applicant is waiting for a replacement copy of a lost birth certificate.

If an applicant applies for an SSN, the receipt from the SSA showing that they have applied satisfies the requirement.

Applicants who do not give the SNAP office their SSN or provide proof that they applied for one, or do not have good cause for not applying for an SSN, cannot receive SNAP benefits. However, the rest of the household members can proceed with the application without that household member. The excluded household member will be treated as an ineligible non-citizen for budgeting purposes.

As soon as the household member qualifies (i.e., provides proof they have applied for an SSN), they will be added as a member of that SNAP case.

SNAPSB SECTION 5:
PG. 69-89

03-INF-14

Households With Undocumented Non-Citizens

Undocumented non-citizens: individuals who cannot verify their immigration status. Undocumented non-citizens are **not** eligible for SNAP benefits.

When a household contains a member who cannot provide immigration verification, the SNAP office:

- Must continue to process the application for the remaining household members;
- Must not report anyone to USCIS. A threat by the SNAP office to contact USCIS to verify immigration status is a violation of the non-citizen's civil rights;
- Can report a non-citizen to OTDA if presented with proof that the person is illegally in the country (deportation orders).

If the ineligible non-citizen is someone who would otherwise have to be part of the SNAP household (for example, the parent of minor children in the household), their income must be reported because a pro-rata portion will count in determining the amount of SNAP benefits for which the rest of the family is eligible.

Find more information about budgeting for this type of household under *Advanced Budgeting* in the *Budgeting and Estimating SNAP Benefits* section of this guide.

Notification of Acceptance or Denial

SNAPSB SECTION 8

14-INF-16

Whether a SNAP application is accepted or denied, the SNAP office must send a notice informing the applicant of its decision within 30 calendar days of the application filing date.

If the SNAP office decides that the applicant qualifies for SNAP, the notice of acceptance must:

- State how much the household's SNAP benefit will be
- Include the start and end dates of the certification period

If the SNAP office denies the application, the notice of denial must explain the reason for the denial.

All notices must also include the following information:

- Phone number of the SNAP office
- The name of someone at the SNAP office that the applicant can call with questions, if possible
- Information about the right to a conference and/or a fair hearing
- How to get free legal aid

New York State uses an automated computer notice system for most notices. These notices include information about how the budget was calculated, so if there are any mistakes, they can be identified and mediated with the SNAP office.

Notice of Pending Application

When an application is delayed beyond 30 days and the fault lies with the SNAP office, a "Notice of Pending Application" will be created and sent to inform applicants that there has been a delay in application processing and that the application is still pending. Applications cannot be denied when the pending application is beyond 30 days and it is due to the fault of the SNAP office.

See *Timeliness* earlier in this section for further details.

Resources for This Section

On the following pages, you will find these resources:

LDSS-4826 SNAP Application Form and LDSS-4826A How to Complete Booklet

Instructions for Ordering SNAP Applications & OTDA Order Form 876 EL

LDSS-3938/LDSS 3938 NYC SNAP Application Expedited Processing Summary Sheet

LDSS-4942 Authorized Representative Request Form

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/Verification Desk Guide

NYDocSubmit Quick Reference Card

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION

This application can <u>ONLY</u> be used to apply or recertify for SNAP

If you are blind or seriously visually impaired and need this application in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available and how you can request an application in an alternative format, see the instruction book (LDSS-4826A), or www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ____ Yes ____ No

If Yes, check the type of format you would like: ___ Large Print ___ Data CD ___ Audio CD ___ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

If you are only applying or recertifying for SNAP you can use this application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

<u>When You Are Applying For SNAP</u>

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 7 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

When You Are Recertifying for SNAP

- You must submit the signed recertification application before the interview.
- If you miss the interview it is your responsibility to contact the social services district to reschedule.

Need SNAP Benefits Right Away? You May Be Eligible For Expedited Processing of your SNAP Application:

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to get SNAP within 7 calendar days of the date you apply. When a resident of an institution is jointly applying for SSI and SNAP prior to leaving the institution, the recorded filing date of the application is the date of release of the applicant from the institution.

Where You Can Apply For SNAP

If you live **outside of** New York City, you can apply on-line at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed to or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009.**

If you live in **New York City** and you are **not** also applying for Temporary Assistance, you can apply on-line at https://www.nyc.gov/hra, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009.**

SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.

NON-DISCRIMINATION NOTICE – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audio tape, American Sign Language), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a form AD-3027 USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistance Secretary for Civil Rights (ASCR) about the nature and ate of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SNAP APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	☐ Apply ☐ Recertify	Lang

Legal Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.# ____ City _____, NY Zip Code _____

Mailing Address (if different) _____ Apt.# ____ City _____, NY Zip Code _____

Known by Any Other Name: _____ Are You: ☐ Applying **or** ☐ Recertifying Do you want to receive notices in: ☐ Spanish **and** English **or** ☐ English **Only**

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →	APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED

List everyone who lives with you even if they are not applying. List yourself first.

LN	First Name	MI	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M, F Or X	Is this person applying? Yes	Is this person applying? No	Relationship to you	Do you buy and/or prepare food with this person? Yes	Do you buy and/or prepare food with this person? No	Hispanic or Latino? Yes	Hispanic or Latino? No	Enter Y (Yes) or N (No) for each race* (Codes Defined Below) I	A	B	P	W
1								✓		**self**	✓								
2																			
3																			
4																			
5																			
6																			
7																			
8																			

*Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** - Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

Are you and is everyone living with you a US citizen? ☐ Yes ☐ No If No, who is not a citizen? _____

Are you or is anyone in your household applying for or receiving SNAP or Temporary Assistance in another place? ☐ Yes ☐ No

Are you or is anyone living with you a veteran? ☐ Yes ☐ No If Yes, who _____

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? ☐ Yes ☐ No

If you are recertifying for SNAP, list on Page 9 what has changed since your last application or recertification *(such as moved, had a baby, someone moved in or out of your household).*

You may use page 9 if you need more room or there is other information that you think we might need.

Go to Page 3

INCOME

List ***ALL*** your income and the income of everyone living with you. This includes, but is not limited to **wages, income from self-employment minus the cost of producing self-employment (for example: babysitting, cleaning, income from a roomer or boarder), child support, pensions, veteran's benefits, disability, social security or SSI, grants or scholarships for rent or food, Temporary Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? *(for example, weekly, bi-weekly, monthly)*	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training? ☐ Yes ☐ No *If Yes, who* _____ .

Amount paid $ _____. How often paid *(e.g., weekly, monthly)* _____.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? ☐ Yes ☐ No

Do you or does anyone living with you have any potential income that has not yet been received? ☐ Yes ☐ No If *Yes, explain on Page 9.*

Are you or is anyone living with you participating in a strike? ☐ Yes ☐ No If Yes, who _____ .

Were you or anyone living with you in foster care on your 18th birthday? ☐ Yes ☐ No

Are you or is anyone living with you a boarder, foster child, or foster adult? ☐ Yes ☐ No

If *Yes, check B for boarder or F for foster and write their name.* ☐ *B* ☐ *F* Name: _____ .

RESOURCES

Resources do not affect the eligibility of most households applying for SNAP. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? *(For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts)*
$_____ Belongs to _____ .

Other financial assets? *(For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates)* ☐ Yes ☐ No

If Yes, amount $_____ *Type* _____ *Owner* _____.

How many cars, trucks or other vehicles do you or anyone in your household have?

___ **#1** *Year* _____ *Make* _____ *Model* _____ *Owner* _____

___ **#2** *Year* _____ *Make* _____ *Model* _____ *Owner* _____

Do you or anyone applying own any property including your own home? ☐ Yes ☐ No If yes, *list property*_____ *Owner* _____

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for SNAP? ☐ Yes ☐ No

EDUCATION/TRAINING AND LANGUAGE

Enter the name of each applying person in the household aged 16 or older, including yourself. For each person, put an "X" in the box in the "Highest Level of Education" section, using the education and training codes shown below. Check only one box per person. If you enter an "X" in the "0" column for a person, (indicating they do not have a high school diploma or a high school equivalency diploma), enter their highest school grade completed in the "Highest School Grade Completed" box (example – if a person is in 10th grade, put "9" in the "Highest School Grade Completed" box). Leave the "Highest School Grade Completed" box blank if the "0" column is not checked for a person in high school or obtaining a high school equivalency diploma.

Additionally, please identify the primary language spoken for each individual in the SNAP household that is age 16 or older. The primary language is the language the individual speaks most often.

Name (First and Last)	Highest Level of Education* (Codes Defined Below)							Highest School Grade Completed (see information below)	What is the Individual's primary language spoken?
	0	1	2	3	4	5	8		

* Education and Training Codes: **0** – Less than a high school diploma or equivalency; **1** – High school diploma or high school equivalency diploma; **2** – Associates Degree (2-year college degree); **3** – Bachelor's degree (4-year college degree); **4** – Graduate degree (Master's or higher); **5** – Completion of an Individualized Education Plan (IEP); **8** – Unknown

NOTE: The provision of information regarding highest level of education, highest school grade and primary language spoken is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to meet federal reporting requirements.

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

☐ Own home or paying for home ☐ Renting ☐ Migrant/seasonal farmworker ☐ No permanent residence ☐ Live with relatives or friends

List expenses:

Monthly rent or mortgage payment $ _____ Tax on home per year $ _____ Insurance on home per year $ _____.

