

Supplemental Nutrition Assistance Program

in New York State



An Eligibility Prescreening Guide



HUNGER SOLUTIONS
NEW YORK UNITING POLICIES AND
PROGRAMS TO END HUNGER

Supplemental **N**utrition **A**ssistance **P**rogram

in New York State

An Eligibility Prescreening Guide

For questions or comments related
to this guide, please call 518-436-8757.



14 Computer Drive East • Albany, NY 12205 • 518-436-8757 • HungerSolutionsNY.org

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About Us

Hunger Solutions New York is a statewide non-profit organization dedicated to alleviating hunger. Formed in 1985, Hunger Solutions New York strives to maximize participation in, and support for, federally funded nutrition assistance programs including the Supplemental Nutrition Assistance Program (SNAP), the School Breakfast Program and National School Lunch Program, the Summer Food Service Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the Child and Adult Care Food Program. We promote:

- Awareness of hunger in communities
- Awareness about programs that address chronic and crisis hunger
- Full participation in nutrition assistance programs for all who are eligible
- Public policies that contribute to ending hunger
- Public awareness of the economic and social benefit of nutrition assistance programs

These efforts improve the health and well-being of New Yorkers while boosting local economies throughout the state. For more information or to sign up for our electronic mailing list, please visit HungerSolutionsNY.org.

This institution is an equal opportunity provider.

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How to Use This Guide

Hunger Solutions New York's Supplemental Nutrition Assistance Program (SNAP) prescreening guide is designed for human service agencies, advocates, and volunteers working with low-income households who wish to:

- Determine which households may qualify for SNAP benefits,
- Estimate a household's SNAP benefit allotment,
- Assist potentially eligible households through the SNAP application process, and
- Assist current SNAP participants in the recertification process.

Contained in this guide are:

- Eligibility rules for a variety of populations,
- Details about policies and programs that facilitate SNAP access,
- Tools for budgeting and estimating SNAP benefits,
- Step-by-step SNAP budgeting instructions,
- Specifics about maintaining, using, and recertifying for SNAP benefits,
- Information about how SNAP is administered during disasters and misfortunes,
- Information about electronic benefit theft, including what it is, how to protect EBT cards from skimming, and how to help clients apply for replacement of stolen benefits.

On the left, beneath headings and subheadings, there are policy references like these:

SNAPSB SECTION 3: PG. 6

03-ADM-03

10-INF-22

To help demystify them, here is an explanation of each:

SNAPSB SECTION 3: PG. 6: this refers to a section of the SNAP Sourcebook (SNAPSB), which details New York State policy and includes SNAP administration instructions for local districts. To view the SNAP Sourcebook and SNAP policy memos, visit: otda.ny.gov/legal/

03-ADM-03; 10-INF-22: these refer to OTDA SNAP policy memoranda issued through administrative directives (ADMs), informational letters (INFs), local commissioner memoranda (LCMs), and General Information Messages (GIS).

The end of each section includes helpful resources related to that section's content. Throughout the guide, we also refer to Hunger Solutions New York web pages that contain SNAP policy information or useful tools for the SNAP application and recertification process. Additional resources can be found in our online Resource Library, available at HungerSolutionsNY.org/Resource-Library

This guide only briefly addresses SNAP work rules. The New York State Temporary Assistance and SNAP Employment Policy Manual provides a comprehensive explanation of SNAP's employment and training requirements.

**How to Use
This Guide, cont.**

Hunger Solutions New York also provides a digital SNAP Prescreening Guide at SNAPGuideNY.org. The digital guide includes a benefits estimator where you can input an applicant’s household information, income, and deductions and instantly calculate an estimated SNAP benefit.

Hunger Solutions New York updates the print and digital guides periodically to reflect policy changes, including the yearly October 1 SNAP standards/deductions/adjustments. Each section in the print guide has a date at the bottom of the page that indicates the most recent update to that section. Visit SNAPGuideNY.org and click “Download a PDF of the Guide” to ensure that you have the most recent version. You can also visit HungerSolutionsNY.org/SNAP for the latest SNAP policy changes and clarifications.

Common Acronyms and Terms

ABAWDs	Able-Bodied Adults Without Dependents
ABLE Account	Achieving a Better Life Experience— tax-advantaged savings programs for eligible people with disabilities
ADA	Americans with Disabilities Act
ADM	Administrative Directive—issued by OTDA to notify LDSS about policies and procedures that must be followed in the administration of programs
CAP	Combined Application Project
Cat el	Categorical Eligibility
CTE	Career and Technical Education
DSS	Department of Social Services—the county-level SNAP administering agency. Also referred to as the SNAP office (see also LDSS)
DHS	Department of Homeland Security
E&T	Employment and Training Program
EBT	Electronic Benefits Transfer—a system of disbursing temporary assistance and SNAP benefits to households, using a swipe card
EFC	Expected Family Contribution
EITCs	Earned Income Tax Credits
EOC	Educational Opportunity Center
ESAP	Elderly Simplified Application Project

**Common Acronyms
and Terms, cont.**

FA	Family Assistance—see TANF
FEDS	Front End Detection System
FNS	Food and Nutrition Service—the division of USDA responsible for administering SNAP and child nutrition programs
FPL	Federal Poverty Level
GIS	General Information System Messages—issued by OTDA to provide immediate direction to SNAP offices about current OTDA program policies and procedures
GIT	Gross Income Test
HEAP	Home Energy Assistance Program
HRA	Human Resources Administration—New York City’s Department of Social Services, the SNAP administering agency in NYC. Also referred to as the SNAP office.
IDA	Individual Development Account—a type of savings account that helps low-income and low-wealth people save for specific goals over a set period of time. IDAs are designed to help people build wealth and improve their financial outcomes.
INF	Informational Letter—issued by OTDA, these letters include articles of general interest to SNAP office staff, including pamphlets or brochures, new or revised lists of contacts, etc.
IPV	Intentional Program Violation—disqualification imposed on someone who has committed fraud
LDSS	Local Department of Social Services—the county-level SNAP administering agency. Also referred to as the SNAP office. (see also DSS)
LEP	Limited English Proficiency
LPR	Lawful (or Legal) Permanent Resident—also known as “Green Card” holder
MA	Medicaid
NTA/NPA	Non-Temporary Assistance/Non-Public Assistance—household in which no one receives temporary assistance
NOMI	Notice of Missed Interview
NYSNIP	New York State Nutrition Improvement Project—program that provides automatic SNAP benefits to SSI live-alone recipients
OJT	On-the-Job Training

**Common Acronyms
and Terms, cont.**

OTDA	Office of Temporary and Disability Assistance—also referred to as NYSOTDA, the state agency responsible for administering SNAP in New York State
PARIS	Public Assistance Reporting Information System
RA	Rehabilitation Act
SN/SNA	Safety Net Assistance—temporary assistance program for households without children and households that have exceeded the five-year TANF time limit
SNAP	Supplemental Nutrition Assistance Program—formerly the Food Stamp Program
SNAPSB	Supplemental Nutrition Assistance Program Source Book—New York State administrative policy manual
SSA	Social Security Administration
SSD/SSDIB	Social Security Disability Insurance Benefits
SSI	Supplemental Security Income—cash assistance program for low-income elderly (65+) and disabled individuals, administered by SSA
SSN	Social Security Number
SUA	Standard Utility Allowance
TA	Temporary Assistance—generic term for SNA and TANF—also known as cash assistance, public assistance, or welfare
TANF	Temporary Assistance for Needy Families—the temporary assistance program for families with children, also known as Family Assistance
TBA	Transitional Benefits Alternative—transitional SNAP for people leaving TANF
UIB	Unemployment Insurance Benefits
USCIS	United States Citizenship and Immigration Services—the federal immigration agency formerly known as INS—Immigration and Naturalization Service
USDA	United States Department of Agriculture—administers SNAP on the federal level
WEP	Work Experience Program
WIA	Workforce Investment Act
WIOA	Workforce Innovation and Opportunity Act

Organizational Structure of the Supplemental Nutrition Assistance Program (SNAP)

United States Congress

Congress authorizes SNAP through the Farm Bill every five years.

United States Department of Agriculture (USDA)

Federal agency responsible for the administration of SNAP.

Issues SNAP regulations and policies.

Monitors state agency performance.

Office of Temporary and Disability Assistance (OTDA)

Responsible for administering SNAP in New York State.

Issues state regulations, policy directives and trains and monitors local Departments of Social Services.

Responsible for administration of state SNAP Employment & Training Plan and ABAWD policies.

Local Department of Social Services (LDSS) or Human Resource Administration (HRA) In NYC

County government agency that determines SNAP eligibility and issues benefits to eligible households.

Households apply for SNAP through their LDSS/HRA.

Eligibility Rules

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General Eligibility Rules

SNAP eligibility rules and benefit levels are generally set at the federal level and uniform across the nation, although states have flexibility to tailor aspects of the program.

Factors That Impact Eligibility

There are a number of factors that impact a household's eligibility for SNAP benefits, including:

- Monthly income (earned and unearned)
- Which household members are included/excluded in the SNAP case (non-citizens, students, etc.)
- Household composition (who purchases and prepares the majority of their meals together)
- Age of those applying
- Disability status of household members

Other factors that impact budgeting will be discussed in detail later in this guide.

Federal rules mandate that a household's income and resources must pass three tests to determine benefit eligibility, but *most* NYS households must only pass one—**an income test:**

Gross monthly income—the household income before any of the program's deductions are applied—must be at or below:

200% of federal poverty level (FPL) for households containing senior or disabled members or that have out-of-pocket dependent care costs;

150% FPL for households that have earned income, and do not meet the 200% FPL criteria; and

130% FPL for households that do not meet the criteria for 200% or 150% of FPL.

See the *SNAP Standards & Deductions Reference Sheet* in the *Budgeting and Estimating SNAP Benefits* section of this guide for the full FPL chart.

In NYS the following income and resources are **not** tested for *most* applicant households:

- **Net income**—the household income after deductions are applied. Net Income must be at or below 100% of the FPL; and
- **Assets**—owned property regarded as having value. Assets must fall below certain limits. Households that include a member who is elderly or has a disability must have assets of \$4,500 or less. Households without such a member must have assets of \$3,000 or less.

Applicants' Responsibilities

SNAP applicants are required to participate in the application process in the following ways:

- Provide documentation of household circumstances, and
- An adult member of the household, or an authorized representative of the household, must participate in an interview to determine eligibility.

This guide will explain these concepts in detail.

Household Composition

SNAPSB SECTION 5:
PG. 48

Household composition is important when prescreening for SNAP eligibility because individuals included in a SNAP household must have their income included when determining eligibility and calculating the budget.

A SNAP household is defined as people who:

- Live together, and
- Purchase and prepare the majority of their meals together.

Mandatory Household Members

Mandatory household members must be included in the SNAP household if they live in the same house, even if they do not purchase and prepare meals together.

Mandatory household members include:

- Spouses
- Parents (natural, adoptive or step-parent) and their children under 22
- Children under 18 under parental control of a person other than a parent (see the *Household Composition Guide* in this section for additional details)

Note: people who are not living together are not part of the same SNAP household, even if they are married or have other legal relationships to each other.

Rules for Those Not Considered Mandatory Household Members

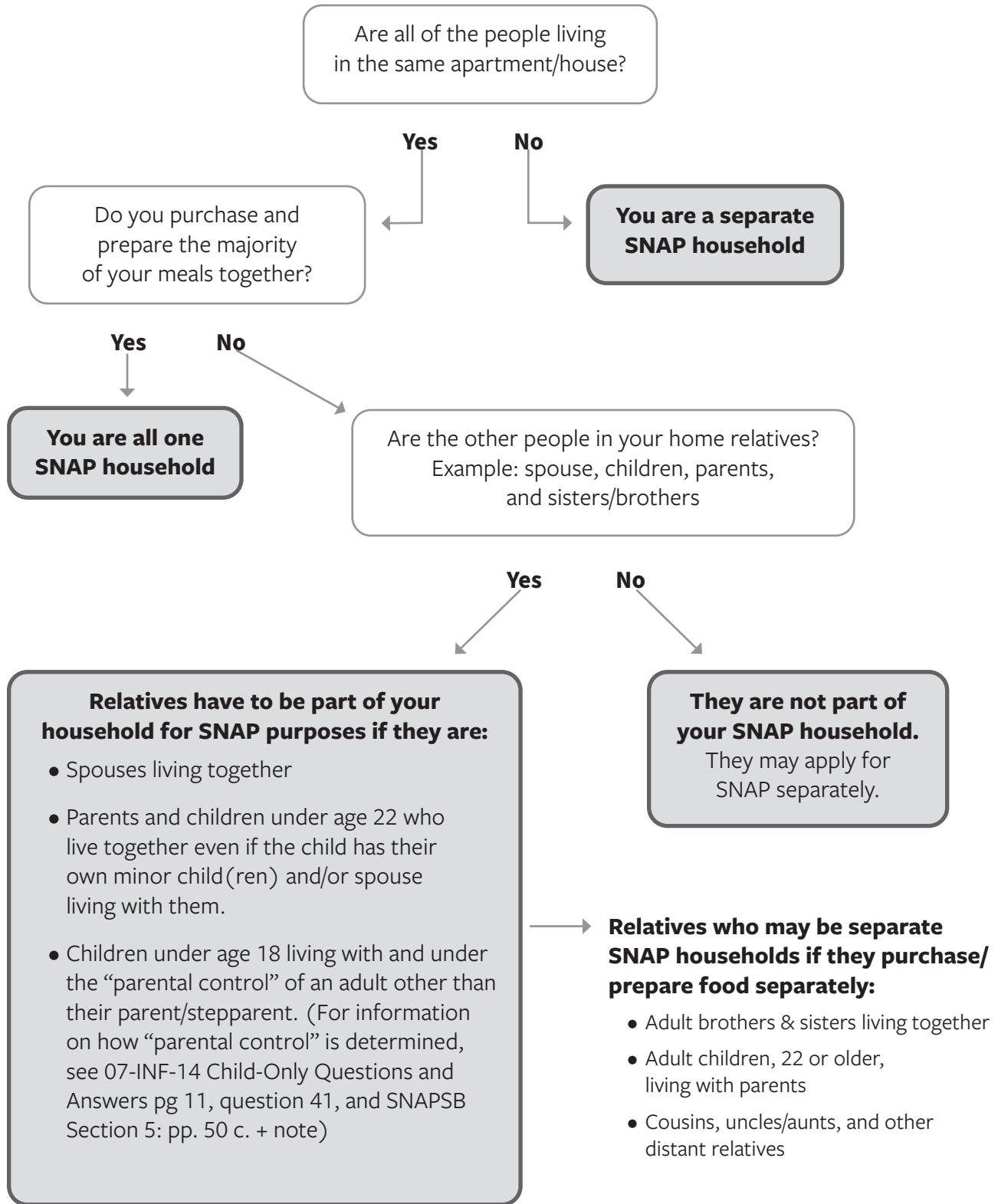
People who are not considered mandatory household members can apply for SNAP as a separate household, as long as they purchase and prepare the majority of their meals separately.

If a person living in the same house or apartment with an applicant is not a member of the applicant's SNAP household, that person's income and resources are ignored.

See the *Household Composition Guide* in this section for a step-by-step guide to determining household composition.

Household Composition Guide

To determine who is included in a SNAP household, ask the following questions:



Household Composition, cont.

SNAPSB SECTION 5
PAGES 53,55

08-ADM-04

Helpful resource:

08-ADM-04 has more information on allowable, verified, reimbursable expenses for **adopted and foster children** included in the SNAP household.

Boarders and Foster Care Youth

Boarder: Individual living with others and paying reasonable compensation to the others for meals and lodging. This does not include commercial boarding houses.

Boarders and foster care children may be either included in or excluded from the SNAP household of the landlord or foster parents, at the household's option.

Boarder (Room and Meals):

- Not a mandatory member of the SNAP household, but may be considered to be a member of a household at the household's request (unless residing in a commercial boarding house).
- May never be a separate household under SNAP rules.
- The following can never be considered boarders:
 - Children under 22 years of age living with their parent(s), including step children.
 - A spouse of a member of the household.
 - Children under 18 years of age who are under the parental control of an adult member of the household including a sibling.

If a boarder(s) is included in the SNAP household :

- Direct payments to the household for room and meals are counted as self-employment income which is considered earned income.

Roomer (Room, No Meals):

- Not a mandatory member of the SNAP household, and may apply for SNAP as a separate household.

Shared Living (Pays a Share of Shelter Expenses):

- Not a mandatory member of the SNAP household, and may apply for SNAP as a separate household.

Foster Care Youth:

If a foster care child is:

- **Included** in the SNAP household, foster care income (in excess of allowable, verified, reimbursable expenses) is counted as unearned income.
- **Excluded** from the SNAP household, foster care income is exempt.

For more information see the LDSS-4314 Household Composition Desk Guide at the end of this section.

Adopted Children

Adopted children must be included in the SNAP household, and adoption subsidies in excess of allowable, verified, reimbursable expenses are counted as unearned income.

**Household
Composition, cont.**

GIS 13 TA/DC043

Homeless Youth

SNAP regulations do not have an age requirement, in most cases, for homeless youth. Any homeless youth under the age of 22 can apply for SNAP as long as they are not residing with their parents and are not under “parental control” of another person. They do not need to be included in a parent’s SNAP case unless they live together. A homeless individual must apply as a household with the other people that they are living with if they regularly buy and prepare the majority of their meals together.

Joint Custody

In joint custody situations, a child can only receive SNAP as part of one household in any given month.

In situations where both parents are seeking SNAP for the same child, the issue must be resolved between the parents.

SNAP offices should evaluate joint custody situations on a case-by-case basis and take into consideration factors such as parental control and court orders.

When deciding which SNAP household a child will be a part of, the amount of time the child spends with one parent in joint custody situations is not a determining factor.

A child will remain a member of a parent’s SNAP case unless the child no longer resides with that parent on a long-term basis (i.e., summer vacation lasting several months).

Special Rules for People Who Are Severely Disabled and Living With Others

A disabled individual who lives with others might not be able to purchase and prepare their meals because of a severe medical condition. However, that person may still be able to establish separate household status if they fit into one of two groups:

- The majority of the person’s meals are purchased and prepared separately from the people they live with.
- The majority of the person’s meals are not purchased and prepared separately, but the person is both elderly and disabled, and the income of their “housemates” (those purchasing and preparing the food for everyone) does not exceed 165% of the federal poverty level. See the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section.

Eligibility Rules for Select Groups

SNAP eligibility rules vary based on who is applying. For certain groups of people, the eligibility rules make it harder to access SNAP (i.e., students and non-citizens), while for others, rules are streamlined or simplified (i.e., seniors and people living with a disability). It is important to evaluate each individual's eligibility since some people in a household might be eligible even if others are not.

Students

SNAPSB SECTION 5:
PG. 91-92
09-ADM-08
12-INF-14
20-ADM-13
21 TA/DC 004
22TA/DC073
23-ADM-09

A **student** is any person who is:

- 18 through 49 years of age
- Physically and mentally fit
- Enrolled at least half-time in an institution of higher education

Institution of Higher Education: Any institution at the post high school level that normally requires a high school diploma or equivalency certificate for enrollment, including but not limited to:

- Colleges
- Universities
- Business schools
- Vocational schools
- Trade or technical schools
- Correspondence schools
- Online courses
- Colleges or universities that offer degree programs regardless of whether a high-school diploma is required

Enrolled in a College Meal Plan: Students receiving 50% or more of their meals (based on 3 meals for seven days equaling 21 meals) from a college meal plan are not eligible to receive SNAP as they are considered to be living in an institution. The SNAP office must screen each student to identify the number of meals the student is granted under their meal plan.

Determining Student Eligibility

When working with students who are applying for SNAP, you must first determine if they meet the criteria to be considered an “eligible student” under SNAP rules. Under these rules, students who are 18 to 49 years old and enrolled at least half-time in an institution of higher learning cannot get SNAP unless they meet at least one of the following exceptions:

Helpful resources at the back of this section:

Student Eligibility Checklist
LDSS-5172 SUNY/CUNY/
EOC Student Verification
of Enrollment

Students, cont.

Student is working:

- Employed an average of 20 hours a week or more
- Self-employed, working an average of 20 hours a week and making an average income equal to the federal minimum wage multiplied by 20 hours
- Participates in an on-the-job training program

Student has one or more of these individual characteristics:

- 17 years old or younger
- 50 years old or older
- Physically or mentally unfit for work: the individual has an illness, condition, or life circumstance, whether temporary or permanent, that reduces or affects their ability to work 20 hours a week
- Primary caretaker of a household member who is under age 6 or is incapacitated
- Primary caretaker of a household member between the ages of 6 and 11, if no adequate childcare is available that would make it possible to work and go to school
- A single parent enrolled full-time who is responsible for the care of children under age 12

Student participates in qualified government program:

- Receives Temporary Assistance for Needy Families (TANF)
- Receives unemployment benefits
- Participating in state or federal work-study
- Attends a State University of New York (SUNY) or City University of New York (CUNY) community, comprehensive, or technology college and is enrolled in a qualified certificate or degree Career and Technical Education (CTE) program
- Attends an Educational Opportunity Center (EOC) and is enrolled in a qualified CTE program, remedial courses, basic adult education, literacy, or English as a second language
- Assigned to, placed in, or self-placed in a college or other institution of higher education through certain employment and training programs, such as the SNAP Employment and Training (E&T), Workforce Innovation and Opportunity Act (WIOA) or a Department of Labor program

For help determining if a student meets any of these exemptions, see the *Student Eligibility Checklist* at the end of this section.

Eligible Students are Exempt from Work Rules

Students determined to be “eligible students” under SNAP rules are exempt from:

- SNAP E&T work requirements, and
- SNAP time limit rules for Able-Bodied Adults Without Dependents (ABAWDs) (currently suspended until February 28, 2025)

Students, cont.

Students Who Do Not Qualify for SNAP

Students who do not meet one of the above exceptions are excluded from the SNAP household, and neither the income nor the resources of the ineligible student will be used in determining eligibility for the rest of the household. However, if the student makes any cash contributions to the remaining members of the household, this will count as income. The rest of the household members may still be eligible.

Continuing Eligibility of Students

Eligible students remain eligible between school breaks (vacations, summer, etc.) unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next school term (excluding summer semesters).

Exception: Students who have work-study lose their SNAP eligibility between semesters if the break is a full month or longer and in summer months, unless the work-study continues or they fit into another exemption.

Ineligible students remain ineligible between school breaks (vacations, summer, etc.) unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next school term (excluding summer semesters).

Non-citizens

03-INF-14
GIS 10 TA/DC005
GIS 16 TA/DC048
21-LCM-13
21TA/DC071,
ATTACHMENT 1
22-LCM-04,
ATTACHMENT 1,
ATTACHMENT 2
22 TA/DC003
22TA/DC059
23TA/DC006
23TA/DC017
23-LCM-06
23TA/DC036
23DC073
24DC009
24DC032
24DC044

Citizen: a person (other than a child of a foreign diplomat) who is born in: one of the 50 states, District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands or the Northern Mariana Islands, and who has not renounced or otherwise lost their citizenship. Citizens can apply for SNAP, but must qualify under eligibility rules to receive benefits.

Naturalized Citizen: a person born outside of the U.S. who has lawfully become a U.S. citizen. Naturalized citizens can apply for SNAP, but must qualify under eligibility rules to receive benefits.

National: a citizen of a particular country, typically entitled to hold that country's passport. (e.g., "a Cuban national")

Non-citizen: a person who lives in the U.S. but has yet to become a naturalized citizen. Non-citizens who are legally present in the U.S. may be eligible for SNAP if/when they meet additional criteria.

Repatriation: the act or process of restoring or returning someone or something to the country of origin, allegiance, or citizenship; the act of repatriating or the state of being repatriated.

Undocumented Non-citizens: those who cannot prove they are legally present in this country. These individuals are never eligible for SNAP.

Non-citizens, cont.

Helpful resource at the back of this section:

LDSS-4579 Non-citizen Eligibility Chart

Non-citizens Who Are Eligible for SNAP

The desk guide prepared by OTDA (LDSS-4579—at the back of this section) lists the categories of non-citizens who are eligible for SNAP (as well as cash assistance and Medicaid) along with what documents can be used to verify their status.

