

# Maintaining SNAP Benefits and Recertification

*In this section:*

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<b>Employment &amp; Training (E&amp;T)</b>	<b>1</b>
E&T Requirements for Non-Exempt SNAP Recipients	1
Complying with Work Requirements	2
E&T Requirements for SNAP Offices	2
Informing SNAP Applicants and Recipients About Their Work Requirements	3
Advising Households of Available Employment and Training Services	3
Mandatory Case Management	4
Good Cause for Failure to Participate When There Is No Appropriate/Available Opening in SNAP E&T	5
Provider Determinations and Referral Process	5
Complying with a WEP Assignment	6
Voluntary Quit	7
Work Sanctions, Intentional Program Violations	7
<b>Able-Bodied Adults Without Dependents (ABAWD)</b>	<b>8</b>
ABAWD Time Limit Rule Suspended in NYS	8
<b>Recertification and Reporting Requirements</b>	<b>8</b>
Telephone Recertification	9
Changes Between Certification Periods	9
Reporting Rules	10
Case Reactivation Waiver	11
<b>Transitional Benefits</b>	<b>12</b>
<b>RESOURCES FOR THIS SECTION</b>	<b>13</b>
<b>SNAP Employment and Training Desk Guide</b>	
<b>LDSS-3151 Change Report Form (English and Spanish)</b>	



# Maintaining SNAP Benefits and Recertification

## Employment & Training (E&T)

EMPLOYMENT AND TRAINING REQUIREMENTS NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT MANUAL, SECTION 3

GIS 12 TA/DC035

18-ADM-08

19-ADM-02

20 TA/DC105

20-ADM-15

21 TA/DC014

21-ADM-05

22-ADM-01

22-ADM 08

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

SNAP Employment and Training Desk Guide

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SNAP has an employment and training component. Unless they are exempt, adults must participate in some type of work or training activity to receive SNAP. However, there are many people who are exempt and have no further obligation to participate in work activities. A SNAP participant is exempt if they are:

- under age 16 or age 60 and over
- age 16 or 17 and not the head of the household
- attending high school, training, or college on at least a half-time basis  
*Note: College students between the ages of 18 and 49 must meet the student eligibility criteria listed—see the Eligibility Rules section.*
- working at least 30 hours/week or earning weekly pay of at least 30 times the hourly federal minimum wage
- a migrant or seasonal farm worker under contract to begin work within the next 30 days
- meeting TANF work requirements
- receiving unemployment benefits
- participating in a drug or alcohol treatment program
- taking care of a child under six or an incapacitated person (can apply to multiple adults in a household if there are multiple children and different adult caretakers for each child)
- jointly applying for SNAP and SSI and awaiting an SSI eligibility determination
- physically or mentally unable to work (less documentation is required than for being disabled—generally doctor’s or other health care provider certification is sufficient)

### E&T Requirements for Non-Exempt SNAP Recipients

Non-exempt SNAP recipients must comply with the SNAP office’s work requirements. This usually involves:

- attending an evaluation appointment at the SNAP office’s employment office,
- providing information about education and work history, and then
- participating in an assigned work program. Work programs typically include:
  - work experience program (WEP),
  - supervised job search,
  - “job clubs,”
  - GED programs, and, occasionally,
  - training or other educational activities.

### **Complying with Work Requirements**

Individuals who must comply with work requirements cannot be required by their SNAP office to spend more than 120 hours per month participating in employment and training activities. This includes:

- financial literacy or personal finance instruction, including career advice, credit counseling, using savings/checking accounts, cash management techniques
- supervised job search
- job skills training and educational work activities directly related to employment and training
- job readiness classes
- paid work
- Subsidized employment and apprenticeships (including; internships, customized training, transitional jobs, on the job training as defined under WIOA)
- vocational education
- WEP
- any work the individual is doing for something other than money (such as free housing or meals)

If a participant fails to comply with work requirements, voluntarily quits a job without good cause, or fails to meet cash assistance work requirements, they can be sanctioned, or made ineligible to participate for a period of time. The sanction disqualifies only the individual, not the whole household.

If other people in the household are still eligible, the SNAP case will stay open and the sanctioned person should request to be restored to the case at the end of the sanction period. If there are no other eligible participating household members, the sanctioned person will have to reapply for benefits the month before the sanction ends to receive SNAP benefits again.

Further information on complying with work requirements is listed in *Complying with a WEP Assignment* later in this section.

*Note:* If the SNAP office does not assign a work activity, the participant is still eligible to receive SNAP.

### **E&T Requirements for SNAP Offices**

SNAP offices are required to:

1. Coordinate their SNAP E&T components and services with available community resources, including job training and related employment services available through the local Workforce Innovation and Opportunity Act (WIOA) partners.
2. Coordinate with NYS Career Center System partners to align and improve access to local employment, training and supportive services, thus ensuring SNAP recipients benefit from the Career Center System's full array of services.
3. Inform SNAP applicants and recipients about their work requirements and available employment and training services.
4. Provide case management services to qualified SNAP recipients.

**Employment & Training (E&T), cont.**

5. Determine if an individual is a good fit for an E&T component. This is called a provider determination.
6. Determine if a participant has good cause for failure to comply with a mandatory E&T requirement.

Requirements 3 - 6 are discussed in detail below.

22-ADM-01

22-ADM-01 ATTACHMENT 1—LDSS-5193

22-ADM-01 ATTACHMENT 2—LDSS-5193A

**Informing SNAP Applicants and Recipients About Their Work Requirements**

If a household being approved or recertified for SNAP includes members subject to work requirements, that household must be provided with a written notice and oral explanation describing the work requirements those individuals must follow.

The written notice must contain all pertinent information relating to each applicable work requirement, including:

- An explanation;
- Which individuals are subject to which requirements;
- A listing of exemptions;
- An explanation of the process to request an exemption (including contact information for the local SNAP office);
- Rights and responsibilities;
- How to comply and maintain SNAP benefits;
- Dates by which each individual must take actions to remain in compliance;
- Consequences for failure to comply; and
- Explanation of the process for requesting good cause, including a list of examples of good cause circumstances (including contact information for the local SNAP office).

If an individual is a mandatory E&T participant, the written notice must explain:

- The individual’s right to receive reimbursement for allowable expenses related to participation in E&T; and
- The SNAP office’s responsibility to excuse a participant from mandatory SNAP E&T participation if the allowable expenses exceed what the office can reimburse.

To view these notices, see LDSS-5193 and LDSS-5193A.

**Advising Households of Available Employment and Training Services**

At recertification, SNAP offices must advise adult SNAP recipients in households without elderly or disabled members and with no earned income of the availability of employment and training services within the district or region. This is not limited to SNAP E&T and should include E&T opportunities provided by:

- Local career centers
- Community-based organizations
- Local education providers

**Employment & Training (E&T), cont.**

To meet this rule, SNAP offices must, at minimum, provide a list of available employment and training services electronically (on a website or in an email) or in printed form.

Examples of printed materials include but are not limited to:

- Flyer explaining local career center offerings
- Brochures on adult education and training resources
- Contact information for local community organizations that provide employment and training services.

**Mandatory Case Management**

Due to a new provision, SNAP recipients placed into a mandatory E&T assignment must receive case management services and be assigned to at least one E&T work activity component.

The purpose of case management services is to:

- Guide participants toward appropriate E&T components and activities based on the participant's needs and interests,
- Support the participant in the E&T program, and
- Provide activities and resources that help the participant achieve program goals.

Case management services include:

- Completion of an employability assessment,
- Development of an employment plan,
- Monitoring the progress of the individual in the assigned SNAP E&T activity component, and
- Coordination with service providers.

SNAP offices have flexibility to provide case management services in the way that best meets the needs of the participant and the capacity of the district or provider. This includes:

- Offering case management services remotely,
- Delivering services through virtual tools like web applications, and
- In-person services.

*Note:* Under this regulation, **SNAP offices must pay for or reimburse SNAP participants for expenses that are necessary, reasonable, and directly related to participation in the E&T program.** If a SNAP office is unable to provide a participant with reimbursements, then the individual is excused from mandatory participation in the SNAP E&T and would not be subject to a SNAP sanction for failure to comply with the assigned SNAP E&T activity.