Pay separately for Heat? ☐ Yes ☐ No If yes, specify type of heating: ☐ Gas ☐ Electric ☐ Oil ☐ Wood ☐ Coal ☐ Propane ☐ Other *(list)* _____

Heat Co. Name _____ Heat Co. Acct. No. _____

Pay for air conditioning, either in your electric bill or as a separate fee? ☐ Yes ☐ No

Pay separately for utilities *(other than heating/cooling)?* ☐ Yes ☐ No *(for example, lights, cooking gas, garbage/trash, water, initial installation of utilities)*.

Does anyone else pay any of these expenses for you *(some examples are Section 8 or other subsidy program)*?

☐ Yes ☐ No *If yes, who pays what?* _____ .

Are you or is anyone living with you paying legally obligated child support? ☐ Yes ☐ No *If yes, who* _____

Name(s) of child(ren) support is being paid for _____

Payment amount $_____ Frequency of payments *(for example, weekly, bi-weekly, monthly)* _____

Are you, and/or anyone living with you, disabled or at least age 60? ☐ Yes ☐ No *If yes, who* _____

If so, does such person have medical bills? ☐ Yes ☐ No If yes, list on page 9 what they are for, how much and who is responsible for payment.

LIVING ARRANGEMENTS AND EXPENSES (cont'd)

Are you, and/or anyone living with you, on Medicaid with a spenddown? ☐ Yes ☐ No *If yes, who* _____ Amount $_____

Are you or anyone living with you (16 or 17 years of age) enrolled in school or training? ☐ Yes ☐ No *If yes, who* _____ Name of School/Training Program _____

Are you or anyone living with you, between the ages of 18 and 49 years of age, attending a school or training program (above High School)? ☐ Yes ☐ No *If yes, who?* _____

Name of School/Training program _____ *Full Time (FT)* ☐ Yes ☐ No Income ☐ Yes ☐ No Expenses ☐ Yes ☐ No

Are there adults in the household age 16 and older (including the applicant) who:

Are pregnant? ☐ Yes ☐ No If yes, who _____

Have any medical conditions that limit their ability to work or the type of work that they can perform? ☐ Yes ☐ No If yes, who _____

8

Answer these questions:

Are you or is anyone living with you violating a condition of probation or parole or fleeing to avoid prosecution, custody or confinement for a felony and actively being pursued by law enforcement? ☐ Yes ☐ No *If yes, who* _____

Are you or is anyone living with you in violation of probation or parole according to a court? ☐ Yes ☐ No *If yes, who* _____

Have you or has anyone living with you ever been disqualified from receiving SNAP because of fraud or intentional program violation? ☐ Yes ☐ No *If yes, who* _____

Have you or has anyone living with you been convicted of trading SNAP benefits for firearms, ammunition or explosives, or drugs after September 22, 1996? ☐ Yes ☐ No

If yes, who _____

Have you or has anyone living with you been convicted of buying or selling SNAP benefits for a combined amount of $500 or more, after September 22, 1996? ☐ Yes ☐ No

If yes, who _____

Have you or has anyone living with you been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996? ☐ Yes ☐ No

If yes, who _____

You may use page 9 if you need more room or there is other information that you think we might need.

READ THE IMPORTANT INFORMATION BELOW

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

9

- **12 months for the first SNAP-IPV;**
- **24 months for the second SNAP IPV;**
- **24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)**
- **120 months if found guilty of making a false statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.**

Additionally, a court may bar an individual from participation in SNAP for an additional 18 months.

READ THE IMPORTANT INFORMATION BELOW (cont'd)

Permanent disqualification of an individual for:

- **The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.**
- **The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of $500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)**
- **The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of controlled substances. (Illegal drugs or certain drugs for which a doctor's prescription is required.)**
- **All third SNAP-IPV Intentional Program Violations.**

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to $250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- **You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or**
- **Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or**
- **Commit or attempt to commit an act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.**

Additionally, the following is not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for actions that include:

- **Using or have in your possession EBT cards that do not belong to you, without the card owner's consent; or**
- **Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit; or**
- **Allowing someone else to use your electronic benefit transfer (EBT) card in exchange for cash, firearms, ammunition, explosives or drugs, or to purchase food for individuals who are not members of the SNAP household.**

If you get more SNAP benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future SNAP benefits that you get. If your case is closed, you may pay back the overpayment through any unused SNAP benefits remaining in your account, or you may pay by cash.

If you have an overpayment that is not paid back, it will be referred for collection, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any SNAP benefits expunged from your EBT account will be used to reduce current overpayments. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

CONSENT – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for SNAP benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a SNAP Quality Control Review.

I understand that by signing this application/certification, I consent to an investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company's low income programs. I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

CONSENT FOR RELEASE OF CONFIDENTIAL UNEMPLOYMENT INSURANCE (UI) INFORMATION – I authorize the New York State Department of Labor (DOL) to release any confidential information, maintained by DOL for Unemployment Insurance (UI) purposes, to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with State and local agency employees working in local social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of SNAP applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

NEW YORK CITY HOUSING AUTHORITY RESIDENT CONSENT TO SHARE INFORMATION – If you are applying for assistance in New York City, this consent will allow the New York City Housing Authority (NYCHA) to share information about you wit the New York City Human Resources Administration/Department of Social Services (HRA) to help you and our household apply for assistance under the Supplemental Nutrition Assistance Program (SNAP), and/or for HRA cash assistance, which may include payment of rental arrears.

If you sign this application below, NYCHA may share with HRA information relevant to your eligibility for, level of , SNAP and/or cash assistance benefits including your name, address, date of birth, and rent and utility payment information (such as monthly rent amount, rent payment history, rent balance, and appliance fees). Additionally, by signing this application below, you represent that you have the authority to consent on behalf of minor children listed in this application and you authorize NYCHA to share that child's name, address, and date of birth with HRA.

HRA will keep confidential any information that NYCHA shares and may only share the information with the local, state, and federal agencies that oversee HRA's SNAP and cash assistance benefit programs.

RELASE OF EDUCATIONAL RECORDS – I give permission to the New York City social services district to obtain the educational records of myself and/or my minor child(ren) for the following purposes: 1) verifying my eligibility for SNAP, 2) conducting reviews or investigations that result from conflicting information provided as part of the eligibility process and, 3) proving the appropriate federal government agency access to this information for the sole purpose of audit.

RELEASE OF INFORMATION TO SERVICE PROVIDERS - I give permission to the social services district and New York State to share information regarding Supplemental Nutrition Assistance Program benefits that I or any member of my household for whom I can legally give authorization have received, for purposes of verifying my eligibility for services and payment related to program administration provided by a State or local contractor. Such services may include, but are not limited to, job placement or training services provided to help me or my household members obtain and retain employment.

SUA (STANDARD UTILITY ALLOWANCE) INFORMATION – I understand that SNAP recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I have not received a HEAP benefit of greater than $20 in the current month or previous 12 months, or other similar energy assistance program benefits, I must pay separately for a heating, air conditioning or utility expense in order to receive a Standard Utility Allowance.

CHANGES – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, able-bodied adult without dependents (ABAWD) status including if my hours of work fall below 80 hours per month, pregnancy status or address to the best of my knowledge or belief in accordance with my reporting requirements.

REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES – I understand that my household must report child care and utility expenses in order to get a SNAP deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a SNAP deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for SNAP or may increase my SNAP benefits. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of SNAP in future months in accordance with the rules for change reporting and processing changes.

In applying for SNAP, I understand that the social services district will request and use information available through the Income and Eligibility Verification System to investigate my application, and may verify this information through collateral contacts if discrepancies are found. I also understand that such information may affect my eligibility for SNAP and/or level of SNAP benefits I receive.

PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN) – The collection of SSN's is authorized for each household member with respect to SNAP pursuant to the Food and Nutrition Act of 2008. The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. The information will be used to check identity and to verify earned and unearned income.

If a SNAP claim arises against your household, the information on this application, including all SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Anyone applying for SNAP must provide a SSN. SSN's of ineligible members will also be used and disclosed in the manner above. If you or anyone applying/recertifying does not have a SSN, a SSN must be applied for with the Social Security Administration (SSA.gov).

Besides using the information, you give us in this way, the State also uses the information to prepare statistics about all the people receiving benefits from the Home Energy Assistance Program. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

CITIZENSHIP/IMMIGRATION STATUS– I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of myself and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for SNAP may be checked for authenticity with the United States Citizenship and Immigration Services.

For SNAP, citizenship must be documented **only if questionable**.

9

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP for you. You can also authorize someone outside your household to get an authorized representative EBT card to buy food for you. If you would like to authorize someone, you must do so in writing. You may do so by printing the person's name, address and phone number below. When an Authorized Representative is applying on behalf of a SNAP household that does not reside in an institution, **both** the Authorized Representative and a responsible adult member of the SNAP household must sign and date the signature sections at the bottom of this page, unless the Authorized Representative has been otherwise designated by the household in writing.

10

IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, PRINT THE PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER, AND SIGN BELOW.

Name _____ Address _____ Phone _____

☐ **Check this box if you want your authorized representative to get an EBT card to buy food for you.**

CERTIFICATION: I have read and understand the notices above. I understand and agree to the terms, authorizations and consents above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct. Your signature is required below to complete the application process.

