

# SNAP Benefits During Disasters, Misfortunes, & Theft

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# SNAP Benefits During Disasters and Misfortunes

## Disaster SNAP

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USDA DISASTER SNAP  
GUIDANCE  
FRAC'S AN ADVOCATES  
GUIDE TO D-SNAP

In the event of a large-scale disaster, states may request permission from USDA to operate a Disaster SNAP program (D-SNAP). D-SNAP has special income rules and a very simple application process. It provides SNAP benefits quickly to households that would not ordinarily qualify for them, but that suddenly need food assistance due to a disaster situation. D-SNAP may also include special provisions for existing recipients.

## Replacement SNAP Benefits in a Misfortune

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GIS 11 TA/DC018

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### Helpful resource at the back of this section:

LDSS-2291 Request  
for Replacement SNAP

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SNAP recipients who experience a household misfortune that causes their food to spoil or be destroyed can receive a replacement benefit. The loss of food can be due to a situation such as a storm or a flood, which affects large areas, or can be specific to a single household, such as a fire. The amount of the replacement benefit cannot be higher than the household's usual monthly allotment.

### Examples of Household Misfortune:

- Extended power outage (four hours or more)
- Flood
- Fire
- Equipment failure (refrigerator/freezer)
- Failure to pay a utility bill

It is always possible for SNAP recipients who lose food in a household misfortune to obtain replacement benefits if the household:

- Reports the loss within 10 days of the misfortune either verbally (by phone or in person) or in writing to their SNAP office, and
- Returns a signed and completed LDSS Form 2291 (at the back of this section) within 10 days of the date of the reported loss to the SNAP office, either by mail or in person.

### Other Things to Note:

- The SNAP office should always issue replacement benefits if a household requests them and has experienced a power outage/shutoff of four hours or longer.
- The SNAP office should not require the household to bring in spoiled food as verification of need, for reasons of health and administrative impracticality.
- A household may not be denied replacement SNAP benefits if it has applied for replacement issuances in the past.
- The SNAP office may use available information to confirm or deny the accuracy of the statement attesting to the household misfortune.

## Replacement Benefits After Electronic Theft

23-ADM-07

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### Helpful resource at the back of this section:

LDSS-5215 Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Benefits

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USDA currently permits states to use SNAP funds to issue replacement benefits to households who had a scam-related electronic theft of SNAP benefits from **August 22, 2023, through September 30, 2024**. Electronic benefit theft, also known as “skimming” “phishing” or “card cloning,” is a type of theft that occurs electronically, even if the EBT card is never physically lost.

SNAP benefits that are eligible for replacement include regular SNAP, restored, replacement, or retroactive issuances, Disaster SNAP (D-SNAP), and supplemental Emergency Allotments (EA). Pandemic-EBT (P-EBT) is not eligible for replacement.

Stolen benefits must be reported within 30 days of the date the household becomes aware of the theft to be eligible for replacement. After reporting the theft, SNAP households should submit a claim to request the replacement of stolen benefits. An active SNAP case is not required to submit a claim for replacement benefits. If a client has a closed or rejected case, they should submit a claim for replacement benefits under their old case number rather than submitting a new SNAP application.

### Steps to Take After a Household Experiences Theft

Households should complete the following steps to request replacement benefits:

#### **Report their EBT card as stolen immediately after realizing the theft.**

Prior to submitting a claim for replacement benefits, clients are required to change their account PIN, report their EBT card stolen, and request a new card by visiting [www.connectebt.com](http://www.connectebt.com) or calling EBT Customer Service at 888-328-6399. Note: Clients are **not required to report the benefit theft to the police** in order to submit a claim for replacement benefits with the SNAP office. Additionally, if clients have already reported their EBT card as stolen after the theft, they do not need to report it stolen again to submit a claim.

#### **Obtain EBT transaction history.**

In anticipation of submitting a claim for replacement benefits, clients should review their EBT transaction history so they can report the following information for each fraudulent transaction:

- The date the transaction occurred
- The name and address of the business where the transaction occurred
- The benefit type (whether Cash Assistance or SNAP)
- The amount of each fraudulent transaction.