**Good Cause for Failure to Participate When There Is No  
Appropriate/Available Opening in SNAP E&T**

In situations when there is not an appropriate and/or available opening for a mandatory E&T participant in the district's E&T program, the SNAP office must determine that the participant has good cause for failure to comply with the mandatory E&T requirement.

Good cause for a lack of an appropriate or available opening in an E&T program ends when the SNAP office identifies an appropriate and available opening and informs the participant.

**Provider Determinations and Referral Process**

Local SNAP E&T providers are responsible for determining if an individual is a good fit for a particular E&T component; this is called a provider determination.

SNAP E&T providers have flexibility to set the criteria used to make a provider determination and may use any information available to make the determination. The processes below apply to both mandatory and voluntary E&T participants:

**Before making a referral to an E&T provider,** the SNAP office must:

- Work with the provider to understand the skills and qualifications needed for E&T participants to be successful, and
- Thoroughly screen individuals prior to referral, to help ensure a good fit with the E&T component.

**If a SNAP E&T provider finds someone is not a good fit** they must:

- Notify the SNAP office within 10 days of making the determination,
- Give the reason for the determination, and
- Include input on the appropriate next step.

**If a SNAP office receives a provider determination** they must:

- Notify the named E&T participant within 10 days of receiving the determination, either verbally or in writing. The notice must include:
  - An explanation of what a “provider determination” is,
  - The next steps the district will take as a result of the determination, and
  - Contact information for the SNAP office.
- The participant must be notified that they are not being sanctioned as a result of the provider determination.

**Employment & Training (E&T), cont.**

SNAP offices must document the provider determination and the notification in the individual’s case record and take the most suitable action from the two choices below by the participant’s next recertification:

1. Refer the individual to an appropriate E&T program component:
  - a. Perform an assessment to determine an appropriate E&T program component;
  - b. Provide case management services along with at least one E&T work activity component.
2. Re-assess the participant’s physical and mental fitness:
  - a. Perform a reassessment and screen for any other exemptions from the work requirement;
  - b. If determined to be mentally or physically unfit, the participant must be found exempt from the work requirement;
  - c. If determined to be physically and mentally fit and not otherwise exempt from the general work requirements, the SNAP office must follow the process described above.

21-INF-10

**Complying with a WEP Assignment**

If an individual is currently volunteering at a public or non-profit organization, including faith-based organizations, public schools, food pantries, and local churches, those activities may count as a qualified work activity under this provision.

To calculate the number of hours that an individual would be required to complete each month, divide the amount of the SNAP benefit by the number of adult SNAP recipients in the household. Then divide by the minimum wage that is in effect for the area of the state in which the household is located:

	<b>2023</b>	<b>2024</b>
New York City	\$15.00	\$16.00
Long Island and Westchester	\$15.00	\$16.00
Rest of state	\$14.20	\$15.00

*Visit Labor.ny.gov for additional information*

**Example:** a SNAP household in Albany County consisting of two adults receives \$516 in SNAP benefits each month. To determine the number of hours needed each month under a WEP assignment or an approved volunteer activity for each adult, divide the full SNAP benefit by two adults and then divide the result by the state minimum wage:

$$\begin{array}{rclclcl}
 \mathbf{\$516} & \div & \mathbf{2} & = & \mathbf{\$258} & \div & \mathbf{\$14.20} & = & \mathbf{18} \\
 \text{SNAP Benefit} & & \text{Adults} & & & & \text{Minumum wage (2023) for Albany County} & & \text{Hours required for each adult (rounded)}
 \end{array}$$



**Employment & Training (E&T), cont.**

Those volunteering who do not meet the required number of hours may use their volunteer hours as hours of work in combination with any other qualifying work activities, for a total of at least 80 hours per month.

NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT MANUAL, SECTION 13  
18-ADM-08

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

SNAP Employment and Training Desk Guide

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**Voluntary Quit**

The voluntary quit rule was instituted to prevent people from deliberately making themselves poor so they can get SNAP benefits. The rule disqualifies such people from receiving SNAP benefits for a specified length of time, called a sanction period, of one month and until the individual complies. This rule often comes into play when someone quits their job for some other reason, such as a decision to relocate, and immediately applies for SNAP.

SNAP offices frequently question the reasons for leaving a job. All the applicant has to show is that there was some valid reason, to prove good cause and satisfy the rule.

Applicants who were fired are never assumed to have left their job so that they could obtain SNAP benefits—it does not matter why they were fired. The NYS Temporary Assistance and SNAP Employment Policy Manual states that “provoked discharge” termination situations, in which employees cause themselves to be fired, are not subject to a voluntary quit disqualification.

Those without a valid reason for quitting their job may or may not be subject to a voluntary quit sanction. Many people are exempt from the voluntary quit rule. The duration of the sanction is based on the circumstances of the individual client. See the *SNAP Employment and Training Desk Guide* (at the back of this section) for further details on the voluntary quit rules.

GIS 13 TA/DC005  
GIS 13 TA/DC048  
14-ADM-06  
18-ADM-08

**Work Sanctions, Intentional Program Violations**

People who do not comply with work requirements, or who are found to have committed an Intentional Program Violation (IPV), will be removed from the household’s SNAP case for a period specified by the SNAP office. The duration of the sanction is based on the circumstances of the individual client.

The *SNAP Employment and Training Desk Guide* (at the back of this section) has a summary of SNAP employment and training rules.

## Able-Bodied Adults Without Dependents (ABAWD)

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NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT POLICY MANUAL, SECTION 3

15-INF-11

GIS 16 TA/DC044

GIS 16 TA/DC056

17-ADM-01

GIS 17 TA/DC014

18-ADM-09

19-INF-05

20-INF-07

GIS 20 TA/DC006

GIS 21-TA/DC049

GIS 21TA/DC075

21-ADM-05

21-LCM-07

22TA/DC074

23TA/DC014

23DC063

23DC067

### ABAWD Time Limit Rule Suspended in NYS

The federal Able Bodied Adults Without Dependents (ABAWD) time limit rule places a limit on how long unemployed, non-disabled, childless adults, ages 18 to 52, are eligible to participate in SNAP. Those considered “ABAWDs” may only receive SNAP benefits for a total of three full months in the 36-month period, unless they live in a waived area, meet an exemption, or are already meeting work requirements.

FNS has approved OTDA’s request to **waive the ABAWD time limit rule in all areas of the state through February 28, 2025.**

The Fiscal Responsibility Act of 2023 raised the age limit for those subject to the time limit rules from 49 to 54. This change will be rolled in over time. On October 1, 2023, the age of those subject to the ABAWD time limit increased to age 52. On October 1, 2024, the age of those subject to the ABAWD time limit will increase to age 54.

SNAP recipients who are newly determined to fall under the ABAWD time limit rule will be sent a notice about this determination. Those letters are not a notice of a requirement to work or take any action. They are merely to let the SNAP recipient know that they fall under the criteria for the ABAWD time limit rules, which are currently suspended.

Visit [HungerSolutionsNY.org/snap-abawd-time-limits/](https://HungerSolutionsNY.org/snap-abawd-time-limits/) for more information.

## Recertification and Reporting Requirements

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SNAPSB SECTIONS 6 AND 14

04-INF-25

07-ADM-05

GIS 08 TA/DC018

08-ADM-09

11-INF-07

13-ADM-04

A household is only authorized eligible for SNAP benefits for a specified, limited period of time, called the certification period. At the end of that period, the SNAP case is automatically closed unless the LDSS/case examiner authorizes a new certification period.

### 6-month certification period:

- Households with income that changes frequently

### 12-month certification period:

- Most households with income
- Households with no income
- Homebound individuals
- Group home residents receiving SSI/SSD
- People who are homeless

**Recertification and Reporting Requirements, cont.**

**36-month certification period:**

- Elderly Simplified Application Program (ESAP) households where all members are a senior or disabled and there is no earned income
- NYS Combined Application Project (NYSCAP) households—SSI recipients with live-alone status who receive SNAP automatically

**48-month certification period:**

- NYS Nutrition Improvement Project (NYSNIP) households (sunsets December 2023)—SSI recipients with live-alone status who receive SNAP automatically

Before the end of the certification period, the household will receive a recertification packet with documents to be submitted and information on their recertification interview. If the household does not send back the updated recertification packet and complete an interview in the time frame designated, the case will close at the end of the certification period.