11

APPLICANT SIGNATURE (or Responsible Adult Household Member) X	DATE SIGNED
Authorized Representative SIGNATURE X	DATE SIGNED

IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name _____ Address _____ Phone _____

Use this area for additional information:

Who: _____ *Explanation:*

Who: _____ *Explanation:*

12

Who: _____ *Explanation:*

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE	DATE
13	

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Reason _____/_____/_____ ☐ Withdrawal ☐ Denial ☐ Recert. Closing

Eligibility Approved by _____ Date _____

SNAP Authorization Period: From _____ To _____

☐ **IN-PERSON INTERVIEW** ☐ **TELEPHONE INTERVIEW**

Comments:

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- ☐ **NO** because I choose not to register ***OR***
- ☐ I am already registered at my current address ***OR***
- ☐ I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature _____ Date ___/___/___

Please Print Name _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, I need an application for an Absentee Ballot

Please print or type in blue or black ink

☐ Yes, I would like to be an Election Day worker

1 **Are you a U.S. citizen?** ☐ **YES** ☐ **NO**
If you answered **NO**, do not complete this form

2 **A) Will you be 18 years old on or before election day?** ☐ **YES** ☐ **NO**

B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? ☐ **YES** ☐ **NO**
If you answered **NO** to both of the prior questions, you cannot register to vote.

For Board Use Only

3 Last Name | First Name | Middle Initial | Suffix

4 Address where you live (do not give P.O. box) | Apt. No. | City/Town/Village | Zip Code | County

5 Address where you get your mail (if different than above) | P.O. Box, Star Route, etc. | Post Office | Zip Code

6 Date of Birth | **7** Gender (optional) | **8** Telephone (optional) | Email (optional)

10 The last year you voted | Your address was (give house number, street and city)
In county/state | Under the name (if different from your name now)

9 **ID Number** (Check the applicable box and provide your number)
- ☐ New York State DMV number — — — — — — — — —
- ☐ Last four digits of your Social Security number — — — —
- ☐ I do not have a New York State DMV or Social Security number

11 **Political Party**

I wish to enroll in a political party
- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Working Families party
- ☐ Other _____

I do not wish to enroll in any political party and wish to be an independent voter
- ☐ No party

12 **Affidavit: I swear or affirm that**
- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I will meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Signature or Mark in ink _____ Date ___/___/___

(Optional) Register to donate your organs and tissues

Last Name

First Name | Middle Initial | Suffix

Address

Apt Number | City/Town/Village | Zip Code

Birth Date | Gender ☐ M ☐ F

Eye Color | Height Ft. In.

Email | DMV or ID NYC Number

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.

DONATE LIFE New York State

Signature _____ Date ___/___/___

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP

The LDSS-4826 Supplemental Nutrition Assistance Program (SNAP)

Application/Recertification can ONLY be used to apply or recertify for SNAP

If you are blind or seriously visually impaired and need an application or these instructions in an alternative format, you may request them from your social services district (SSD). The following alternative formats are available:

- Large print;
- Data format (a screen reader-accessible electronic file);
- Audio format (an audio transcription of the instructions or application questions); and
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

Applications and instructions are also available for download in large print, data format and audio format from www.otda.ny.gov. Please note that applications are available in audio format and Braille solely for informational purposes. In order to apply, you must submit an application in written, non-alternative format.

If you have any disabilities that prevent you from completing this application and/or from waiting to be interviewed, please notify your SSD. The SSD will make every effort to provide a reasonable accommodation to address your needs.

If you require another accommodation, or need other help completing this application, please contact your SSD. We are committed to assisting and supporting you in a professional and respectful manner.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP (LDSS-4826)

The LDSS-4826 application can ONLY be used to apply or recertify for SNAP

If you are only applying or recertifying for SNAP you can use the LDSS-4826 application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

When You Are Applying For SNAP

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 8 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

Need SNAP Benefits Right Away? You May Be Eligible For Expedited Processing of your SNAP Application.

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to get SNAP within 7 calendar days of the date you apply. When a resident of an institution is jointly applying for SSI and SNAP prior to leaving the institution, the recorded filing date of the application is the date of release of the applicant from the institution.

Where You Can Apply For SNAP

If you live **outside of** New York City, you can apply on-line at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed to or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009.**

If you live in **New York City** and you are **not** also applying for Temporary Assistance, you can apply on-line at http://www.nyc.gov/hra, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009.**

SNAP Interviews

SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.

When You Are Recertifying For SNAP

- You must submit the signed recertification application before the interview.
- If you miss your interview, it is your responsibility to contact the social services district to reschedule the interview and avoid having your case closed.

INSTRUCTIONS ON HOW TO COMPLETE THE SNAP APPLICATION/RECERTIFICATION

Be sure to complete each section by PRINTING clearly in blue or black ink.

Do **NOT** print in the shaded areas.

If you are applying as someone's representative, please print information about that person, not yourself.

ALTERNATIVE FORMATS: Check "YES" or "NO" to indicate whether you are blind or seriously visually impaired and would like to receive written notices in an alternative format. If "Yes," check the type of format you would like. Alternative formats are available in large print, data CD, audio CD, or Braille, if you assert that none of the other alternative formats are equally effective for you. If you require another accommodation, or need other help completing this application, please contact your SSD.

SECTION 1: APPLICANT INFORMATION

NAME: PRINT your legal name including your first name, middle initial and last name.

TELEPHONE NUMBER: PRINT your home phone number.

OTHER PHONE: PRINT another phone number where you can be reached, if you have one.

RESIDENCE ADDRESS: PRINT the street, avenue, road, etc., where you now live. PRINT the city you live in. PRINT your zip code.

MAILING ADDRESS: PRINT your mailing address if it is different from your residence.

OTHER NAME: **PRINT** any maiden names, names from a previous marriage, or other names that any person listed has been known by or now uses.

Check (✓) whether you are applying or recertifying for SNAP.
Check (✓) if you wish to receive notices in Spanish **and** English or just English.

SECTION 2: Sign your name, date, and provide your address (if you have one) **ONLY** if you want to submit your application without completing the next page at this time to establish your application filing date. You must complete the application process, including the interview and sign on page 8 for us to determine your eligibility.

SECTION 3: HOUSEHOLD MEMBERS INFORMATION:

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.
PRINT your full name first. Then **PRINT** the names of the other people who live with you:

PRINT the Social Security Number (if the individual does not have a SSN, enter "none"), date of birth, marital status and sex for each person applying.

Check (✓) Yes or No to tell us who is applying.

For **each** person in the household, PRINT how they are related to you (for example: wife, son, friend, etc.).

Check (✓) Yes or No if that person buys and/or prepares food with you.

Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino.

Enter Y (Yes) or N (No) for each race *.

Race/Ethnic codes: **I –** Native American or Alaskan Native, **A –** Asian, **B –** Black or African American, **P –** Native Hawaiian or Pacific Islander**, W –** White
The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

SECTION 4: Answer all questions in section 4. Be sure to provide the names of individuals who are not U.S. citizens.

SECTION 5: INCOME: List all your income and the income of everyone living with you. PRINT the name of the person receiving the income, the source of income and how often it is received. Income can include: Regular job (wages), income before strike, on-the-job-training, military reserves, national guard, work study, alimony, child support, educational assistance (grants, scholarships, etc.), friends or relatives (other than loans), temporary assistance, pensions or retirement, Supplemental Security Income (SSI), Social Security benefits, veterans benefits, unemployment benefits, worker's compensation, babysitting, taxi driving, cleaning homes or other buildings, farming/ranching, income from a roomer, income from a boarder or arts and crafts.

NOTE: Foster Care Payments and SNAP – You may choose to include the foster care child or adult in the SNAP household. If you do, any associated foster care payments will be counted as income. All other income or resources of the foster care child also will be counted. If you have any questions about this, make sure to ask your worker.

Be sure to answer all other questions in section 5.

SECTION 6: RESOURCES: Resources do not affect the eligibility of most households applying for SNAP. However, some resource information is used to determine if you qualify for expedited processing of your application.

Answer all the questions in Section 6 for yourself and everyone who is applying for SNAP. List the dollar ($) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings with non-household members**. Resources may include any of the following: cash on hand, cash held by others, checking or savings account, savings bonds, individual retirement account, pension plan, individual development account, stocks/bonds, mutual funds, trust fund, money market certificates, buildings, land, rental property, vacation or recreational property or house other than home.

SECTION 7: EDUCATION/TRAINING AND LANGUAGE: Enter the name of each applying person in the household aged 16 or older, including yourself. For each person, put an "X" in the box in the "Highest Level of Education" section, using the education and training codes shown on the SNAP Application (LDSS-4826). Check only one box per person. If you enter an "X" in the "0" column for a person, (indicating they do not have a high school diploma or a high school equivalency diploma), enter their highest school grade completed in the "Highest School Grade Completed" box). Leave the "Highest School Grade Completed" box blank if the "0" column is not checked for a person in high school or obtaining a high school equivalency diploma. Please identify the primary language spoken for each individual in the SNAP household that is age 16 or older. The primary language is the language the individual speaks most often.

NOTE: The provision of information regarding highest level of education, highest school grade and primary languages spoken is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The information is requested to meet federal reporting requirements.

SECTION 8: LIVING ARRANGEMENTS AND EXPENSES:

PRINT the amount you pay for rent, mortgage, room and board or other housing. List the dollar ($) amount that you pay for your property taxes and homeowner's insurance.