Clients can use one of the following methods to obtain their EBT transaction history:

- **Option 1:** Access EBT transaction history at [www.connectebt.com](http://www.connectebt.com) or on the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store). The OTDA LDSS-5066 Cardholder Online EBT Account User Guide (available at [otda.ny.gov/workingfamilies/ebt/](http://otda.ny.gov/workingfamilies/ebt/)) has instructions for creating a Connect EBT account, reporting a CBIC card lost or stolen, requesting a new card, changing the account PIN, and reviewing transaction history. The User Guide is available in Arabic, Chinese, English, Haitian Creole, Italian,

## Electronic Theft, cont.

Korean, Russian, and Spanish. *Note: If clients have never used Connect EBT, they will need to create an account using an email address and valid EBT Card number. If they have reported their card stolen, they will need to wait for their new card to arrive to create a ConnectEBT account.*

- **Option 2:** Call the toll-free EBT Customer Service line at 1-888-328-6399. Clients can access an automated menu that allows them to hear their ten most recent transactions. Clients can also speak with a customer service representative to request a two-month statement of their account history. Agents are available 24/7 and offer assistance in the following languages: Arabic, Chinese, English, Haitian Creole, Italian, Korean, Russian, and Spanish.

### **Gather information to submit a claim for replacement benefits.**

After reviewing their transaction history and identifying the fraudulent transactions, the client can then submit their claim to their local SNAP office. To file the claim, they will need the following:

- Client Identification Number (CIN) of the head of household or case payee
- Case Number
- Current Mailing Address
- Date, location, benefit type, and amount of each fraudulent transaction.

Form LDSS-5215 allows households to request the replacement of stolen benefits.

For households in New York City, a local equivalent, HRA-210, has also been approved for use. The HRA-210 application may be submitted online.

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### **Determining the “Amount of Theft”**

An occurrence of theft may span more than a single transaction. The occurrence of theft may take place over a few days, or a case may remain compromised with ongoing theft transactions for several months. The ‘amount of theft’ is the combined total loss resulting from (a single or multiple) theft transactions: beginning with the first theft transaction following the original skimming (or phishing, etc.) episode in which the EBT account was compromised and including every subsequent theft transaction until the compromised EBT card was deactivated.

When working with a household it is important to carefully review the transaction history and make sure that you identify the “combined total loss” due to a theft incident rather than just the initial transaction that started the fraudulent activities. The SNAP office will only consider the sum of the reported fraudulent transactions listed on the LDSS-5215/ HRA-210, even if it is apparent in the transaction history that there were additional fraudulent activities stemming from the same theft incident.

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**Electronic Theft, cont.****How to Submit Claims for Replacement SNAP**

Clients can submit a claim for replacement SNAP using any of the following methods:

**Online/Mobile App**

- In NYC: File a claim online at [nyc.gov/hra](https://nyc.gov/hra). This process may take as little as 10 minutes if the client has already reported the fraud and reviewed and identified the suspected fraudulent transactions. Submitting an online claim is strongly recommended by HRA for people in NYC.
- Rest of NYS: The application is paper-based, but an online application in MyBenefits is expected to launch in early 2024. Households can upload the LDSS-5215 via the NYDocSubmit app if they live in a participating district.

**By mail**

- In NYC: Clients can print a paper claim form from [nyc.gov/hra](https://nyc.gov/hra), or call DSS One Number (718-557-1399) to request that a form be mailed to them. Paper claim forms are also available in the local BAC or SNAP Center. Completed paper applications can be mailed to: Department of Social Services, PO Box 02-9121, Brooklyn GPO, Brooklyn, NY 11202
- Rest of NYS: Households can mail the application to the local SNAP office. Visit [otda.ny.gov/workingfamilies/dss.asp](https://otda.ny.gov/workingfamilies/dss.asp) to find a SNAP office.

**In-Person**

- In NYC: Clients can submit a claim via paper form or on PC Banks in any Benefits Access, SNAP, or HASA Center. Find the closest Center at [www.nyc.gov/site/hra/locations/locations.page](https://www.nyc.gov/site/hra/locations/locations.page)
- Rest of NYS: Clients can drop off the application in person at the local SNAP office. Visit [otda.ny.gov/workingfamilies/dss.asp](https://otda.ny.gov/workingfamilies/dss.asp) to find a SNAP office.

Once a claim is submitted, the client should allow up to 30 calendar days to receive a decision notice in the mail. Clients should anticipate receiving their replacement benefits on their newest and most recently used EBT card around the time that they receive their notice of determination.