To receive SNAP benefits, the non-citizen must:

1. Have “qualified alien” status **and**
2. Meet a condition that allows qualified non-citizens to get SNAP

Qualified Alien Status

All non-citizens must meet one criterion from each list. See LDSS-4579 (at the back of this section) for further clarification on non-citizen status.

Non-citizens with Qualified Alien Status

- Asylees
- Amerasian immigrants
- Certain domestic violence survivors
- Certain Hmong or Highland Laotian non-citizens
- Conditional entrants
- Cuban/Haitian entrant
- Lawful permanent residents (LPRs or “green card” holders)
- North American Indians born in Canada
- Persons whose deportation or removal has been withheld
- Persons paroled for at least 1 year
- Refugees

Qualified Non-citizens Eligible for SNAP

- Adults who have held qualified alien status for at least five years
- Amerasian immigrants
- Asylees
- Children under 18 with a qualified alien status
- Cuban/Haitian entrants
- Disabled individuals with qualified alien status
- LPRs on active military duty or with honorable discharge status, as well as their spouses and children under 18
- LPRs with substantial work history in the U.S. (“40 quarters” test—see details later in this section)
- Persons whose deportation or removal has been withheld
- Refugees
 - Ukrainian citizens and nationals granted humanitarian parole between February 24, 2022, and September 30, 2024 (including spouses and children granted humanitarian parole after September 30, 2023). See *Providing Assistance to Ukrainians* in this section for more details.

Non-citizens, cont.

22TA/DC059

24DC044

Providing Assistance to Ukrainians

Due to the continued armed conflict in Ukraine, the U.S. has several provisions that allow certain Ukrainian individuals and families, or non-Ukrainians who lived in Ukraine (all referred to as Ukrainians), to meet immigration-related eligibility requirements to enroll in federally funded benefits like Temporary Assistance (TA), Home Energy Assistance Program (HEAP), and the Supplemental Nutrition Assistance Program (SNAP). Here we will focus on SNAP eligibility for Ukrainians.

OTDA informed SNAP offices of the following immigration statuses being granted to Ukrainians, along with SNAP eligibility rules for each status:

- Humanitarian Parole extended April 24, 2024, under the Ukraine Security Appropriations Act, 2024
- Humanitarian Parole granted May 21, 2022, under the Ukraine Supplemental Appropriations Act of 2022
- Humanitarian Parole granted April 21, 2022, under the Uniting for Ukraine program

For more information on the United States Citizenship and Immigration Services (USCIS) documents that verify if a Ukrainian has been granted humanitarian parole, see 24DC044.

SNAP Eligibility for Ukrainians Granted Humanitarian Parole

People listed below meet the non-citizen eligibility requirements to enroll in SNAP ***without being subject to a five-year waiting period***, and continue to meet the non-citizen requirements to participate in SNAP for as long as they are granted parole or re-parole and meet all other SNAP eligibility criteria:

- Citizens or nationals of Ukraine granted parole status between February 24, 2022, and September 30, 2024
- Spouses or children of such Ukrainian citizens or nationals granted parole status after September 30, 2023
- The parents, legal guardians, or primary caregivers of a Ukrainian citizen or national determined to be an unaccompanied child and are granted parole status after September 30, 2023

Ukrainians who meet the above criteria are:

- Not subject to a waiting period (five-year ban) in order to receive SNAP.
- Exempt from sponsor-deeming requirements. Sponsor income, resources and contributions are not considered when determining eligibility for SNAP.

Ukrainian individuals paroled into the U.S. prior to February 24, 2022, must meet the regular SNAP non-citizen eligibility rules.

Non-citizens in the U.S. for Humanitarian Reasons

Qualified non-citizens who came to the U.S. for humanitarian reasons—including refugees, asylees, and those with a withholding of deportation—continue to be eligible for SNAP benefits even if they adjust their status to LPR.

Non-citizens, cont.

23DC073
24DC009
24DC32

Family Reunification Process for Select Countries

The United States Department of Homeland Security recently announced a new family reunification parole (FRP) process for several countries. This process is intended to reunite families more quickly and is part of comprehensive federal measures to reduce dangerous and irregular migration across the Western Hemisphere and expand lawful pathways to enter the U.S.

Guidance from NYS (23DC073, 24DC009, 24DC32) gives details for each country eligible for the new FRP process. Nationals from the following countries may be invited on a case-by-case basis to participate in the FRP: Columbia, Cuba, Ecuador, El Salvador, Guatemala, Haiti, and Honduras.

The following are common themes for the new FRP in the countries listed above:

- To be eligible for FRP, nationals must have filed an approved Form I-130, Petition for Alien Relative. This form allows an eligible beneficiary to be considered for parole into the U.S. while they wait for their family-based immigrant visa to become available.
- Non-Citizens paroled into the U.S. for one year or more may be eligible for SNAP if they otherwise meet all conditions of eligibility for the program.

A Cuban/Haitian Entrant is considered a specially qualified non-citizen and, based on this immigration status, is eligible for SNAP.

The policy documents listed above contain information about acceptable immigration documentation and other important details specific to each country.

23DC061

Certain Non-Citizens Can Apply for Re-Parole

SNAP offices have been informed that certain non-citizens can request re-parole based on urgent humanitarian reasons or significant public benefit through a new streamlined process from the U.S. Citizenship and Immigration Services (USCIS).

Effective immediately, the following non-citizens are eligible to file form I-131, Application of Travel Document (available online at uscis.gov/i-131):

- Non-Citizens already paroled into the U.S. who are requesting a new period of parole, or re-parole, to remain in the U.S.; or
- Afghan nationals paroled into the U.S. on or after July 31, 2021, with “OAR” or “PAR” classes of admission.

For more information about the streamlined re-parole application process for Afghan parolees, please refer to the Re-Parole Process for Certain Afghans webpage on USCIS’s website at uscis.gov.

If a non-citizen applies for SNAP and is denied because they are unable to provide immigration documentation that supports a non-citizen status that is satisfactory for benefit eligibility, SNAP offices are encouraged to direct those non-citizens to contact their immigration attorney and/or call the New York State Office for New Americans (ONA) hotline: 1-800-566-7636.

Non-citizens, cont.

Qualifying for SNAP Using the 40 Quarters Test

LPRs who can be credited with 40 qualifying quarters of work history are qualified to receive SNAP. One quarter is the equivalent of a three-month period; therefore roughly 10 years of work equals 40 quarters. To count as a qualifying quarter, a worker must have earned a minimum salary during that quarter. Quarters of work history can be shared with some family members. Quarters earned during a marriage can be shared between spouses, even if separated or deceased (but not if divorced), and between parents and their children (for quarters worked before the child's 18th birthday, including quarters worked before the child was born). The SNAP office will get the social security records of any worker's quarters claimed by an applicant.

Households Containing Ineligible Non-citizens

Households containing ineligible non-citizens can still get SNAP if someone in the household is an eligible non-citizen or a U.S. citizen. Even undocumented parents can apply for SNAP on behalf of their eligible non-citizen or citizen children.

Immigration Reporting Requirement

There is an immigration reporting requirement in the SNAP Law that makes some families with undocumented members reluctant to apply. The law requires the state SNAP agency to report "aliens it knows to be unlawfully present" to the United States Citizenship Immigration Services (USCIS). However, NYS SNAP offices have been instructed to report only those individuals who present evidence of a USCIS determination that they are not in the United States lawfully, such as a final Order of Deportation or falsified immigration documents. The SNAP office is required to give the names and addresses of non-citizens who have a final Order of Deportation or falsified immigration documents to OTDA, not to USCIS.

SNAP workers do not have the authority to contact Immigration directly. If a SNAP worker threatens to report a non-citizen to USCIS to get them to withdraw their application, that is a violation of the Civil Rights Law and should be brought to the attention of the supervisor, the Commissioner, or OTDA.

Permanent Block of Public Charge Rule

On December 23, 2022, a public charge rule went into effect that finalizes the public charge policy in the longstanding 1999 interim field guidance. As a result, DHS can no longer consider an individual's use or potential use of SNAP as a factor in a public charge test.

USCIS defines "public charge" as an individual who is likely at any time to become "primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense."

A public charge test is used by immigration officials to decide whether a person can enter the U.S. or is eligible to receive lawful permanent residence or LPR status.

GIS 21 TA/DC033

21-LCM-13

JOINT LETTER ON PUBLIC
CHARGE FROM FNS/USCIS

22-LCM-04,
ATTACHMENT 1,
ATTACHMENT 2

23-LCM-06

Non-citizens, cont.

When a non-citizen applies for LPR status or for a visa, they are subjected to an assessment of their life circumstances to determine if they are likely to become a public charge in the future.

This final rule means that DHS will not consider the receipt of SNAP, Medicaid, and public housing benefits as part of a public charge determination. DHS will continue to use the 1999 interim field guidance issued by the former Immigration and Naturalization Service. This guidance makes it clear that the use of most public benefits programs will not have an impact on an individual's immigration status.

For more information and resources, visit HungerSolutionsNY.org/public-charge/

Strikers

SNAPSB SECTION 5:
PG. 13

GIS 16 TA/DC032

GIS 19 TA/DC044

Striker: a worker who takes part in an organized work stoppage, refusing to perform job duties until certain demands are met.

The following people are not considered strikers:

- People who have been locked out
- People out of work because of someone else's strike
- People in a different bargaining unit who are afraid to cross a picket line
- People exempt from work registration under SNAP E&T rules (other than those exempt because they are working)
- Strikers who have been permanently replaced

If the primary wage earner of a household is participating in a job action (on strike, a walk-out, etc.), the striker and the whole household are ineligible for SNAP unless they were eligible for benefits before the strike began. Thus, the striker's income before the strike will be budgeted and applied to the entire household as if they were still working. In this case, other household members cannot simply exclude the striker to establish a separate case. A household cannot get more SNAP benefits because its income goes down during the strike. If the striker leaves the household, the remaining household members become eligible again.

Fleeing Felons and Probation Violators

GIS 10 TA/DC026

Fleeing felon: a person with a felony warrant pending against them.

Probation violator: someone who has broken the terms or conditions of probation.

Both fleeing felons and probation violators may be identified by computer matches and denied SNAP. However, other household members may continue to be eligible for SNAP, and special budgeting rules apply.

According to OTDA, SNAP offices must not discontinue SNAP benefits for anyone with a warrant based on an *alleged* probation or parole violation. Those types of warrants do not constitute a determination of a violation.

Seniors and People with a Disability

Senior: anyone 60 years or older.

Person with a Disability: anyone determined to be disabled by the Social Security Administration and most likely receiving a federally related disability benefit including:

- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Disability-related Medicaid
- Veterans Administration (VA) Disability 100%

Note: The surviving spouse or child of a deceased veteran may be entitled to the above VA Disability benefits if they are determined to have a disability described below:

- Surviving spouse of a veteran considered in need of regular aid and attendance by the VA, or permanently housebound;
- Surviving child of a veteran and considered by the VA to be permanently incapable of self-support;
- Surviving spouse or child of a veteran and approved to receive compensation for a service-connected death or pension benefits for a non-service-connected death, based on VA determination. The surviving spouse or child must also have a disability considered permanent under the Social Security Act.

For details, see the SNAP Sourcebook Section 5, pp. 56-67.

SNAP Programs for Seniors and People with Disabilities

New York State provides multiple pathways to SNAP participation for seniors and people with disabilities. The Elderly Simplified Application Project (ESAP), NYS Nutrition Improvement Project (NYSNIP) and the NYS Combined Application Project (NYSCAP) are special projects designed to improve access to SNAP for these vulnerable groups. Specific eligibility requirements determine which route to SNAP a potentially eligible senior or disabled person may take. See the *Programs to Help Seniors and Disabled Applicants Access SNAP* section for more information.

Expanded Categorical Eligibility

In NYS seniors and people with disabilities can have higher gross incomes and still qualify for SNAP under Expanded Categorical Eligibility. To qualify, gross monthly income must be **at or below 200% of poverty** for households containing an elderly or disabled member.

Note: Seniors or people with disabilities who have incomes over 200% of the federal poverty limit may still be eligible for SNAP, but only if their resources are below the resource limit and they pass a net income test.

See the *SNAP Standards & Deductions Reference Sheet* in the *Budgeting and Estimating SNAP Benefits* section of this guide for the full FPL chart.

Other Rules That Help Seniors and People with Disabilities Access SNAP

Establishing separate household status

If a person lives with others and is both elderly and disabled, they may be able to establish separate household status for SNAP purposes if:

- The income of their housemates does not exceed 165% of the federal poverty limit (see the *SNAP Standards & Deductions Reference Sheet* in the *Budgeting and Estimating SNAP Benefits* section for the full FPL chart), or
- A person is severely disabled and lives with others, but their food is being purchased and prepared separately from the people they live with.

Telephone interviews—households comprised of all seniors and/or adults with disabilities and no earned income are granted telephone interviews automatically.

Medical deduction—seniors and those with a disability who qualify for SNAP may be entitled to a larger monthly benefit by deducting out-of-pocket medical expenses over \$35. By reporting these expenses in the SNAP application process, seniors can get even more help paying for food each month. See the *SNAP Medical Expense Deduction Worksheet* in the *Budgeting and Estimating SNAP Benefits* section of this guide.

Appointing an authorized representative who can apply on their behalf, attend the interview, and use the EBT card to make purchases. This option is available to all SNAP applicants, but it is most useful to seniors and people with disabilities.

Resources for This Section

On the following pages, you will find these resources:

LDSS-4314 Household Composition Desk Guide

Student Eligibility Checklist

LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment

LDSS-4579 Non-citizen Eligibility Chart

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE

All persons, even if they are members of different families, who customarily purchase and prepare meals together are to be considered members of the same SNAP benefits household.

RELATIONSHIPS:**SITUATION RESULT**

Spouses Living Together	Must always be considered as a single household.
Children Under 22 Years of Age living with their parent(s) (Includes Stepchildren), and if applicable, the children's spouse and their own children.	Must be considered as a single household.
Children Under 18 (Except Foster Children) Under the Parental Control of an Adult Household Member Who Is Not the Children's Parent or Step Parent.	Must be considered as a single household. (Reminder: A child under 18 living with their spouse or child is not considered under parental control.)

NOTE: There is no age requirement for an individual not under parental control to receive SNAP benefits.

CIRCUMSTANCES CAUSING INELIGIBILITY:**SITUATION RESULT**

Resident of Institution	Ineligible unless a resident of a: <ul style="list-style-type: none"> • Drug/alcohol Treatment facility; or • Subsidized housing for the elderly; or • Shelter for the homeless; or
Ineligible Student	Non-household member. (Income and resources are excluded. The household can claim their prorated share of expenses.)
Work Rules Sanctioned or Intentional Program Violation Disqualified	Excluded household member. (Income and resources are counted in their entirety. The household can claim full expenses.)
ABAWD Ineligible	Ineligible household member. Income is prorated, resources are counted in their entirety. Expenses paid by or billed to the excluded person are prorated.
Any individual who is: <ul style="list-style-type: none"> • Ineligible to get a Social Security Number (SSN); or • Fails to or is unable to provide a SSN and fails to apply for a SSN or refuses to cooperate with resolving a SSN validation discrepancy. 	Excluded household member. (Income is prorated; resources are counted in their entirety. Expenses paid by or billed to the excluded person are prorated.) Applying for or providing the SSN immediately brings the excluded individual into compliance.
A household that fails to or refuses to cooperate in the SSN validation process.	The SNAP case is closed.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE

Persons residing together who do not meet any of the previous definitions may be separate households if they purchase and prepare food separately from the other persons.

SPECIAL LIVING ARRANGEMENT:

SITUATION RESULT

Boarder (Room and Meals)	<p>Not a part of the household, but may be considered to be a member of a household at the household's request, (unless residing in a commercial boarding house).</p> <p>May never be a separate household. The following can never be considered boarders:</p> <ul style="list-style-type: none"> • Children Under 22 Years of Age living with their parent(s), (including step children). • A spouse of a member of the household. • Children under 18 years of age who are under the parental control of an adult member of the household including a sibling.
Roomer (Room, No Meals)	Not considered part of household, but may apply as a separate household.
Shared Living (Pays a Share of Shelter Expenses)	Not considered part of household, but may apply as a separate household.
Foster Children	It is the household's decision to include or exclude foster children as household members. If included, those foster care payments that cannot be excluded as verified reimbursements are counted as income. If excluded, the foster care payments are not counted as income.
Elderly Individuals and their Spouses	Separate household status may be granted to those elderly individuals and their spouse who cannot purchase and prepare their own meals because they suffer from certain disabilities , even if they are living and eating with others, if they meet certain conditions. **

****ALL OF THE FOLLOWING CONDITIONS MUST BE MET:**

- The individual must be 60 years of age or older; **and**
- The individual must suffer from a disability considered permanent under the Social Security Act or from a non-disease related, severe, permanent disability and be unable to purchase and prepare meals; **and**
- The gross income of the others with whom the individual resides (excluding the income of the individual and the spouse) cannot exceed 165% of the poverty level.

STUDENTS:

In order to participate in the SNAP Program, a student who is enrolled at least half-time in an institution of higher education and is at least 18 years old but less than 50 years old and is not disabled must meet one of the following criteria:

- Be receiving Family Assistance or Federally funded Safety Net Assistance Benefits; or
- Provide more than half the physical care for a child under 6; or
- Be enrolled full time and be a single parent responsible for the care of a child under 12; or
- Provide more than half the care of a child under 12 and not have adequate child care to work and go to school; or
- Be participating during the school year in a State or Federally financed work study program funded under Title IV-C; or
- Be employed for an average of 20 hours per week and be paid. If self employed, must be working an average of 20 hours per week and earn an amount equal to the Federal minimum wage x 20 hours; or
- Was placed in school through WIOA, SNAP E&T, Safety Net Employment Activity which is comparable to a SNAP E&T activities or DOL.
- Attend a SUNY/CUNY comprehensive college, technology college, or community college and are enrolled in a qualified career and technical education (CTE) program, or
- Attend a NYS Educational Opportunity Centers (EOC) and are enrolled in a CTE program, remedial course, basic adult education, literacy, or English as a second language.

SNAP & Students

Checklist for Determining Student Eligibility

SNAP rules limit the eligibility of certain groups of people, including students. Follow this checklist to determine if an applicant meets the criteria of an eligible student under SNAP rules.

Please note that there are additional SNAP income and eligibility rules that all SNAP applicants, including students, must meet in order to qualify to receive a SNAP benefit each month.

1. Establish applicant's status as a student. The applicant:

- Yes** **No** Is enrolled in a higher education institution that normally requires a high school diploma or equivalency certificate for enrollment. This includes but is not limited to: colleges, universities, correspondence school or online courses, vocational and trade/technical schools at the post-high school level.
- Yes** **No** Is enrolled at least half-time (using the school's definition of half-time).
- Yes** **No** *For an applicant applying between semesters:* intends to register for the next school term.

If "Yes" to all of the above, the applicant is considered a student and the student rule applies. Proceed to Step 2. If "No" to any of the above, the applicant is **not** considered a student and the student rules do not apply (continue to screen the applicant under regular SNAP rules).

2. Is the student enrolled in a college meal plan?

- Yes** **No** The applicant receives 50% or more of their meals from a college meal plan. Note: This is based on 3 meals for seven days equaling 21 meals. The SNAP office must screen each student to identify the number of meals the student is granted under their meal plan.

If "Yes", the student is **not** eligible for SNAP, as they are defined as living in an institution. If "No", continue to Step 3.

3. Does the student meet ANY of the following exemptions? If so, provide the SNAP office with the documentation noted.

Student Is Working:

- Employed an average of 20 hours per week.
 - ▶ *Provide proof of wages and work hours, such as pay stubs, income tax records, or a contract with the employer.*
- Self-employed an average of 20 hours per week and receives average weekly earnings at least equal to the federal minimum wage multiplied by 20 hours.
 - ▶ *Provide proof of wages, such as most current income tax return, earnings and expense report, or records and related materials concerning self-employment.*

- Participates in an on-the-job training program.
 - ▶ *Provides proof of participation in the job training program, such as a letter from the program that includes how many hours the applicant participates each week or other correspondence with similar information.*

Individual Characteristics:

- 17 years of age or under or 50 years of age or over.
 - ▶ *Provide proof of age, such as a birth certificate, drivers license, school records, or statement from another person.*
- Physically or mentally unfit to work: An individual is considered physically or mentally unfit for work if they have an illness, condition, or life circumstance, whether temporary or permanent, that reduces or affects their ability to work 20 hours a week.
 - ▶ *Provide a letter from a medical or mental health provider stating that the applicant is not able to work 20 hours per week. The letter should include the medical professional's contact information, and can come from any of the following: doctor, doctor's assistant, representative of a doctor's office, nurse or nurse practitioner, licensed or certified psychologist, or social worker.*
- Primary caretaker for a household member who is under 6.
 - ▶ *Child in case should be documented in the case record; nothing further should be needed.*
- Primary caretaker for a household member between the ages of 6 and 11, if no adequate child care is available that would make it possible to work and go to school.
 - ▶ *Child in case should be documented in the case record; nothing further should be needed. The caretaker can self-declare the inadequate childcare.*
- Single parent enrolled full-time who is responsible for the care of a child under 12.
 - ▶ *Single status and child should be documented in the case record; nothing further should be needed.*

Student Participates in a Qualifying Government Program:

- Receives Temporary Assistance for Needy Families (TANF).
 - ▶ *Information on participation in TANF is in the case record; nothing else should be needed.*
- Receives unemployment benefits.
 - ▶ *Provide proof of unemployment benefits, such as letter from Unemployment or unemployment check stubs.*
- Participates in a state or federal work-study program during the regular school year.
 - ▶ *Provide proof of work study, such as financial aid award letter or written request that the institution of higher learning communicate the student's eligibility to participate in work study to the SNAP office.*

- ❑ Attends a State University of New York (SUNY) or City University of New York (CUNY) community, comprehensive, or technology college and is enrolled in a qualified certificate or degree in a Career and Technical Education (CTE) program.
 - ▶ *Provide proof of participation in a CTE program using the LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment (available at our website).*

- ❑ Attends an Educational Opportunity Center (EOC) and is enrolled in a qualified CTE program, remedial courses, basic adult education, literacy, or English as a second language.
 - ▶ *Provide proof of participating in an EOC program using the LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment (available at our website).*

- ❑ Assigned to, placed in, or self-placed in a college or other institution of higher education through certain employment and training programs, such as the SNAP Employment and Training (E&T), Workforce Innovation and Opportunity Act (WIOA) or a Department of Labor program.
 - ▶ *Tell the SNAP office or provide proof of your participation in one of these programs.*

If a student meets **any** of the above exemptions, they are an “eligible student” based on SNAP’s student eligibility criteria. Note that there are additional SNAP income and eligibility rules that all SNAP applicants, including students, must meet in order to receive a SNAP benefit each month.

Additionally, those considered “eligible students” are exempt from:

- SNAP E&T work requirements, and
- SNAP Able-Bodied Adults Without Dependents (ABAWD) Time Limit Rule (currently suspended in New York State until February 28, 2025).

**For more information and resources, visit our Students and SNAP webpage:
HungerSolutionsNY.org/federal-nutrition-programs/snap/snap-eligibility-for-college-students/**



SUNY/CUNY/EOC Student Verification of Enrollment

Student Name: _____ Date: _____

College/EOC Name: _____ Date of Birth: _____

TO BE COMPLETED BY COLLEGE OR EOC OFFICIAL:

1. Is the student named above enrolled at least half-time? Yes No
2. Student's Program of Study or Major: _____
3. Academic Semester or Date of Enrollment in Program of Study: _____ Year _____
4. Is the student enrolled in a program of study or major that, for SNAP purposes only, meets the definition of a Career and Technical Education program under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (HEGIS codes 5000 through 5599)? Yes No
5. Is the student enrolled at an EOC in a program of Career and Technical Education, remedial courses, basic adult education, literacy, or English as a second language? Yes No

By signing below, I certify that all of the information provided above is true and accurate to the best of my professional knowledge.

Signature of College/EOC Official

Date

Printed Name

Title

Phone Number

NON-CITIZEN ELIGIBILITY DESK AID

IMPORTANT! This desk aid does not include every form of acceptable documentation to support a non-citizen status that would be satisfactory for benefit eligibility. If an individual presents a document not listed below, follow your social services district policies/procedures for further guidance.