**Telephone Recertification**

During the recertification process, existing SNAP participants must complete an additional interview to determine continued eligibility. The interview can be by phone, or the participant can request to have it in person. Households should return their completed recertification application as soon as possible. The SNAP office will not make contact or go through with the scheduled interview if the household has not sent in their signed recertification form.

The interview time is included with the recertification packet, however, the SNAP office may attempt to call up to three times to try to complete the interview before the scheduled date.

In New York City, SNAP households can call 1-800-SNAPNOW to access an on-demand telephone recertification interview without needing a scheduled interview time.

If the household sends in their recertification form, but the SNAP office cannot reach them for their interview, a “notice of missed interview” will be mailed. This notice advises the household to contact the SNAP office immediately to reschedule their interview if they wish to have their recertification application processed. See *Notice of Missed Interview* in the *Applying for SNAP* section.

4-INF-25  
11-INF-07  
GIS 17 TA/DC053

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

LDSS-3151 Change Report Form

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**Changes Between Certification Periods**

In addition to participating in the recertification process, SNAP households must follow detailed reporting rules.

Any failure to report required information may result in an overpayment. The SNAP office will try to recoup the overpayment from future benefits or through a claims process, which can result in the overpaid amount being taken from tax refunds.

## **Reporting Rules**

### **Households with Six-Month Reporting Rules:**

The only thing these households must report during the six-month period is:

- Change in income that causes the household to be over 130% of the Federal Poverty Level. If this happens, they must report it immediately.

### **Households with Certification Periods Longer than Six Months:**

- Will receive a change report form to be filled out at the six-month point of their SNAP certification; the change report form is mailed at the end of the fifth month of certification;
- Should complete the form and return it to the local SNAP office to continue receiving benefits.

These households must do the following under reporting rules:

- Return the six-month report form;
- Report any change in household income above 130% of poverty.

These households do not have to report any other changes in circumstances until their next SNAP recertification interview.

### **Households that Are 10-Day Reporters:**

Some households are required to report almost all changes in household information by the tenth day of the month following the month of the change.

Ten-day reporting households include:

- Households with unearned income where all the adults are elderly or disabled
- Group home residents receiving SSI/SSD
- Households with no income
- Migrant workers
- Homeless households
- Households with a certification period of less than four months

These households do not have to report certain changes in between certification periods. For example, it is not necessary for elderly households to inform the SNAP office when their Social Security benefits increase each January, as long as the increase is less than \$50 per month.

04-INF-25 is a helpful source of information on reporting rules.

07-ADM-05

### **Case Reactivation Waiver**

This waiver enables SNAP offices to reinstate SNAP benefits during the certification period, for households that reestablish their eligibility.

Households can accomplish that by:

- Reporting and verifying any change in circumstances, and/or
- Complying with an unfulfilled program requirement within 30 days of the date their SNAP case was closed.

Households that reestablish their eligibility in such a manner are not required to file a new SNAP application or to complete an eligibility interview.

A common situation where case reactivation is used: a household's SNAP case is closed for failure to submit or complete a periodic report, but the household then provides the needed information.

### **How Households Can Be Reinstated Under the Case Reactivation Waiver**

Affected households must do the following within 30 days of their case closing:

- Report and verify all changes in circumstances that have occurred,
- Provide any outstanding information that may be missing, and
- Continue to meet SNAP eligibility rules.

**Upstate Counties:** households should have at least three full months remaining in their certification period following the date of fulfilling all the above requirements for reactivation.

**NYC:** households should have at least four full months remaining in their certification period following the date of fulfilling all the above requirements for reactivation.

These time frames are necessary due to the requirements districts must follow for generating timely recertification notices and scheduling and completing recertification interviews.

OTDA reserves the right to permit exceptions to that last requirement and permit reactivation during the last three or four months of the certification period if case circumstances merit the exception.

### **When the Case Reactivation Waiver Cannot Be Used**

Case reactivations are not re-applications for SNAP. Therefore:

- Consideration for expedited processing is not part of the reactivation process;
- Households that provide missing information or comply with eligibility requirements 30 days or more after their SNAP certification end date must file a new SNAP application.

**Recertification and Reporting Requirements, cont.**

This waiver does not apply to households that have not complied with SNAP E&T activities resulting in their SNAP case closing. An individual whose SNAP case has been closed because of a SNAP E&T sanction must serve the minimum durational sanction in addition to complying with the SNAP E&T requirements as assigned by the SNAP office, unless the individual provides documentation that shows that they have become exempt from SNAP work requirements.

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## Transitional Benefits

02 ADM-07  
09-ADM-22

Most households that leave TANF are now automatically eligible for transitional SNAP benefits, called the Transitional Benefits Alternative (TBA).

Households that are **eligible for TBA**:

- Newly employed households
- SNAP households with children who leave TANF or Safety Net Assistance (SNA). For more information on this policy change see 09-ADM-22.

Households that are **not eligible for TBA**:

- Temporary assistance households without children who leave SNA.  
*Note:* These households may be eligible for regular SNAP benefits.
- Households that miss their TANF/SNAP recertification interview.
- Households that have their SNAP case closed due to a violation.

At the time the TANF case is closed, if a household is eligible for TBA, the caseworker will:

- Authorize TBA for five months—even if a household had less than five months left in its SNAP certification period.
- Freeze the TBA benefit at the SNAP benefit level issued prior to the TANF case closing, but the Family Assistance is no longer counted as income. There is no income “cap” for TBA; even households with gross incomes above 130% of poverty are eligible.

The household is not obligated to report any change in income, resources, or household composition during the TBA period.

Before the TBA period expires, households are sent a recertification notice to allow them to certify for ongoing SNAP benefits.

To “unfreeze” the SNAP benefits during the five-month TBA period—for example, if a household’s income dramatically decreases or a new member joins the household—the household would have to undergo early recertification.

## **Resources for This Section**

On the following pages, you will find these resources:

**SNAP Employment and Training Desk Guide**

**LDSS-3151 Change Report Form (English and Spanish)**





# SNAP Employment and Training (E&T) Desk Guide

Adults must participate in work or training activities to receive SNAP. However, many people are exempt from E&T rules. In addition, several counties have instituted a voluntary SNAP E&T Program. In these counties, the SNAP recipient decides whether or not to participate.

## Exemptions from E&T rules

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Anyone who is:

- under age 16 or age 60 or over
- age 16 or 17 and not the head of the household
- attending high school, training, or college at least half-time (*Note: college students between the ages of 18 and 49 must meet the student eligibility criteria.*)
- working at least 30 hours per week or earning weekly pay of at least 30 times the hourly federal minimum wage
- a migrant or seasonal farm worker under contract to begin work within the next 30 days
- meeting TANF work requirements
- receiving unemployment benefits
- participating in a drug or alcohol treatment program
- taking care of a child under 6 or an incapacitated person (can apply to multiple adults in a household if there are multiple children and different adult caretakers for each child)
- jointly applying for SNAP and SSI and awaiting an SSI eligibility determination
- physically or mentally unable to work (less documentation is required than for being disabled—generally doctor’s or other health care provider certification is sufficient)

## If someone does not comply

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Individuals who fail to comply with E&T rules without good cause (a valid reason) can be sanctioned (made ineligible for a specified length of time). E&T sanctions disqualify only the individual, not the whole household.

- For the first sanction, ineligibility lasts for at least one month (no sanction for applicants not receiving expedited SNAP benefits) and extends until the person complies with E&T rules,
- For the second sanction, ineligibility lasts for at least three months and extends until the person complies with E&T rules, and
- For the third and all additional instances, sanction ineligibility lasts for at least six months and extends until the person complies with E&T rules.

## Types of E&T activities

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Each SNAP office has a county-specific employment plan that describes E&T activities. These plans can include a combination of the following:

- educational activities related to employment
- financial literacy and personal finance instruction
- supervised job search and training
- job skills training
- job readiness
- self-employment programs
- work experience program (WEP)
- vocational education
- Subsidized employment and apprenticeships (including internships, customized training, transitional jobs, on the job training as defined under WIOA)

## Hours required

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Individuals who must comply with the E&T rules cannot be required to spend more than 120 hours per month participating in E&T activities.