**Frequency of Replacement Benefits**

A household may receive up to two instances of replacement SNAP benefits in each Federal Fiscal Year (FFY), which runs October 1– September 30. Households are eligible to receive either the amount of SNAP benefits that were stolen, or an amount equal to two times the SNAP benefits received in the most recent complete month of participation in SNAP before benefits were stolen, **whichever is less.**

## **Resources for this Section**

On the following pages, you will find these resources:

**LDSS-2291 Request for Replacement SNAP  
with Hunger Solutions New York cover sheet**

**LDSS-5215 Request for Replacement of Stolen Supplemental Nutrition  
Assistance Program (SNAP) and/or Temporary Assistance (TA) Benefits**





**REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS**

**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](http://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.**

NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE		
CASE NAME		COUNTY		
CASE NUMBER	SSN	DATE OF BIRTH		
ADDRESS (including house and Apt number)	CITY	STATE	ZIP	PHONE NUMBER

I \_\_\_\_\_, am the head of household or an adult household member for the above named case and wish to report the following to the agency representative:

My household experienced a loss in the amount of \$ \_\_\_\_\_ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

- |   |  |
|---|--|
| <input type="checkbox"/> A power outage | <input type="checkbox"/> A flood                           |
| <input type="checkbox"/> A fire         | <input type="checkbox"/> Other disaster    Describe: _____ |

Worker Comments: \_\_\_\_\_

Client Comments: \_\_\_\_\_

**CERTIFICATION**

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW**

I am aware that offering a false instrument for filing as described in Article 175 of the Penal Law is a crime that may have a maximum penalty of four (4) year's imprisonment. If I do so, I will be subject to prosecution under the Civil and Criminal Laws of the United States and New York State and under the regulations of the New York State Office of Temporary and Disability Assistance.

I understand I have a right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

I understand that if I do not sign and return this statement to the agency within ten (10) days of the date the loss was reported, the agency will not replace the SNAP benefits.

Signature	Date
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\*Please return this completed form to your local County Social Service Department (SSD) or for NYC residents visit the HRA website for a list of the local center closest to you.

**PETICIÓN DE REEMPLAZO DE ALIMENTOS ADQUIRIDOS CON EL  
SUBSIDIO DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP)**

**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](http://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 alternos le serán de igual utilidad a usted.**

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

NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE		
CASO A NOMBRE DE:		CONDADO		
Nº DE CASO	Nº DE SEGURO SOCIAL		FECHA DE NACIMIENTO	
DIRECCIÓN (incluya el Nº de la casa o del apto.)	CIUDAD	ESTADO	CÓDIGO POSTAL	Nº DE TELÉFONO

Yo \_\_\_\_\_, siendo el jefe del hogar o integrante adulto del hogar correspondiente al caso mencionado arriba, deseo informar lo siguiente al representante de la agencia:

Mi hogar sostuvo una pérdida por el monto de \$ \_\_\_\_\_ de alimentos comprados con subsidios del Programa de Asistencia Nutricional Suplementaria (SNAP) y los cuales se dañaron debido a:

- |  |  |
|--|--|
| <input type="checkbox"/> Una interrupción del servicio eléctrico | <input type="checkbox"/> Una inundación                |
| <input type="checkbox"/> Un incendio                             | <input type="checkbox"/> Otro desastre Describa: _____ |

Comentarios del trabajador social: \_\_\_\_\_

Comentarios del cliente: \_\_\_\_\_

**CERTIFICACIÓN**

**NO FIRME HASTA QUE HAYA LEÍDO Y ENTENDIDO LOS ENUNCIADOS A CONTINUACIÓN**

Yo entiendo que el ofrecer un instrumento falso para su registro, tal como lo describe el Artículo 175 de la Ley Penal, es un delito el cual conlleva una pena máxima de cuatro (4) años de prisión. Si lo hago, estaré sujeto a procedimientos judiciales bajo la Leyes Civiles y Penales Estadounidenses y del Estado de Nueva York y según las pautas de la oficina estatal New York State Office of Temporary and Disability Assistance.

Entiendo que tengo el derecho a una audiencia imparcial con el fin de oponerme a la denegación o la demora del remplazo destinado a mi grupo familiar. No se emitirán remplazos mientras se espera por la decisión de la audiencia imparcial.