Description of Status	WMS ACI Code	Common Documentation	WMS DOS and DEC Codes ¹	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Lawful Permanent Resident (LPR) without 40 Qualifying Quarters	K	<p><u>I-551 Permanent Resident Card</u>: workers must check category code;²</p> <p>Temporary <u>I-551</u> stamp in foreign passport or on <u>I-94 Arrival/Departure Record</u>;</p> <p>Immigrant visa with the notation "upon endorsement serves as temporary <u>I-551</u> permanent resident for one year;"</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating approval of an I-485 Application to Register Permanent Residence or Adjust Status;</p> <p>or</p> <p><u>I-327 Permit to Reenter the United States</u>;</p> <p>or</p> <p><u>I-181 Memorandum of Creation of Record of Lawful Permanent Residence</u> with approval stamp.</p>	<p>DOS is the date status was obtained</p>	<p>Yes</p>	<p>Yes if:</p> <p>Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status;</p> <p>or</p> <p>Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status</p>	<p>Yes if:</p> <p>In a qualified status and in receipt of certain disability benefits [7 USC 2012(i)(2)-(7)];</p> <p>or</p> <p>In a qualified status and under age 18;</p> <p>or</p> <p>After five years in U.S. in a qualified status;</p> <p>or</p> <p>Currently in a qualified status and was age 65 or older on 8/22/96 and was lawfully residing in the U.S. on that date</p>
		<p>Any other authoritative document that identifies the non-citizen³ as an LPR</p> <p>Same LPR documentation as above</p> <p>and</p> <p>Proof of 40 qualifying quarters⁴</p> <p>Note: No quarters earned after 12/31/96 may be counted in which a non-citizen has received a federal means-tested public benefit, including but not limited to FA, SSI and SNAP.</p>				
LPR with 40 Qualifying Quarters	S					

¹The Date of Status (DOS) field in the Welfare Management System (WMS) identifies the date a non-citizen obtained qualified status, which is indicated by the appropriate Alien Citizenship Indicator (ACI) code, and is used to calculate when a qualified non-citizen reaches five years in a qualified status and then becomes eligible for federally funded assistance, if otherwise eligible. Non-citizens that are considered Permanently Residing Under Color of Law (PRUCOL) are not qualified non-citizens; therefore, their time in a status that is considered PRUCOL does not count towards the five years. For non-citizens that are PRUCOL, the DOS field is left blank. If a non-citizen who is PRUCOL later adjusts to a qualified status, the date that the qualified status is obtained is the date that is entered in the DOS field.

The Date Entered Country (DEC) field in WMS indicates when the non-citizen physically entered the United States (U.S.). This is necessary so as not to deny federal benefits to certain qualified non-citizens who entered the U.S. prior to August 22, 1996 but have been in a qualified status for less than five years.

²Workers must check the "Category" code on the documentation provided to make the correct eligibility determination for federal benefits (FA, SNAP). This code is used to describe the category that was used to admit a non-citizen to the U.S. as a permanent resident. It is located on the front side of the I-551 Permanent Resident Card next to the cardholder's A-number. This field is also known as a class of admission (COA), as seen on the Systematic Alien Verification for Entitlements (SAVE) report. As illustrated on this desk aid, certain non-citizens who have an I-551 Permanent Resident Card, often referred to as a "green card," may not be subject to the "five-year bar" on federal benefits depending on the category code on the I-551.

Additionally, it is essential that the category codes included in the qualified battered non-citizen section on page 3 of the desk aid are identified. This is because, for qualified battered non-citizens, the DOS is often prior to the "Resident Since" date on the I-551 Permanent Resident Card.

³As used in this desk aid, the term "non-citizen" means a person who is not a citizen or national of the U.S. The term "qualified non-citizen" means a person who is a "qualified alien" as that term is defined in 8 U.S.C. §1641.

Note: Individuals born in certain territories of the U.S. are U.S. citizens at birth. These include: Puerto Rico, U.S. Virgin Islands, Guam, Commonwealth of the Northern Mariana Islands, and the Panama Canal Zone (if born between 2/26/1904 and 10/1/1979). In addition, individuals who are born outside of the U.S. may be U.S. citizens at birth if one or both parents were U.S. citizens at their time of birth. Districts must verify citizenship status for these individuals. Individuals who are not U.S. citizens at birth may become U.S. citizens through naturalization. Naturalization is the conferring of U.S. citizenship after birth by any means whatsoever. Individuals born in American Samoa or Swains Island are nationals of the U.S. and for purposes of benefit eligibility should be treated as citizens, ACI code "C."

⁴40 qualifying quarters as defined under Title II of the Social Security Act, or can be credited with such qualifying quarters. An LPR may earn qualifying quarters by working, or may be credited with qualifying quarters from a parent, stepparent, or adoptive parent for any quarter earned prior to the LPR turning 18 years old. An LPR may also be credited with quarters earned by a spouse during their marriage. A widow or widower retains credit for all qualifying quarters earned by a deceased spouse during the marriage, however, any quarters earned by the spouse during the marriage are forfeited.

NON-CITIZEN ELIGIBILITY DESK AID

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Description of Status	WMS ACI Code	Common Documentation	WMS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
<ul style="list-style-type: none"> • Refugee • Conditional Entrant (A status granted to Refugees prior to 1980) • Iraqi or Afghan Special Immigrant Visa Holder (SIV) or SQ/SI Parolee • Afghan Humanitarian Parolee⁵ • Amerasian Immigrant • Certain Hmong or Highland Laotian <p>*Also explore eligibility for Refugee Cash Assistance (RCA). See 16-ADM-02</p>	R	<p>I-551 Permanent Resident Card, or I-94 Arrival/Departure Record or Passport stamped/coded: AM1, AM2, AM3, AM6, AM7, AM8, AR1, AR6, R8-6, RE1, RE2, RE3, RE4, RE5, RE6, RE7, RE8, RE9, CQ1, CQ2, CQ3, SI-1, SI-2, SI-3, SI-6, SI-7, SI-8, SI-9, SQ1, SQ2, SQ3, SQ4, SQ5, SQ6, SQ7, SQ8 or SQ9;</p> <p>or</p> <p>Department of Homeland Security (DHS)/Customs and Border Protection (CBP) or DHS/United States Citizenship and Immigration Services (USCIS) Temporary I-551 Alien Documentation Identification and Telecommunication (ADIT) stamp;</p> <p>or</p> <p>I-766 Employment Authorization Card coded: A3 or A03;</p> <p>or</p> <p>I-94 Arrival/Departure Record or Passport stamped/coded: "admitted under Section 207 or 203(a)(7) (as in effect prior to 4/1/80) of the Immigration and Nationality Act (INA)," or "Refugee," or Iraq or Afghanistan national stamped: "admitted under Section 101(a)(27) of the INA," or "SQ/SI parole," or evacuees from Afghanistan with one of the following stamps: "Humanitarian Parole per INA Section 212(d)(5)(A)," or DHS/CBP stamp noting Operation Allies Refuge or "OAR," or DHS/CBP admission stamp noting Operation Allies Welcome or "OAW," or DHS/CBP admission stamp noting "DT,"</p> <p>or</p> <p>I-94 Arrival/Departure Record with a separate, printed page on CBP letterhead, and the following notation, signed and dated by a USCIS officer: Special Immigrant Status (SQ/SI) Parolee; Section 602(B)(1) AAPA/Section 1059(a) NDAA 2006; Date: ____ USCIS Officer: ____</p> <p>or</p> <p>I-797 Notice of Action indicating approval of an I-730 "Refugee,"</p> <p>or</p> <p>I-571 Refugee Travel Document</p> <p>or</p> <p>I-551 Permanent Resident Card coded: AS1, AS2, AS3, AS6, AS7, or AS8;</p> <p>or</p> <p>I-766 Employment Authorization Card coded: A5 or A05;</p> <p>or</p> <p>I-94 Arrival/Departure Record stamped: "Granted asylum under Section 208 of the INA,"</p> <p>or</p> <p>I-797 Notice of Action indicating approval of an I-730 "Asylee;"</p> <p>Grant letter from the USCIS Asylum Office;</p> <p>or</p> <p>Order of an immigration judge granting asylum</p>	DOS is the date the non-citizen entered the U.S.	Yes	Yes	Yes
<p>Asylum Granted⁶</p> <p>*Also explore eligibility for RCA. See 16-ADM-02</p>	A		DOS is the date status was obtained	Yes	Yes	Yes

⁵ Afghan Humanitarian Parolees shall be eligible for certain benefits until March 31, 2023, or the end of the individual's parole term, whichever is later.

⁶ If the non-citizen has not been granted asylum, but is an asylum applicant with employment authorization, refer to page 8 to determine SNA eligibility.

NON-CITIZEN ELIGIBILITY DESK AID

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Description of Status	WMS ACI Code	Common Documentation	WMS DOS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
<p><u>Qualified/Battered Non-Citizen</u> A U.S. citizen's or LPR's battered spouse, or child, or parent or child of such battered person, who:</p> <p>Obtains "Notice of Prima Facie" Case from the USCIS under the Violence Against Women Act (VAWA);</p> <p>or</p> <p>Has an I-360 self-petition under VAWA that is approved;</p> <p>or</p> <p>Has a pending I-360 self-petition and is determined to be a credible victim of domestic violence by the district's Domestic Violence Liaison (DVL);</p> <p>or</p> <p>Is determined to be a credible victim of domestic violence by the district's DVL with a pending or approved I-130 petition;</p> <p>or</p> <p>Has an application for VAWA cancellation of removal or suspension of deportation that has been granted or is pending and the immigration court finds that the applicant has a prima facie case for this relief</p>	<p>B</p>	<p><u>I-551 Permanent Resident Card</u> coded: B11, B12, B16, B17, B20, B21, B22, B23, B24, B25, B26, B27, B28, B29, B31, B32, B33, B36, B37, B38, BX1, BX2, BX3, BX6, BX7, BX8, IB1, IB2, IB3, IB6, IB7, IB8 or Z14;</p> <p><u>I-766 Employment Authorization Card</u> coded: A09, A15 or C31;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> coded: K3, K4, V1, V2 or CR -1-7 and a pending or approved I-130;</p> <p><u>I-797 Notice of Action</u> indicating prima facie eligibility of an I-360 self-petition under Section 204(a)(1)(A)(iii) or (iv), or Section 204(a)(1)(B)(ii) or (iii) of the INA;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating approval or pending I-360 self-petition under Section 204(a)(1)(A)(ii) or (iii) or (iv), or Section 204(a)(1)(B)(ii) or (iii) of the INA;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating approval or pending I-130 visa petition under Section 204(a)(1)(A)(i) of the INA (spouse or child of a U.S. citizen), or Section 204(a)(1)(B)(i) (spouse or child of a lawful permanent resident);</p> <p>or</p> <p>Any other document from the USCIS indicating the non-citizen has a K or V visa and a pending or approved I-130;</p> <p>or</p> <p>Order from the Executive Office of Immigration Review (EOIR) under Section 240A(b)(2) of the INA or if the application is pending documentation that the court finds that the applicant has a prima facie case for this relief</p>	<p>DOS is the date status was obtained⁸</p>	<p>Yes</p>	<p>Yes if: Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status; or Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status</p>	<p>Yes if: In a qualified status and in receipt of certain disability benefits [7 USC 2012(j)(2)-(7)]; or In a qualified status and under age 18; or In a qualified status and have 40 qualifying quarters; or After five years in U.S. in a qualified status; or Currently in a qualified status and was age 65 or older on 8/22/96 and was lawfully residing in the U.S. on that date</p>

⁸For non-citizens to be treated as qualified battered non-citizens, they must meet four requirements:

1. Be a credible victim of battery or extreme cruelty, and
2. Have appropriate immigration documentation; and
3. Be able to show a substantial connection between the need for benefits and the battery or extreme cruelty; and
4. No longer reside in the same household as the abuser.

Districts should refer to 06-INF-14 for additional information about qualified battered non-citizens and eligibility.

⁹In general, the DOS for TA and SNAP is when all four of the criteria in footnote 6 are met. **Exception for SNAP:** Per current United States Department of Agriculture (USDA) guidance, for non-citizens with an approved I-360, or a prima facie determination on a pending I-360, the DOS for SNAP is the date the I-360 petition was approved, or the date the prima facie determination was made by USCIS, whichever is earlier.

WMS only records one DOS. If the DOS for TA and SNAP are different, enter the earlier of the two dates in WMS so that the non-citizen can receive the federal benefits they are eligible for; the later date must be noted, and tracked manually in the case record so that the federal benefits for that benefit program are also issued appropriately. See GIS 19 TA/DCC038 "SNAP and TA Date of Status (DOS) Determination for Qualified Battered Non-Citizens," for further information.

Note: Non-citizens who file for VAWA related immigration relief often later adjust their immigration status to become LPRs. The "residence since" date on the I-551 Permanent Resident Card indicates the date LPR status was obtained. Do not use the date the non-citizen was determined to be a qualified battered non-citizen. For both TA and SNAP, use the earliest appropriate date as the DOS for benefit eligibility. If a non-citizen presents an I-551 with one of the codes noted above, review the case record, and/or ask the non-citizen if they have additional documentation, to determine if an earlier DOS would be appropriate.

NON-CITIZEN ELIGIBILITY DESK AID

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Description of Status	WMS ACI Code	Common Documentation	WMS DOS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Victim of Human Trafficking *Also explore eligibility for RCA. See 16-ADM-02	D	<p><u>I-551 Permanent Resident Card</u> coded: S10, S16, S17, S18 or S19; or <u>I-766 Employment Authorization Card</u> coded: A16 or C25; or <u>I-94 Arrival/Departure Record</u> coded: T1, T2, T3, T4, T5 or T6 stating admission under Section 212(d)(5) of the INA if status granted for at least one year; or <u>I-797 Notice of Action</u> indicating approval of an I-914 or I-914A coded: T1, T2, T3, T4, T5 or T6; or Certification Document (for adults) or Eligibility Letter (for children) from the Administration for Children and Families (ACF), Office on Trafficking in Persons (OTIP); Must call 1-866-401-5510 for verification <u>I-766 Employment Authorization Card</u> coded: A10;</p>	DOS is the date of certification or eligibility by OTIP See 03-ADM-01	Yes	Yes	Yes
Deportation or Removal Withheld	J	<p>Order from an Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA <u>I-766 Employment Authorization Card</u> coded: A04 or C11 and or <u>I-94 Arrival/Departure Record</u> indicating admitted for at least one year; or <u>I-94 Arrival/Departure Record</u> stamped: "Paroled pursuant to Section 212(d)(5)," or "parole," or "PIP" with date of entry and date of expiration indicating one year.</p>	DOS is the date status was obtained	Yes	Yes	Yes
Parolee (for at least one year) (A parolee is a non-citizen who has been allowed to enter the U.S. for humanitarian or public interest reasons)	G	<p>Note: See Cuban/Haitian Entrant section on page 5 if non-citizen is a Cuban or Haitian national.</p>	DOS is the date status was obtained	Yes	Yes if: Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status; or Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status	Yes if: In a qualified status and in receipt of certain disability benefits [7 USC 2012(j)(2)-(7)]; or In a qualified status and under age 18; or In a qualified status and have 40 qualifying quarters; or After five years in U.S. in a qualified status; or Currently in a qualified status and was age 65 or older on 8/22/96 and was lawfully residing in the U.S. on that date
Parolee (for less than one year)	T	<p>Note: See Cuban/Haitian Entrant section on page 5 if non-citizen is a Cuban or Haitian national.</p>	DOS is left blank	Yes	No	No

NON-CITIZEN ELIGIBILITY DESK AID

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Description of Status	WMS ACI Code	Common Documentation	WMS DOS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Cuban/Haitian Entrant *Also explore eligibility for RCA. See 16-ADM-02	H	<p><u>I-551 Permanent Resident Card</u> or <u>Temporary I-551 stamp in foreign passport</u> coded: CU6, CU7, CH6, HA6 or HB6;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: "Cuban/Haitian Entrant (status pending)" or coded CU6, CU7, HF, HP0, HP1 or HPD;</p> <p>or</p> <p>Any other document from the USCIS indicating parole under the Haitian Family Reunification Parole Program (HFRP) coded "HF,"</p> <p>or</p> <p>Reasonable evidence of being a Cuban or Haitian national (citizen) and one of the following:</p> <p><u>I-766 Employment Authorization Card</u> coded: C8, C08, or C11;</p> <p>or</p> <p><u>I-766 Employment Authorization Card</u> coded: C18 (Order of Supervision) with additional documentation to support previous or current parole status into the U.S.;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: "Form I-589 filed;"</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: "paroled under Section 212(d)(5) of the INA," or "Section 212(d)(5) of the INA," or stamp showing parole in U.S. on or after 10/10/80;⁹</p> <p>or</p> <p><u>I-797C Notice of Action</u> confirming USCIS's receipt of the non-citizen's Form I-589 (Application for Asylum and Withholding of Removal);</p> <p>or</p> <p>Documentation issued by the DHS or the Department of Justice's EOIR showing that the non-citizen is in removal proceedings (this includes Notice to Appear (DHS Form I-862), or Order of Supervision (DHS I-220B)) if there is also evidence of parole into the U.S.)</p> <p>Proof of qualified non-citizen status</p>	DOS is the date status was obtained	Yes	Yes	Yes
Active Military: a qualified non-citizen who is on active duty, other than active duty for training, in the United States Armed Forces, or their spouse, unmarried surviving spouse, or unmarried dependent child if such spouse or dependent child is also a qualified non-citizen	M	<p><u>Military Identification Card</u> (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.</p>	DOS is the date status was obtained	Yes	Yes	Yes

⁹Exception: This guideline does not apply when the non-citizen was paroled solely to testify as a witness in a judicial, administrative or legislative proceeding, or when the parolee is in legal custody pending criminal prosecution.

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Description of Status	WMS ACI Code	Common Documentation	WMS DOS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Veteran: a veteran who is a qualified non-citizen and who (1) has received a discharge from the United States Armed Forces characterized as honorable and not on account of alienage, or (2) has a qualifying condition, as defined in Section 350 of the New York State Executive Law, and has received a discharge other than bad conduct or dishonorable (and not on account of alienage) from the Armed Forces, or (3) is a discharged LGBT veteran, as defined in Section 350 of the New York State Executive Law, and has received a discharge other than bad conduct or dishonorable (and not on account of alienage) from the Armed Forces; or their spouse, unremarried surviving spouse, or unmarried dependent child if such spouse or dependent child is also a qualified non-citizen	V	Proof of qualified non-citizen status DD Form 214 Discharge Certificate that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship.	DOS is the date status was obtained	Yes	Yes	Yes
North American Indian born in Canada	C	<u>I-551 Permanent Resident Card</u> coded: S13 or temporary <u>I-551</u> stamp in a Canadian passport; or <u>I-94 Arrival/Departure Record</u> stamped: S13; or <u>Tribal document</u> certifying at least 50% American Indian blood, as required by Section 289 of the INA and School records, or, a birth or baptismal certificate issued on a reservation, or, other satisfactory evidence of birth in Canada	N/A	Yes	Yes	Yes
Member of federally recognized tribe born outside U.S.	C	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act <u>I-766 Employment Authorization Card</u> coded: A08;	N/A	Yes	Yes	Yes
Permanent nonimmigrant, pursuant to P.L. 99-239, as amended (applicable to citizens of the Federated States of Micronesia and Marshall Islands) or P.L. 99-658 (applicable to citizens of Palau)	O	<u>I-94 Arrival/Departure Record</u> stamped: CFA/MIS "DS" (Duration of Status), D/S; or, CFA/PAL "DS" (Duration of Status), D/S	DOS is left blank	Yes	No	No
Continuous entry and residence in the U.S. prior to January 1, 1972	O	<u>I-766 Employment Authorization Card</u> coded: C16; or Any other document from the EOIR or USCIS indicating Registry Application is pending; or Any documentary proof establishing entry and continuous residence	DOS is left blank	Yes	No	No

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Description of Status	WMS ACI Code	Common Documentation	WMS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Subject to an Order of Supervision	O	<p><u>I-766 Employment Authorization Card</u> coded: C18; or</p> <p><u>I-220B Order of Supervision</u>;</p> <p>Any other authoritative document indicating an Order of Supervision</p> <p>Note: Cuban or Haitian nationals under an Order of Supervision are deemed to retain their Cuban-Haitian Entrant status for benefit eligibility purposes if they can document they are a national of Cuba or Haiti with a previous or current parole status into the U.S.¹⁰</p> <p>Order from the EOIR granting cancellation of removal;</p> <p>or</p> <p>Any other document from the EOIR indicating cancellation of removal granted</p> <p><u>I-766 Employment Authorization Card</u> coded: C14 or C33;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating approved "Deferred Action for Childhood Arrivals" (DACA) application;</p> <p>or</p> <p>Any document from the USCIS granting deferred action to a "U" visa applicant;</p> <p>or</p> <p>Any other document from the EOIR or USCIS indicating deferred action including any documentation that a DACA application has been approved</p> <p><u>I-766 Employment Authorization Card</u> coded: A19 or A20;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: U1, U2, U3, U4, or U5;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating that a petition for "U" nonimmigrant status was approved;</p> <p>or</p> <p>Any other document from the USCIS indicating "U" nonimmigrant status</p> <p><u>I-766 Employment Authorization Card</u> coded: C21;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: S5, S6, or S7;</p> <p>or</p> <p>Any other document from the USCIS indicating "S" visa status</p> <p><u>I-766 Employment Authorization Card</u> coded: A9, A09, A14, or A15;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: K3, K4, V1, V2, or V3;</p> <p>Unexpired "K3," "K4," or "V" visa in passport</p> <p>Note: If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.</p>	DOS is left blank	Yes	No	No
Cancellation of Removal	O	<p>Order from the EOIR granting cancellation of removal;</p> <p>or</p> <p>Any other document from the EOIR indicating cancellation of removal granted</p> <p><u>I-766 Employment Authorization Card</u> coded: C14 or C33;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating approved "Deferred Action for Childhood Arrivals" (DACA) application;</p> <p>or</p> <p>Any document from the USCIS granting deferred action to a "U" visa applicant;</p> <p>or</p> <p>Any other document from the EOIR or USCIS indicating deferred action including any documentation that a DACA application has been approved</p> <p><u>I-766 Employment Authorization Card</u> coded: A19 or A20;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: U1, U2, U3, U4, or U5;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating that a petition for "U" nonimmigrant status was approved;</p> <p>or</p> <p>Any other document from the USCIS indicating "U" nonimmigrant status</p> <p><u>I-766 Employment Authorization Card</u> coded: C21;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: S5, S6, or S7;</p> <p>or</p> <p>Any other document from the USCIS indicating "S" visa status</p> <p><u>I-766 Employment Authorization Card</u> coded: A9, A09, A14, or A15;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: K3, K4, V1, V2, or V3;</p> <p>Unexpired "K3," "K4," or "V" visa in passport</p> <p>Note: If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.</p>	DOS is left blank	Yes	No	No
Deferred Action Status	O	<p>Any document from the USCIS granting deferred action to a "U" visa applicant;</p> <p>or</p> <p>Any other document from the EOIR or USCIS indicating deferred action including any documentation that a DACA application has been approved</p> <p><u>I-766 Employment Authorization Card</u> coded: A19 or A20;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: U1, U2, U3, U4, or U5;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating that a petition for "U" nonimmigrant status was approved;</p> <p>or</p> <p>Any other document from the USCIS indicating "U" nonimmigrant status</p> <p><u>I-766 Employment Authorization Card</u> coded: C21;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: S5, S6, or S7;</p> <p>or</p> <p>Any other document from the USCIS indicating "S" visa status</p> <p><u>I-766 Employment Authorization Card</u> coded: A9, A09, A14, or A15;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: K3, K4, V1, V2, or V3;</p> <p>Unexpired "K3," "K4," or "V" visa in passport</p> <p>Note: If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.</p>	DOS is left blank	Yes	No	No
"U" Visa	O	<p><u>I-766 Employment Authorization Card</u> coded: A19 or A20;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: U1, U2, U3, U4, or U5;</p> <p>or</p> <p><u>I-797 Notice of Action</u> indicating that a petition for "U" nonimmigrant status was approved;</p> <p>or</p> <p>Any other document from the USCIS indicating "U" nonimmigrant status</p> <p><u>I-766 Employment Authorization Card</u> coded: C21;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: S5, S6, or S7;</p> <p>or</p> <p>Any other document from the USCIS indicating "S" visa status</p> <p><u>I-766 Employment Authorization Card</u> coded: A9, A09, A14, or A15;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: K3, K4, V1, V2, or V3;</p> <p>Unexpired "K3," "K4," or "V" visa in passport</p> <p>Note: If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.</p>	DOS is left blank	Yes	No	No
"S" Visa	O	<p><u>I-766 Employment Authorization Card</u> coded: C21;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: S5, S6, or S7;</p> <p>or</p> <p>Any other document from the USCIS indicating "S" visa status</p> <p><u>I-766 Employment Authorization Card</u> coded: A9, A09, A14, or A15;</p> <p>or</p> <p><u>I-94 Arrival/Departure Record</u> stamped: K3, K4, V1, V2, or V3;</p> <p>Unexpired "K3," "K4," or "V" visa in passport</p> <p>Note: If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.</p>	DOS is left blank	Yes	No	No
"K3" or "K4" or "V" Visa Granted Under the Legal Immigration Family Equity Act (LIFE Act)	O	<p>Unexpired "K3," "K4," or "V" visa in passport</p> <p>Note: If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.</p>	DOS is left blank	Yes	No	No

¹⁰Refer to GIS 16 TA/DC048 "Eligibility to Participate in SNAP by Certain Cuban Nationals Under an Order of Supervision," for additional information regarding SNAP eligibility for these non-citizens.