If you pay for your heat separately, check (✓) what type of heat you have and fill in the name of the heating company and your account number.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have air conditioning costs and if you do, who pays the separate expense?
- anyone pays legally obligated child support and if so, who, how much, the frequency of payments, and the name of the child(ren) support is being paid for?
- anyone in household applying, who is disabled or at least age 60 has any medical bills such as in-home nursing service, dentures, hearing aid, eyeglasses, seeing eye dog or service animal, health insurance and medical payments, hospital or nursing care, medical or dental services, prescription drugs or medical transportation?
- anyone in your household is on Medicaid with a spenddown and if so, who and how much?
- anyone in your household is enrolled in school or in a training program and if so, who and where, and enrollment status?
- If you or anyone who lives with you age 16 or older who is applying is pregnant, select "Yes" and print your/their name in the space provided following this question.
- If you or anyone who lives with you age 16 or older has any condition that keeps you/them from working or from doing certain kinds of work, select "Yes" and print your/their name in the space provided following this question.

Be sure to answer all other questions in section 8.

SECTION 9: LEGAL STATEMENTS, RESPONSIBILITIES AND PENALTIES: Read this section carefully or have someone read it to you.

Note: NY State Law provides for fine or jail, or both, for a person found guilty of obtaining SNAP by hiding the facts or not telling the truth.

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity costs, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

NON-DISCRIMINATION NOTICE – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audio tape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: http://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistance Secretary for Civil Rights (ASCR) about the nature and date of alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

SECTION 10: SNAP AUTHORIZED REPRESENTATIVE: If you want someone from outside your household to apply for SNAP benefits or get an authorized representative EBT card to buy the food for you, PRINT their name, address and phone number, unless the authorized representative has been otherwise designated by the household in writing.

SECTION 11: SIGNATURES: Sign your name. If you are an Authorized Representative, both you and a responsible adult household member must sign and date the signature sections on page 8 of the Application/Recertification.

When an Authorized Representative is applying on behalf of a SNAP Household that does not reside in an institution, **both the** Authorized Representative and the Head of Household or another responsible adult member of the household must sign and date the signature sections on Page 8 of the Application/Recertification.

SECTION 12: ADDITIONAL INFORMATION: Use this section to let us know additional information that you think we might need to know.

SECTION 13: CONSENT TO WITHDRAW: If you decide you no longer wish to apply for SNAP, sign your name and enter date. You may reapply at any time.

Note: **The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect your eligibility or the amount of assistance that you will be given by this agency.**

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services Programs and to deter fraud.

READ THE IMPORTANT INFORMATION BELOW
APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP

Additional information regarding your rights and responsibilities is contained in the Client Information Books (LDSS-4148A; LDSS-4148B and LDSS-4148C). These books can be obtained at your social services district, and on-line.

YOU HAVE *RIGHTS*:

- As an Applicant/Recipient of SNAP you must be interviewed as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
- SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.
- You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one at no cost to you. You cannot be denied access to services because you are not fluent in English or hearing or speech impaired. Social Services districts may utilize the TTY/TTD relay systems to gain access to services for hearing or speech impaired applicants/recipients. If you have any special needs you can request special accommodations from your social services district.
- If you have a disability, you have the same right to access and be interviewed for SNAP as someone who does not have a disability.
- Within 30 days of the date you filed your completed application and interview for SNAP, you must be told if your application is approved or denied. If you are eligible for expedited processing you must be told within 7 days after the date you turned in your application if you are qualified for SNAP and/or advised if additional documentation is needed.
- You must be given a written notice telling you if your application for SNAP is approved or denied:
  - -- If your Application is approved, this notice will tell you the amount of SNAP benefits you will get;
  - -- If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

WHAT IS A FAIR HEARING

A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the social services district's decision about your case was wrong. After the Fair Hearing, the State will issue a written decision which will state whether the social services district's decision was right or wrong. The written decision may order the social services district to correct your case.

TIME LIMITS TO ASK FOR A FAIR HEARING

If you want to ask for a Fair Hearing for SNAP, call **right away** because there are time limits. If you wait too long, you may not be able to get a Fair Hearing. **If you get a notice about your case** and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. **Be sure to read all of the notice carefully**. **If your notice tells you that your SNAP benefits have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within 90 days from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough SNAP benefits at any time within the certification period**.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

HOW TO ASK FOR A FAIR HEARING

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing Request to: 518-473-6735

Online: Complete online request form at http://otda.ny.gov/hearings/

In writing: If you received a notice, fill in the supplied space and send a copy of the notice, **or** write to:
Fair Hearing Section
NYS Office of Temporary and Disability Assistance
Fair Hearings
P.O. Box 1930
Albany, New York 12201-1930 *Please keep a copy of any notice for yourself*

Walk-In: If you live in New York City you may also make your request in person by walking into the **Office of Administrative Hearings, Office of Temporary & Disability Assistance, 14 Boerum Place, Brooklyn, New York**

EMERGENCY - If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.

NOTE: For New York City emergency fair hearings only – Call 800-205-0110. Do not use this telephone number for anything except emergencies. Requests that do not involve emergencies will not be taken at this number.

INTERPRETERS – You have the right to an interpreter at no cost to you, if English is not your primary language, or if you are hearing or speech impaired.

AID CONTINUING - If you get a notice telling you that your benefits will be stopped or reduced, and you ask for a Fair Hearing before the **effective date** on your notice, your SNAP benefits will, in most instances, stay the same **("aid continuing")** until the Fair Hearing decision is made. If you do not get a notice about your case, and your benefits are stopped or reduced, at the same time that you ask for a Fair Hearing, you can ask that your SNAP benefits be restored **("aid continuing")** until the Fair Hearing decision is made.

However, if you get **"aid continuing"** and you lose the Fair Hearing, you may have to pay back any benefits that you received as "aid continuing" while waiting for the Fair Hearing decision. If you **do not** want the SNAP benefits you have been getting to stay the same until the Fair Hearing decision is made, you must tell this to the New York State Office of Temporary and Disability Assistance when you call or write for a Fair Hearing.

HOW TO PREPARE FOR A FAIR HEARING

The New York State Office of Temporary and Disability Assistance will send you a notice, which tells you when and where the Fair Hearing will be held. To help you get ready for the Fair Hearing, you have the right to look at your case record and get free copies of the forms and papers which will be given to the Administrative Law Judge at the Fair Hearing. You can also get free copies of any other papers in your case record which you think you may need for the Fair Hearing. Usually, you can get these papers before the hearing or at the hearing at the latest. If you ask for any papers related to your hearing, and the social services district does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it.

You should also bring to the Fair Hearing any witnesses who can help you and any information you have such as: **Pay stubs, Bills, Receipts, Leases, Doctor's statements,** to help you explain why you think the social services district's decision is wrong.

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a social services district's decision about your case is wrong. If you think you need a lawyer to help you with your Fair Hearing, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services Office. For the names of other lawyers, call your local Bar Association.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

Someone from the social services district will also be at the Fair Hearing to explain the social services district's decision about your case. You or your representative will be able to question this person and any witnesses from the social services district.

If you cannot go to the Fair Hearing, you can send someone else in your place. If you are sending someone who is not a lawyer to the Fair Hearing, you must give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that you want this person to take your place at the Fair Hearing. If the Administrative Law Judge decides that your presence is required, and your testimony is necessary, the hearing may be re-scheduled for another day for you to appear. You will be notified of the new day by mail.

NOTE: If you ask, you will be able to get back the money you had to pay for public transportation, child care and other necessary expenses to go to the fair hearing. If no public transportation is available, you may be able to get back the money you had to pay for another type of transportation. If you are unable to use public transportation because of a medical problem, you may be able to get back the money you had to pay for another type of transportation. However, you may be asked to provide medical verification.

TO LOOK AT YOUR CASE AND COMPUTER RECORDS:

Once you apply for SNAP or other help, case records and computer records are kept about your case. Usually, you have the right to look at those records. However, you may **not** be able to look at all of the records. Your worker can explain the rules to you.

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, send you your records; **or** tell you why they will not give you your records; **or** tell you they have your request and they will determine if you are allowed to get your records within five working days of when they get your request letter.