Entiendo que si no firmo y devuelvo esta declaración a la agencia dentro de diez (10) días contados a partir de la fecha que se informa la pérdida, la agencia no remplazará los subsidios SNAP.

Firma	Fecha
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\*Sírvese regresar este formulario completamente relleno al departamento local de servicios sociales de su condado (SSD); o los residentes de la Ciudad de Nueva York, sírvanse ingresar a la página web de HRA para ver la lista de los centros locales más cercanos a su domicilio.

# Have you lost food due to an emergency?

Do you buy groceries with SNAP? You may be able to get some of your SNAP dollars added back to your EBT card.

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## What you need to know:

- If you receive SNAP benefits and have lost food due to a household misfortune, you can request replacement SNAP benefits.
- The loss can be due to a situation that affects **large areas**, such as a storm or a flood, **or can be specific to a single household**, such as a fire.
- Household misfortunes can include:
  - Storms**
  - Flooding**
  - Fire**
  - Extended power outages**
  - Equipment failure (refrigerator or freezer)**
  - Failure to pay a utility bill**

*Note: power must be out for four hours or more to be eligible for SNAP replacement.*

## What you need to do:

- Fill out and submit a replacement form to your local SNAP/HRA office **within 10 days of the loss**. You can do this by mail or in person.
- If you are unable to submit the form within 10 days, call the SNAP/HRA office right away to report the loss. You will then have 10 days to return the form after you report.
- The **Nutrition Outreach and Education Program (NOEP)** can help you report the loss and submit the form. NOEP can also help you get the form in other languages. NOEP provides one-on-one help to anyone in New York State with questions about SNAP. The service is free and confidential.

**To find a NOEP near you, visit [FoodHelpNY.org](https://www.FoodHelpNY.org).**



## Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Benefits

This form must be used to request the replacement of SNAP and/or TA benefits that were stolen through electronic means like card skimming, card cloning, third party misrepresentation or other similar fraudulent methods such as phishing.

### Section A: Household Information

Case Name		County
Case Number or Client ID Number (CIN)	Last 5 digits of EBT Card	Date of Birth
Address (including house and Apt number)	City, State, Zip	Phone Number

### Section B: Benefit Theft Information

I, \_\_\_\_\_, am the head of household or an adult household member for the above-named case and wish to report the following to the agency representative:

Date I discovered that benefits were stolen: \_\_\_\_\_

Total amount of stolen SNAP benefits: \$ \_\_\_\_\_

Total amount of stolen TA Benefits: \$ \_\_\_\_\_

I had my EBT card with me at the time my benefits were stolen:  Yes  No

I reported my EBT card lost or stolen:  Yes  No

**Please list the transactions that were not made by you (please attach additional sheets if necessary):**

Date of Transaction	Program Type (SNAP or TA)	Amount of Transaction	Retailer Name & Location (address) of Transaction

**Please provide any additional information about the theft you feel is important for us to know:**

### Section C: Certification

I understand and agree to the following:

- I must complete, sign, and submit this form to request the replacement of stolen benefits.
- I declare under penalty of perjury that the information I provided in this request is true and accurate.
- The submission of this request does not guarantee that my benefits will be replaced.
- If I have knowingly given incorrect information about the facts stated above, I may be charged with an intentional program violation (IPV) and may be subject to civil and criminal penalties including, but not limited to, penalties for perjury or filing a false instrument. I will also have to pay back any benefits I was not eligible to receive.
- I have a right to a fair hearing to contest the denial or delay of replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** This completed and signed form must be submitted to your local district. This form may be submitted in person, by mail, or through NYDocSubmit.

### Section D: District Determination

**District Use Only**

Replacement Approved?     Yes     No

Replacement Amount(s):    SNAP - \$ \_\_\_\_\_    TA - \$ \_\_\_\_\_

Comments:

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Instructions for Completing the *Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Benefits***

If you are blind or seriously visually impaired and need this form and/or the *Request for Replacement of Stolen Supplemental Nutrition Assistance Program SNAP and/or Temporary Assistance (TA) Benefits* application in an alternative format, you may request them from your local Social Services District (district). 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/recertification questions);
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

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

### **General**

The *Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Benefits* application should be completed by households that have experienced scam-related benefit theft. This type of theft occurs when SNAP and/or TA cash benefits are stolen through electronic means such as EBT card skimming, cloning, third party misrepresentation, or other similar fraudulent methods like phishing.