*For WEP participants:* To calculate the number of hours an individual is required to complete each month, divide the amount of the SNAP benefit by the number of adult SNAP recipients in the household. Then divide by the minimum wage in effect for the area of the state in which the household is located:

	2023	2024
New York City	\$15.00	\$16.00
Long Island and Westchester	\$15.00	\$16.00
Rest of state	\$14.20	\$15.00

**Example:** a SNAP household in Albany County consisting of two adults receives \$516 in SNAP benefits each month:

<b>\$516</b>	÷	<b>2</b>	=	<b>\$258</b>	÷	<b>\$14.20</b>	=	<b>18</b>
SNAP Benefit		Adults				Minimum wage (2023) for Albany County		Hours required for each adult (rounded)

## Mandatory case management

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Due to a new provision, SNAP recipients who are placed, by the SNAP office, into a mandatory E&T assignment must also receive case management services and the assignment to at least one E&T work activity component.

Case management services include:

- completion of an employability assessment,
- development of an employment plan,
- monitoring the progress of the individual in the assigned SNAP E&T activity component, and
- coordination with service providers.

## Good cause for failure to participate when there is no appropriate/available opening

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In situations when there is not an appropriate and/or available opening for a mandatory E&T participant in the district's E&T program, the SNAP office must determine that the participant has good cause for failure to comply with the mandatory E&T requirement.

Good cause for a lack of an appropriate or available opening in an E&T program ends when the SNAP office identifies an appropriate and available opening and informs the participant.

## Provider Determinations and Referral Process

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Local SNAP E&T providers are responsible for determining if an individual is a good fit for a particular E&T component; called a provider determination.

SNAP E&T providers have flexibility to set the criteria used to make a provider determination and may use any information available to make the determination.

See *Maintaining SNAP Benefits and Recertification* in our SNAP Prescreening Guide for more information about this process.

## Voluntary quit

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“Voluntary quit” generally means “I chose to quit my job.” The rule disqualifies such people from receiving SNAP for a specified length of time (called a sanction period, which is counted in days). In reality, this usually arises when someone quits their job for some other reason, such as a decision to relocate, and immediately applies for SNAP. Applicants must prove that there was some valid reason for leaving the job. This will provide “good cause” and satisfy the rule.

Those without a valid reason for quitting their job may or may not be subject to a voluntary quit sanction. Many people are exempt from the voluntary quit rule.

For applicants: voluntary quit sanctions begin at the SNAP application date. The look-back period for voluntary quit extends to 30 days prior to application.

- For the first instance, ineligibility applies for a period of at least 30 days and extends until the person complies with E&T rules,
- For the second instance, ineligibility applies for a period of at least 90 days and extends until the person complies with E&T rules, and
- For the third and all additional instances, ineligibility applies for a period of at least 80 days and extends until the person complies with E&T rules.

See 18-ADM-08 for more information on voluntary quit sanction time frames.

## Who can be sanctioned for a voluntary quit

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Anyone who is:

- working 30 or more hours/week OR earning at least \$217.50/week who quits a job without good cause, or
- working 30+ hours/week who voluntarily reduces their work hours without good cause, if the person’s earnings fall below \$217.50/week.

## Exemptions from voluntary quit sanctions

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- being laid off or fired (for any reason)
- worked less than 30 hrs/week prior to quitting, unless the person earned more than \$217.50/week gross
- worked less than 30 hours/week prior to reducing their hours
- reduced work hours below 30 hour/week, but still earns at least \$217.50/week gross
- had been self-employed
- resigned at the employer’s demand
- was exempt from the work rules at the time of job quit (except for those who were exempt due to employment exemption)

See the NYS OTDA Employment Policy Manual for specific rules and policies, accessible online at [otda.ny.gov/resources/employment-manual/](https://otda.ny.gov/resources/employment-manual/)



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
CHANGE REPORT FORM**

*(Please Print Clearly)*

CASE NUMBER									

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES  
ACCORDING TO THE RULES LISTED BELOW.**

DATE: \_\_\_\_\_

**COMPLETE THIS FORM AND MAIL TO:**

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:
--

**TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance Program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".**

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> <b>YES – Go To "TBA" on page 3</b> (Skip questions 2 through 8)	<input type="checkbox"/> <b>NO – Go To Question #2, below</b>
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) or Combined Application Project (NYSCAP) benefits?  Do you receive Elderly Simplified Application Project (ESAP) benefits?	<input type="checkbox"/> <b>YES – Go To "NYSNIP/NYSCAP" on page 3</b> (Skip questions 3 through 8)  <input type="checkbox"/> <b>YES – Go To "ESAP" on page 3</b> (Skip questions 3 through 8)	<input type="checkbox"/> <b>NO – Go To Question #3, below</b>
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> <b>YES –Go To "Change Reporting" on page 2</b> (Skip questions 4 through 8)	<input type="checkbox"/> <b>NO – Go To Question #4, below</b>
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> <b>YES –Go To "Simplified Reporting" on page 2</b> (Skip questions 5 through 8)	<input type="checkbox"/> <b>NO – Go To Question #5, below</b>
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> <b>YES –Go To "Change Reporting" on page 2</b> (Skip questions 6 through 8)	<input type="checkbox"/> <b>NO – Go To Question #6, below</b>
6. Does your household receive \$0 income (including \$0 Temporary Assistance)	<input type="checkbox"/> <b>YES –Go To "Change Reporting" on page 2</b> (Skip questions 7 and 8)	<input type="checkbox"/> <b>NO – Go To Question #7, below</b>
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> <b>YES – Go To "Change Reporting" on page 2</b> (Skip question 8)	<input type="checkbox"/> <b>NO – Go To Question #8, below</b>
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> <b>Go To "Simplified Reporting" on the top of page 2</b>	

**SIMPLIFIED REPORTING RULES:** As a SNAP household under the “Simplified Reporting” rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household’s gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household’s certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a Periodic Report form that you **MUST** return within ten days after you receive the form. If your household has any of the changes listed below, you **MUST** report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
  - Changes in your household’s total **earned income** when it goes up or down by more than \$125 a month
  - Changes in your household’s total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$125 a month
  - Changes in your household’s total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$125 a month
  - Changes in the amount of legally obligated **child support you pay** to a child outside of your SNAP household
  - Changes in **who lives with you**
  - **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
  - **A new or different car**, or other vehicle
  - Increases in your household’s **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2,750 (more than \$4,250 if anyone in your household is disabled or 60 years old or older)
  - Any changes in your household that would result in a penalty as described on page 6
3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), the ABAWD **MUST** tell the district if their work hours go below 80 hours each month within 10 days after the end of that month. The district will offer and provide the ABAWD a qualifying work activity to help them meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, the ABAWD should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes they should be exempt from the ABAWD requirement.

**CHANGE REPORTING RULES:**

As a SNAP household under the “Change Reporting” rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household’s total **earned income** when it goes up or down by more than \$125 a month
- Changes in your household’s total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$125 a month
- Changes in your household’s total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$125 a month
- Changes in the amount of legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household’s **cash, stocks, bonds, money in the bank or savings institution** if the total cash and savings of all household members now amounts to more than \$2,750 for a household **without** an elderly or permanently disabled household member **or** \$4,250 for a household **with** an elderly or permanently disabled household member.
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), the ABAWD **MUST** tell the district if their work hours go below 80 hours each month within 10 days after the end of that month. The district will offer and provide the ABAWD a qualifying work activity to help them meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, the ABAWD should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes they should be exempt from the ABAWD requirement.
- Any changes in your household that would result in a penalty as described on page 6

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP/NYSCAP CHANGE REPORTING for participants in NYSNIP/NYSCAP:**

- About halfway through your certification in NYSNIP or NYSCAP, you will receive an "Interim Contact" form that you must complete and return.
- Other than the interim contact letter, you are not required to report changes during your certification period. You may voluntarily report increases in your medical expenses, shelter expenses, heat/air-conditioning costs, or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**ESAP Change Reporting for participants in ESAP:**

- ESAP households are considered Simplified Reporters but **MUST** also report the following changes within 10 days after the end of the month in which the change happened:
  - Changes in who lives with you
  - If anyone in the household begins receiving earned income
  - If any household member receives substantial lottery/gambling winnings of \$4,250 or more won as a cash prize in a single game before taxes or other withholdings.
- You will receive a contact letter 18 months after beginning ESAP. You are **NOT** required to return this contact letter, but may do so voluntarily, and must document any changes prior to having your SNAP benefits increased.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), the ABAWD **MUST** tell the district if their work hours go below 80 hours each month within 10 days after the end of that month. The district will offer and provide the ABAWD a qualifying work activity to help them meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, the ABAWD should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes they should be exempt from the ABAWD requirement.