AN APPLICANT/RECIPIENT OF SNAP HAS SEVERAL *RESPONSIBILITIES*:

Employment Requirements for SNAP Applicants and Recipients

Unless an individual documents to the satisfaction of the social services district that the individual is exempt (not required to participate) from SNAP work requirements (as described below), the individual must:

- Accept a job or a referral to a job opening;
- Not quit a job or choose to work less than 30 hours each week without having a good reason;
- Provide information regarding their employment status and availability for work; and
- Participate in work activities as assigned by the social services district

An individual is exempt from SNAP work requirements if documentation is provided to the satisfaction of the social services official that the individual is:

- Younger than 16 years of age or 60 years of age or older.
- Mentally or physically disabled, incapacitated or ill and unable to engage in work activities.
- Responsible for the care of a dependent child under the age of six. If you are participating in work experience under a federally-funded Temporary Assistance program, this exemption from SNAP work requirements does not apply.
- Subject to and complying with a work requirement under a federally funded Temporary Assistance program.
- Responsible for the care of an incapacitated person.
- An applicant for or recipient of Unemployment Insurance Benefits.
- A regular participant in a drug or alcohol treatment program.
- A student enrolled at least half-time in a recognized school, training program or institution of higher education
- Employed at least 30 hours a week or earning at least the equivalent of 30 times the federal minimum wage per week
- An applicant for Supplemental Security Income (SSI) and SNAP benefits under the joint processing provisions; or
- A 16 or 17 year old individual who is not the head of household or who is attending school or an employment program at least half-time

If an individual fails or refuses to comply with a SNAP work assignment or quits a job, the individual may become ineligible for SNAP benefits. The length of time that the individual is ineligible for SNAP benefits depends on the number of times the individual has been sanctioned for not complying with a work requirement.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

Additional Eligibility Requirements for SNAP Recipients who are Able-Bodied Adults without Dependents (ABAWDs)

An individual who is required to comply with SNAP work requirements, must meet additional SNAP eligibility requirements unless the individual is:

- Homeless;
- 24 years of age or younger and who was in foster care on their 18th birthday;
- Under 18 years of age or 53 years of age or older;
- Living in a SNAP household that includes a member who is under 18 years of age;
- A Veteran;
- A recipient of disability benefits from a public or private source, such as NYS disability benefits;
- Pregnant; or
- Unable to work at least 80 hours a month due to a physical or mental limitation.

NOTE: *Only the individual who meets one or more of the conditions listed above would be exempt from ABAWD requirements. Other ABAWDs in the SNAP household would still be required to comply with ABAWD requirements in order to continue to receive SNAP benefits for more than 3 months in a 36-month period.*

Individuals who are not exempt from the Additional Eligibility Requirement listed above are an ABAWD and are only eligible to receive SNAP benefits for three months in a 36 month period unless that individual:

- Works (including "in-kind" work and volunteer work) for at least 80 hours per month;
- Participates in an employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs;
- Participates in a qualifying work/training program approved by the social services district for at least 80 hours per month;
- Complies with a Work Experience Program (WEP) assignment for the number of hours per month equal to their household's SNAP benefit divided by the higher of the federal or State minimum wage;
- Participates in a program under the Workforce Innovation and Opportunity Act which may include job search, job readiness, occupational skills training and education activities, or the Trade Act of 1974 for at least 80 hours per month; or,
- Participates in a combination of work or qualifying work programs for at least 80 hours per month.

NOTE: *The federal ABAWD requirements listed above apply to <u>each</u> ABAWD in the SNAP household.*

If the ABAWD is meeting any of the requirements listed above, but has not notified the social services district, the individual should immediately contact the social services district and provide documentation of their participation to avoid becoming ineligible for SNAP benefits after receiving SNAP benefits for 3 months in a 36-month period. If the ABAWD is not participating in work or qualifying activities for at least 80 hours per month and wants to receive SNAP benefits beyond the 3 month limit and is unable to secure paid employment of at least 80 hours a month, the ABAWD should <u>immediately</u> contact the social services district to discuss the work or work programs that are available to permit the ABAWD to meet their federal ABAWD requirement.

In addition, the ABAWD must provide documentation of participation in unpaid work activities on a monthly basis and report to the social services district within 10 days after the end of the month if the ABAWD's work hours go below 80 hours a month. Failure to comply with these requirements without good cause may result in the ABAWD being ineligible for SNAP benefits.

GOOD CAUSE

An individual may also have a good cause reason that prevented the individual from complying with work requirements, working ore participating in ABAWD qualifying activities for at least 80 hours in the month. Good cause is an event or circumstance beyond an individual's control that prevents an individual from meeting the work requirements including the ABAWD requirement during the month. Good cause examples may include but are not limited to: a temporary illness or a household emergency. An individual is required to provide proof of any good cause or exemption from the work requirements including the ABAWD work rules, when requested by the social services district. Proof of good cause or exemption could include a statement from a medical professional providing the individual's care.

If an individual believes that they have good cause for not meeting the work requirements including the ABAWD requirements or the individual believes that they should be exempt from the requirements because they meet one of the conditions identified above or live in an area with an approved ABAWD waiver, the individual should immediately contact the social services district and provide supporting documentation. If an ABAWD does not meet the federal ABAWD requirements and loses eligibility for SNAP as a result, the individual may be able to receive SNAP again, if otherwise eligible, and should immediately contact the social services district to discuss what they need to do to regain SNAP eligibility.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

IF YOU ARE SUSPECTED OF FRAUD

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:

As an Applicant/Recipient of SNAP, you are responsible to reschedule a missed interview before the 30th day after the date you applied to avoid losing SNAP.

RESPONSIBILITY TO PROVIDE PROOF

When you are applying for SNAP, you will be asked to provide proof of certain things. Your worker will advise you of what is needed. Document requirements may vary for different assistance programs. If the social services district already has proof of certain things that do not change such as social security number, you do not need to prove it again.

By having proof of identity and other important documents when you first apply for assistance, you may be able to get help sooner.

If you are dropping off documents at your social services office, ask for a receipt which should include the district name, your name, the date, time, list of each specific document being left, and the name of the worker giving you the receipt.

You must provide the proof that your worker tells you is needed to have your eligibility for SNAP determined. If you have trouble getting the requested proof, make it known to your worker.

NON-CITIZEN ELIGIBILITY INFORMATION

Many non-citizens are qualified non-citizens who are eligible for SNAP. Even if you are not, your children may be eligible. SNAP should not affect your immigration status with respect to any USCIS decision regarding your immigration matter.

You may be eligible for SNAP if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swains Island), or a qualified alien. A qualified non-citizen for SNAP eligibility is:

1. An American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA); or
2. A member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act; or
3. A non-citizen admitted as a Hmong or Highland Laotian, including the spouse (or un-remarried surviving spouse) or unmarried dependent child; or
4. A refugee admitted under section 207 of the INA; or
5. A non-citizen granted asylum under section 208 of the INA; or
6. A non-citizen whose deportation has been withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA; or
7. A non-citizen admitted as a Cuban or Haitian entrant under section 501(e) of the Refugee Education Assistance Act of 1980; or
8. A non-citizen who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act of 2000; or
9. A lawfully residing alien who is on active duty in the U.S. Armed Forces, an honorably discharged veteran whose discharge is not because of immigration status, his or her spouse, unmarried dependent children, or un-remarried surviving spouse; or
10. A non-citizen admitted as an Amerasian; or
11. A non-citizen lawfully admitted for permanent residence under the INA and who has 5 years in status; or
12. A non-citizen paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status; or
13. A battered spouse or child, parent of a battered child or child of a battered parent with a petition pending or approved under 8 USC 1641(c) who entered before 8/22/96 or has 5 years in status; or
14. Non-citizens also may be eligible for SNAP if:
    - They are lawfully admitted for permanent residence and have earned, or can be credited with 40 quarters of work; or
    - They are in a qualified status listed above and receive certain disability or blindness benefits; or
    - They are in a qualified status listed above and are under 18 years old; or
    - They are lawfully in the U.S. on August 22, 1996 and are blind, disabled or 60 years of age or older; or
    - They are Iraqi or Afghani nationals granted special immigration status under section 101(a)(27) of the INA or have been granted conditional entry under section 203(a)(7) of the INA as in effect before 4/1/80.

Ordering Blank SNAP Applications from OTDA

Hard copies of SNAP applications and other related publications from OTDA are available free of charge. To order copies of these documents in large quantities, visit otda.ny.gov/programs/publications/order/ or fill out OTDA Form 876 and mail the completed form to the address below. Please allow three weeks for processing of order. Form 867 can be found on the next page.

NYS Office of Temporary and Disability Assistance
Document Services
PO Box 1990
Albany, NY 12201

Fax: 518-402-0084

Email: Forms.Orders@otda.ny.gov

This information can be found at otda.ny.gov/programs/publications/order/

Instructions for filling out the form:

- For SNAP-only applications, use document number 4826
- For document title, use "SNAP Benefits Application/Recertification"
- Make sure to specify language(s) you would like:
  - English
  - Spanish
  - Arabic
  - Chinese
  - Haitian-Creole
  - Korean
  - Russian

Note:

- Requests for the same items are limited to **twice** per year.
- Remember to order a sufficient supply at least two months in advance.

Document Services
(518) 474-9489

Request for Documents or Publications

Submit Completed Form to: **Forms.Orders@Otda.ny.gov**
Social Service Districts May Also Order Online: **http://formorders/**

Receiver's Name

Business Name

Street Address *(We cannot ship to PO Boxes)*

Suite, Apt, Floor, Etc.

City

State

ZIP

We recommend that you establish a re-order point to ensure sufficient quantities are on hand to meet your needs. Please order documents in numerical sequence and specify quantities in number of forms NOT number of boxes. Allow 3 weeks for processing and shipping of your order.

Form Number	Form Title	Quantity Requested *(Number of Forms)*

Agency/Program Submitting Request

Requestor Name

Email Address *(Required)*

Phone Number

Date Submitted

Notes

LDSS-3938 (Rev.06/26)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

DATE APPLICATION FILED	MONTH	DAY	YEAR

CASE NAME	CASE NUMBER	SCREENED BY	DATE OF SCREENING	MONTH	DAY	YEAR

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing on the day of application.
2. State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five within seven calendar days of application.
3. If Full Eligibility Interview determines Household eligible for SNAP benefits:
   - Make benefits available to client within seven calendar days after the date of application
   - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within seven calendar days after the application date
   - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH?

NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

☐ **YES -** IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING

COMPLETE PART FOUR

☐ **NO -** IF NO, CONTINUE WITH PART TWO

PART TWO – CHECK YES OR NO

** In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

SECTION A

CHECK YES OR NO

DOES THE HOUSEHOLD HAVE $100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, **AND**

HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN $150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?

☐ **YES –** IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

☐ **NO –** IF NO, CONTINUE WITH SECTION B.

SECTION B

ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?

Rent/Mortgage: $ _____ Income: $_____

*Heat/AC: _____Resources: _____

*Utilities: _____

*Telephone: _____

*Homeless Shelter Deduction _____

Total Expenses: $_____ **Totals:** _____

☐ **YES**

IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

☐ **NO**

IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING UNLESS QUALIFIED UNDER PART THREE.

GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR

* Use HT/AC Standard Utility Allowance (SUA) only if household incurs separate heating and/or cooling costs or, if the household contains an elderly and/or disabled member, if they received HEAP greater than $20 during the month of application or within the previous 12 months of application.
** Use the Homeless Shelter Deduction for "undomiciled" households who do not reside in a homeless shelter.

PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

A. IS THIS A HOUSEHOLD WITH NO MORE THAN $100 IN LIQUID RESOURCES?

☐ **YES** ☐ **NO –** IF NO, HOUSEHOLD DOES **NOT QUALIFY FOR** EXPEDITED PROCESSING. COMPLETE PART FOUR

AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION?

☐ **YES** ☐ **NO CONTINUE WITH B2**

OR

(2) IS NEW, AND NO MORE THAN $25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION

☐ **YES** ☐ **NO**

IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING,
IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE		
☐ QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.	☐ NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE	☐ NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.
NOTES:		

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTION A

VERIFICATION - CHECK YES OR NO			
SECTION A	1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.	☐ **YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET** **GO TO QUESTION 2**	☐ **NO** **IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED** **GO TO QUESTION 2**
	2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE?	☐ **YES** **GO TO QUESTION 3**	☐ **NO** **IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,**
	3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?	☐ **YES** **IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,**	☐ **NO** **If HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED.** **DATE REQUESTED: _____** **DATE SUBMITTED: _____**

DATE ELIGIBILITY INTERVIEW:	WORKER NAME:

LDSS-3938-NYC (Rev. 04/26)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

DATE APPLICATION FILED	MONTH	DAY	YEAR
DATE OF SCREENING	MONTH	DAY	YEAR

CASE NAME	CASE NUMBER	SCREENED BY

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1. Screen all applicants for expedited application processing on the day of application.
2. State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five within seven calendar days of application.
3. If Full Eligibility Interview determines Household eligible for SNAP benefits:
   - Make benefits available to client within seven calendar days after the date of application.
   - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within seven calendar days after the application date.
   - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH?

NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

☐ **YES -** IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING

COMPLETE PART FOUR

☐ **NO -** IF NO, CONTINUE WITH PART TWO

PART TWO – CHECK YES OR NO

** In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

SECTION A

CHECK YES OR NO

DOES THE HOUSEHOLD HAVE $100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, **AND**

HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN $150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?

☐ **YES –** IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

☐ **NO –** IF NO, CONTINUE WITH SECTION B.

SECTION B

ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?

Rent/Mortgage: $ _____ Income: $_____

*Heat/AC: _____Resources: _____

*Utilities: _____

*Telephone: _____

*Homeless Shelter Deduction _____

Total Expenses: $ _____ **Totals:** _____

☐ **YES**

IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

☐ **NO**

IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING UNLESS QUALIFIED UNDER PART THREE.

GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR

* Use HT/AC Standard Utility Allowance (SUA) only if household incurs separate heating and/or cooling costs or, if the household contains an elderly and/or disabled member, if they received HEAP greater than $20 during the month of application or within the previous 12 months of application.
** Use the Homeless Shelter Deduction for "undomiciled" households who do not reside in a homeless shelter.

PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

A. IS THIS A HOUSEHOLD WITH NO MORE THAN $100 IN LIQUID RESOURCES?

☐ **YES**

☐ **NO –** IF NO, HOUSEHOLD DOES **NOT QUALIFY FOR** EXPEDITED PROCESSING. COMPLETE PART FOUR

AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION?

☐ **YES**

☐ **NO CONTINUE WITH B2**

OR

(2) IS NEW, AND NO MORE THAN $25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION

☐ **YES**

☐ **NO**

IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING,
IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE		
☐ QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.	☐ NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE	☐ NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.
NOTES:		

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C			
VERIFICATION - CHECK YES OR NO			
SECTION A	1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.	☐ **YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET** **GO TO QUESTION 2**	☐ **NO** **IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED** **GO TO QUESTION 2**
	2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE?	☐ **YES** **GO TO QUESTION 3**	☐ **NO** **IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,** **CONTINUE TO SECTION B**
	3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?	☐ **YES** **IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,** **CONTINUE TO SECTION B**	☐ **NO** **If HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED.** **DATE REQUESTED:** _____ **DATE SUBMITTED:** _____

SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:

AGENCY DISPOSITION OF SNAP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES	
SECTION C	*COMPLETION OF THIS SECTION IS OPTIONAL – DISTRICT DISCRETION* ☐ ELIGIBLE ☐ ELIGIBLE (Applied on or before 15th of month; zero benefit due to proration) ☐ ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full second month's benefit) ☐ ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus second month's benefit) ☐ INELIGIBLE: Indicate reason: ☐ HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.) ☐ VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE) ☐ HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE) Other Denial Reason/Comments _____

DATE OF FINAL DISPOSITION ON SNAP BENEFIT ELIGIBILITY:	WORKER NAME:

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
AUTHORIZED REPRESENTATIVE REQUEST FORM

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ____ Yes ____ No

If Yes, check the type of format you would like: ___ Large Print ___ Data CD ___ Audio CD ___ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

Applicant/Recipient Name:	Applicant Address:
Applicant/Recipient Case Number:	

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP benefits for you. You can also authorize someone to use your SNAP benefit card to buy food for you. If you would like to authorize someone for either of these purposes, you must do so in writing. You may do so by printing the person's name, address and phone number below and signing the next page of this form.

Authorized Representative Name:	Authorized Representative Address:
Authorized Representative Telephone Number:	

I authorize the above designated individual to act as my representative until I revoke this authorization for the purposes checked below. I understand that if I do not check any of the boxes below, my authorized representative will be authorized to perform all of the functions listed next to the boxes. I understand that I may revoke all or part of this authorization at any time by notifying my local district in writing.

Please Check the Appropriate Box(es)

- ☐ Application for SNAP benefits
- ☐ Recertification for SNAP benefits
- ☐ To use my SNAP benefit (EBT card) to purchase food for me
- ☐ All of the above

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

SNAP PENALTY WARNING (continued)

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP-IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found to have made a fraudulent statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.

Additionally, a court may bar an individual from participating in SNAP for an additional 18 months.

Permanent disqualification of an individual for:

- The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives;
- The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of $500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices);
- The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required);
- All third SNAP Intentional Program Violations.

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to $250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

Additionally the following is not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for actions that include:

- Using or have in your possession EBT cards that do not belong to you, without the card owner's consent; or
- Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit; or
- Allowing someone else to use your electronic benefit transfer (EBT) card in exchange for cash, firearms, ammunition, explosives, or drugs or to purchase food for individuals who are not members of the SNAP household.

Note: Both the applicant and/or authorized representative are subject to the above penalties.

Applicant Signature:	**Date:**

As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	**Date:**

PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP)
FORMULARIO DE PETICIÓN DE REPRESENTANTE AUTORIZADO

Si usted es una persona ciega o tiene un impedimento visual grave y necesita esta solicitud / formulario en un formato alternativo, lo puede solicitar de su distrito de servicios sociales. Si desea información adicional sobre los tipos de formatos disponibles, comuníquese con su distrito de servicios sociales o ingrese a www.otda.ny.gov.

Si usted es una persona ciega o tiene un impedimento visual grave, ¿Le gustaría recibir notificaciones en un formato alternativo?____ Sí ____ No

Si contestó «Sí», marque el tipo de formato que desea: ___ Letra Grande ___ CD de Datos ___ CD Audio ___ Braille, si usted determina que ninguno de los otros formatos alternativos le serán de igual utilidad a usted.

Si usted necesita otra modificación, favor de comunicarse con su distrito de servicios sociales.

Nombre del solicitante o beneficiario:	Domicilio del solicitante:
Número de caso del solicitante o beneficiario:	

REPRESENTANTE AUTORIZADO – Usted puede autorizar a otra persona que conozca las circunstancias de su hogar para que **solicite** el subsidio SNAP por usted. Usted también puede autorizar a otra persona a utilizar su tarjeta de subsidio SNAP para que dicha persona compre los alimentos por usted. Si desea autorizar a otra persona para que realice uno de esos propósitos, debe hacerlo por escrito. También puede hacerlo escribiendo, a continuación, el nombre, domicilio y número de teléfono de dicha persona y firmando al pie de este formulario.

Nombre de Representante Autorizado:	Domicilio de Representante Autorizado:
Número de Teléfono de Representante Autorizado:	

Autorizo a la persona arriba mencionada a que actúe en mi representación para el propósito marcado a continuación, hasta que yo revoque mi autorización. Entiendo que si no marco ninguno de los casilleros a continuación, mi representante autorizado estará autorizado a realizar todas las funciones listadas en los casilleros. Entiendo que puedo revocar parcial o enteramente esta autorización cuando lo decida notificando al respecto y por escrito, al distrito local.