You must complete each section as fully and accurately as possible, and sign and date this application before you submit it. In order to be determined eligible for replacement benefits, you must submit this application **within thirty (30) days** from the date you discovered your benefits were stolen. After 30 days, you are not eligible for replacement benefits.

### **Section A: Household Information**

This section collects basic demographic information about your household circumstances.

### **Section B: Benefit Theft Information**

This section collects specific information about the SNAP and/or TA benefit theft and information about the EBT card you had when your benefits were stolen.

Please note, if you have not reported your EBT card lost or stolen and have not yet requested a new EBT card since your benefits have been stolen, your SNAP or TA account is likely still at risk. No replacement benefits may be issued until you have reported your compromised EBT card lost or stolen. To report your card stolen, request a new card, and change your PIN please call EBT Customer Service at 888-328-6399, or go to <https://www.connectebt.com/>.

## Transactions

List each SNAP or TA cash transaction you did not make on a separate line, even for purchases occurring on the same date or at the same retailer. If more lines are needed, please attach additional sheets as necessary. You can find and view this information by checking your EBT history at <https://www.connectebt.com/> or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store). Alternatively, you may also find this information by calling the toll-free EBT Customer Service Helpline at 1-888-328-6399. You may use the helpline to:

- Hear your last ten transactions on the automated menu.
- Request a printed 2-month statement of your account history from the automated menu or from a customer service representative.
- Review your transactions with a customer service representative.

## Additional Information

Please print any additional information about the theft that you feel is important for your district to know. For example, if you believe you know how your account was compromised, please explain that here.

## Section C: Certification

Please read the certification section carefully. If you agree to the terms of the certification, please sign and date the application. Your signature and date are required to process the request.

## Section D: District Determination

The remainder of the application is for district use. Do **not** write in the District Use Only section. If additional space is needed for any of the application sections, please attach a separate piece of paper with the additional details.

## Replacement Benefit Eligibility and Calculation

You do not need to have an active SNAP or TA case to be eligible to receive a replacement benefit if it has been determined that your benefits were stolen through electronic means such as EBT card skimming, cloning, third party misrepresentation, or other similar fraudulent methods like phishing. The availability of a replacement benefit depends upon the type of benefit that was stolen.

## TA

The issuance of replacement TA benefits is limited to those households who had a scam-related theft of TA cash benefits **on or after January 1, 2022**. Households may not receive more than two (2) replacement TA benefits for the time period from January 1, 2022 through September 30, 2022. Thereafter, households may not receive more than two (2) replacement TA benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024). After September 30, 2024, households will only be eligible to receive one (1) replacement TA benefit in a single federal fiscal year.

## SNAP

The issuance of replacement SNAP benefits is limited to those households who had a scam-related theft of SNAP benefits **on or after October 1, 2022 through September 30, 2024**. Households may not receive more than two (2) replacement SNAP benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024).



## LDSS-5215 (Rev. 5/23)

For both benefit types, the replacement benefit you are eligible to receive is either the amount of SNAP or TA cash benefits that were stolen, or an amount equal to two (2) times the SNAP or TA cash benefits you received in the most recent complete month during which you received SNAP or TA cash before your benefits were stolen, **whichever is less**.

### Instructions for Submission

For households who live outside of New York City, this application may be submitted to your local district in person, by mail, or by mobile upload through NYDocSubmit.

- **Mail/In Person:** To find your local district address and contact information you can visit our website: <https://otda.ny.gov/workingfamilies/dss.asp> or call the toll-free OTDA Hotline: 1-800-342-3009.
- **Mobile Upload:** you can use the NYDocSubmit mobile app to upload the application to your district by taking a picture of the application and submitting the images through your mobile device. For more detailed instructions, please visit our website: <https://otda.ny.gov/programs/nydocsubmit/>.

For households who live in New York City;

- **Apply Online:** Log in to your ACCESS HRA account or visit [nyc.gov/hra](https://nyc.gov/hra)
  - **Applying online is the fastest, easiest way to apply!**
- **Mail:** You can mail a completed paper application to:
  - PO Box 29006 Brooklyn, NY 11202.
- **In-Person:** You can visit any Benefits Access or SNAP Center. You can find a Center on NYC.gov (<https://www.nyc.gov/site/hra/locations/locations.page>)