NON-CITIZEN ELIGIBILITY DESK AID

IMPORTANT! This desk aid does not include every form of acceptable documentation to support a non-citizen status that would be satisfactory for benefit eligibility. If an individual presents a document not listed below, follow your social services district policies/procedures for further guidance.

Description of Status	WMS ACI Code	Common Documentation	WMS DOS and DEC Codes	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Temporary Protected Status (TPS)	O	I-766 <u>Employment Authorization Card</u> coded: A12; or I-797 <u>Notice of Action</u> indicating TPS granted I-766 <u>Employment Authorization Card</u> coded: C8 or C08;	DOS is left blank	Yes	No	No
Asylum Applicant with Employment Authorization	O	I-797 <u>Notice of Action</u> indicating Asylum application received or pending, and that the non-citizen is authorized to work in the U.S.; or Any other document from the USCIS indicating an asylum application is pending and that the non-citizen is authorized to work in the U.S. Note: Cuban or Haitian nationals who have an application for asylum pending with the USCIS and are not subject to a final, non-appealable, and legally enforceable removal order have Cuban-Haitian Entrant status for benefit eligibility purposes. See Cuban/Haitian Entrant section on page 5.	DOS is left blank	Yes	No	No
Deferred Enforced Departure	O	I-766 <u>Employment Authorization Card</u> coded: A11	DOS is left blank	Yes	No	No
Special Immigrant Juvenile (SIJ)	O	I-797 <u>Notice of Action</u> indicating approval of an I-360 petition for SIJ; or Any other USCIS or government document indicating that the non-citizen is an SIJ.	DOS is left blank	Yes	No	No
Non-citizen, not otherwise included on this desk aid, who the USCIS has officially determined is legitimately present in the U.S. and who the USCIS is allowing to reside in the country for an indefinite period of time	O	Districts must contact the Office of Temporary and Disability Assistance (OTDA) Temporary Assistance (TA) Bureau for additional guidance if the district believes they have a non-citizen that fits this description.	DOS is left blank	Yes	No	No
Other status not eligible for TA or SNAP	E	Non-citizen that is unable to provide sufficient documentation to support their inclusion in any of the above statuses.	N/A		No ¹	

For any questions related to TA benefit eligibility for non-citizens, please contact the OTDA TA Bureau at: otda.sm.cees.tabureau@otda.ny.gov or: (518) 474-9344.

For any questions related to SNAP benefit eligibility for non-citizens, please contact the OTDA SNAP Bureau at: otda.sm.cees.snap@otda.ny.gov or: (518) 473-1469.

¹If it is determined that a non-citizen is ineligible for TA and/or SNAP because of their non-citizen status, the non-citizen must be denied using the appropriate denial code (F92 - Failure to Provide Proof of Citizenship or Eligible Alien Status (TA) or F92 - Ineligible Alien Status (SNAP)) and ACI code "E." Use of the appropriate denial and ACI codes is necessary so that a Medicaid Separate Determination (MSD) is conducted.

Programs to Help Seniors and Disabled SNAP Applicants

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Programs to Help Seniors and Disabled SNAP Applicants

Adult: an individual age 18 or older.

Senior: an individual age 60 or older.

Person with a Disability: anyone determined to be disabled by the Social Security Administration and most likely receiving a federally-related disability benefit including, but not limited to:

- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Disability-related Medicaid
- Veterans Administration (VA) Disability 100%

Elderly Simplified Application Project (ESAP)

20-ADM-14
21TA/DC079

NYS implemented the Elderly Simplified Application Project (ESAP) to improve access to and participation in SNAP for older adults and adults with disabilities.

ESAP provides a simplified application, increased data matching for required verification, and a longer certification period. ESAP households are not required to complete a recertification interview, although they can request one.

Helpful resource at the back of this section:

LDSS-5166 SNAP-Only Application
LDSS-5181 ESAP Interview Notice Letter
SNAP Medical Deduction Desk Guide and Worksheet
Pathways to SNAP for Seniors: Comparing ESAP, NYSNIP, & NYSCAP

Who Is Eligible for ESAP

To be eligible for ESAP, a household must meet the following:

- All adult members must be a senior and/or disabled (and not eligible for NYSNIP or NYSCAP—more information about NYSNIP and NYSCAP is found later in this section), and
- Have no earned income.

Households fitting the above criteria that include children and/or disabled children can participate in ESAP.

Benefits of ESAP

Households eligible to participate in ESAP will be provided:

- Data matching and relaxed rules for needed verification
- 36-month certification period with a non-mandatory interim report
- No interview at recertification

How to Apply for ESAP

Applicants can use the new simplified paper application (LDSS-5166) with an easy-to-read pamphlet (to help senior/disabled households better understand medical deductions), or apply online through myBenefits or Access HRA portals.

New applications for SNAP that meet the ESAP criteria will be placed into ESAP. These households will receive a notice that includes the benefits of ESAP and the extension of the certification period.

Households already receiving SNAP and meeting ESAP criteria will be placed into ESAP at their next recertification, as long as they continue to be eligible for SNAP.

ESAP Interview Rules for Application and Recertification

Applications: ESAP-eligible households are required to have an initial application interview when applying for SNAP, like all other SNAP applicants.

Recertifications: ESAP-eligible households are *not* required to complete a recertification interview, but may request one. However, ESAP-eligible households must submit a completed recertification application and any required documents to receive ongoing SNAP benefits.

ESAP households will get an ESAP-specific Notice of Expiration (NOE) informing them that a recertification interview is not required and that the SNAP office must determine if they are eligible for continued SNAP benefits. The NOE includes instructions on how to request an interview.

SNAP Offices **must offer ESAP-eligible households a recertification interview in the following situations:**

- Before an ESAP recertification application can be denied for any reason other than a failure to submit a recertification application.
 - ESAP-eligible households who do not return a recertification application will have their SNAP case closed for failure to recertify, like any other SNAP case.
- When information on the ESAP recertification application is questionable.
 - Anytime there is questionable information and further clarification is needed, the ESAP-eligible household will receive a notification of a scheduled interview appointment (upstate) or instructions on how to complete a telephone interview (NYC).
- Upon request by the ESAP household.

SNAP offices cannot deny an ESAP recertification application without first offering a recertification interview to the household.

ESAP, cont.

Upstate: SNAP offices will use the LDSS-5181 “ESAP Interview Notice Letter” in both English and Spanish. The LDSS-5181 informs the household:

- Their scheduled interview date and time,
- Their case will be closed if they don’t complete an interview,
- Information provided on their recertification application indicates they are no longer eligible for SNAP, and
- They are being offered a chance to be interviewed to correct any incorrect information before their SNAP case is closed.

NYC: SNAP offices will include the following information when notifying ESAP households:

- Their SNAP case will close at recertification unless they complete an interview to determine eligibility,
- This information is similar to the existing Z95 notice, but contains ESAP-specific language explaining the need for the interview, and
- Provides instructions on where to call to complete an interview over the phone (except for those ESAP households being closed for failure to submit a recertification application).

Data Matching and Other Simplifications

Participating ESAP households are **required to provide the following documentation:**

- Proof of residency,
- Out-of-pocket medical expenses over \$35,
- Non-federal/state sources of unearned income, and
- Any questionable information.

Unless questionable, participating ESAP households may self-declare the following expenses:

- Standard Utility Allowances (SUA), and
- All other shelter-related expenses (e.g., rent, mortgage, taxes, and insurance on the dwelling).

SNAP offices are required to use computer matches and available systems to verify the following circumstances of ESAP-eligible households:

- Unearned income,
- Date of birth,
- Social Security Number, and
- If appropriate, to ensure the household has no earned income.

Non-mandatory Interim Report

Households participating in ESAP will receive a non-mandatory interim report (LDSS-3151 SNAP Change Report Form) at the midpoint (18 months) of their 36-month certification period. This form **does not need to be returned** and the SNAP office **may not take a negative action** against the ESAP household for not returning it.

- ESAP households may use this form to report changes—especially those that will increase their SNAP benefits.
- Changes that increase the household’s SNAP benefit must be acted upon and verified using resources and data matching or, if needed, documents from the household.
- **No negative actions can be taken against the household for failure to verify the changes**, but these will be looked into at the next recertification.

Other Reporting Requirements

Due to simplified reporting requirements, ESAP households don’t have to report most changes until their next recertification (36 months). However, the following changes **must be reported within ten days of the beginning of the month following the month in which the change took place**:

- **Change in household composition.** Whenever a person leaves or is added to an ESAP household, this should be reported because it may affect the household’s eligibility for ESAP. If all adults are not 60 or older and/or disabled, the household would no longer be eligible for ESAP and should be transitioned to regular SNAP if eligible.
- **Receipt of earned income.** If any member of the ESAP household begins receiving earned income this should be reported, as households receiving earned income are not eligible for ESAP.
- **Substantial lottery or gambling winnings.** SNAP rules require that all SNAP households must report substantial lottery or gambling winnings. Substantial lottery or gambling winnings are defined as a cash prize equal to or greater than the maximum allowable resources test for senior/disabled households—currently \$4,500—won in a single game before taxes or other withholdings.

Households Who No Longer Meet ESAP Criteria

Households that no longer meet the criteria for ESAP will need to leave the project; these households are referred to as “leavers”.

Leavers who remain eligible for SNAP, but not ESAP:

- Keep the balance of their original 36-month certification period until the next recertification
- Are no longer granted any of the other ESAP flexibilities
- Are subject to the regular reporting requirements that would apply to the household based on its circumstances when it leaves ESAP

ESAP, cont.

ESAP Outreach by OTDA

As part of this project, OTDA will collaborate with community partners and the New York State Office of the Aging (NYSOFA) to inform and engage the ESAP-eligible population. This outreach will inform ESAP-eligible households about the project, provide the ESAP application, help with the initial certification and recertification processes, and help clients understand and verify allowable medical costs.

To support this outreach, a brochure has been developed to help ESAP households understand how allowable medical expenses may impact their SNAP benefit amount. PUB-5176, “It’s Easy for Older and Disabled Adults to Get SNAP—Deducting Medical Expenses for SNAP” explains that certain verified out-of-pocket medical costs that total more than \$35 can be deducted from countable income, which could result in some recipients receiving additional SNAP benefits each month. The brochure contains examples of deductible medical costs, information about the simplified application process for ESAP, and information needed to complete the application. To download the brochure, visit:

- English: otda.ny.gov/policy/gis/2021/21DC079-Attachment-3.pdf
- Spanish: otda.ny.gov/policy/gis/2021/21DC079-Attachment-4.pdf

NYSNIP and NYSCAP

04 LCM-13
GIS 12TA/DC019
21TA/DC080
22TA/DC108
23DC87
24-ADM-09

For more than two decades, New York has operated a Combined Application Project (CAP) called the New York State Nutrition Improvement Project (NYSNIP), which automatically enrolls single Supplemental Security Income (SSI) live-alone recipients into SNAP. No separate SNAP application, interview, or verification are needed to be automatically enrolled.

From December 2021 through November 30, 2024, NYS is transitioning from NYSNIP to a new CAP called the New York State Combined Application Project (NYSCAP). The information here highlights the end of NYSNIP and details how NYSCAP works.

Helpful resource at the back of this section:

LDSS-4841 NYSCAP Statewide Information Collection Sheet
LDSS-4836/LDSS-4836 NYC NYSCAP Interim Report
Pathways to SNAP for Seniors: Comparing ESAP, NYSNIP, & NYSCAP

What Is a CAP

CAPs are a partnership between the Social Security Administration (SSA), the United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS), and state and local agencies to streamline SNAP application procedures for individuals receiving SSI benefits. The projects are designed to strengthen access to nutrition benefits for this vulnerable population.

New York State uses the standard CAP model which includes simplified joint SNAP/SSI application processing by SSA as individuals apply for or are recertified for SSI. CAPs use standard benefit amounts and/or standard shelter expenses in the benefit calculation and require evaluations to ensure cost neutrality is maintained.

NYSNIP/NYSCAP, cont.

23DC87

24-ADM-09

NYSNIP to NYSCAP

Since 2014, OTDA has struggled to comply with the cost neutrality requirements of a CAP. For this reason, NYS submitted a waiver request to USDA/FNS to implement a new revised SSI CAP that will be simpler, more cost-neutral, and easier to evaluate for cost neutrality in the future. This new CAP is called NYSCAP.

NYSNIP and NYSCAP will run concurrently through November 30, 2024. On December 1, 2024, all NYSNIP participants will have been moved into NYSCAP.

Automatic Enrollment into NYSCAP

CAPs have an automatic enrollment process that uses data matching to enroll single Supplemental Security Income (SSI) live-alone recipients into SNAP. No separate SNAP application, interview, or verification are needed to be automatically enrolled.

The SNAP office/HRA center uses monthly data matching to find eligible NYSCAP participants from the list of newly approved SSI recipients in NYS.

NYSCAP is available only to:

- SSI live-alone recipients—those classified as “living alone” by Social Security Administration (SSA) (i.e., live by themselves and pay their food, shelter, and clothing expenses).
- This code, called an “A/A,” designates a federal SSI living code of ‘A’ and a State Supplement code of ‘A.’

SSA sets these codes, not the SNAP office/HRA center. Only SSA can code SSI recipients as live-alones.

OTDA clarified the following in 24-ADM-09:

- SSI recipients who live in a dwelling with a spouse but are coded A/A can participate in NYSCAP as their own separate SNAP household unless their spouse applies for SNAP, in which case they would need to be on a SNAP case together and would not be eligible for NYSCAP.
- If a married couple has two NYSCAP cases opened automatically, they can both have a separate case in the same dwelling based on each being coded A/A. However, if these two married individuals were to submit an application outside of the NYSCAP auto-enrollment process, the normal mandatory household composition rules would apply, and they would need to be on the same SNAP case together and would not be eligible for NYSCAP.

SSI couples and recipients in other living arrangement categories cannot participate in NYSCAP, but they may be eligible for SNAP through ESAP or the regular SNAP application process. Information about ESAP is included earlier in this section.

18- to 21-year-old SSI Recipients Coded A/A by SSA

SSI participants ages 18 to 21 can be coded A/A, designating them as SSI live-alone, even if they reside with their parents. These SSI recipients can participate in NYSCAP as a separate SNAP household, as long as the parents are not in receipt of SNAP benefits. If both the parents and the 18- to 21-year-old SSI live-alone are current SNAP participants or applying for SNAP, then this family must apply together as one household under regular SNAP eligibility rules.

Enrollees Must Use Benefits Within 90 Days

When a person is enrolled in NYSCAP, they must redeem their SNAP benefits within the first 90 days of the auto-opening of their SNAP case. This means that they must use the EBT card that they received at a local SNAP vendor to purchase food. By doing this, the enrollee is agreeing to participate in SNAP and is providing an electronic application signature allowing them to receive monthly SNAP benefits. If benefits are not accessed within 90 days, the NYSCAP case will be automatically closed by the SNAP office and benefits will be removed and may not be restored.

SNAP Benefits/Budgeting Under NYSCAP

NYSCAP enrollees will initially receive a minimum benefit level that can be as low as \$23. However, benefits may be adjusted up to the maximum SNAP benefit level—as high as \$292—if households complete and return the NYSCAP Statewide SNAP Case Information Collection Sheet (LDSS-4841) included with their NYSCAP opening notice (includes questions about shelter and utility costs).

There are no negative actions for not returning the LDSS-4841. The Information Collection Sheet gives enrollees the opportunity to provide and, if necessary, verify information that may qualify the household for a higher SNAP benefit.

Under NYSNIP, the SNAP budgeting/benefit is standardized. Benefit standards consider four factors:

- Cost of shelter
- Eligibility for the heating/cooling standard utility allowance
- Presence of other income
- Geographic location

See the most recent NYSNIP Matrix by Shelter Type at:

HungerSolutionsNY.org/toolkit-snap-october-1-2019-eligibility-budgeting-changes/
Note that the NYSNIP matrix sunsets December 1, 2024.

Under NYSCAP, the SNAP budgeting/benefit is individualized. NYSCAP enrollees will have their SNAP case opened with their actual SSI income and any other income already budgeted, but with no shelter, medical, or other deductions, aside from the standard deduction.

NYSNIP/NYSCAP, cont.

The NYSCAP Statewide SNAP Case Information Collection Sheet (LDSS-4841) is provided to notify the SNAP office of the enrollee's circumstances. Once the SNAP office receives a completed LDSS-4841 and any needed documents, the enrollee's SNAP budget and benefit amount must be updated using standard SNAP budgeting.

Under NYSCAP rules, enrollees will automatically receive a reminder notice six months after the opening of their NYSCAP case if they have not returned the LDSS-4841:

- This notice provides enrollees with another opportunity to share information about their shelter and utility costs to maximize their SNAP benefit.
- Households that do not respond to this notice will not be subject to negative action. However, the household will continue to receive a monthly SNAP benefit as low as \$23 instead of getting a monthly benefit that could be as high as \$292 a month.

Upon receiving a completed LDSS-4841, the SNAP office must update the SNAP budget using standard SNAP budgeting rules, including:

- Adding the actual shelter expense,
- Determining the Heating/Cooling Standard Utility Allowance, and
- Adding in any medical expenses eligible under SNAP rules.

NYSCAP enrollees must meet the same SNAP verification requirements as all other SNAP cases, except:

- They **may self-declare all shelter-related expenses** (e.g., rent, mortgage, taxes, and insurance on the dwelling), unless questionable.

Interim Report

Households participating in NYSCAP will receive an interim report called the NYSCAP SNAP Case Interim Report (LDSS-4836, LDSS-4836 NYC) at the midpoint of their certification period.

For NYSCAP participants, the interim report is sent at the **18-month point of their 36-month certification period.**

The following interim reporting rules apply to NYSCAP:

- The NYSCAP SNAP Case Interim Report (LDSS-4836), which collects information needed to complete a SNAP budget using standard SNAP budgeting procedures, **must be responded to or the SNAP case will be closed.** This can include mailing a completed form back or calling the SNAP office and having a caseworker document the responses in the case record.
- If the interim report is returned, but there is not enough information to complete a SNAP budget, the SNAP office must contact the household to clarify or ask for needed documentation.

NYSCAP Recertification

Under SNAP rules 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 SNAP Office authorizes a new certification period. This process is called a recertification.

The NYSCAP certification period lasts up to **36 months (3 years)**.

At the end of a certification period, NYSCAP households:

- Must follow the recertification process in place for all SNAP recipients in order to continue to receive SNAP benefits.
- Will receive a notice of expiration that includes a SNAP application/recertification form. This form must be completed and returned.
- Must follow regular SNAP documentation requirements.

NYSCAP households who are found eligible when recertifying will be given a new 36-month certification period for SNAP.

Participants who lose SSI live-alone status will be taken out of NYSNIP/NYSCAP; however, they can still receive SNAP benefits through ESAP or regular SNAP if they apply and are eligible.

Changes to the NYSNIP Benefit Matrix and Benefit Allotments

The NYSNIP benefit matrix will sunset on December 1, 2024. Until then, you can see the matrix valid October 1, 2024 through December 1, 2024 at: HungerSolutionsNY.org/toolkit-snap-october-1-2019-eligibility-budgeting-changes/

Resources for This Section

On the following pages, you will find these resources:

LDSS-5166 SNAP-Only Application

LDSS-5181 ESAP Interview Notice Letter

SNAP Medical Deduction Desk Guide and Worksheet

LDSS-4841 NYSCAP Statewide Information Collection Sheet (English & Spanish)

LDSS-4836/LDSS-4836 NYC NYSCAP Interim Report (English & Spanish)

Pathways to SNAP for Seniors: Comparing ESAP, NYSNIP, & NYSCAP

Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

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

If yes, check the type of format you would like:

Large Print

Data CD

Audio CD

Braille, if you assert that none of the other alternative formats will be equally effective for you.

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

When You Are Applying For SNAP

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 2 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

When You Are Recertifying For SNAP

- You must submit the signed and completed recertification application.

Remember to sign your application.

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

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

Where You Can Apply For SNAP

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

If you live in **New York City** and are NOT also applying for Temporary Assistance, you can apply online at Access HRA, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009**.

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

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

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

- (1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider. **Do not mail your application to this address.**

Remember to sign your application.

Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

Application Information

SSN: _____ Date of Birth: _____

Your Name (last, first, MI): _____

Daytime Phone Number(s) (with area code): _____

Home Address (Street, Apt #): _____

City, State, Zip Code: _____

Mailing Address (if different): _____

Your Ethnicity/Race: This information is collected to ensure that everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

Ethnicity: Hispanic or Latino? Yes No

Race: (check all that apply)

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White

Spoken Language: Please tell us the language that you speak _____

Are you a U.S. citizen: Yes No

Are you a resident of New York State? Yes No

Which County do you live in? _____

Do you have a special situation? (Check all that apply to you.)

- Physical/Mental Impairment Hearing Impaired Visually Impaired
- Interpreter Required Sign Language Required Other: _____

Did someone help you complete this form? Yes No

Name of person assisting you: _____

Their phone number with area code: _____

Household Information:

List the people who live with you:

Name (last, first, MI): _____ SSN: _____

Date of Birth: _____

Sex: Male Female X

Different Identity: _____ Language Spoken: _____

Name (last, first, MI): _____ SSN: _____

Date of Birth: _____

Sex: Male Female X

Different Identity: _____ Language Spoken: _____

Name (last, first, MI): _____ SSN: _____

Date of Birth: _____

Sex: Male Female X

Different Identity: _____ Language Spoken: _____

Do you or anyone else in your house receive any of the following types of income?			
Type of Income	Amount of Income	Frequency of Income	Name of Person Who Receives Income
Social Security			
SSI			
Pension			
Veteran's Benefits			
Workers' Compensation			
Wages			
Other			

Do you pay for dependent care expenses? Yes No

Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.? Yes No

How much do you pay for your rent or mortgage each month? \$ _____

Do you pay for any of the following:

- I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others. Yes No
- I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others. Yes No
- I have an air conditioner that I use in the summer, and I pay a fee to use it. Yes No
- I pay for electricity or gas or share this cost with others. Yes No
- I pay for phone service, including cell phone service (not a pre-paid phone). Yes No

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

If you would like to authorize someone, print the person's name, address and telephone number, and sign below.

Name: _____

Address: _____ **Phone:** _____

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

In order to be able to accept your application, you must sign and date below

Certification: By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities" described on pages 4 – 6 of this application, and the answers in this application and any additional document I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Please see pages 4 – 6 which contain the "SNAP Penalty Warning" and your "Rights and Responsibilities".

Your signature is required below to complete the application process.

Applicant Signature: _____ **Date:** _____

Authorized Representative Signature: _____ **Date:** _____

Instructions for Completing the Application Form

- Try to answer as many questions as you can.
- On page 1 of the application form, put your telephone number where you can be reached during weekdays or where a message can be left for you.
- **Remember to sign your name before you submit your application form.**
- Be sure to read the included Notice of Rights and Responsibilities and the SNAP Penalty Warning on the following pages.
- **You can file an incomplete application by filling in your name and address on the front and your signature on the back and completing the rest of the application later. This minimal information will establish your application filing date.**
- **SNAP benefits will be effective back to the date that you applied.**

You must be interviewed: We will review your application when it is received and will contact you to discuss the information you gave on your application.