This form should be mailed, faxed or brought to the agency listed above. If for some reason you can't mail, fax or bring in this form, you can also report the changes on-line through [myBenefits.ny.gov](http://myBenefits.ny.gov) or by calling us at the telephone number listed on Page 1 of this form.

**WITHDRAW FROM SNAP** - If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6).**

**Use the Form Below to Report Changes**

**CHANGE IN INCOME OR SOURCE OF INCOME** – If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2. If you are a Change Reporter, your reporting rules are also explained on Page 2.

NAME OF PERSON RECEIVING INCOME	NAME OF EMPLOYER OR SOURCE OF INCOME	NEW AMOUNT	TOTAL NUMBER OF HOURS WORKED PER WEEK, IF WORKING	HOW OFTEN RECEIVED
1.		\$		
2.		\$		
3.		\$		

**CHANGE IN HOUSEHOLD** - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.

NAME	DATE OF BIRTH	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	HOW OFTEN RECEIVED (weekly, bi-weekly, monthly)	TOTAL NUMBER OF HOURS WORKED PER WEEK, IF WORKING	SOURCE OF INCOME
1.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		
2.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		
3.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		
4.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		

**CHANGE OF ADDRESS**

NEW MAILING ADDRESS	CITY	STATE	ZIP CODE
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IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)	TELEPHONE NUMBER WHERE YOU CAN BE REACHED ( ) AREA CODE
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**CHANGE IN HOUSING COSTS** - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.

Are you a roomer or boarder?  YES  NO      If Yes, are meals  INCLUDED  NOT INCLUDED

RENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less

Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		
• Utilities (electricity, cooking gas, garbage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

MORTGAGE PAYMENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less

Do you pay for the following <b>separate</b> from your <b>mortgage</b> :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		
• Utilities (electricity, cooking gas, garbage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

Are you living in section 8 or other subsidized housing?  YES  NO      Are you living in public housing?  YES  NO

**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$



**CHANGE IN SAVINGS** - List the **total** amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have **increased** to more than \$2,750 (more than \$4,250 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

**DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?**  YES  NO

If "NO" explain:

**CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD**  NO CHANGES

**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**BE SURE TO READ AND SIGN PAGE 6**

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

**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 of 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:

- 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 participation 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 controlled substances (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 or 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 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 to 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.

**CERTIFICATION**

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don’t fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE  X	DATE
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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP) FORMULARIO DE INFORME DE CAMBIOS

(Favor de escribir en letra de molde legible)

CASO NÚMERO

SE LE EXIGE INFORMAR TODO CAMBIO EN LA SITUACIÓN DE SU HOGAR  
SEGÚN LAS REGLAS A CONTINUACIÓN:

FECHA: \_\_\_\_\_

LLENE ESTE FORMULARIO Y ENVÍELO POR CORREO A:

A:

DOMICILIO:

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NOMBRE, DIRECCIÓN Y NÚMERO TELEFÓNICO DEL DISTRITO LOCAL:

## SU RESPONSABILIDAD DE INFORMAR CAMBIOS

Favor de leer las preguntas y reglas con atención. Si usted no reporta todo cambio que está obligado a informar, de acuerdo con las reglas establecidas, podemos iniciar una reclamación por pago excesivo de los subsidios del Programa de Asistencia Nutricional Suplementaria (SNAP – por sus siglas en inglés) y cobrarle dicho monto.

Los cambios que ESTÁ OBLIGADO a informar se explican a continuación. Los cambios que ESTÁ OBLIGADO a informar se explican a continuación. Usted puede informar, voluntariamente, todo cambio en la composición del grupo familiar que recibe SNAP. Si el cambio a reportar tendría como resultado un aumento en la cantidad de subsidios que recibe, una vez usted presente comprobantes de dicho cambio, aumentaremos la cantidad de subsidios que recibe.

¿PRESENTA USTED UN «INFORME SIMPLIFICADO» (SEIS MESES) O UN «INFORME DE CAMBIOS»? PUEDE RESPONDER A LAS SIGUIENTES PREGUNTAS PARA DETERMINAR SI USTED DEBE PRESENTAR UN «INFORME SIMPLIFICADO» O UN «INFORME DE CAMBIOS».

1. ¿Recibe subsidios transitorios de SNAP (TBA)?	<input type="checkbox"/> <b>SÍ – Vaya a “TBA” en la página 3</b> (Salte las preguntas 2 a 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #2, a continuación</b>
2. ¿Recibe subsidios del Proyecto de Mejora Nutricional del Estado de Nueva York (NYSNIP-) o subsidios del Proyecto de Solicitud Combinada del Estado de Nueva York (NYSCAP)?  ¿Recibe subsidios del Proyecto de Solicitud Simplificada para Adultos Mayores (ESAP)?	<input type="checkbox"/> <b>SI – Vaya a “NYSNIP/NYSCAP” en la página 3</b> salte las preguntas 3 a 8)  <input type="checkbox"/> <b>SÍ – Vaya a “ESAP” en la página 3</b> (Salte las preguntas 3 a 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #3, a continuación</b>
3. ¿Es usted una persona certificada para recibir los subsidios SNAP por tres meses o períodos menores?	<input type="checkbox"/> <b>SÍ – Vaya a “Informe de Cambios” en la página 2</b> (Salte las preguntas 4 a 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #4, a continuación</b>
4. ¿Algún integrante de su grupo familiar recibe ingresos devengados que se contabiliza en el cálculo de sus subsidios SNAP?	<input type="checkbox"/> <b>SÍ – Vaya a “Informe Simplificado” en la página 2</b> (Salte las preguntas 5 a 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #5, a continuación</b>
5. ¿Son todos los adultos (de 18 años o más) de su grupo familiar permanentemente incapacitados o tienen 60 años o más?	<input type="checkbox"/> <b>SÍ – Vaya a “Informe de Cambios” en la página 2</b> (Salte las preguntas 6 a 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #6, a continuación</b>
6. ¿Recibe su grupo familiar \$0 en ingresos (incluyendo \$0 en Asistencia Temporal)?	<input type="checkbox"/> <b>SÍ – Vaya a “Informe de Cambios” en la página 2</b> (Salte las preguntas 7 y 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #7, a continuación</b>
7. ¿No tiene vivienda (domicilio fijo) o es usted trabajador agrícola migratorio o temporal?	<input type="checkbox"/> <b>SÍ – Vaya a “Informe de Cambios” en la página 2</b> (Salte la pregunta 8)	<input type="checkbox"/> <b>NO – Vaya a la pregunta #8, a continuación</b>
8. Usted contestó “No” a todas las 7 preguntas anteriores	<input type="checkbox"/> <b>Vaya a “Informe Simplificado” al principio de la página 2</b>	

**REGLAS DEL INFORME SIMPLIFICADO:** Como hogar beneficiario de SNAP, según las reglas del «Informe Simplificado de Cambios», usted solamente tiene que informar cambios en la próxima revalidación, excepto en las tres situaciones siguientes:

1. **Si el ingreso bruto mensual de su hogar sobrepasa el 130% del índice de pobreza, DEBERÁ reportar esta cantidad mensual al distrito de servicios sociales por teléfono, por escrito o en persona, dentro de los 10 días de finalizado el mes calendario en el que supera el 130%.** El ingreso bruto es la cantidad de ingresos antes de pagar impuestos y descontar otras deducciones salariales y no la cantidad que usted recibe cuando cobra su cheque. Debemos utilizar el ingreso bruto al calcular su habilitación para recibir SNAP. La persona a cargo de su caso le explicará lo que significa el 130% del índice de pobreza para una familia con el número de integrantes como la suya. Todo otro tipo de ingreso que usted reciba, además de los ingresos devengados, deben ser agregados a su ingreso bruto con motivo de averiguar si sobrepasa el 130% del índice de pobreza. Ejemplos de otros tipos de ingresos que se toman en cuenta son: pagos de Sustento de Menores, Seguro por Desempleo, Asistencia Temporal (TA), Compensación Laboral, Seguro Social, Seguridad de Ingreso Suplementario (SSI) y pagos privados por incapacidad.