Sírvase marcar el/los casillero(s) pertinente(s)

- ☐ Solicitud de subsidio SNAP
- ☐ Revalidación de subsidio SNAP
- ☐ Usar mi subsidio SNAP (Tarjeta EBT) para comprar los alimentos por mí .
- ☐ Todas las anteriores

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP – Toda información que usted suministre en relación con su solicitud de subsidio SNAP estará sujeta a verificación por autoridades federales, estatales y locales. De encontrarse información inexacta, se le podrá negar el subsidio SNAP. Se le someterá a enjuiciamientos penales por proporcionar, a sabiendas, información incorrecta que afecte su habilitación para recibir beneficios, o afecte el monto de los mismos. Toda persona que esté en violación de una de las reglas de libertad condicional («probation») o libertad bajo palabra («parole») o que esté huyendo para evitar un juicio, custodia o prisión por un delito grave, y actualmente es un prófugo de la ley, no es apto para recibir los subsidios SNAP.

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP (continuación)

Si un integrante del grupo familiar beneficiario de SNAP es declarado culpable de Violación Intencional del Programa (IPV), esa persona no podrá recibir los subsidios de SNAP por un período de:

- 12 meses por la primera Violación Intencional del Programa SNAP (SNAP-IPV);
- 24 meses por la segunda Violación Intencional del Programa SNAP;
- 24 meses por la primera SNAP-IPV, si un tribunal de justicia lo declara culpable de haber utilizado o recibido subsidios de SNAP en una transacción de venta de una sustancia controlada. (Drogas ilegales o ciertas drogas para las cuales se requiere una receta médica).
- Por 120 meses, si se le declara culpable de haber hecho una declaración falsa sobre su identidad o su domicilio, con el fin de obtener múltiples subsidios SNAP simultáneamente, a menos que sea inhabilitado permanentemente por una tercera IPV.

Además, un tribunal de justicia también podrá impedir que una persona reciba subsidios de SNAP por un período adicional de 18 meses.

La inhabilitación permanente de un individuo por:

- La primera SNAP-IPV, si un tribunal de justicia lo declara culpable de haber utilizado o recibido beneficios de SNAP en una transacción para vender u obtener armas de fuego, municiones o explosivos;
- La primera SNAP-IPV, si un tribunal de justicia lo declara culpable de traficar beneficios de SNAP por un valor de $500 o más. (El tráfico incluye uso, transferencia, obtención, alteración o posesión ilegal de fondos de SNAP, tarjetas de autorización o dispositivos de acceso);
- Por la segunda SNAP-IPV, según la decisión de un tribunal de justicia que lo declara culpable de haber recibido subsidios de SNAP en una transacción de venta de sustancias controladas. (Drogas ilegales o ciertas drogas para las cuales se requiere una receta médica).
- Todas las terceras Violaciones Intencionales del Programa SNAP.

Toda persona culpable de un delito grave por (a sabiendas) usar, transferir, adquirir, alterar o poseer fondos de SNAP, tarjetas de autorización o dispositivos de acceso, se le podrá imponer una multa de hasta $250,000; una pena de prisión de hasta 20 años, o ambas sanciones. El individuo también podrá estar sujeto a enjuiciamiento penal conforme las leyes federales y estatales vigentes.

Se le podría declarar inhabilitado para recibir SNAP o declarado culpable de una Violación Intencional del Programa (IPV) si usted:

- Hace una declaración falsa o engañosa o hace una representación falsa, oculta o retiene hechos con el fin de habilitar para recibir subsidios o recibir más subsidios; o
- Comprar un producto con subsidios SNAP con el fin de obtener dinero en efectivo desechando intencionalmente el producto y devolviendo el envase por el monto del depósito; o
- Comete o intenta cometer un acto que constituye una violación de una ley federal o estatal con el objeto de usar, presentar, transferir, adquirir, recibir, poseer o traficar subsidios de SNAP, tarjetas de autorización o documentos reusables utilizados como parte del sistema de Transferencia Electrónica de Beneficios (EBT).

Además, no está permitido lo siguiente y se le puede inhabilitar para recibir el subsidio SNAP o estará sujeto a sanciones por las siguientes acciones:

- Usar o tener posesión de tarjetas EBT que no le pertenecen a usted sin el consentimiento del propietario de la tarjeta; o
- Usar el subsidio SNAP para comprar artículos no comestibles, tales como alcohol y cigarrillos, o pagar por comida previamente adquirida a crédito; o
- Permitir que otra persona use su tarjeta de transferencia electrónica de beneficios (EBT), a cambio de dinero en efectivo, armas de fuego, municiones, explosivos, o drogas; o comprar alimentos para personas que no forman parte del grupo familiar beneficiario de SNAP.

Nota: tanto el solicitante como el representante autorizado estarán sujetos a las sanciones anteriores.

Firma del Solicitante:	**Fecha:**

Como representante autorizado, doy fe de lo anterior.

Firma del Representante Autorizado:	**Fecha:**

LDSS-2642 (Rev. 8/12)

DOCUMENTATION REQUIREMENTS

Applicant/Recipient Name	Case Name
Date Time of Interview	Case Number

LOCAL DISTRICT NAME AND ADDRESS:

You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____. If your worker does not receive this proof, your application may be denied or your assistance may be discontinued. (If you cannot obtain these items by the above date, call _____ to find out what other forms may be used to verify your eligibility.) If you ask, we will help you get the proof as long as you are cooperating with us.

Eligibility Factor	To prove this factor, provide: ✓ ONE of the following OR	✓ TWO of the following (If you are applying for SNAP Benefits or Medical Assistance **only,** you need to bring **only** one form for each eligibility factor checked.)
☐ **Identity** You must prove who you are.	Photo I.D. Driver's license U.S. passport Naturalization Certificate Hospital/Doctor's Records Adoption paper	Statement from another person Validated Social Security Number Birth/Baptismal Certificate
☐ **Marital Status** You must prove if you are married, divorced, separated, or widowed.	Marriage/Death certificates Separation agreement Divorce decree Social Security records VA records	Statement from clergy Census records Newspaper notice Statement from another person
☐ **Residence** You must prove where you live.	Statement from landlord Current rent receipt or lease Mortgage records	Statement from another person Current mail School records
☐ **Household Composition/Size** You must prove who is living with you.	Statement from non-relative Landlord School records	Statements from other persons
☐ **Age** You must prove the age of each person applying for assistance, where appropriate.	Birth certificate Baptismal certificate Hospital records Adoption records Naturalization certificate Driver's license	Insurance policy Census records School records Statement from another person Physician statement Official correspondence from SSA
☐ **Absent Parent** If the parent of any child in your home is not living with you, you must prove this	Death certificate Survivor's benefits Hospital records VA or military records Divorce papers Proof of remarriage	Newspaper notice Insurance company records Institutional records Agency case records and burial payment files Statement from another person
☐ **Absent Parent Information** You must provide any information you have: name, address, Social Security Number, birth date, employment	Pay Stubs Tax returns Social Security or VA records Monetary determination letters ID. cards (health insurance) Driver's license or registration	

Eligibility Factor	To prove this factor, provide one of the following:
☐ **Social Security Number** (For Temporary Assistance, SNAP Benefits and Medical Assistance-**only**, you do **not** have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA'S records or cannot be verified by the agency.)	Social Security Card Official correspondence from SSA A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.
☐ **Citizenship or Current Alien Status -** US citizens are eligible for Temporary Assistance, SNAP and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, SNAP or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.	Birth certificate Baptismal certificate Hospital records U.S. passport Military service records Naturalization certificate USCIS documentation Evidence of continuous U.S. residence since prior to 1/1/72.
☐ **Earned Income** From employer	Current wage stubs Pay envelopes On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new and employer's phone number Contact with employer Business records Tax records Records and related materials concerning self-employment earnings and expenses Current income tax return
☐ From self-employment	Current contribution check Statement from roomer, boarder, tenant Income tax records
☐ Income from rent or room/board	
☐ **Unearned Income** Child support	Statement from Family Court Statement from person paying support
☐ Unemployment Insurance benefits (UIB)	Check stubs Current award certificate Current benefit check Official correspondence with NYS Dept. of Labor
☐ Social Security benefits (including SSI)	Current award certificate Current benefit check Official correspondence from SSA
☐ Veteran's benefits	Current award certificate Current benefit check Official correspondence from VA

Eligibility Factor	To prove this factor, provide one of the following:
☐ **Unearned Income (con't)**	
☐ Workers' Compensation	Award Letter Check stub
☐ Education grants and loans	Statement from school Statement from bank Award letter
☐ Interest/dividends/royalties	Statement from bank or credit union Statement from broker/agent
☐ Private pension/annuity	
☐ Other	Current award letter Current benefit check Official correspondence from source of income
☐ **Resources**	Statement from household Statement from nursing home
☐ Bank accounts: checking, savings, retirement (IRA and Keogh)	Current bank records Current credit union records
☐ Stocks, bonds, certificates	Stock certificate Bonds Statement from financial institution
☐ Life Insurance	Insurance policy Statement from insurance company
☐ Burial trust or fund burial plot or funeral agreement	Bank records Burial agreement Burial plot deed Statement from funeral director
☐ Income tax refund or earned income tax credit (EITC)	Tax Refund Statement from tax office
☐ Real estate other than Residence	Deed Statement from real estate broker Appraisal/estimate of current value by broker
☐ Motor Vehicle	Registration (older models) Title of ownership Appraisal of current value by dealer Financing data
☐ Lump sum payment	Statement from source of payment