Note: If we cannot reach you, you will receive a letter for a scheduled phone interview.

You must submit verification: During your interview, we will explain what verification and information you will need to give to receive SNAP benefits. We will send you a verification checklist with the items you need to provide. You have 30 days from the date that your application is received to give us the verification we need. Be sure to ask us for help if you are having difficulty obtaining these documents.

Decision: You will receive a decision on your application within 30 days.

What Verification Will I Need to Submit?

These are most of the items you will need when applying for SNAP benefits:

- **Identification Showing Your Name and Address:**
- If you have no address, please tell us.
- **Proof of income.**
- An award letter or direct deposit statement of unearned income including interest income amounts and frequency of payments. If you are working, submit your last four weeks of pay stubs, direct deposit statements, or copies of checks.
- **Social Security Numbers for All Members Applying.**
- **Proof of Noncitizen Status** - If you are not a citizen, provide proof of legal noncitizen status.
- **Proof of Certain Expenses:** Although optional, if you provide proof of either of the following, your SNAP benefits could be higher.
 - **Medical Expenses** - If you or anyone in your household is age 60 or older or has a certified disability, *out-of-pocket medical expenses must be verified* with receipts for co-payments or premiums on health insurance, or receipts for dentures, eyeglasses, hearing aids, hearing aid batteries, prescription medications, doctor-prescribed pain relievers or over-the-counter drugs, and transportation to get to and from medical services.
 - **Child Support Payments** - Proof, such as court documents, of child support payments you pay to someone not living with you, and amount paid.

Also tell us if you have any of the expenses below (this is optional, but these could make your SNAP benefits higher):

1. **Housing Costs:** rent or mortgage payments, real estate taxes, or homeowners' insurance.
2. **Utilities:** air conditioning costs, home heating oil, gas for heating, wood or coal for heating, gas for cooking, electricity, telephone (including cell phones), or other utility expenses such as for water, sewer, or garbage disposal service.
3. **Dependent Care Expenses:** in-home or out-of-home care.

Read the Important Information Below

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

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

- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found guilty of making a false statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.
- Additionally, a court may bar an individual from participation in SNAP for an additional 18 months.
- Permanent disqualification of an individual for:
 - The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.
 - The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of \$500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)
 - The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of controlled substances. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
 - All third SNAP-IPV Intentional Program Violations.

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

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

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit an act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.
- Additionally, the following are 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 EBT card in exchange for cash, firearms, ammunition, explosives or drugs, or to purchase food for individuals who are not members of the SNAP household.

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

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

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

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

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

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

New York City Housing Authority Resident Consent to Share Information – If you are applying for assistance in New York City, this consent will allow the New York City Housing Authority (NYCHA) to share information about you with the New York City Human Resources Administration/Department of Social Services (HRA) to help you and your household apply for assistance under the Supplemental Nutrition Assistance Program (SNAP), and/or for HRA cash assistance, which may include payment of rental arrears.

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

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

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

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

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

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

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

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

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

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

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

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

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

Remember to sign your application.

County Address
Street
City, NY ZIP

ESAP RECERTIFICATION INTERVIEW REQUIRED

Date:

Case Number:

Telephone Number:

Client Name
Address
Address
City, State Zip

We recently told you that you must re-apply to continue getting SNAP benefits as part of the Elderly Simplified Application Project (ESAP). An interview is not usually required for ESAP households at recertification. However, due to changes that you listed on your application form, you must be interviewed to determine if you can still get SNAP benefits.

We will attempt to phone you at the number(s) you provided to conduct your recertification interview at the following date and time:

Date:

Time:

You must be interviewed or your SNAP case will be CLOSED.

Please call the general phone number at the top of this notice to make arrangements for another interview if you will not be available at the time and date indicated. Thank you.

This decision is based on Regulation 18 NYCRR 387.7.

SNAP Medical Expense Deductions

Desk Guide & Worksheet

Adults age 60 and over and people with disabilities who qualify for SNAP may be entitled to a larger monthly benefit by deducting out-of-pocket medical expenses **over \$35 per month**. These costs are often significant, and reporting them in the SNAP application process can mean more help paying for food each month.

Medical costs can be submitted when applying for SNAP or any time during the SNAP certification period.* The SNAP office needs documentation to verify each monthly expense submitted. Always use copies of the original medical bills when sending documents to the SNAP office.

This worksheet (over) includes examples of allowed medical expenses and the documents needed to submit them for verification. Insert a *monthly* cost for each to determine a person's total monthly out-of-pocket medical expenses. Some medical expenses, like the cost of prescriptions, may already be calculated as a monthly expense. Larger lump sum medical bills should be divided by the number of months a household is certified to receive SNAP to calculate the monthly cost.

Example: Mary has a medical procedure which costs her \$1,200. She divides the amount of the procedure by the number of months* she will be certified for SNAP:

$$\mathbf{\$1200 \div 24 \text{ months} = \$50/\text{month}}$$

She adds a monthly cost of \$50.00 to her medical expense worksheet.

Need Help?

Nutrition Outreach and Education Program (NOEP) Coordinators can answer questions and offer free and confidential SNAP application assistance. Visit **FoodHelpNY.org** to find a NOEP Coordinator near you.

**Households where all adults are age 60 and over and/or disabled with no earned income are certified to receive SNAP for 24 months with a 12-month check-in point.*



Oct. 2022. Funded by NYSOTDA and USDA/FNS.
This institution is an equal opportunity provider.

HungerSolutionsNY.org

SNAP Medical Expense Deduction Worksheet

Medical Expense	Documentation needed	Cost
Medical and dental care, including psychotherapy and rehabilitation services	Bill/receipt with the unreimbursed cost of care from the providers	\$
Hospitalization or outpatient treatments, nursing care, and nursing home care, including unreimbursed portion of hospitalization, outpatient treatment, and community based treatment	Bill/receipt with the unreimbursed cost of care from the providers	\$
Prescription drugs, over-the-counter medications approved by a licensed practitioner, and costs of medical supplies, sickroom, or other prescribed equipment. <i>(Note: The costs of special diets are not allowed as a medical deduction)</i>	Pharmacy printout of monthly prescriptions/ copayments or receipt, and a list from a health provider of the over-the-counter medications and supplies recommended. The SNAP office does not need the names of <i>prescription</i> drugs, but does need the date of purchase and cost of each drug.	\$
Health insurance premiums, including health and hospital insurance policy premiums, Medicare, Medicaid, and private medical insurance premiums, copayments, and deductibility. This includes “spend down” expenses incurred by Medicaid recipients.	Bill with the monthly premium payment	\$
Cost for a personal care attendant, home health aide, certified nursing aide, visiting nurse, or other attendant, including payments to maintain an attendant, home health aide, child care service, or housekeeper necessary due to age or illness. Includes reasonable cost of food eaten in the home by caretaker.	Contract or bill with services received and cost	\$
Reasonable costs of transportation and lodging to obtain medical treatment and services. Households that drive their own vehicle should use the IRS medical mileage rate.	List of monthly health care trips, including the number of miles traveled to/from the doctor or pharmacy by car or cost of public transportation. Including parking, tolls and lodging.	\$
Medical supplies and equipment, such as eyeglasses, dentures, hearing aids, and prosthetics	Receipt with the cost of the items	\$
Cost of securing and maintaining a seeing eye, hearing, or service dog	Bills for food, vet care and other expenses	\$
Unpaid medical/dental bills	Bill with unpaid portion and total cost of procedure. Unpaid bills submitted in previous certification periods cannot be used again, even if the expense is still owed.	\$
Total monthly expenses: add all of the above		\$
Minus \$35		-\$35.00
Monthly Medical Expense Deduction		\$

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

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

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

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

SECTION 1

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:
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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? \$ _____ Homeowner's Insurance? \$ _____

SECTION 2

Answer questions only if you pay for your own heat separate from your rent or mortgage

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? 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:
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**MAKE SURE TO ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS FORM,
READ THE IMPORTANT INFORMATION ON THE REVERSE OF THIS FORM AND REMEMBER,
YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST RETURN THIS FORM 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you pay an electric bill and use an air conditioner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. What is your <i>utility</i> account number (if you have one)? _____			
5. What is your <i>utility</i> company's name? _____			
6. What is your <i>utility</i> company's address?			
Address:	City/Town:	State:	Zip Code:

SECTION 4

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

APPLICANT'S SIGNATURE	DATE SIGNED

IMPORTANT INFORMATION SECTION

YOU MAY BE ENTITLED TO HIGHER BENEFITS

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

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

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

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

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

SIGNATURE SECTION - Make sure to do the following:

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

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

**Proyecto de Solicitud Combinada del Estado de Nueva York (NYSCAP)
Programa de Asistencia Nutricional Suplementaria (SNAP) - Hoja de Recopilación de Datos del Caso**

CASO A NOMBRE DE:	NÚMERO DE CASO:
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UNA VEZ QUE USTED HAYA CONTESTADO TODAS LAS PREGUNTAS EN EL ANVERSO Y EL REVERSO DE ESTE INFORME, DEBE FIRMARLO, FECHARLO Y DEVOLVERLO A LA DIRECCIÓN QUE FIGURA A LA DERECHA →

Dado que no tenemos información alguna sobre el monto que usted paga por gastos de alojamiento, calefacción y servicios públicos ni sobre gastos médicos no reembolsables, usted está habilitado(a) para recibir sólo el monto mínimo de subsidio SNAP. Si usted contesta las preguntas que se presentan a continuación sobre sus gastos actuales de alojamiento, calefacción, servicios públicos y gastos médicos no reembolsables, usted podría habilitar para recibir un aumento en el subsidio de SNAP. Es **probable** que tenga que suministrar pruebas de estos gastos.

Asegúrese que usted o su representante autorizado firme y feche la SECCIÓN DE FIRMAS al reverso de este formulario.

SECCIÓN 1:

1. ¿Todavía vive en el domicilio al que le fue enviada esta notificación? Sí No (Si respondió «No», escriba su nuevo domicilio a continuación).

Su nuevo domicilio: (incluya número de apartamento)	Ciudad/Pueblo:	Estado:	Código postal:
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2a. Usted: ¿Tiene casa propia? ¿Inquilino? ¿Vive en una vivienda pública? No tiene vivienda permanente o está desamparado.
 Otro (describa) \$ _____

2b. ¿Cuánto paga mensualmente por alquiler o por hipoteca? \$ _____

2c. Si paga por alquiler, ¿Está su alquiler subsidiado? Sí No Si respondió «Sí», ¿Cuánto paga de alquiler? \$ _____

2d. Si usted es dueño de su casa, ¿Está incluido el seguro o los impuestos sobre la propiedad, o ambos (en depósito fiduciario), en su pago de hipoteca? Sí No

2e. Si respondió «No», ¿Cuánto paga anualmente en impuestos sobre la propiedad e impuestos escolares? \$ _____

¿Cuánto paga en seguro sobre la propiedad? \$ _____

SECCIÓN 2

Responda las preguntas solo si paga por su propia calefacción, por separado del pago de su alquiler o hipoteca

1. ¿Paga directamente a una compañía de calefacción o de servicios públicos por calefacción, por separado del pago de su alquiler o hipoteca?
 Sí No

2. Mi fuente principal de calefacción es: Aceite de combustible Calefacción eléctrica Gas natural Carbón o leña
 Kerosén Propano o Gas de garrafa Otro (describa) \$ _____

3. ¿Está la factura de calefacción a su nombre? Sí No Si contestó «No»
¿A nombre de quién está la factura? _____

4. ¿Cuál es el número de la cuenta de calefacción (si tiene una)? _____

5. ¿Cómo se llama la compañía proveedora de calefacción? _____

6. ¿Cuál es la dirección de la compañía proveedora de calefacción?

Dirección:	Ciudad/Pueblo:	Estado:	Código postal:
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ASEGÚRESE DE CONTESTAR TODAS LAS PREGUNTAS EN EL ANVERSO Y REVERSO DE ESTE INFORME. LEA LA INFORMACIÓN IMPORTANTE EN EL REVERSO DE ESTE FORMULARIO Y RECUERDE, USTED O SU REPRESENTANTE AUTORIZADO DEBE DEVOLVER ESTE INFORME FIRMADO Y FECHADO A LA DIRECCIÓN SEÑALADA EN LA CASILLA ANTERIOR

SECCIÓN 3:Responda las preguntas *solo si no paga por su calefacción*

1. ¿Le paga usted al arrendador una cantidad mensual adicional por gastos de aire acondicionado? <input type="checkbox"/> Sí <input type="checkbox"/> No			
2. ¿Paga usted por servicios de electricidad y usa un aire acondicionado? <input type="checkbox"/> Sí <input type="checkbox"/> No			
3. ¿Paga directamente a una compañía de servicios por luz, tipo de servicio que usa para cocinar, agua caliente, termostato, caldera o calentador? <input type="checkbox"/> Sí <input type="checkbox"/> No			
4. ¿Cuál es el número de la cuenta de <i>servicios públicos</i> (si tiene una)? _____			
5. ¿Cómo se llama la compañía proveedora de <i>servicios públicos</i> ? _____			
6. ¿Cuál es la dirección de la compañía proveedora de <i>servicios públicos</i> ? _____			
Dirección:	Ciudad/Pueblo:	Estado:	Código postal:

SECCIÓN 4:

1. ¿Tiene gastos médicos no reembolsables (incluyendo el sobrante de Medicaid)? <input type="checkbox"/> Sí <input type="checkbox"/> No	
2. Si contestó que «Sí», ¿Cuánto paga mensualmente por sus gastos médicos? \$ _____	
*Gastos médicos no reembolsables, son gastos médicos que usted debe pagar de su propio bolsillo ya que Medicare, Medicaid u otro seguro de salud no los cubre.	

FIRMA DEL SOLICITANTE**FECHA DE LA FIRMA****SECCIÓN DE INFORMACIÓN IMPORTANTE****USTED PODRÍA TENER DERECHO A UN MONTO MAYOR DE SUBSIDIOS**

El monto máximo mensual del subsidio SNAP para una persona es \$281. Si está recibiendo menos de este monto, es probable que usted sea apto para recibir un monto mayor si tiene gastos de vivienda, calefacción o servicios públicos, o ambos, y tiene gastos médicos no reembolsables de más de \$35 al mes. Si usted no había reportado estos gastos anteriormente o si éstos cambiaron, sírvase enviarnos comprobantes de esos gastos.

Si desea averiguar si puede recibir un aumento de subsidio SNAP, o si tiene preguntas sobre cómo llenar este formulario, llame a la oficina local de SNAP. Gracias.

SECCIÓN DEL REPRESENTANTE AUTORIZADO- Si usted es un representante autorizado, llene esta sección.

Usted puede autorizar a otra persona familiarizada con las circunstancias de su grupo familiar para que maneje cuestiones relacionadas con su caso de SNAP (por ejemplo, proporcionar y verificar la información solicitada más arriba). Usted también puede autorizar a otra persona, que no forme parte del grupo familiar, para que canjee sus subsidios SNAP y compre los víveres por usted. Si usted desea hacerlo de esta manera, pida a su representante autorizado que firme en la sección correspondiente al pie de esta página, y escriba abajo, en letra de molde, el nombre, domicilio y número de teléfono de esa persona.

Escriba en letra de imprenta el nombre del Representante Autorizado:		No. de Teléfono del Rep:	
		()	
Domicilio del representante autorizado:	Ciudad/Pueblo:	Estado:	Código postal:

SECCIÓN DE FIRMAS –Asegúrese de hacer lo siguiente:

- Escriba en letra de imprenta el nombre del beneficiario
- Firme, feche y devuelva este formulario a la dirección indicada en la primera página de este formulario.

Escriba, en letra de molde, el nombre del beneficiario:

Firma del beneficiario / representante autorizado

X

Fecha en que se firma

NYSCAP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report

Please fill out this form right away and return it to the address listed above. If you don't send the form back, your SNAP benefits will stop. NYSCAP will replace NYSNIP. If you previously had NYSNIP, you now have NYSCAP.

We've sent this form because we must update your NYSCAP SNAP benefits case. Please answer the questions below about your shelter, heat, and utility costs and unreimbursed medical expenses. These expenses affect how much you can get in SNAP. If you never told us about these costs, or if they have changed, we might be able to give you more SNAP. Please send us current proof of these expenses if you never told us about them or if they have changed.

Even if you have no changes to report, you must send the form back or your SNAP benefits will stop. Please sign and date the form and return it to us no later than the 10th day of next month.

SECTION 1

1. Do you still live at the address where this notice was sent? Yes No (If you answered "No", write your new address below)

Your New Address (include Apartment number):

City/Town:

State:

Zip Code:

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

Other: _____

2a. How much do you pay monthly for your rent or mortgage? \$ _____

2b. If you rent, is your rent subsidized? Yes No If "Yes", what is your share of the rent? \$ _____

2c. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment? Yes No

2d. If no, how much do you pay each year for property and school taxes? \$ _____ Homeowner's Insurance? \$ _____

2e. Has anyone new moved into or out of your household? Yes No If "Yes", provide their name and relationship to you: _____

SECTION 2

Answer questions only if you pay for your own heat separate from your rent or mortgage

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? Yes No

2. What is your main source of heat? 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", name on the bill? _____

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:

SECTION 3

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

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

SECTION 4

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

APPLICANT'S SIGNATURE	DATE SIGNED
X	

IMPORTANT INFORMATION**YOU MAY BE ENTITLED TO HIGHER BENEFITS**

The maximum monthly SNAP benefit for one person is \$291. If you are receiving less than this amount, you may be eligible for a higher benefit if you have housing, heat and/or utility costs, or more than \$35 each month in unreimbursed medical expenses. Please send us current proof of these expenses if you never told us about them or if they have changed.

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

Make sure to return this report and verification to the address listed on the front of this notice.

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 our SNAP benefits to buy food for you. If you want to do this, have your authorized representative sign in the signature section at the bottom of this page, and print the person's name, address and phone number below.

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

SIGNATURE SECTION – Make sure to do the following:

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

Print the Recipient's Name:	
Recipient/Authorized Representative Signature:	Date Signed:

We are pleased that you participate in the SNAP and would like for you to continue to participate.

Informe Provisional NYSCAP- Subsidios del Programa de Asistencia Nutricional Suplementaria (SNAP)

Llene este formulario inmediatamente y envíelo a la dirección indicada arriba. Si usted no regresa este formulario, sus subsidios SNAP cesarán. El Proyecto de Solicitud Combinada del Estado de Nueva York (NYSCAP) reemplazará el Proyecto de Mejora Nutricional del Estado de Nueva York (NYSNIP). Si anteriormente usted tenía el NYSNIP, ahora tiene el NYSCAP.

Le hemos enviado este formulario porque debemos actualizar los datos de su caso NYSCAP SNAP. Conteste las preguntas a continuación sobre sus gastos de alojamiento, calefacción, servicios públicos y gastos médicos no reembolsables. Dichos gastos influyen en el monto de subsidio SNAP que usted pueda recibir. Si nunca nos informó sobre estos gastos, o si dichos gastos han aumentado, probablemente le podamos dar más en subsidio SNAP. Si usted no había reportado estos gastos anteriormente o si éstos se han modificado, sírvase enviarnos comprobantes de esos gastos.

Aunque no tenga cambios que reportar, debe regresar el formulario o se le suspenderán los subsidios SNAP. Firme y feche el formulario y regréselo a nosotros a más tardar para el día 10 del próximo mes.

SECCIÓN 1:

¿Todavía vive en el domicilio al que le fue enviada esta notificación? Sí No (Si respondió «No», escriba su nuevo domicilio a continuación).

Su nuevo domicilio: (incluya número de apartamento)

Ciudad/Pueblo:

Estado:

Código postal:

2. Usted: ¿Tiene casa propia? ¿Es inquilino? ¿Vive en una vivienda pública? No tiene vivienda permanente o está desamparado.
 Otro: _____

2a. ¿Cuánto paga mensualmente por alquiler o por hipoteca? \$ _____

2b. Si es inquilino, ¿Está su alquiler subsidiado? Sí No Si respondió «Sí», ¿Cuánto es la parte de la renta que paga usted? \$ _____

2c. Si usted es dueño de su casa, ¿está(n) incluido(s) el seguro o los impuestos sobre la propiedad, o ambos (en depósito fiduciario), en su pago de hipoteca? Sí No

2d. Si respondió «No», ¿cuánto paga anualmente en impuestos sobre la propiedad e impuestos escolares? \$ _____, ¿cuánto paga en seguro sobre la propiedad? \$ _____

2e. ¿Un integrante se incorporó o se retiró del hogar? Sí No Si respondió «Sí», incluya el nombre de la persona y el parentesco que tiene con usted: _____

SECCIÓN 2

Responda las preguntas solo si paga por su propia calefacción, por separado del pago de su alquiler o hipoteca

1. ¿Paga directamente a una compañía de calefacción o de servicios públicos por calefacción, por separado del pago de su alquiler o hipoteca? Sí No

2. ¿Cuál es su fuente principal de calefacción? Aceite de combustible Calefacción eléctrica Gas natural Carbón o leña
 Kerosén Propano o gas de garrafa Otro (describa): _____

3. ¿Está la factura de calefacción a su nombre? Sí No Si eligió «No», la factura está a nombre de _____

4. ¿Cuál es el número de la cuenta de calefacción (si tiene una)? _____

5. ¿Nombre de su compañía proveedora de calefacción? _____

6. ¿Dirección de su compañía proveedora de calefacción? _____

Dirección:

Ciudad/Pueblo:

Estado:

Código postal:

SECCIÓN 3:

Responda las preguntas solo si no paga por su calefacción.

1. ¿Le paga usted al arrendador una cantidad mensual adicional por gastos de aire acondicionado? Sí No
2. ¿Paga usted por servicios de electricidad y usa un aire acondicionado? Sí No
3. ¿Paga directamente a una compañía de servicios por luz, tipo de servicio que usa para cocinar, agua caliente, termostato, caldera o calentador? Sí No
4. ¿Está la factura de calefacción a su nombre? Sí No Si eligió «No», la factura está a nombre de _____
5. ¿Cuál es el número de la cuenta de servicios públicos)? _____
6. ¿Nombre de su compañía proveedora de servicios públicos? _____
7. ¿Dirección de la compañía proveedora de servicios públicos?

Dirección:	Ciudad/Pueblo:	Estado:	Código Postal:
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SECCIÓN 4:

1. ¿Tiene gastos médicos no reembolsables (incluido el sobrante de Medicaid)? Sí No
2. Si contestó «Sí», ¿Cuánto paga mensualmente por sus gastos médicos? \$ _____
- *Gastos médicos no reembolsables, son gastos médicos que usted debe pagar de su propio bolsillo ya que Medicare, Medicaid u otro seguro de salud no los cubre.

FIRMA DEL SOLICITANTE	FECHA DE LA FIRMA
X	

INFORMACIÓN IMPORTANTE**USTED PODRÍA TENER DERECHO A UN MONTO MAYOR DE SUBSIDIOS**

El monto máximo mensual del subsidio SNAP para una persona es \$281. Si usted está recibiendo menos de ese monto, es probable que usted sea apto para recibir un monto mayor si tiene gastos de vivienda, calefacción o servicios públicos, o ambos, y tiene gastos médicos no reembolsables de más de \$35 al mes. Si usted no había reportado estos gastos anteriormente o si éstos cambiaron, sírvase enviarnos comprobantes de esos gastos.

Si desea averiguar si puede recibir un aumento de subsidio SNAP, o si tiene preguntas sobre cómo llenar este formulario, llame a la oficina local de SNAP. Gracias.

Favor de regresar este informe y la verificación a la dirección que se muestra en el anverso de esta notificación.

SECCIÓN DEL REPRESENTANTE AUTORIZADO- Si usted es un representante autorizado, llene esta sección.

Usted puede autorizar a otra persona familiarizada con las circunstancias de su grupo familiar para que maneje cuestiones relacionadas con su caso de SNAP (como, por ejemplo, proporcionar y verificar la información solicitada más arriba). Usted también puede autorizar a otra persona, que no forme parte del grupo familiar, para que canjee sus subsidios SNAP y compre los víveres por usted. Si usted desea hacerlo de esta manera, pida a su representante autorizado que firme en la sección correspondiente al pie de esta página, y escriba abajo, en letra de molde, el nombre, domicilio y número de teléfono de esa persona.