Si usted no nos informa que sus ingresos brutos sobrepasan el 130% del índice de pobreza en un determinado mes calendario, todos los beneficios recibidos después de ese mes se podrán considerar como pagos en exceso. Ello aplica aun cuando su ingreso bruto sea menos del 130% del índice de pobreza en un mes futuro.

2. **Si el período de certificación de su grupo familiar dura más de 6 meses:** En la fecha de la revisión de los seis meses de su período de certificación, usted recibirá un Formulario de Informe Periódico el cual usted **DEBE** devolver dentro de los diez días de recibirlo. Si su grupo familiar tiene algunos de los cambios que se mencionan a continuación, usted **DEBE** informarlos en el formulario que se le envía a la fecha de revisión de los seis meses.

**Lista de cambios que debe informar en la revisión de los seis meses:**

- Cambios en toda **fuentes de ingresos** de uno de los miembros del grupo familiar
  - Cambios en el total de **ingresos devengados** de su grupo familiar cuando dicho monto aumenta o disminuye por más de \$125 al mes
  - Cambios en el total de **ingresos no devengados** de su grupo familiar **provenientes de un fondo público**, tales como subsidios del Seguro Social o el Seguro por Desempleo, cuando dicho monto aumenta o disminuye por más de \$125 al mes
  - Cambios en el total de **ingresos no devengados** de su grupo familiar **provenientes de fondos privados**, tales como pagos de Sustento de Menores o Seguro Privado por Incapacidad, cuando dicho monto total aumenta o disminuye por más de \$125 al mes
  - Cambios en el monto del **pago por orden judicial de Sustento de Menores** que usted paga a favor de un niño que no es miembro del grupo familiar que recibe SNAP.
  - Cambios en **quiénes viven con usted**
  - **Si se muda**, su nuevo domicilio y los nuevos montos de alquiler o hipoteca; gastos de calefacción, aire acondicionado y servicios públicos
  - **Un automóvil nuevo o diferente**, u otro vehículo
  - Aumento en la cantidad de **dinero en efectivo, acciones, bonos, dinero en el banco** o instituciones de ahorro cuando la cantidad total en efectivo y en ahorros de todos los miembros del grupo familiar es más de \$2,750 (o más de \$4,250 si algún miembro del hogar está incapacitado o tiene 60 años de edad o más)
  - Todo cambio en su hogar que resulte en una sanción, tal como se explica en la página 6.
3. Si algún integrante de su hogar beneficiario del subsidio SNAP es un Adulto Habilitado para Trabajar sin Dependientes ("ABAWD"), la persona bajo la categoría de ABAWD **DEBE** informar al distrito si las horas de trabajo se reducen a menos de 80 horas cada mes, debe informarlo dentro de los diez días de finalizado dicho mes. El distrito ofrecerá y le brindará a la persona bajo la categoría de ABAWD una actividad laboral que cumpla con el requisito laboral que le pueda ayudar a cumplir con el requisito federal ABAWD. Si algún integrante de su grupo familiar beneficiario de SNAP es una persona bajo la categoría de ABAWD, la persona bajo la categoría de ABAWD deberá informar si el grupo familiar de la persona ABAWD se ha mudado a una zona donde la exención federal ABAWD ha sido aprobada o si la persona bajo la categoría de ABAWD cree que debería ser exenta del requisito ABAWD.

**REGLAS DEL INFORME DE CAMBIOS:**

Según las reglas de «Informe de Cambios» en cuanto a los hogares que reciben SNAP, usted **DEBE** reportar los siguientes cambios dentro de 10 días de finalizar el mes en el que ocurre el cambio:

- Cambios en toda **fuentes de ingresos** de uno de los miembros del grupo familiar
- Cambios en el total de **ingresos devengados** de su grupo familiar cuando dicho monto aumenta o disminuye por más de \$125 al mes
- Cambios en el total de **ingresos no devengados** de su grupo familiar **provenientes de un fondo público**, tales como subsidios del Seguro Social o el Seguro por Desempleo, cuando dicho monto aumenta o disminuye por más de \$125 al mes
- Cambios en el total de **ingresos no devengados** de su grupo familiar **provenientes de fondos privados**, tales como pagos de Sustento de Menores o Seguro Privado por Incapacidad, cuando dicho monto total aumenta o disminuye por más de \$125 al mes
- Cambios en el monto del **pago por orden judicial de Sustento de Menores** que usted paga a favor de un niño que no es miembro del grupo familiar que recibe SNAP.
- Cambios en **quiénes viven con usted**
- **Si se muda**, su nuevo domicilio y los nuevos montos de alquiler o hipoteca; gastos de calefacción, aire acondicionado y servicios públicos
- **Un automóvil nuevo o diferente**, u otro vehículo
- En su grupo familiar hay un aumento de **dinero en efectivo, acciones, bonos, dinero en el banco o en una institución de ahorros** si el total del dinero en efectivo y ahorros de todos los miembros del grupo familiar sobrepasa los \$2,750 en un grupo familiar donde **no hay** un anciano o una persona con una incapacidad permanente; o \$4,250 cuando en el grupo familiar **hay** un anciano o una persona con una incapacidad permanente.
- Si algún integrante de su grupo familiar beneficiario del subsidio SNAP es un Adulto Habilitado para Trabajar sin Dependientes (ABAWD), la persona bajo la categoría de ABAWD **DEBE** informar al distrito dentro de los diez días de finalizado dicho mes, si las horas de trabajo se reducen a menos de 80 horas. El distrito ofrecerá y le brindará a la persona bajo la categoría de ABAWD una actividad laboral que cumpla con el requisito laboral que le pueda ayudar a cumplir con el requisito federal ABAWD. Si algún integrante de su grupo familiar beneficiario de SNAP es una persona bajo la categoría de ABAWD, la persona bajo la categoría de ABAWD deberá informar si el grupo familiar de la persona ABAWD se ha mudado a una zona donde la exención federal ABAWD ha sido aprobada o si la persona bajo la categoría de ABAWD cree que debería ser exenta del requisito ABAWD.
- Todo cambio en su hogar que resulte en una sanción, tal como se explica en la página 6.

**INFORME DE CAMBIOS – Hogares que reciben beneficios transitorios (TBA):**

- La subvención transitoria de los subsidios SNAP puede continuar por un período de hasta cinco meses después de que se cierra su caso de Asistencia Temporal.
- No se le exige reportar cambios durante el período de transición. Si se producen cambios que puedan aumentar su subvención, comuníquese con el trabajador social para registrar un formulario de revalidación temprana en cualquier momento durante el período de transición para poder recibir el aumento. No se le puede aprobar el aumento hasta que no se registre una solicitud firmada de revalidación y se haya completado todo el proceso de revalidación.
- Debe revalidar próximo a la fecha de vencimiento de su período de transición para determinar si puede continuar recibiendo el subsidio SNAP una vez finalizado el período de transición. Le enviaremos un aviso recordándole de este requisito de revalidación. Si usted no presenta una revalidación, no le enviaremos ningún otro aviso y nos veremos obligados a cerrar su caso de SNAP.

**NYSNIP/NYSCAP - Informe de Cambios - Participantes del programa NYSNIP/NYSCAP:**

- Hacia la mitad del periodo de su certificación en el NYSNIP o en el NYSCAP, usted recibirá un formulario de "Contacto Provisional" que debe rellenar y devolver.
- Aparte de la carta de contacto provisional que usted recibe, no se le requiere reportar ningún cambio durante el período de certificación. Puede, voluntariamente, reportar aumentos en gastos médicos, vivienda, gastos de calefacción / aire acondicionado, servicios públicos o disminución de ingresos. Si usted reporta y comprueba esos cambios, es posible que reciba un aumento en la cantidad del subsidio SNAP que recibe. No es obligatorio, pero le sugerimos que si se muda nos informe de su nuevo domicilio, de manera que pueda seguir recibiendo los avisos que le enviamos.