Eligibility Factor	To prove this factor, provide one of the following:
☐ Other _____	
☐ **Shelter Expenses** You must prove how much it costs you to live where you do (You may need to provide separate documentation for **each** item of shelter expense.) **Medical Assistance does not require documentation of shelter expenses.**	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
☐ **Medical Bills**	Copies of medical bills (paid and unpaid)
☐ **Health Insurance** If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	Insurance policy Insurance card Statement from provider of coverage **Medicare** card
☐ **Disabled/Incapacitated /Pregnant** If you or anyone living with you is sick or pregnant, you must provide proof.	Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness
☐ **Unpaid Bills** Rent, utility	Copy of each bill showing amount owed, period of services and provider
☐ **Referral** Drug/Alcohol Treatment Program ☐ Employment Service	Statement from provider of Treatment Statement from employment service
☐ **Other Expenses/ Dependent Care Cost** You must provide proof if you **pay** court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts
☐ **School Attendance** You must prove who is in school	School records (current report card) Statement from school/ or Higher Education Institution
☐ **Other:**	

WORKER NAME DATE TELEPHONE NUMBER ( )

APPLICANT/ RECIPIENT SIGNATURE DATE TELEPHONE NUMBER ( )

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	SECONDARY
M	M	**Identity**	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers **For SNAP –** Identity is only mandatory for the person making the application.	Statement from Another Person Social Security Number Birth/Baptismal Certificate SOLQ **For SNAP** - In the case of an authorized representative, both the auth rep and applicant must verify Identity.
M	N	**Marital Status**	Marriage/Death Certificates Separation Agreement Divorce Decree Social Security Records VA Records	Statement from Clergy Census Records Newspaper Notice Statement from Another Person
M	M*	**Residence**	Statement from Landlord Current Rent Receipt or Lease Mortgage Records **For SNAP**- Residence is verified at a household level	Statement from Another Person Current Mail School Records Fuel/Utility bill
M	Q*	**Household Composition/Size**	Statement from Non-relative Landlord	Statement from Other Persons
M	M*	**Age**	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License **For SNAP Only,** DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA
M	N	**Absent Parent**	Death Certificate Survivor's Benefits Hospital Records VA or Military Records Divorce Papers Proof of Remarriage	Newspaper Notice/News Media Outlet Insurance Company Records Institutional Records Agency Case Records and Burial Payment Lines Statement from a Non-Relative
M	N	**Absent Parent Information**	Pay Stubs Tax Returns Social Security or VA Records Unemployment (UIB) Book ID Cards (Health Insurance) Driver's License or Registration	
M	M*	**Social Security Number**	Social Security Card Official Correspondence from SSA **For TA and SNAP,** provided or apply for # at certification; must verify at first recertification unless validated by WMS SOLQ	
M M	Q M	**Citizenship Non-Citizen Status**	Birth/Baptismal Certificate Hospital Records US Passport Military Service Records Naturalization Certificate USCIS Documentation Evidence of Continuous US Residence since Prior to 1/1/72 **For TA and SNAP**, non-citizen status is verified on an individual basis **For SNAP Only**, citizenship is verified only if questionable and is only required for household members who are applying for SNAP	
M	M*	**Earned Income**	Current Wage Stubs and Statement of Tips Pay Envelopes Contact with Employer Business Records Records and Related Materials Concerning Self-Employment Earnings and Expenses Current Income Tax Return Statement from Roomer, Boarder, Tenant Income Tax Records	
M	M*	**Unearned Income**	Statement from Family Court Statement from Person Paying Statement from School Statement from Bank or Credit Union Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check Official Correspondence with NYS Dept. of Labor Official Correspondence from SSA Official Correspondence from VA Official Correspondence from source of income Award Letter	

LEGEND:
M = Mandatory Documentation/Verification required for Certification
O = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)
***** = Verification can be pended under SNAP Expedited Processing
N = No Documentation/Verification required
Q = Verification is Only Necessary if Questionable

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK AID

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M*	**Resources**	Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Burial agreement Burial plot deed Statement from funeral director Refund or EITC check Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Title of ownership Registration (older models) Appraisal of current value by dealer Financing data Statement from source of payment
M	O*	**Health Insurance**	Insurance policy Insurance card Statement from provider of coverage Medicare card
M	O*	**Disabled/ Incapacitated/ Pregnant**	Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness
M	M*	**Able-Bodied Adult Without Dependents (ABAWD) Eligibility**	For non-waiver areas and non-excluded ABAWD individuals Proof of working and/or work program participation for at least 80 hours per month Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement
M	O*	**Referral**	Statement from provider of treatment Statement from employment service
O	O*	**School Attendance**	School records (current report card) Statement from school **For SNAP**, affects work registration and earnings of children under 18

EXPENSES
THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
O	O*	**Shelter Expenses**	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
O	O*	**Medical Bills**	Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card **For SNAP**, for A/D individuals only
O	O*	**Unpaid Bills** Rent, Utility	Copy of each bill showing amount owed, period of services and provider
O	O*	**Other Expenses Dependent Care Cost**	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts

*LEGEND:
- **M** = Mandatory Documentation/Verification required for Certification
- **N** = No Documentation/Verification required
- **O** = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)
- **Q** = Verification is only necessary if questionable
- ***** = Verification can be pended under SNAP Expedited Processing

NYDocSubmit

What is NYDocSubmit?

NYDocSubmit is a mobile application that allows certain applicants and recipients in participating social service districts (districts) to take pictures of their documents and/or select documents from a mobile device or photos saved in the photo gallery and submit them to their local district office using their Apple iOS or Android device. There is no need for the individual to take time off from work or travel to the district office to drop off documents.

Note: NYDocSubmit is not monitored for emergencies and is not to be used to submit an initial application for SNAP, HEAP, TA, or MA; to submit a SNAP Interim Report, SNAP Change Report Form, or SNAP Periodic Report; or to submit a recertification application for SNAP, HEAP, or TA. NYDocSubmit may be used to submit a Medicaid Recertification.

Which social service programs does NYDocSubmit support?

- Supplemental Nutritional Assistance Program (SNAP)
- Home Energy Assistance Program (HEAP)
- Temporary Assistance (TA)
- Medicaid

Note: If an application for OCFS Services or documents for programs other than those listed above are received through NYDocSubmit, the district must follow existing procedures for applications and rerouting documents.

What types of documents can be submitted using NYDocSubmit?

- Age/Identity
- Income
- Proof of Who Lives with You
- Resources
- Social Security Number/Proof of SSN Application
- Citizenship/Immigration Status
- Medical Documentation
- Residence/Home Address
- Housing/Utility Expenses
- Other

What file formats can be submitted through NYDocSubmit?

- JPG, JPEG, PNG, and PDF

What type of documents should not be submitted using NYDocSubmit?

NYDocSubmit should not be used to submit sensitive information, such as:

- Child Protective Services (CPS) case information or to report suspected child abuse or maltreatment.
- Documents that contain HIV information.
- Domestic violence information.
- Addresses that must remain confidential to safeguard any member of an applicant's or recipient's household.

NYDocSubmit

What is needed for an applicant or recipient to use NYDocSubmit?

1. An Apple iOS or Android phone or tablet with data or wi-fi connectivity. In order to take and upload a photo through the app, the device must have a working camera.
2. Go to the Apple App Store or Google Play Store.
3. Search for "NYDocSubmit" (one word).
4. Click on Get or Install.
5. An existing or new NY.gov ID from https://my.ny.gov.

Note: The Application requires individuals to use the latest version of the Application to successfully upload document images.

What languages are available in NYDocSubmit?

• English	• Chinese (Traditional)	• Spanish
• Korean	• Arabic	• Russian
• Bengali	• Haitian Creole	• Yiddish
• Italian	• Polish	• French
• Urdu		

How to submit documents using NYDocSubmit

Note: Please advise applicants and recipients to review the submission details for accuracy before submitting a document.

1. Select preferred language.
2. Search and select the district to submit documents.
3. Select one Program Area.
4. Select Document Category.
5. Take a picture of a document or select a document from the mobile device or photos saved in the photo gallery. Images are subject to review and validation by the district.
6. Enter the identifying and contact information (Name, Phone)
7. Enter submission details (at least one field is required):
    - Social Security Number (SSN)
    - Client Identification Number (CIN)
    - Case Number
    - Date of Birth
8. Confirm or edit the information and submission details.
9. Submit the document.
10. A confirmation screen, with tracking number, will appear following a successful upload. Note: No "receipt" will be sent, however a history of document uploads submitted under that NY.gov ID will be available in the application for 60 days after the date of image upload.
11. Wait to receive the confirmation screen before submitting another document or closing the application.

What technology support is available for NYDocSubmit?

The Office of Information Technology (OITS) Service Desk supports NYDocSubmit. You may contact the Service Desk by:

Phone: 844-891-1786 E-mail: fixit@its.ny.gov

Note: Questions regarding program requirements or acceptable documentation should be directed to your supervisor.