Nombre del representante autorizado (en letra de molde):	No. de teléfono del rep. autorizado ()		
Domicilio del representante autorizado:	Ciudad/Pueblo:	Estado:	Código postal:

SECCIÓN DE FIRMAS – Asegúrese de hacer lo siguiente:

- Escriba, en letra de molde, el nombre del beneficiario:
- Firme, feche y devuelva este formulario a la dirección indicada en la primera página.

Escriba, en letra de molde, el nombre del beneficiario:

Firma del Beneficiario / Representante Autorizado:	Firmado el día:
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Nos agrada que usted participe en el Programa de SNAP y esperamos que continúe haciéndolo.

NYSCAP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC)

Notice Date: _____

Due Date: _____

Case Number: _____

fold

Please fill out this form right away and return it to the address listed above. If you don't send the form back, your SNAP benefits will stop.

NYSCAP will replace NYSNIP. If you previously had NYSNIP you now have NYSCAP. We've sent this form because we must update your NYSCAP SNAP benefits case. Please answer the questions below about your shelter, heat, utility costs and unreimbursed medical expenses. These expenses affect how much you can get in SNAP. If you never told us about these costs, or if they have changed, we might be able to give you more SNAP. Please send us current proof of these expenses if you never told us about them or if they have changed.

Even if you have no changes to report, you must send the form back or your SNAP benefits will stop.

Please sign and date the form and return it to us no later than the 10th day of next month.

SECTION 1

1. Do you still live at the address where this notice was sent? Yes No (If you answered "No", write your new address below.)

Your New Address (including Apartment Number):	City/Town:	State:	Zip Code:
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2. Do you: Own your home? Live in Public housing Have no permanent residence or are homeless?
 Other _____

2b. How much do you pay monthly for your rent or 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? \$ _____ Homeowner's Insurance? \$ _____

2f. Has anyone new moved into or out of your household? Yes No If Yes, provide their name and relationship to you:

SECTION 2

Answer questions only if you pay for your own heat separate from your rent or mortgage.

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? Yes No

2. What is your main source of heat? 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", name on the bill? _____

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:
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SECTION 3

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

1. Do you pay a separate monthly charge to your landlord for air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you pay an electric bill and use an air conditioner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Is the utility bill in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", name on the bill? _____			
5. What is your utility account number (if you have one)? _____			
6. What is our utility company's name? _____			
7. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If yes, how much do you pay monthly for your medical expenses? \$_____	

* Unreimbursed medical expenses are medical bills you must pay that are not paid by Medicare, Medicaid, or any other health insurance.

APPLICANT'S SIGNATURE X	DATE SIGNED
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IMPORTANT INFORMATION

YOU MAY BE ENTITLED TO HIGHER BENEFITS

The maximum monthly SNAP benefit for one person is \$291. If you are receiving less than this amount, you may be eligible for a higher benefit if you have housing, heat and/or utility costs, or more than \$35 each month in unreimbursed medical expenses. Please send us current proof of these expenses if you never told us about them or if they have changed.

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

Make sure to return this report to the address on the front of this notice.

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

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

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

SIGNATURE SECTION – Make sure to do the following:

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

Print the Recipient's Name:	
Recipient/Authorized Representative Signature:	Date Signed:

We are pleased that you participate in the SNAP and would like for you to continue to participate.

NYSCAP Subsidios Del Programa De Asistencia Nutricional Suplementaria (SNAP) Informe Provisional (NYC)

Fecha de la notificación: _____

Fecha límite: _____

Número de Caso: _____

doble

Llene este formulario inmediatamente y envíelo a la dirección indicada arriba. Si usted no regresa este formulario, sus subsidios SNAP cesarán.

El Proyecto de Solicitud Combinada del Estado de Nueva York (NYSCAP) reemplazará el Proyecto de Mejora Nutricional del Estado de Nueva York (NYSNIP). Si anteriormente usted tenía el NYSNIP, ahora tiene el NYSCAP. Hemos enviado este formulario porque debemos actualizar los datos de su caso de SNAP del Proyecto de Solicitud Combinada del Estado de Nueva York (NYSCAP). Conteste las preguntas a continuación sobre sus gastos de alojamiento, calefacción, servicios públicos y gastos médicos no reembolsables. Dichos gastos influyen en el monto de subsidio SNAP que usted pueda recibir. Si nunca nos informó sobre estos gastos, o si dichos gastos han aumentado, probablemente le podamos dar más en subsidio SNAP. Si usted no había reportado estos gastos anteriormente o si éstos cambiaron, sírvase enviarnos comprobantes de estos gastos.

Aunque no tenga cambios que reportar, debe regresar el formulario o se le suspenderán los subsidios SNAP.

Firme y feche el formulario y regréselo a nosotros a más tardar para el día 10 del próximo mes.

SECCIÓN 1:

¿ Todavía vive en el domicilio al que le fue enviada esta notificación? Sí No (Si contestó «No», escriba su nueva dirección a continuación).

Su nuevo domicilio: (incluya número de apartamento)	Ciudad/Pueblo:	Estado:	Código postal:
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2. Usted: ¿Tiene casa propia? ¿Vive en una vivienda pública? No tiene vivienda permanente o está desamparado.
 Otro _____
- 2b. ¿Cuánto paga mensualmente por alquiler o por hipoteca? \$ _____
- 2c. Si es inquilino, ¿Está su alquiler subsidiado? Sí No Si respondió «Sí», ¿Cuánto es la parte de la renta que paga usted? \$ _____
- 2d. Si usted es dueño de su casa, ¿está(n) incluido(s) el seguro o los impuestos sobre la propiedad, o ambos (en depósito fiduciario), en su pago de hipoteca? Sí No
- 2e. Si respondió «No», ¿cuánto paga anualmente en impuestos sobre la propiedad e impuestos escolares? \$ _____, ¿cuánto paga en seguro sobre la propiedad? \$ _____
- 2f. ¿Un integrante se incorporó o se retiró del hogar? Sí No Si respondió «Sí», incluya el nombre de la persona y el parentesco que tiene con usted: _____

SECCIÓN 2

Responda las preguntas solo si paga por su propia calefacción, por separado del pago de su alquiler o hipoteca

1. ¿Paga directamente a una compañía de calefacción o de servicios públicos por calefacción, por separado del pago de su alquiler o hipoteca?
 Sí No
2. ¿Cuál es su fuente principal de calefacción? Aceite de combustible Calefacción eléctrica Gas natural Carbón o leña Kerosén
 Propano o gas de garrafa Otro (describa): _____
3. ¿Está la factura de calefacción a su nombre? Sí No Si eligió «No», la factura está a nombre de _____
4. ¿Cuál es el número de la cuenta de calefacción (si tiene una)? _____
5. ¿Nombre de su compañía proveedora de calefacción? _____
6. ¿Dirección de su compañía proveedora de calefacción?

Dirección:	Ciudad/Pueblo:	Estado:	Código postal:
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SECCIÓN 3:

Responda las preguntas solo si no paga por su calefacción.

1. ¿Le paga usted al arrendador una cantidad mensual adicional por gastos de aire acondicionado? Sí No
2. ¿Paga usted por servicios de electricidad y usa un aire acondicionado? Sí No
3. ¿Paga directamente a una compañía de servicios por luz, tipo de servicio que usa para cocinar, agua caliente, termostato, caldera o calentador?
 Sí No
4. ¿Está la factura de calefacción a su nombre? Sí No Si eligió «No», la factura está a nombre de _____
5. ¿Cuál es el número de la cuenta de servicios públicos (si tiene una)? _____
6. ¿Cómo se llama la compañía proveedora de servicios públicos? _____
7. ¿Cuál es la dirección de la compañía proveedora de servicios públicos?

Dirección:	Ciudad/Pueblo:	Estado:	Código postal:
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SECCIÓN 4:

1. ¿Tiene gastos médicos no reembolsables* (incluido el sobrante de Medicaid)? Sí No
2. Si contestó «Sí», ¿Cuánto paga mensualmente por sus gastos médicos? \$ _____

*Gastos médicos no reembolsables, son gastos médicos que usted debe pagar de su propio bolsillo ya que Medicare, Medicaid u otro seguro de salud no los cubre.

FIRMA DEL SOLICITANTE

X

FECHA DE LA FIRMA**INFORMACIÓN IMPORTANTE****USTED PODRÍA TENER DERECHO A UN MONTO MAYOR DE SUBSIDIOS**

El monto máximo mensual del subsidio SNAP para una persona es \$281. Si usted está recibiendo menos de ese monto, es probable que usted sea apto para recibir un monto mayor si tiene gastos de vivienda, calefacción o servicios públicos, o ambos, y tiene gastos médicos no reembolsables de más de \$35 al mes. Si usted no había reportado estos gastos anteriormente o si éstos cambiaron, sírvase enviarnos comprobantes de estos gastos.

Si usted está bajo alguna de estas circunstancias y desea averiguar si puede recibir un aumento de subsidio SNAP, o si tiene preguntas sobre cómo llenar este formulario, llame a la oficina local de SNAP. Gracias.

Asegúrese de regresar este informe a la dirección que se muestra en el anverso de esta notificación.

SECCIÓN DEL REPRESENTANTE AUTORIZADO- Si usted es un representante autorizado, llene esta sección.

Usted puede autorizar a otra persona familiarizada con las circunstancias de su grupo familiar para que maneje cuestiones relacionadas con su caso de SNAP (como, por ejemplo, proporcionar y verificar la información solicitada más arriba). Usted también puede autorizar a otra persona, que no forme parte del grupo familiar, para que canjee sus subsidios SNAP y compre los víveres por usted. Si usted desea hacerlo de esta manera, pida a su representante autorizado que firme en la sección correspondiente al pie de esta página, y escriba abajo, en letra de molde, el nombre, domicilio y número de teléfono de esa persona.

Nombre del representante autorizado (en letra de molde):	Número de Teléfono del representante autorizado: ()
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Domicilio del representante autorizado:	Ciudad/Pueblo:	Estado:	Código postal:
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SECCIÓN DE FIRMAS – Asegúrese de hacer lo siguiente:

- Escriba, en letra de molde, el nombre del beneficiario:
- Firme, feche y devuelva este formulario a la dirección indicada en la primera página.

Escriba, en letra de molde, el nombre del beneficiario:

Firma del Beneficiario / Representante Autorizado:

Firmado el día:

Nos agrada que usted participe en el Programa de SNAP y esperamos que continúe haciéndolo.

SNAP for Senior & Disabled Households

The Supplemental Nutrition Assistance Program (SNAP—formerly Food Stamps) is our nation’s most important anti-hunger program, providing monthly benefits to purchase food at grocery stores, bodegas, and farmers’ markets for individuals and families.



New York provides multiple pathways to SNAP participation for seniors (age 60+) and people with disabilities.

Elderly Simplified Application Project (ESAP) **NYS Nutrition Improvement Project (NYSNIP)** **NYS Combined Application Project (NYSCAP)**

ESAP, NYSNIP and NYSCAP are special projects designed to improve access to SNAP for these vulnerable groups. Specific eligibility requirements determine which route to SNAP a potentially eligible senior or disabled person may take. Senior/disabled households can only be determined eligible to participate in one of these three programs.

Seniors and people with disabilities who have no earned income and live in households where all adults are 60 and over and/or disabled can qualify for ESAP. Participants receiving SNAP under ESAP benefit from a simplified application, a longer certification period, and fewer recertification requirements.

As of December 1, 2021, seniors and people with disabilities who live alone and receive Supplemental Security Income (SSI) are automatically enrolled in NYSCAP. NYSCAP is replacing NYSNIP, which is phasing out over time. Anyone currently receiving NYSNIP will be transitioned to NYSCAP by 2023.

Seniors who are ineligible for ESAP and NYSNIP/NYSCAP may still qualify for SNAP. SNAP rules include special provisions that expand access and maximize benefits for seniors and people with disabilities, including expanded categorical eligibility, medical deductions and, in some cases, a higher resource test.

This chart (over) compares rules, requirements, and benefits for these different SNAP projects, along with SNAP rules for those not meeting ESAP or NYSNIP/NYSCAP criteria.

	ESAP		NYSNIP		NYSCAP		SNAP		
Who can participate	All adults in household must be seniors or disabled with no earned income		Seniors or disabled who are on SSI and live alone		Seniors or disabled who are on SSI and live alone		Seniors or disabled who are ineligible for ESAP or NYSCAP—may have earned income		
Application & enrollment	Effective 12/01/2021: Eligible new applicants will be placed in ESAP. Current eligible SNAP recipients will be placed in ESAP at recertification.		Effective 12/01/2021: NYSNIP is transitioning to NYSCAP. New participants will be placed in NYSCAP. Current NYSNIP participants will be placed in NYSCAP at recertification.						
<i>Interview required?</i>	Apply using the Simplified SNAP-only Application for Seniors and People with Disabilities (LDSS-5166), myBenefits, or AccessHRA		No application—participants are auto-enrolled		No application—participants are auto-enrolled		Apply using myBenefits, AccessHRA, or the SNAP-only Application (LDSS-4826)		
<i>Applicant screened for expedited service?</i>	Yes		No		No		Yes		
Recertification	<ul style="list-style-type: none"> • Every 36 months • No interview required • Non-mandatory interim report at 18 months 		<ul style="list-style-type: none"> • Every 48 months • Interview required • Mandatory interim report at 24 months (via phone or mail) 		<ul style="list-style-type: none"> • Every 36 months • Interview required • Mandatory interim report at 18 months (via phone or mail) 		<ul style="list-style-type: none"> • Every 12 months • Interview required • Mandatory change report form at 6 months 		
Benefits	Individualized budget		Standardized budget		Individualized budget <i>Participants must redeem benefits within 90 days of auto-enrollment</i>		Individualized budget <i>Senior/disabled households can maximize benefits with categorical eligibility, medical deductions and a higher resource test</i>		
Documentation	Computer matches for: <ul style="list-style-type: none"> • Unearned income • Date of birth • Social security number Self-declaration for: <ul style="list-style-type: none"> • Shelter expenses • SUA Participants must submit: <ul style="list-style-type: none"> • Residency • Medical deductions 		Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits				See our SNAP Prescreening Guide for detailed information on SNAP documentation		

Budgeting and Estimating SNAP Benefits

In this section:

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Actions To Take Before Calculating a SNAP Budget	3
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continued →

Categorical Eligibility Desk Guide

SNAP Standards & Deductions Reference Sheet

All effective 10/1/24 through 9/30/25

Federal Poverty Limit (FPL) Monthly Gross Income Test by Household Size

Household Size	200% FPL	150% FPL	130% FPL	165% FPL	100% FPL
1	\$2,510	\$1,883	\$1,632	\$2,071	\$1,255
2	\$3,407	\$2,555	\$2,215	\$2,811	\$1,704
3	\$4,303	\$3,228	\$2,798	\$3,551	\$2,152
4	\$5,200	\$3,900	\$3,380	\$4,290	\$2,600
5	\$6,097	\$4,573	\$3,963	\$5,030	\$3,049
6	\$6,993	\$5,245	\$4,546	\$5,770	\$3,497
7	\$7,890	\$5,918	\$5,129	\$6,510	\$3,945
8	\$8,787	\$6,590	\$5,712	\$7,249	\$4,394
Each Additional Person	+\$897	+\$673	+\$583	+\$740	+\$449

200% FPL: Households with elderly/disabled members or out-of-pocket dependent care costs

150% FPL: Households with earned income that do not meet 200% criteria

130% FPL: Households not meeting criteria for 200% or 150%

165% FPL: Only for severely disabled and elderly people with disabilities living with others and unable to purchase and prepare their own food

100% FPL: Households that are not categorically eligible must meet a net income test

Standard Deductions

Household Size	Amount
1-3	\$204
4	\$217
5	\$254
6+	\$291

Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3
New York City	\$1,034	\$408	\$31
Nassau & Suffolk Counties	\$962	\$378	\$31
Rest of State	\$854	\$346	\$31

Maximum SNAP Benefit Amounts (Thrifty Food Plan)

Household Size	Maximum Benefit
1	\$292
2	\$536
3	\$768
4	\$975
5	\$1,158
6	\$1,390
7	\$1,536
8	\$1,756
Each Additional Person	+\$220

Other

Homeless Shelter Deduction: \$190.30

Maximum Shelter Deduction: \$712.00

Minimum SNAP Benefit for One & Two Person Households: \$23.00

Resource Limits: \$4,500 for Hh with senior/disabled member, \$3,000 for all other households

Budgeting and Estimating SNAP Benefits

Overview of Budgeting

SNAPSB SECTIONS
11, 12, & 13
GIS 14 TA/DC011
GIS 14 TA/DC018
GIS14TA/DC023
GIS 17 TA/DC 040
14-INF-10

SNAP budgeting is complicated compared to budgeting for other means-tested programs. This is the result of an effort to carefully target benefits to the neediest households. This section is intended to guide advocates through the process of estimating the SNAP benefit for which a household might be eligible.

Budget Calculations Are Estimates

All budget calculations should be considered estimates. Many factors can affect each aspect of the budget, and there are an equal number of opportunities for inaccuracies. In particular, reported income used in the calculation may change or may be the applicant's estimate. Therefore, it is important to emphasize to the applicant that you are providing them with an estimate of the SNAP benefits for which the household may be eligible.

If the allotment ultimately granted by the SNAP office is significantly different, the applicant or advocate should read the budget explanation in the notice of decision carefully to determine where the difference occurred. If the SNAP office has made an error, it should be corrected.

The SNAP budgeting section explains how to determine an estimated SNAP budget using our SNAP Budget Worksheet—including line-by-line instructions for filling it out.

Hunger Solutions New York's digital SNAP Prescreening Guide has a SNAP Benefits Estimator. Unlike the paper budget worksheet, this tool does the math for you. Go to SNAPGuideNY.org/estimator to use the benefits estimator.

Actions To Take Before Calculating a SNAP Budget

Several determinations must be made in the SNAP budgeting process before a budget can be calculated:

1. Determine which household members are included/excluded in the SNAP case. (non-citizens, students, etc.)
2. Determine household composition (mandatory household members, i.e., who purchases and prepares food together).
3. Add up all income from earned and unearned sources to determine the household's gross income.
4. Determine if the household is categorically eligible, and if so, which gross income test must be applied.
5. Test the income against the correct percentage of poverty for household size. If the household income is below the amount listed, you can start the budgeting process.

Overview of Budgeting, cont.

To accurately calculate the household’s SNAP budget, you will need the following information:

- Age of household members
- Disability status of household members
- Amount and source of income
- Daycare costs
- Child support paid
- Medical expenses for elderly or disabled household members
- Shelter costs
- Type of shelter
- Utility costs

Common Sources of Income

This list is not exhaustive.

Earned Income

- Gross wages from work (including income from part-time work of high school/GED students who are age 18 or over)
- Self-employment earnings (minus the cost of doing business)
- Gross income from rental property (minus the cost of doing business) in which a household member is engaged in management for at least 20 hours a week
- Payments from boarders/lodgers (excluding related costs incurred)
- Youth Opportunity Program payments
- Earnings from the Workforce Investment Act (WIA) for household members age 19 and over
- Training allowances, to the extent they are not a reimbursement from Temporary Assistance (TA) or SNAP
- VISTA income (however, if the household was on SNAP or TA when they entered VISTA, then the VISTA income is not counted)
- Wages earned by a household member that are garnished or diverted by an employer (except court-ordered child support)

Unearned Income

- Adoption subsidy
- Alimony payments
- Annuities
- Any portion of Veterans Administration scholarships for general living expenses (the remainder is excluded)
- Child support payments received (including any TA “pass-through”)
- FEMA payments to homeless in absence of major disaster
- Foster care subsidy if child is included in the household
- Monies and dividends paid from trusts, interest, and royalties
- Pensions
- Short-term disability payments
- Social security retirement, survivors’ benefits, SSI, SSD
- Strike benefits
- Temporary assistance payments (TANF)
- Veterans’ benefits including VA Aid and Assistance
- Worker’s compensation and unemployment benefits
- Any other direct money payment that represents a gain or benefit not falling under an exemption

These Do Not Count As Income for SNAP

This list is not exhaustive.

- Allowances, earnings, or payments to WIA program participants
- Annual school and daycare clothing allowances, regardless of method of payment
- AmeriCorps State and National programs under the National Civilian Community Corps
- Child support collected and not passed through to household by Child Support
- Cost of producing self-employment income
- Crowdfunding accounts*
- Earned Income Tax Credits (EITCs) and all other tax credits—federal and state (13-ADM-02)
- Earnings from On the Job Training (OJT) if under age 19
- Earnings of child under 18 who attends high school or GED program
- Educational loans, grants, scholarships for tuition, and mandatory fees
- Home Energy Assistance Program (HEAP) payments
- H.U.D. housing subsidies (e.g., Section 8 vouchers, Housing Authority unit subsidies)
- Housing provided to employee by employer
- Income of persons who are not members of the SNAP household
- Income tax refunds, rebates, and credits—federal and state
- Income under Title V of the Older Americans Act
- Individual Development Account (IDA) contributions
- In-kind income (things of value that are not cash)
- Insurance policy dividends
- Interest from funeral agreements or funds
- Irregular or infrequent income less than \$20 per month
- Legally obligated child support paid on behalf of child(ren) not living in the household
- Loans (including educational)
- Lump sum or one-time payments
- Military combat pay
- Monies for care and maintenance of third-party beneficiary who is not in the household
- Non-cash benefits from other federal programs such as WIC or school meals
- New York Achieving a Better Life Experience Accounts (ABLE)
- Payments made on behalf of a household member to a third party (vendor payment) except payments made as part of a cash assistance grant, including Jiggetts payments
- Payments specifically exempted by federal law (i.e. to Hmong refugees, Aleuts, World War II-related payments, etc.)
- Payments to relocate
- Payments to volunteers under Title II of the Domestic Volunteers Services Act (i.e., RSVP, Foster Grandparents, Senior Companion, and senior health aide programs)
- Private charity income under \$300 in three months
- Public Assistance Restaurant Allowances by voucher or direct to vendor
- Reimbursements for other-than-normal non-living expenses, e.g. medical, special work clothes, car use for work
- Reimbursements for training-related expenses
- Reverse mortgage income
- SSI PASS account income
- Work-study income funded through the Higher Education Act
- VISTA income, but only if the household was on TA or SNAP when they entered VISTA (GIS 17 TA/DC 040)

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

Expanded Categorical Eligibility/Resources

SNAPSB SECTION 17
08-ADM-09
09-ADM-06
10-INF-07
16-ADM-06
GIS 16 TA/DC011

Expanded categorical eligibility is granted to most households applying for SNAP. Households granted categorical eligibility will be budgeted differently. These families:

- May be able to use higher gross income levels for eligibility, depending on the household type.
- Do not need to pass a resource test,
- Do not need to pass a net income test.

Under Expanded Categorical Eligibility Rules, NYS allows families to use the following Gross Incomes for SNAP:

200% FPL for households containing a senior or disabled member or that have out-of-pocket dependent care costs;

150% FPL for households that have earned income, and do not meet the 200% FPL criteria; and

130% FPL for households that do not meet the 200% or 150% FPL criteria.

See the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section for the full FPL chart.

Households with Dependent Care Costs

Categorically eligible households with out-of-pocket dependent care costs can use 200% of the FPL when testing gross income. Households are eligible to deduct out-of-pocket daycare expenses when all adult members are:

- Working or needing daycare to continue work,
- Looking for work,
- Attending employment training programs—not limited to SNAP E&T or Unemployment Insurance Benefit (UIB) job search, or
- Pursuing education that is preparatory to employment.

Households with Earned Income

Categorically eligible households with earned income can use 150% of the FPL when applying for SNAP.

All Other Households

All other households can be found categorically eligible for SNAP at 130% of FPL if they do not meet the criteria for using 200% or 150% of the FPL as explained above.

Helpful resource at the back of this section:

Categorical Eligibility Desk Guide

Households that Are Not Categorically Eligible

Most households that are income-eligible for SNAP are also categorically eligible. However, there are still a small number of households that cannot be considered categorically eligible and must have their resources and net income considered as part of the application process. These include:

- Households with members who have been disqualified from SNAP due to an Intentional Program Violation (IPV) or other sanction;
- Households with a senior or disabled member whose gross income is above 200% of the FPL per household size.