**ESAP - Informe de Cambios - Participantes del programa ESAP:**

- Los hogares beneficiarios de ESAP están considerados bajo la categoría del Informe Simplificado, pero DEBEN también informar sobre los siguientes cambios dentro de los 10 días después de finalizado el mes en que se hicieron los cambios:
  - Cambios en quienes viven con usted
  - Si algún miembro del grupo familiar empieza a recibir ingresos devengados
  - Si algún miembro del hogar recibe ganancias sustanciales de \$4,250 o más derivadas de ganar un premio monetario en loterías o juegos de azar en un mismo juego, antes de impuestos y otras retenciones.
- Usted recibirá una carta de contacto 18 meses después del inicio de ESAP. NO se le requiere que devuelva esta carta de contacto, pero lo puede hacer voluntariamente y debe documentar cualquier cambio antes de tener un incremento de sus subsidios SNAP.

**Asistencia Temporal (TA) - Reglas de Informe de Cambios:** Las reglas anteriores aplican solamente al Programa SNAP. Si usted también recibe Asistencia Temporal (TA), todavía se le exige informar cambios relacionados con el programa TA dentro de los 10 días de haberse producido el cambio, en las comunicaciones de habilitación pertinentes al programa TA y en la revalidación.

**Cuando usar este formulario:**

Puede usar este formulario para informar todo cambio obligatorio o voluntario. También, puede utilizar este formulario para informar cambios en el costo de cuidado de niños o adultos discapacitados o cambios en los costos de vivienda, aun si no se ha mudado. Si estos gastos suben usted podrá habilitar para recibir un aumento en el subsidio SNAP.

Si algún integrante de su grupo familiar beneficiario del subsidio SNAP es un Adulto Habilitado para Trabajar sin Dependientes (ABAWD), la persona bajo la categoría de ABAWD DEBE informar al distrito dentro de los diez días de finalizado dicho mes, si las horas de trabajo se reducen a menos de 80 horas. El distrito ofrecerá y le brindará a la persona bajo la categoría de ABAWD una actividad laboral que cumpla con el requisito laboral que le pueda ayudar a cumplir con el requisito federal ABAWD. Si algún integrante de su grupo familiar beneficiario de SNAP es una persona bajo la categoría de ABAWD, la persona bajo la categoría de ABAWD deberá informar si el grupo familiar de la persona ABAWD se ha mudado a una zona donde la exención federal ABAWD ha sido aprobada o si la persona bajo la categoría de ABAWD cree que debería ser exenta del requisito ABAWD.

Este formulario debe ser enviado por correo o fax o presentado a la agencia indicada arriba. Si por algún motivo usted no puede enviar por correo, por fax o entregar en persona este formulario, puede reportar los cambios en línea o por medio de [myBenefits.ny.gov](http://myBenefits.ny.gov); o llamándonos al número que aparecen en la página 1 de este formulario.

**RETIRO DEL PROGRAMA SNAP** - Si usted ya no desea recibir los subsidios SNAP, firme aquí para retirar su participación del programa SNAP. Sus subsidios SNAP cesarán. Usted tiene derecho a oponerse a este retiro del programa si considera que se le ha proporcionado información incorrecta o incompleta sobre su habilitación para recibir los subsidios SNAP. Puede hacerlo solicitando una Audiencia Imparcial dentro de 90 días. Puede volver a solicitar el subsidio SNAP en cualquier momento después de haberse retirado del programa.

X \_\_\_\_\_

**SI USTED RETIENE INFORMACIÓN PERTINENTE A CAMBIOS EN SU GRUPO FAMILIAR Y DE LOS CUALES USTED TIENE LA OBLIGACIÓN DE INFORMAR, NOS ADEUDARÁ EL VALOR DE TODO SUBSIDIO ADICIONAL QUE RECIBA A CONSECUENCIA DE NO INFORMAR LOS CAMBIOS. SI USTED INTENCIONALMENTE RETIENE INFORMACIÓN CUANDO TIENE LA OBLIGACIÓN DE INFORMAR, SE LE PODRÁ TAMBIÉN ELIMINAR DEL PROGRAMA SNAP Y ESTARÁ SUJETO A PROCESAMIENTOS PENALES (CONSULTE EL TEMA ADJUNTO TITULADO "ADVERTENCIA SOBRE LAS SANCIONES RELACIONADAS CON EL PROGRAMA SNAP» EN LA PÁGINA 6).**

## Use el formulario a continuación para informar cambios

**CAMBIO EN LOS INGRESOS O FUENTE DE INGRESOS** – Si usted presenta el Informe Simplificado, las reglas pertinentes a dichos cambios son explicadas a partir de la página 2. Si presenta el Informe de Cambios, las reglas pertinentes a dichos cambios también son explicadas en la página 2.

NOMBRE DE LA PERSONA QUE RECIBE EL INGRESO	NOMBRE DEL EMPLEADOR O FUENTE DE INGRESO	NUEVA CANTIDAD	SI TRABAJA, NÚMERO TOTAL DE HORAS TRABAJADAS A LA SEMANA	¿CON QUÉ FRECUENCIA LO RECIBE?
1.		\$		
2.		\$		
3.		\$		

**CAMBIOS EN EL HOGAR** - Incluya a todos los nuevos miembros de su hogar, incluyendo a los recién nacidos. También incluya a los miembros que se han incorporado o retirado del hogar o que han fallecido.

NOMBRE	FECHA DE NACIMIENTO	PARENTESCO	CAMBIO (MARQUE UNO)	FECHA	¿CON QUÉ FRECUENCIA LO RECIBE? (semanal, bisemanal, mensual)	SI TRABAJA, NÚMERO TOTAL DE HORAS TRABAJADAS A LA SEMANA	FUENTE DE INGRESO
1.			<input type="checkbox"/> LLEGÓ AL HOGAR <input type="checkbox"/> SE FUE DEL HOGAR		\$		
2.			<input type="checkbox"/> LLEGÓ AL HOGAR <input type="checkbox"/> SE FUE DEL HOGAR		\$		
3.			<input type="checkbox"/> LLEGÓ AL HOGAR <input type="checkbox"/> SE FUE DEL HOGAR		\$		
4.			<input type="checkbox"/> LLEGÓ AL HOGAR <input type="checkbox"/> SE FUE DEL HOGAR		\$		

**CAMBIO DE DIRECCIÓN**

NUEVA DIRECCIÓN DE CORREO	CIUDAD	ESTADO	CÓDIGO POSTAL
SI SU DIRECCIÓN NO INCLUYE EL NOMBRE DE LA CALLE, PROPORCIONE INSTRUCCIONES PARA LLEGAR A SU CASA (si está desamparado(a), deje éste espacio en blanco)			NÚMERO DE TELÉFONO DONDE SE LE PUEDA LOCALIZAR  ( ) CÓDIGO DE ÁREA

**CAMBIOS EN LOS COSTOS DE VIVIENDA** - Si se ha mudado, se le exige indicar abajo sus nuevos gastos. Aunque no se haya mudado, puede usar esta sección para indicar cambios en su alquiler, pagos de hipoteca u otros gastos.

