New York State Combined Application Project (NYSCAP) Supplemental Nutrition Assistance Program (SNAP) Case Information Collection Sheet

Case Name: Case Number:

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 information about your shelter, heat, utility costs and unreimbursed medical expenses, you are only eligible to receive the minimum SNAP benefit amounts. 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

1. Do you still live at the address to which this notice was sent? ☐ Yes ☐ No (if you answered 'No', please write your new address below.)

Your New Address: (include Apt. #) City/Town: State: Zip Code:

2a. Do You: ☐ Own your home? ☐ Rent? ☐ Live in public housing? ☐ Have no permanent residence or are homeless?

Other (describe)

2b. How much do you pay monthly for your rent or your mortgage? $

2c. If you rent, is your rent subsidized? ☐ Yes ☐ 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?

☐ Yes ☐ No

2e. If no, how much do you pay each year for property and school taxes? $

Homeowners 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 or separate from your rent or mortgage?

☐ Yes ☐ No

2. My main source of heat is: ☐ Fuel Oil ☐ Electric Heat ☐ Natural Gas ☐ Coal or Wood

   ☐ Kerosene ☐ Propane or Bottled Gas

   Other (describe):

3. Is the heating bill in your name? ☐ Yes ☐ 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 heating company's address?

Address: City/Town: State: Zip Code:

MAKE SURE TO ANSWER ALL OF THE QUESTIONS ON THE FRONT AND REVERSE OF THIS FORM, READ THE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS FORM AND REMEMBER, YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST RETURN THIS FORM SIGNED AND DATED 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? ☐ Yes ☐ No

2. Do you pay an electric bill and use an air conditioner? ☐ Yes ☐ No

3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler?

   ☐ Yes ☐ No

4. What is your utility account number (if you have one)?

5. What is your utility company's name?

6. What is your utility company's address?

Address: City/Town: State: Zip Code:

SECTION 4

1. Do you have any unreimbursed medical expenses (including a Medicaid Spenddown)? ☐ Yes ☐ 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.

Applicants Signature: Date Signed:

IMPORTANT INFORMATION SECTION

YOU MAY BE ENTITLED TO HIGHER BENEFITS

The maximum monthly SNAP benefit for one person is $306. If you are receiving less that this amount, you may be eligible for a higher benefit if you have housing, heat and/or utility costs, and more that $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.

In addition to changes reported at this interim report contact, NYSCAP households must report the following within 10 days after the end of each month in which the change happened:

- If you receive substantial lottery/gambling winnings of $4,750 or more won as a cash price in a single game before taxes or withholding.

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 Representatives 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 Recipients Name:

Recipient/Authorized Representatives Signature Date Signed