Senior/Disabled households may still qualify under regular SNAP rules if they meet the following conditions:

- Resources are considered;
- Senior/disabled households do not need to meet a gross income test (GIT);
- Net income must be at or below 100% of the FPL for household size.

Resource Limitations for Households That Are Not Categorically Eligible

Resources are everything owned by the people in a household, including cash, bank accounts, stocks and bonds, lump-sum payments received, and real estate. Money raised through online “crowd-funding” is also countable as a resource if it is accessible to the SNAP household.

The resource limit for non-categorically eligible households is:

- **\$3,000** for those **with no** elderly or disabled household members.
- **\$4,500** for those **with** an elderly or disabled household member.

Any resource owned by a non-categorically eligible household counts toward the household’s resource limit, unless it is exempt. There are many exemptions from the resource rules. The most common ones are:

- One licensed vehicle for each adult household member (additional licensed vehicles used by children under 18 to attend school, training, or work are also exempt)
- One house (if the household lives in it)
- Life insurance
- One burial plot per person
- Earned Income Tax Credits (EITCs)
- New York Achieving a Better Life Experience Accounts (ABLE)
- “Tax Preferred” Retirement Accounts such as Keogh Plans, IRAs, Simplified Employer Plans, Profit Sharing Plans, and Cash Balance Plans
- “Tax Preferred” educational accounts like 529s and Coverdell educational savings accounts
- Inaccessible resources

Calculating Income in SNAP Budgeting

SNAPSB SECTION 13

Earned vs. Unearned Income

It is important to know if income is earned or unearned, since a 20% deduction from the earned income will be taken during the SNAP budgeting process. This deduction makes a big difference in the final SNAP allotment amount. If income is incorrectly classified, the resulting budget will be wrong. Under categorical eligibility rules, most households with earned income are allowed to use 150% of the FPL when determining income eligibility.

How To Calculate Monthly Income

SNAP defines one month as 4.33 weeks. Calculate monthly income as follows:

If income is received:

Weekly: multiply by **4.33** (work income, UIB)

Every other week: multiply by **2.17**

Twice per month: multiply by **2** (work income, TANF)

SNAPSB SECTION 13:
PG. 272

Income of Non-household Members

The income of people who are not part of the SNAP household does not count. However, income may still count if it is earned by people who live in the household but are ineligible for SNAP:

- Ineligible students—income does not count
- Sanctioned individuals—income is counted
- Ineligible non-citizens—income is prorated

See *Advanced Budgeting* later in this section for more details. See the list of some of the most common sources of income earlier in this section.

The SNAP Budget Worksheet

SNAPSB SECTION 12 & 13
02 ADM 07

Use the worksheet on the following page to calculate a household's estimated SNAP benefit. Line-by-line instructions for filling it out follow. It will be helpful to have the **SNAP Standards & Deductions Reference Sheet** (at the beginning of this section) handy when using the worksheet.

SNAP Budget Worksheet — effective 10/1/24 through 9/30/25

INCOME

1 Gross monthly earned income

2 Monthly unearned income

3 Gross income: add Lines 1 and 2

4 Child support paid

5 Adjusted gross income: Line 3 minus Line 4
*Cannot exceed correct gross income test**

6 Earned income deduction: Line 1 multiplied by 20%

7 Enter standard deduction*

8 Dependent care: use actual costs

9 Homeless deduction (\$190.30)

10 Medical expenses over \$35/month
*Available **only** to elderly/disabled household members*

11 Total deductions: add Lines 6 through 10

12 Adjusted income: Line 5 minus Line 11
If the amount is a negative number, enter \$0.

13 Rent/mortgage

14 Standard Utility Allowance (SUA)*

15 Other shelter (taxes, etc)

16 Total shelter expenses: add Lines 13 through 15

17 Divide adjusted income (Line 12) by 2

17a Shelter excess: Line 16 minus Line 17. If the amount is greater than \$712, enter \$712. If there are elderly/disabled household members, enter the full dollar amount. If the amount is a negative number, enter \$0.

18 Net income: Line 12 minus Line 17a. If the amount is a negative number, enter \$0.
Only for households that are **not** categorically eligible*

19 Maximum SNAP benefit amount*

20 Net income (Line 18) multiplied by 30%

21 Estimated benefit: Line 19 minus Line 20

DEDUCTIONS

BENEFIT ALLOTMENT

All one- and two-person households that pass the net income test or are categorically eligible automatically receive a minimum \$23 allotment, even if Line 21 is less than \$23.

*Categorically eligible households with 3 or more members who yield a zero or negative monthly SNAP benefit (Line 21) will **not** be eligible for SNAP benefits.*

**See SNAP Standards & Deductions Reference Sheet at the beginning of this section*

Income

Line 1. Gross monthly earned income—income from earned sources before any deductions such as taxes, FICA, health benefits, or union dues are taken out. All income received by every member of the SNAP household counts unless it is specifically exempt. This includes the income of children unless the child is under 18 and a student. More details about how to fill out Line 1 can be found in the *Self Employment Income* section of this guide.

Only earned income goes on Line 1.

Line 2. Gross monthly unearned income—Monthly unearned income is the total household income from unearned sources.

Line 3. Gross income—Add Lines 1 and 2. This is the household’s monthly gross income, earned and unearned combined.

Line 4. Child support paid—Enter the amount of any legally obligated child support paid by a household member. Legally obligated health insurance payments for children and court-ordered arrears can be included. Use the same methodology described in the earned/unearned income section to convert weekly payments into a monthly total. (02 ADM 07)

Line 5. Adjusted gross income—Subtract Line 4 from Line 3. This is the household’s countable monthly gross income. See the FPL Monthly Gross Income Test chart on the *SNAP Standards & Deductions Reference Sheet* at the beginning of this section.

Households *without an elderly or disabled member* that have an adjusted gross income that exceeds the correct Gross Income Test (GIT) are **not** eligible for SNAP.

Households with at least one elderly (age 60+) or disabled member who exceeds 200% GIT, or who is not categorically eligible, do not have to meet a GIT. *Do not apply this limit to these households; continue with the budgeting process.*

Deductions

Line 6. Earned Income Deduction—Multiply Line 1 (earned income) x .2. The earned income expense deduction is 20 percent of the gross wages, salary, or self-employment income.

Line 7. Standard Deduction—Enter amount from the Standard Deduction chart on the *SNAP Standards & Deductions Reference Sheet* at the beginning of this section.

Line 8. Child/Dependent Care—The actual cost for care of each child/dependent household member, due to work (including households looking for work or attending employment and training programs) or school responsibilities, can be deducted. This deduction can be applied to the care of a disabled adult household member if necessary. (08-ADM-09)

SNAPSB SECTION 12

08-ADM-09

Line 9. Homeless Household Shelter Deduction—SNAP households that have no fixed and permanent address can take a monthly deduction of \$190.30 per household in lieu of actual shelter costs. See the section on *Advanced Budgeting* for more information.

Line 10. Medical Expense Deductions for Elderly and Disabled Applicants Only—All non-reimbursable medical expenses incurred by elderly or disabled household members can be deducted, except for the first \$35 per month. Medical expenses of other household members cannot be included. For details about medical expenses that can be included as deductions, see the *SNAP Medical Deduction Desk Guide and Worksheet* in the resources at the end of the *Programs to Help Seniors and Disabled Applicants Access SNAP* section of this guide.

Line 11. Add Lines 6 through 10 to determine the total non-shelter deduction.

Line 12. Subtract Line 11 (deductions) from Line 5 (adjusted gross monthly income) to determine the money assumed to be available for shelter costs and food.

SNAPSB SECTION 12

GIS 14 TA/DC 018

GIS 14 TA/DC023

16-ADM-07

GIS 18 TA/DC012

Shelter Expenses

Line 13. Actual Rent or Mortgage—This is the actual monthly rent or mortgage payment incurred by the household for the home in which it lives.

- Multiple mortgages and other loans for which the home was used as collateral, such as home equity loans, can all be included.
- Homes in foreclosure and households facing eviction proceedings continue to have an allowable shelter deduction as long as the cost is incurred. Mortgage costs, homeowner’s insurance, property taxes, and rent remain as allowable shelter expenses even if they are not being paid, including during foreclosure and eviction processes.
- If non-household members are living with the SNAP household, use the share of the rent or mortgage actually paid by the SNAP household. Do not include the non-household member’s share. For example, if two families share a house and each family pays half the rent, the applying household can only deduct their half of the rent as a shelter cost.
- Shared living arrangements: Some households take in roomers to help cover their rent or mortgage expenses. SNAP offices should generally treat these situations as “shared living” arrangements, meaning that the roomer’s share of the rent would not count as income to the household—even if the roomer is paying their share of the rent or mortgage directly to the household. However, the roomer’s share of rent would not be included in the household’s shelter deduction. (SNAPSB Section 5, p. 52, 55)

Line 14. Standard Utility Allowance (SUA)—SNAP households may receive one of three possible SUAs, depending on their type of housing and where they live in NYS. In all cases, the standardized allowance is used, rather than the household’s actual utility expense—even if the household’s actual expenses are higher than the standard.

The SUA is never prorated. Households in shared living situations and households with ineligible members can still receive a full SUA.

Using the wrong SUA can result in dramatically miscalculating a household's benefits.

Level 1. Combined Heating/Cooling, Utility, and Phone Allowance.

Households are eligible for Level 1 if they meet one of the following:

- Own their own home (including co-op apartments and condominiums)
- Do not own their own home, but are responsible for separately paying for heating and/or air conditioning costs either to a utility provider or landlord. This includes households that are not currently paying or are unable to pay the separate cost or bill, regardless of whether or not the bill for the separate expense is in their name.
- Received a HEAP benefit greater than \$21 in the current month or the previous 12 months. These are households who have heating costs included as part of their rent.
- Received a \$21 HEAP benefit advance payment. These are households that live in government subsidized housing or a group home setting with heat included in their rent.

This advanced \$21 HEAP benefit is issued to SNAP applicants throughout the year including the months in which normal "HEAP season" is closed. SNAP applicants receive this \$21 payment on the cash side of their EBT card and often do not know it is there. This benefit can be withdrawn and spent by the household.

Advanced HEAP benefits cannot be issued for expedited or single issuances of SNAP benefits, unless a recurring SNAP benefit has also been authorized.

If a household is not eligible for Level 1 SUA, follow-up questions are needed to determine the correct SUA level from below.

Level 2. Combined Utility and Phone Allowance. Any household that is not eligible for Level 1 but can show some non-heat utility cost (like electricity not used for heating; water, sewage, or trash collection) is eligible for Level 2.

Level 3. Phone Allowance Only. This is for households that have no other utility costs but do have a telephone. This allowance is automatically provided to households not eligible for Levels 1 or 2 (except for homeless households receiving the standard homeless deduction. They cannot receive a separate SUA).

See the SUA chart on the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section.

Line 15. Other Shelter Expenses—Other expenses related to shelter can be deducted here, including:

- Taxes
- Homeowners insurance—use a standard figure of 55% of the homeowners insurance premium unless you can determine the portion of the premium cost attributable to insurance on the structure of the home.
- Condo fees

Expenses that cannot be included:

- Insurance costs for insuring furniture or personal belongings
- Routine home maintenance
- Home repairs, unless damage was the result of a disaster (such as fire or flood)

Line 16. Total Shelter Costs—Add Lines 13, 14, and 15 to get the total shelter cost.

Excess Shelter Deduction

The concept of “excess shelter costs” is unique to SNAP. It assumes that a certain percentage of the household’s income should be allocated to pay shelter costs. Households with particularly high shelter costs relative to their income (excess shelter costs) are assumed not to have as much money left for food, and so are allowed to deduct the “excess” portion of their shelter costs. However, the amount that can be deducted is capped at \$712.

This “excess shelter cap” does not apply to households with an elderly or disabled member. These households can deduct the entire excess shelter cost, which typically results in significantly higher benefit amounts.

Calculating the Excess Shelter Deduction:

Line 17. Divide Line 12 (income available after other deductions) by 2.

Half of the income left after the other deductions is considered to be theoretically available to cover housing costs.

Line 17a. Calculate the Excess Shelter Deduction. Subtract Line 17 (amount theoretically available for housing) from Line 16 (total shelter cost). The result is the excess shelter cost. If it is a negative number, enter zero. For elderly/disabled households, enter the full amount of the excess shelter cost. For all other households, if Line 17a exceeds \$712, enter \$712 (the amount of the Excess Shelter Cap); otherwise enter the actual amount.

Calculating the SNAP Benefit Allotment

Line 18. Net SNAP Income—Subtract Line 17a (excess shelter deduction) from Line 12 (income after other deductions). Categorically eligible households do not have to pass the net income test, although you still input the income information and continue through the budget worksheet process. Although the net income test doesn’t apply to categorically eligible households, not all categorically eligible households will be able to receive SNAP. See Line 21 below for more information.

For households that are not categorically eligible for SNAP, the net income amount must be under 100% of the FPL for the household to be SNAP-eligible. If this amount is over 100% of the FPL, the remainder of the calculation will result in an allotment of zero. If the amount is a negative number, the net SNAP income is \$0.

See the Gross Income Test chart on the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section.

The SNAP Budget Worksheet, cont.

Line 19. Thrifty Food Plan Amount (Maximum SNAP Allotment for Household size)—The maximum benefit allotment is based on the Thrifty Food Plan, a theoretical idea of the costs of feeding a household. See the Monthly Maximum SNAP Allotment chart on the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section. Enter the maximum allotment on this line. Do not include ineligible members, such as ineligible non-citizens or sanctioned household members.

Line 20. SNAP Budget Income—Multiply Line 18 (Net Income) x .3. Thirty percent of the household’s net income is assumed to be available for food purchases, and is deducted from the maximum SNAP allotment.

Line 21. Estimated SNAP Benefit—Subtract Line 20 (30% of net income) from Line 19 (maximum allotment). This is the estimated SNAP benefit for the household. The minimum SNAP benefit issued to all eligible one- and two-person households is \$23. If the estimated SNAP benefit for a one- and two-person household falls between \$1 and \$23, the household will be eligible for \$23 per month.

If the estimated benefit is zero or a negative number:

- One- and two-person households will get the \$23 minimum benefit.
- Households of 3 or more will not be eligible for any SNAP benefits.

Advanced Budgeting

Income of Ineligible Household Members

Some members of a household may be ineligible for SNAP because of their immigration status, sanctions relating to previous participation in the program, or because they are students or participating in a job action. In most cases, though, some or all of the income of household members ineligible for SNAP is counted in the SNAP budgeting process.

Budgeting for Non-citizens

The income of people ineligible due to immigration status is prorated proportionately to the number of people included in the SNAP case. Thus, if there are three people in the household and two are eligible to receive SNAP, two-thirds of the ineligible person’s income would count as income for the SNAP household.

Thus, to determine the amount of income to be budgeted:

SNAPSB SECTION 13:
PP. 221, 267 - 271
03-INF-14

**Advanced Budgeting,
cont.**

**Helpful online
resource:**

SNAPGuideNY.org has an online SNAP Benefits Estimator to estimate benefits for households with ineligible members.

1. Divide the income by the number of people in the household.
2. Multiply the result by the number of people in the SNAP case. (See the formula below.)

$$\left(\frac{\text{Income}}{\text{Household members}} \right) \# \text{ of people in the SNAP case}$$

The result is budgeted as income to the SNAP household, with earned income receiving the earned income deduction.

However, if an eligible household member earns the household's income, the full amount is budgeted. There is no prorating to allow for the presence of the ineligible household member. Resources of ineligible non-citizens are counted in their entirety—not prorated.

Deductions for Households with Ineligible Non-citizens

The shelter and dependent care expenses billed to or paid by the ineligible household member are prorated in the same manner as income. The amount of actual expenses paid by the eligible household members can be deducted. The household receives a full SUA.

Budgeting Rules for SNAP-eligible Sponsored Non-citizens

Sponsor Deeming

If a sponsored non-citizen is eligible for SNAP, the income of a non-household member who sponsored a non-citizen may be counted. This “sponsor deeming” applies only to sponsor agreements entered into since December 1997.

Very few non-citizens should be subject to sponsor deeming. Sponsor deeming does not apply to:

- Refugees
- Asylees
- People with deportation withheld
- LPRs with 40 qualifying quarters, or
- LPRs who are indigent (whose gross income, including any income provided by the sponsor, is below 130% of the federal poverty level)

Additionally, sponsor deeming does not apply if:

- The sponsor is a part of the SNAP household
- The sponsor is ineligible for SNAP based on immigration status, or
- The sponsored non-citizen is a battered spouse or dependent

Sponsor Liability

In addition to the sponsor deeming requirement, there is also a “sponsor liability” rule for non-citizens whose sponsors entered into a sponsor agreement since December 1997. Under the sponsor liability rule, the sponsor may be held liable for—and asked to repay—the value of any SNAP benefits issued to the sponsored non-citizen. However, in New York State, even though the SNAP office may request reimbursement from sponsors, OTDA has indicated that no legal action will be pursued against sponsors for repayment.

Budgeting Shelter Costs for Homeless People

Homeless Shelter Deduction

The Homeless Shelter Deduction can be applied to families who are not living in a shelter or receiving free shelter for the entire month. These households are assumed to be incurring a shelter cost and the applicant does not need to prove actual shelter expenses to receive this deduction.

If the Homeless Shelter Deduction is used in budgeting, the household is not eligible to receive a SUA of any level.

If actual shelter costs can be verified and they are more than the standard Homeless Shelter Deduction (\$190.30), the regular shelter deduction is used.

Regular Shelter Deduction

If the family is incurring any actual shelter costs that they can document (e.g., paying to stay with family/friends) and these expenses are greater than the Homeless Shelter Deduction (\$190.30), then the actual shelter costs will be deducted.

If a homeless household is living in their car and making a car payment that is more than the standard Homeless Shelter Deduction (\$190.30), then this would be considered the household’s actual shelter deduction.

When using a regular shelter deduction, families and individuals would be eligible for at least a Level 3 SUA (\$31), possibly more, depending on what their financial contributions to the dwelling are.

Other Deductions

- Child support
- Medical expenses for elderly/disabled households
- Daycare costs for most families

**Advanced Budgeting,
cont.**

SNAPSB SECTION 13
PG. 296

Budgeting Rules for Other Groups

Boarders

After calculating the income received from boarders, an exclusion must be taken prior to the GIT for these households. This exclusion is the cost of doing business and is called the Boarder/Lodger Exclusion.

The Boarder/Lodger Exclusion must equal one of the following:

- The Thrifty Food Plan (TFP) maximum benefit amounts for a household size equal to the number of boarders. Ex.: 1 boarder = \$292 or 2 boarders = \$536.
- The actual cost of providing room and meals, if the actual cost exceeds the appropriate TFP amount.

Sanctioned People

The full income of a person sanctioned due to work rule violations or disqualified due to IPV is budgeted, and all deductions may be taken. Therefore, the budget is calculated as if the sanctioned person were participating, except that the household size is reduced in determining income eligibility and SNAP allotment amounts. Resources of sanctioned people are counted in their entirety.

SNAPSB SECTION 13
PG. 282-285

Self-employment Income

Self-Employment Income: income received from a self-employment enterprise.

Some examples include:

- Managing rental property:
 - Managed 20 hours or more each week counted as earned income
 - Managed less than 20 hours a week counted as unearned income
- In-home daycare provider
- Running own business

If self-employment income is meant to support the household throughout the year:

- Average the income over a 12-month period:
 - Even if the income is received during a shorter period of time, and/or
 - If the household receives income from additional sources.

If self-employment income only represents a portion of the household's yearly income:

- Average the income over the time period it is intended to cover.

Example: If a person runs an ice cream stand each summer, but has a regular job during the rest of the year, the income from the ice cream stand can be averaged over the months that it is in operation.

**Advanced Budgeting,
cont.**

Determining Gross Monthly Self-employment Income (Line 1 of Budget Worksheet):

- Add the total amount of self-employment income (including the full amount of *capital gains*—see below),
- Subtract the cost of producing the self-employment income,
- Divide the self-employment income by 12 or by the number of months the income is intended to cover,
- The resulting figure is the household’s gross monthly self-employment income,
- Continue through the rest of the SNAP budgeting process.

For SNAP purposes, a **capital gain** is a profit that results from the sale of capital goods, equipment, or property. This is calculated by comparing the sales price to the cost. If the sales price is greater, there is a gain. If the costs are greater, there is a loss.

The cost includes, but is not limited to:

- Property
- Purchase commission
- Improvements, or
- Sales expenses (broker’s fees and commissions)

The full amount of the capital gain, if any, is counted as income for SNAP purposes.

Allowable Adjustments from Income for Self-employment Households

The allowable cost of producing the self-employment income includes, but is not limited to, the identifiable costs of:

- Labor
- Stock
- Raw material
- Payments on the principal of the purchase price of income-producing real estate and capital assets
- Equipment and machinery
- Other durable goods
- Interest paid to purchase income-producing property
- Insurance premiums
- Taxes paid on income-producing property

In-home child care providers can exclude:

- A standard deduction of \$5 per day per child in care (not including their own children), or
- The amount they receive from the Child and Adult Care Food Program (CACFP).
- Actual costs if they exceed the \$5 standard expense (these must be verified).

**Advanced Budgeting,
cont.**

Applicants/recipients residing in **income-producing multi-unit properties** can exclude:

- The portion of the building expenses related to the cost of producing the self-employment income, which includes:
 - Mortgage
 - Interest
 - Property taxes
 - Heating
 - Utilities
 - Insurance
- The portion of the building costs for the applicants'/recipients' own living unit may not be excluded from the gross self-employment income, but is allowed as shelter deductions in the regular budgeting process.

Non-Allowable Adjustments for Self-employment Households

The following items are not allowable costs of producing self-employment income:

- Net losses from previous years
- Federal, state, and local income taxes
- Money set aside for retirement purposes
- Other work-related personal expenses (such as transportation to and from work)
- Depreciation
- Garnishments

To calculate a household's monthly self-employment income, add the gross self-employment income (including capital gains) and then subtract out the cost of producing the self-employment income. The resulting figure is the household's net monthly self-employment income. (Note: The household is still entitled to the 20% earned income deduction during the net income test.)

$$\begin{array}{r} \text{Sum of gross} \\ \text{self-employment} \\ \text{income} \end{array} \quad - \quad \begin{array}{r} \text{Cost of producing} \\ \text{self-employment} \\ \text{income} \end{array} \quad = \quad \begin{array}{r} \text{Net monthly} \\ \text{self-employment} \\ \text{income} \end{array}$$

Self-employed Farmers

There are special rules for self-employed farmers. See the SNAPSB Section 13, pp. 286-295 for details on countable vs. excludable income and additional allowable business costs for farmers.

Military Families

Figuring out what military pay and allowance must be counted as income for SNAP for families with members in the armed forces can be difficult. Here are examples of how military pay and allowances are counted in SNAP budgeting:

When the **service member lives with the rest of the family:**

- Count all military pay as income for SNAP purposes.
- Count the living allowances that military personnel get in addition to their base pay.

There are two allowances:

- BAS (Basic Allowance for Subsistence). This pays for meals for a military person living off-post and meals for dependents of a military person.
- BAH (Basic Allowance for Housing). The BAH is a single payment that varies by locality and is based on local costs for civilians at similar pay levels. This allowance replaces the older BAQ (Basic Allowance for Quarters) and the VHA (Variable Housing Allowance).

Some military personnel living on-post get free housing. Free housing is an in-kind benefit that is not counted as income.

When the **service member is deployed away from the family:**

- Count only the money that is available to the family. Do not count money that the service member keeps.
- Do not count the portion of the family's income that is hazardous duty pay.

When the service member's family **also receives nutrition assistance from the Department of Defense (DoD):**

- The family may be eligible for both the DoD's program and regular SNAP benefits.
- Families receiving both benefits will have to count the DoD assistance as income when computing the family's SNAP benefit.