¿Es usted pensionista o renta una habitación?  Sí  NO Si contesta «Sí», las comidas  ESTÁN INCLUIDAS  NO ESTÁN INCLUIDAS

ALQUILER	SÍ	NO	¿SI? CANTIDAD MENSUAL	CAMBIO (MARQUE UNO)
¿Paga usted por el alquiler?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Igual <input type="checkbox"/> Más <input type="checkbox"/> Menos
¿Paga los siguientes gastos <b>por separado</b> del alquiler?	SÍ	NO		
• Calefacción y/o aire acondicionado	<input type="checkbox"/>	<input type="checkbox"/>		
• Servicios Públicos (electricidad, gas para cocinar, recolección de basura, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
PAGO DE HIPOTECA	SÍ	NO	¿SI? CANTIDAD MENSUAL	CAMBIO (MARQUE UNO)
¿Paga usted una cuota de hipoteca?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Igual <input type="checkbox"/> Más <input type="checkbox"/> Menos
¿Paga usted por los siguientes gastos <b>por separado</b> de la hipoteca?	SÍ	NO	¿SI? CANTIDAD MENSUAL	CAMBIO (MARQUE UNO)
• Impuesto sobre la propiedad	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Igual <input type="checkbox"/> Más <input type="checkbox"/> Menos
• Seguro de Vivienda	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Igual <input type="checkbox"/> Más <input type="checkbox"/> Menos
• Calefacción y/o aire acondicionado	<input type="checkbox"/>	<input type="checkbox"/>		
• Servicios Públicos (electricidad, gas para cocinar, recolección de basura, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
¿Vive usted en una vivienda de la "Sección 8" u otra vivienda subsidiada? <input type="checkbox"/> Sí <input type="checkbox"/> NO	¿Vive usted en una vivienda pública? <input type="checkbox"/> Sí <input type="checkbox"/> NO			

**CAMBIOS EN LA CANTIDAD DE AUTOMÓVILES O VEHÍCULOS** - ¿Algún miembro de su grupo familiar compró, vendió o intercambió un automóvil, camión, barco, casa rodante, motocicleta u otro vehículo desde la última vez que nos informó acerca de sus vehículos?

MARCA	MODELO	AÑO	SI LO VENDIÓ, CANTIDAD RECIBIDA
1.			\$
2.			\$
3.			\$

<b>CAMBIOS EN LOS AHORROS</b> - Incluya el <b>total</b> de dinero que los miembros de su hogar tienen actualmente. Incluya dinero en efectivo, cuentas de ahorro, cuentas corrientes, acciones, bonos u otras inversiones. Se le exige informarnos si los ahorros de su hogar han <b>aumentado</b> a más de \$2,750 (o más de \$4,250 si un miembro del hogar tiene 60 años de edad o más, o es una persona incapacitada).	\$
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**CAMBIOS EN EL CUIDADO DE NIÑOS, GASTOS POR EL CUIDADO DE DEPENDIENTES O EN LA CANTIDAD PAGADA DE SUSTENTO DE MENORES** - ¿Hay cambios en los gastos por el cuidado de niños o el cuidado de dependientes? De ser así, es posible que reúna los requisitos para obtener los subsidios de SNAP.

CAMBIO (MARQUE UNO)	¿PARA QUIÉN?	¿A QUIÉN LE PAGA USTED?	NUEVA CANTIDAD	FRECUENCIA DEL PAGO
1. <input type="checkbox"/> YA NO TIENE EL GASTO <input type="checkbox"/> TIENE EL GASTO			\$	
2. <input type="checkbox"/> YA NO TIENE EL GASTO <input type="checkbox"/> TIENE EL GASTO			\$	
3. <input type="checkbox"/> YA NO TIENE EL GASTO <input type="checkbox"/> TIENE EL GASTO			\$	

**CAMBIOS EN LOS GASTOS MÉDICOS (doctores, dentistas, hospitales, recetas médicas, etc.)** – Sólo se le requiere informar los cambios en los gastos médicos al momento de la revalidación. Sin embargo, cuando usted lo desee, puede voluntariamente reportar los gastos médicos incurridos por miembros del hogar que:

- tengan 60 años de edad o más
- sean cónyuges incapacitados o hijos de un veterano fallecido
- reciban Ingreso Suplementario de Seguro Social (SSI)
- reciban beneficios del Seguro Social por Incapacidad
- reciban beneficios por incapacidad para veteranos
- reciban una pensión gubernamental de jubilación por incapacidad
- reciban una pensión gubernamental de jubilación ferroviaria por incapacidad
- reciben asistencia médica por discapacidad.

Si usted informa y confirma un aumento en sus gastos médicos, usted podría ser una persona apta para recibir más subsidios de SNAP.

NOMBRE	TIPO DE GASTO	CANTIDAD	¿CON QUÉ FRECUENCIA HACE ESTE PAGO?
		\$	
		\$	
		\$	
		\$	

¿CREE QUE LOS CAMBIOS QUE HA REPORTADO SE REPETIRÁN EL PRÓXIMO MES?  SÍ  NO

Si contesta «NO», explique:

MARQUE ESTA CASILLA SI **NO TIENE CAMBIOS QUE REPORTAR SOBRE EL HOGAR QUE RECIBE SNAP**  NO CAMBIOS

#### MODIFICACIÓN EN LOS SUBSIDIOS

Usaremos las respuestas que usted nos da en este formulario para saber si habrá una modificación en los subsidios del grupo familiar. Antes de efectuar cambios en sus subsidios, le enviaremos un aviso explicándole lo que sucederá. Si no está de acuerdo con nuestra determinación, tiene el derecho a una audiencia imparcial con motivo de oponerse a nuestra decisión.

**ASEGÚRESE DE LEER Y FIRMAR LA PÁGINA 6**



**ADVERTENCIA SOBRE SANCIONES RELACIONADAS CON EL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP)**

**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 si usted, a sabiendas, proporciona información incorrecta que afecte su habilitación para el monto de subsidios. 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.

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-IPV;
- 24 meses por la primera SNAP-IPV que se fundamente en un fallo judicial que establece que la persona usó o recibió subsidios SNAP en una transacción de venta de una sustancia controlada (drogas ilegales o ciertas drogas para las cuales se requiere una receta médica);
- 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 se le inhabilite permanentemente por una tercera IPV;

Además, un tribunal de justicia también podrá prohibir 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 que se fundamente en un fallo judicial que establece que la persona usó o recibió subsidios SNAP en una transacción de venta de armas de fuego, municiones o explosivos;
- La primera SNAP-IPV que se fundamente en una pena impuesta por traficar subsidios SNAP por un monto combinado de \$500 o más (tráfico constituye el uso, transferencia, adquisición, alteración o posesión ilegal de tarjetas de autorización o dispositivos de acceso de subsidios SNAP);
- Por la segunda SNAP-IPV que se fundamente en un fallo judicial que establece que la persona usó o recibió subsidios SNAP en una transacción de venta de una sustancia controlada (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. La persona también podrá estar sujeta a enjuiciamiento penal conforme las leyes federales y estatales vigentes.

Se le podrá 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 constituya 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
- Le permite a otra persona usar su tarjeta de transferencia electrónica de beneficios (EBT), a cambio de dinero en efectivo, armas de fuego, drogas, o para comprar alimentos para otras personas que no son integrantes del grupo familiar beneficiario de SNAP.

Si usted recibe un monto mayor de subsidio SNAP del que debería recibir (pago en exceso), debe reembolsarlo. Si su caso está activo, deduciremos el monto del pago en exceso de pagos futuros de subsidios SNAP que usted reciba. Si su caso está cerrado, usted puede devolver el monto en exceso regresando cualquier monto no utilizado de subsidios SNAP que reste en su cuenta, o puede pagar con dinero en efectivo.

Si tiene vigente un pago en exceso no reintegrado, el monto de dicho pago estará sujeto a acciones de cobro, inclusive el cobro automático por parte del gobierno federal. Las prestaciones federales (tales como el Seguro Social) y los reembolsos de impuestos a los que usted tenga derecho, se le podrán retener como pago del monto en exceso adeudado. A la deuda también se le sumarán los costos pertinentes de procesamiento.

Todo subsidio SNAP extraído de su cuenta EBT se usará para reducir los pagos en exceso pendientes. Si solicita nuevamente SNAP, y no ha pagado la cantidad que adeuda, se reducirá el subsidio SNAP si comienza a recibir SNAP nuevamente. Se le notificará en ese entonces del monto reducido de subsidios que usted recibirá.

**CERTIFICACIÓN**

Comprendo la naturaleza del castigo que se impone por ocultar o proveer información falsa. También, comprendo que adeudaré el valor de todo monto adicional que reciba de beneficios SNAP, como resultado de no informar todos los cambios que ocurran en mi hogar. Acepto comprobar los cambios, si fuese necesario. Las respuestas en este formulario son exactas y completas según mi leal saber y entender. Entiendo que mi firma autoriza a las autoridades federales, estatales y locales a comunicarse con personas u organizaciones con el fin de verificar la información que he proporcionado.

FIRMA

FECHA

X