

<b>New York State Combined Application Project (NYSCAP)                  Supplemental Nutrition Assistance Program (SNAP) Case Information Collection Sheet</b>	
<b>CASE NAME:</b>	<b>CASE NUMBER:</b>

AFTER YOU ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS REPORT, YOU MUST SIGN, DATE AND RETURN THIS REPORT, TO THE ADDRESS TO THE RIGHT →

Because we do not have any information about your shelter, heat, utility costs and unreimbursed medical expenses, you are only eligible to receive the minimum SNAP benefit amount. If you answer the questions below about your current shelter, heat, utility costs and unreimbursed medical expenses, you may be eligible to get more SNAP benefits. You **may** have to provide proof of these expenses.

**Please be sure you or your authorized representative sign and date the SIGNATURE SECTION on the reverse of this form.**

SECTION 1			
<b>1. Do you still live at the address to which this notice was sent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No", please write your new address below.)			
<b>Your New Address:</b> (include Apt. #)	City/Town:	State:	Zip Code:
2a. Do you: <input type="checkbox"/> Own your home? <input type="checkbox"/> Rent? <input type="checkbox"/> Live in public housing? <input type="checkbox"/> Have no permanent residence or are homeless? <input type="checkbox"/> Other (describe) _____			
2b. How much do you pay monthly for your rent or your mortgage? \$ _____			
2c. If you rent, is your rent subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what is your share of the rent? \$ _____			
2d. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2e. If no, how much do you pay each year for property and school taxes? \$ _____ Homeowner's Insurance? \$ _____			

SECTION 2			
Answer questions only if you pay for your own heat separate from your rent or mortgage			
1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. My main source of heat is:	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric Heat <input type="checkbox"/> Natural Gas <input type="checkbox"/> Coal or Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane or Bottled Gas <input type="checkbox"/> Other (describe): _____		
3. Is the <i>heating</i> bill in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," the bill is in whose name? _____			
4. What is your heating account number (if you have one)? _____			
5. What is your heating company's name? _____			
6. What is your <i>heating</i> company's address?			
Address:	City/Town:	State:	Zip Code:
MAKE SURE TO ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS FORM, READ THE IMPORTANT INFORMATION ON THE REVERSE OF THIS FORM AND REMEMBER, YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST RETURN THIS FORM <u>SIGNED AND DATED</u> TO THE ADDRESS THAT APPEARS IN THE BOX ABOVE			

**SECTION 3**

Answer questions *only* if you don't pay for your heat.

1. Do you pay a separate monthly charge to your landlord for air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you pay an electric bill and use an air conditioner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. What is your <i>utility</i> account number (if you have one)? _____			
5. What is your <i>utility</i> company's name? _____			
6. What is your <i>utility</i> company's address?			
Address:	City/Town:	State:	Zip Code:

**SECTION 4**

1. Do you have any unreimbursed medical expenses (including a Medicaid spenddown)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If yes, how much do you pay monthly for your medical expenses? \$ _____	
* Unreimbursed medical expenses are medical bills you must pay that are not paid by Medicare, Medicaid, or any other health insurance.	
<b>APPLICANT'S SIGNATURE</b>	<b>DATE SIGNED</b>

**IMPORTANT INFORMATION SECTION**

**YOU MAY BE ENTITLED TO HIGHER BENEFITS**

The maximum monthly SNAP benefit for one person is \$281. If you are receiving less than this amount, you may be eligible for a higher benefit if you have housing, heat and/or utility costs, and more than \$35 each month in unreimbursed medical expenses. Please send us proof of these expenses if you never told us about them or if they have changed.

If you want to find out whether you might be able to get more SNAP benefits, or if you have questions about how to fill out this form, call your local SNAP office. Thank you.

**AUTHORIZED REPRESENTATIVE SECTION** – If you are an Authorized Representative, fill out this section.

You can authorize someone who knows your household circumstances to handle matters related to your SNAP case (such as providing and verifying the information requested above) for you. You can also authorize someone outside your household to use your SNAP benefits to buy food for you. If you want to do this, have your authorized representative sign in the signature section at the bottom of this page, and print the person's name, address and phone number below.

Print Authorized Representative's Name:		Auth. Rep. Phone Number:	
		( )	
Authorized Representative's Address:	City/Town:	State:	Zip Code:

**SIGNATURE SECTION** - Make sure to do the following:

- Print the Recipient's Name.
- Sign, Date and Return this form to the address listed on the first page of this form.

Print the Recipient's Name:	
<b>Recipient/Authorized Representative Signature</b>	<b>Date Signed</b>
X	