Resources for This Section

On the following pages, you will find this resource:

Categorical Eligibility Desk Guide

Expanded Categorical Eligibility Desk Guide

	Senior or disabled member	Senior or disabled Hh does not pass the 200% GIT	Dependent care costs	Earned income used in SNAP budget	All other households
Gross Income Test*	200%	N/A	200%	150%	130%
Categorically Eligible	YES	NO	YES	YES	YES
Must meet resource limit	NO	YES	NO	NO	NO
Must meet 100% Net Income Test	NO	YES	NO	NO	NO

Note: if someone in the household has been disqualified from SNAP due to an intentional program violation or other sanction, the household is not categorically eligible for SNAP and must instead be evaluated under regular SNAP eligibility rules.

**Court ordered child support paid by a household member is always deducted from the household's gross income before applying the gross income test.*

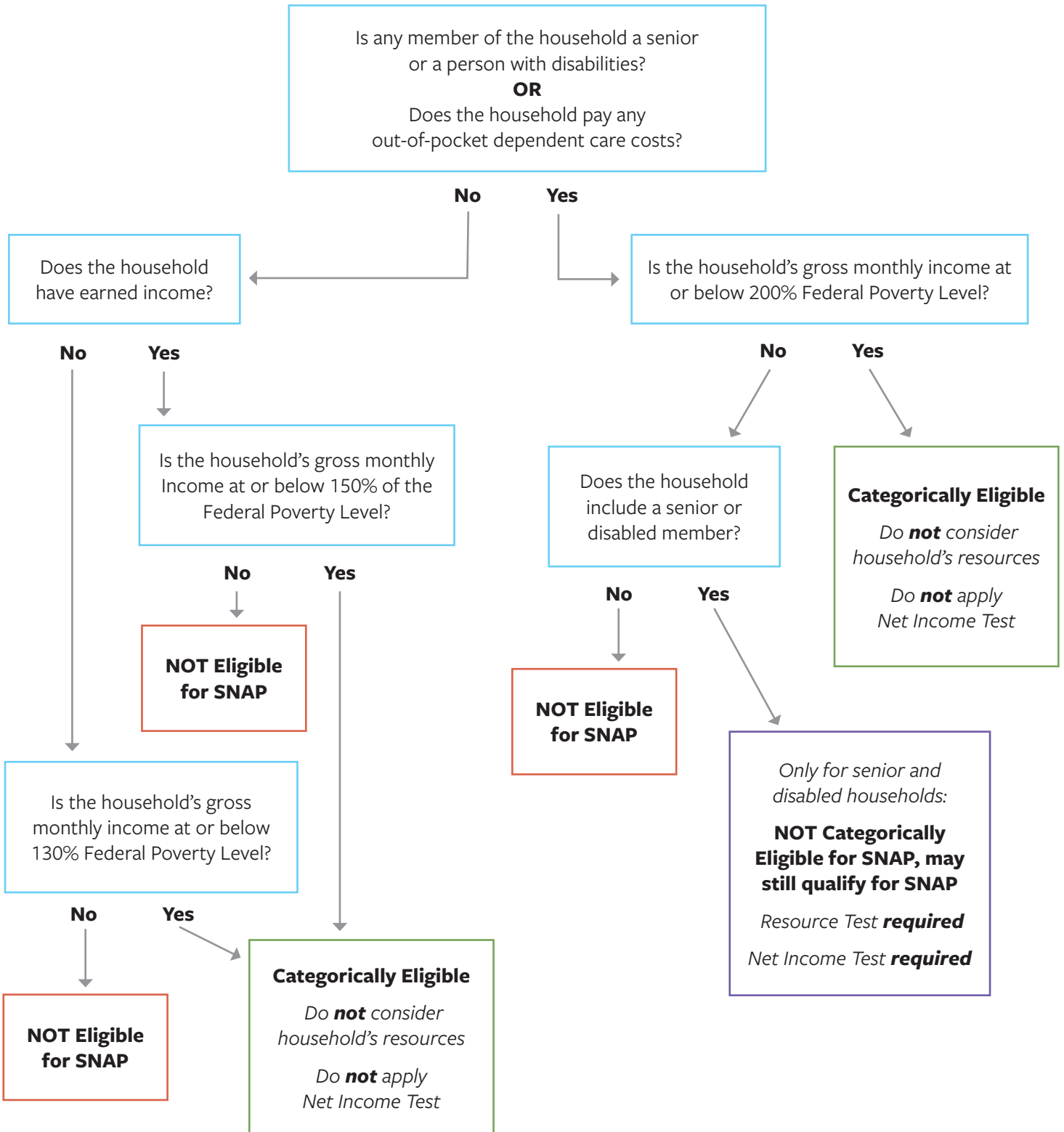
Poverty Guidelines Chart

effective 10/1/24 - 9/30/25

Family Size	200% of Poverty Monthly GROSS Income	150% of Poverty Monthly GROSS Income	130% of Poverty Monthly GROSS Income
1	\$2,510	\$1,883	\$1,632
2	\$3,407	\$2,555	\$2,215
3	\$4,303	\$3,228	\$2,798
4	\$5,200	\$3,900	\$3,380
5	\$6,097	\$4,573	\$3,963
6	\$6,993	\$5,245	\$4,546
7	\$7,890	\$5,918	\$5,129
8	\$8,787	\$6,590	\$5,712
Each Additional Person	+\$897	+\$673	+\$583

Determining a Household's Categorical Eligibility for SNAP

Any household with a member who is currently disqualified from SNAP due to an Intentional Program Violation (IPV) or sanction is not categorically eligible for SNAP. These households may still qualify for SNAP under regular SNAP budgeting rules.



Applying for SNAP

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Notification of Acceptance or Denial **17**

Notice of Pending Application	18
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RESOURCES FOR THIS SECTION **19**

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

**Instructions for Ordering SNAP Applications
& OTDA Order Form 876 EL**

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

LDSS-4942 Authorized Representative Request Form

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/Verification Desk Guide

**LDSS-4847 Documentation Receipt Temporary Assistance,
Supplemental Nutrition Assistance Program (SNAP),
Medicaid and/or Child Health Plus A**

NYDocSubmit Quick Reference Card

Applying for SNAP

SNAPSB SECTION 3 & 4
10-INF-22

Helpful resource:

Nutrition Outreach and Education Program (NOEP) Coordinators provide in-depth SNAP prescreening and help families throughout the SNAP application process. Find your local NOEP at FoodHelpNY.org

The first steps in the SNAP application process are:

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

The applicant must then:

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

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

The Application Form

SNAPSB SECTION 3: PG. 6;
SECTION 4: PG. 17
03-ADM-03
10-INF-22
12-INF-12
16-ADM-08
20-ADM-14

Helpful resource at the back of this section:

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

OTDA order form for SNAP applications and brochures

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

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

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

New York State has three application forms:

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

The Application Form, cont.

NYS “myBenefits” Screening Tool and “myBenefits” Online SNAP Application

“myBenefits,” an online tool available to all NYS residents, educates and connects individuals and families with an array of benefits, services, and work supports customized to fit their unique circumstances.

Applicants answer a simple set of online questions. Applicant information will stay private and secure. To use myBenefits, go to mybenefits.ny.gov.

Currently, myBenefits covers the following benefit programs:

- Child and Dependent Care Tax Credit
- Earned Income Tax Credit
- Health insurance programs for individuals, families, and children
- Healthy New York
- HEAP
- Medicaid
- Noncustodial Parent Tax Credit
- Nutrition Education
- School Meals
- SNAP
- Summer Food Service Program
- Temporary Assistance
- Veteran Affairs
- Weatherization Assistance Program (WAP)
- Wide variety of services for older New Yorkers
- The Special Supplemental Program for Women, Infants and Children (WIC)

Programs continue to be added.

Accessing the Application

10-INF-22

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

- A. All people must be allowed to receive an application and/or apply for SNAP benefits at any time during the regular business hours of the local office.
- B. SNAP offices must NOT establish any of the following:
 - Periodic daily quotas on application submissions;
 - Limits on application pickup or submission times during normal office business hours;
 - Limits on daily submissions based on the number of available interview slots;
 - Zip code or alphabetic restrictions that limit when a person may request or submit an application during a local district’s business hours; or
 - Accessibility limits due to an individual or household’s:
 - National origin
 - Citizenship status
 - Any other factor.

Accommodations for Special Populations

06-ADM-05

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

16-ADM-08

Application in Alternative Format for Those with Disabilities

06-ADM-05

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

GIS 15 TA/DC023

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

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

SNAP offices must:

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

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

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

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

Accommodations for Special Populations, cont.

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

- Data disc, an audio transcription of the form, available in a “fillable” format. For it to be an acceptable written application, the applicant must:
 - complete it
 - print it
 - sign it

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

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

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

People Who Do Not Speak English

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

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

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

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

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

SNAP offices must:

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

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

Gender Identity and Pronouns Use for Applicants

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

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

Filing the Application

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

13-INF-05

18-INF-13

LDSS-4995

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

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

- Name
- Address
- Signature, and
- The date

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

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

Applications can be turned in:

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

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

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

**Filing the Application,
cont.**

Filing Date

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

Households with SSI Benefits

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

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

SNAPSB SECTION 4:
PG. 3, 12

Applying for SNAP When Not Applying for Cash Assistance Benefits

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

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

SNAPSB SECTION 3: PG. 4;
SECTION 4: PG. 9, 20-23
14-INF-16

Timeliness

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

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

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

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

Timeliness: Prompt Action Time Frames

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

Delays Caused by the Applicant(s)

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

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

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

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

Delays Caused by the SNAP Office

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

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

SNAP Expedited Service

SNAPSB SECTION 4:
PG. 24-25; SECTION 5:
PG. 128, 133-136;
SECTION 15: PG. 316-317;
SECTION 20: PG. 381
05-ADM-13

Helpful resource at the back of this section:

LDSS-3938 SNAP
Application Expedited
Processing Summary Sheet

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

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

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

Eligibility for Expedited SNAP Benefits

A household is eligible for expedited service if:

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

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

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

Identity can be verified through:

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

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

SNAP Expedited Service, cont.

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

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

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

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

Documentation Requirements for Ongoing SNAP

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

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

For example:

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

The SNAP Interview

SNAPSB SECTION 4:
PG. 5, 11
GIS 06 TA/DC 010
GIS 08 TA/DC018

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

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

The SNAP worker will do the following in the interview:

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

07-ADM-10
08-INF-07
LDSS-4921

Phone Interviews

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

Phone interviews are granted for:

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

**The SNAP Interview,
cont.**

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

LDSS-4942 Authorized
Representative Request
Form

Authorized Representatives

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

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

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

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

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

GIS 08 TA/DC018

Notice of Missed Interview Rules at Application

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

SNAP offices must follow these regulations during the application process:

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

Verification and Documentation

SNAPSB SECTION 5:
PG. 114-127

12-INF-06

19-ADM-07

GIS19 TA/DC048

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

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

The SNAP office can gain verification from:

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

Helpful resource at the back of this section:

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/ Verification Desk Guide

NYDocSubmit Quick Reference Card

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

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

Note: It is easiest to get an application accepted promptly if the most common forms of documentation are provided.

02-INF-33

21TA/DC088

GIS23DC045

Documents Provided by Applicants

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

Households can upload documentation to the SNAP office using:

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

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

Verification and Documentation, cont.

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

SNAPSB SECTION 5:
PG. 121-122
12-INF-06

Collateral Contacts

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

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

The SNAP worker must:

- Obtain the information in writing, over the telephone, or in person from acceptable collateral contacts provided by the applicant. If the applicant does not give the SNAP office an acceptable contact person, the SNAP office will identify a person to contact.
- Obtain the applicant’s permission to disclose household information to a collateral contact. When the SNAP office makes collateral contact, it is inadvertently letting that person know that the applicant’s household is applying for some type of benefit.
- Give the applicant a chance to verify information in some other way or to withdraw their application if they do not want a person selected by the SNAP office contacted.

Home Visits

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

12-INF-06

Computer Matches for Verification

The SNAP office can obtain information from:

- Other public benefit programs
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Some banks
- NYS Department of Motor Vehicles (DMV)

continued next page

Verification and Documentation, cont.

- Tax collectors
- Other agencies and organizations that may have records about people’s wages, benefit checks, addresses, and other factors that affect SNAP eligibility

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

GIS 20DC/TA69 NYC ONLY

Computer Matches Involving NYC Veterans Only

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

SNAPSB SECTION 5:
PG. 114-117
12-INF-06
GIS 13 TA/DC043

Necessary Verification

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

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

Helpful resource at the back of this section:

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/ Verification Desk Guide

Verification and Documentation, cont.

- **Income and resources**—Applicants must provide pay stubs and bank records to the SNAP office to verify their earned/unearned income and resources if applicable.
- **Residence in the county**—The SNAP office does not have to verify where the applicant lives if it is not reasonably possible to get verification. For example: the applicant recently moved to the area, is homeless, or is a migrant farm worker and cannot get verification easily.

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

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

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

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

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

SNAPSB SECTION 5:
PG. 119-120
12-INF-06

Verification of Questionable Information

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

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

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

Verification and Documentation, cont.

The following items shall only be verified if questionable:

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

05-ADM-08

Front End Detection Systems

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

For cash assistance purposes: All counties are required to operate a FEDS program.

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

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

What happens when there is a FEDS referral:

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

If a household fails to attend a FEDS interview:

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

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

SNAPSB SECTION 5:
PG. 95-97

Households Without Social Security Numbers

Every person in a household applying for SNAP must provide the SNAP office with his or her Social Security Number (SSN). If a household member does not have an SSN, they must apply for one before they can receive SNAP benefits unless they have “good cause.”

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

Verification and Documentation, cont.

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

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

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

SNAPSB SECTION 5:
PG. 69-89
03-INF-14

Households With Undocumented Non-Citizens

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

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

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

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

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

Notification of Acceptance or Denial

SNAPSB SECTION 8
14-INF-16

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

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

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

Notification of Acceptance or Denial, cont.

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

All notices must also include the following information:

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

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

Notice of Pending Application

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

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

Resources for This Section

On the following pages, you will find these resources:

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

Instructions for Ordering SNAP Applications & OTDA Order Form 876 EL

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

LDSS-4942 Authorized Representative Request Form

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/Verification Desk Guide

LDSS-4847 Documentation Receipt Temporary Assistance, Supplemental Nutrition Assistance Program (SNAP), Medicaid and/or Child Health Plus A

NYDocSubmit Quick Reference Card



SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION



This application can ONLY be used to apply or recertify for SNAP

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

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

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

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

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

When You Are Applying For SNAP

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

When You Are Recertifying for SNAP

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

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

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

Where You Can Apply For SNAP

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

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

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

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

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

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

- (1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

INCOME

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

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

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

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

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

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

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

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

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

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

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RESOURCES

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

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

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

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

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

____ #1 Year _____ Make _____ Model _____ Owner _____

____ #2 Year _____ Make _____ Model _____ Owner _____

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

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

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EDUCATION/TRAINING AND LANGUAGE

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

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

Name (First and Last)	Highest Level of Education* (Codes Defined Below)						Highest School Grade Completed (see information below)	What is the individual's primary language spoken?
	0	1	2	3	4	5		
								7

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

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

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

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

List expenses:

Monthly rent or mortgage payment \$ _____ Tax on home per year \$ _____ Insurance on home per year \$ _____
 Pay separately for Heat? Yes No If yes, specify type of heating: Gas Electric Oil Wood Coal Propane Other (list) _____
 Heat Co. Name _____ Heat Co. Acct. No. _____

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

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

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

Yes No If yes, who pays what? _____.

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

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

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

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

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



LIVING ARRANGEMENTS AND EXPENSES (cont'd)

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

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

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

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

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

Are pregnant? Yes No *If yes, who* _____ **8**

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

Answer these questions:

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

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

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

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

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

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

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

READ THE IMPORTANT INFORMATION BELOW

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

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

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

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

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READ THE IMPORTANT INFORMATION BELOW (cont'd)

Permanent disqualification of an individual for:

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

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

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

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

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

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

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

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

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

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

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

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

READ THE IMPORTANT INFORMATION BELOW (cont'd)

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

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

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

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

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

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

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

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

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

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

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

READ THE IMPORTANT INFORMATION BELOW (cont'd)

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

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

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

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

Name _____ Address _____ Phone _____

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

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

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

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

Name _____ Address _____ Phone _____

Use this area for additional information:

Who: _____ Explanation: _____

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Who: _____ Explanation: _____

Who: _____ Explanation: _____

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

SIGNATURE

DATE

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For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Reason ____/____/____ Withdrawal Denial Recert. Closing

Eligibility Approved by _____ Date _____

SNAP Authorization Period: From _____ To _____

IN-PERSON INTERVIEW

TELEPHONE INTERVIEW

Comments:



NYS Agency-Based Voter Registration Form

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

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

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

Signature _____

Date _____ / _____ / _____

Please Print Name _____

Important!

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

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

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

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

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

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

VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot

Please print or type in blue or black ink

Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form</small>	2	A) Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO to both of the prior questions, you cannot register to vote.</small>	For Board Use Only		
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____					
4	Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____					
5	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____					
6	Date of Birth _____	7	Gender (optional) _____	8	Telephone (optional) _____	Email (optional) _____
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
11	Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____ I do not wish to enroll in any political party and wish to be an independent voter <input type="checkbox"/> No party		12 Affidavit: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. Signature or Mark in ink _____ Date _____ / _____ / _____			

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number	City/Town/Village	Zip Code
Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color	Height _____ Ft. _____ In.	
Email	DMV or ID NYC Number	

By signing below, you certify that you are:

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



Signature _____

Date _____ / _____ / _____

Qualifications for Registration

You Can Use This Form To:

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

To Register You Must:

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

Important!

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

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729

Telephone: 1-800-469-6872;

TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

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

Verifying your identity

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

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

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

To complete this form:

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

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

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

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



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



The LDSS-4826 Supplemental Nutrition Assistance Program (SNAP)

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

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

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

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

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

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



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

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

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

When You Are Applying For SNAP

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

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

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

Where You Can Apply For SNAP

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

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

SNAP Interviews

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

When You Are Recertifying For SNAP

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

INSTRUCTIONS ON HOW TO COMPLETE THE SNAP APPLICATION/RECERTIFICATION

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

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

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

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

SECTION 1: APPLICANT INFORMATION

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

TELEPHONE NUMBER: PRINT your home phone number.

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

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

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

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

Check (✓) whether you are applying or recertifying for SNAP.

Check (✓) if you wish to receive notices in Spanish and English or just English.

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

SECTION 3: HOUSEHOLD MEMBERS INFORMATION:

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

PRINT your full name first. Then PRINT the names of the other people who live with you:

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

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

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

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

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

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

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

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

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

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

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

Be sure to answer all other questions in section 5.

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

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

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

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

SECTION 8: LIVING ARRANGEMENTS AND EXPENSES:

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

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

Also, indicate if:

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

Be sure to answer all other questions in section 8.

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

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

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

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

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

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

- (1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

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

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

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

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

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

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

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

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

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

YOU HAVE RIGHTS:

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

WHAT IS A FAIR HEARING

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

TIME LIMITS TO ASK FOR A FAIR HEARING

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

READ THE IMPORTANT INFORMATION BELOW (cont'd)**HOW TO ASK FOR A FAIR HEARING**

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

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

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

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

In writing: If you received a notice, fill in the supplied space and send a copy of the notice, **or** write to:

Fair Hearing Section

NYS Office of Temporary and Disability Assistance

Fair Hearings

P.O. Box 1930

Albany, New York 12201-1930 *Please keep a copy of any notice for yourself*

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

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

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

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

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

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

HOW TO PREPARE FOR A FAIR HEARING

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

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

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

READ THE IMPORTANT INFORMATION BELOW (cont'd)

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

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

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

TO LOOK AT YOUR CASE AND COMPUTER RECORDS:

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

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

AN APPLICANT/RECIPIENT OF SNAP HAS SEVERAL RESPONSIBILITIES:**Employment Requirements for SNAP Applicants and Recipients**

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

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

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

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

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

READ THE IMPORTANT INFORMATION BELOW (cont'd)
Additional Eligibility Requirements for SNAP Recipients who are Able-Bodied Adults without Dependents (ABAWDs)

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

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

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

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

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

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

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

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

GOOD CAUSE

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

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

READ THE IMPORTANT INFORMATION BELOW (cont'd)**IF YOU ARE SUSPECTED OF FRAUD**

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

RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:

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

RESPONSIBILITY TO PROVIDE PROOF

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

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

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

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

NON-CITIZEN ELIGIBILITY INFORMATION

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

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

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

Ordering Blank SNAP Applications from OTDA

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

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

Fax: 518-402-0084

Email: Forms.Orders@otda.ny.gov

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

Instructions for filling out the form:

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

Note:

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

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

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

CASE NAME	CASE NUMBER	SCREENED BY
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INSTRUCTIONS FOR COMPLETING THIS FORM

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

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH? **YES** - IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING **NO** - IF NO, CONTINUE WITH PART TWO

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

PART TWO – CHECK YES OR NO

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

SECTION A	<p><i>CHECK YES OR NO</i></p> <p>DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, AND</p> <p>HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?</p>	<p><input type="checkbox"/> YES – IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. <input type="checkbox"/> NO – IF NO, CONTINUE WITH SECTION B.</p> <p style="text-align: center;"><u>COMPLETE PART FOUR</u></p>
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SECTION B	<p>ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?</p> <p>Rent/Mortgage: \$ _____ Income: \$ _____</p> <p>*Heat/AC: _____ Resources: _____</p> <p>*Utilities: _____</p> <p>*Telephone: _____</p> <p>*Homeless Shelter Deduction _____</p> <p>Total Expenses: \$ _____ Totals: _____</p>	<p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. <input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING <u>UNLESS QUALIFIED UNDER PART THREE.</u></p> <p style="text-align: center;"><u>COMPLETE PART FOUR</u></p> <p style="text-align: center;"><u>GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR</u></p>
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* Use HT/AC Standard Utility Allowance (SUA) only if household incurs costs or received HEAP greater than \$20 during the month of application or within the previous 12 months of application.
** Use the Homeless Shelter Deduction for "undomiciled" households who do not reside in a homeless shelter.

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

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES? **YES** **NO** – IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR

AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION? **YES** **NO** CONTINUE WITH B2

OR

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

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

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE

<input type="checkbox"/> QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.	<input type="checkbox"/> NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE	<input type="checkbox"/> NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.
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NOTES:

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A

VERIFICATION - CHECK YES OR NO

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

DATE ELIGIBILITY INTERVIEW:	WORKER NAME:
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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

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

CASE NAME	CASE NUMBER	SCREENED BY
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INSTRUCTIONS FOR COMPLETING THIS FORM

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

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH? NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.	<input type="checkbox"/> YES - IF YES, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING COMPLETE PART FOUR	<input type="checkbox"/> NO - IF NO, CONTINUE WITH PART TWO
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PART TWO – CHECK YES OR NO

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

SECTION A	CHECK YES OR NO DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, AND HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?	<input type="checkbox"/> YES – IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. COMPLETE PART FOUR	<input type="checkbox"/> NO – IF NO, CONTINUE WITH SECTION B.
SECTION B	ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES? Rent/Mortgage: \$ _____ Income: \$ _____ *Heat/AC: _____ Resources: _____ *Utilities: _____ *Telephone: _____ *Homeless Shelter Deduction _____ Total Expenses: \$ _____ Totals: _____	<input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. COMPLETE PART FOUR	<input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING <u>UNLESS</u> QUALIFIED UNDER PART THREE. GO TO PART THREE IF A <u>MIGRANT/SEASONAL FARMWORKER</u> OTHERWISE, <u>COMPLETE PART FOUR</u>

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

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

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES? AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO – IF NO, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING. COMPLETE PART FOUR
B. THE ONLY INCOME FOR THE MONTH OF APPLICATION: (1) WAS TERMINATED BEFORE APPLICATION? OR (2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO CONTINUE WITH B2

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

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE		
<input type="checkbox"/> QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.	<input type="checkbox"/> NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE	<input type="checkbox"/> NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.
NOTES:		

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C				
VERIFICATION - CHECK YES OR NO				
SECTION A	1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET GO TO QUESTION 2 </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED GO TO QUESTION 2 </td> </tr> </table>	<input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET GO TO QUESTION 2	<input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED GO TO QUESTION 2
<input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET GO TO QUESTION 2	<input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED GO TO QUESTION 2			
	2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE?	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> YES GO TO QUESTION 3 </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B </td> </tr> </table>	<input type="checkbox"/> YES GO TO QUESTION 3	<input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B
<input type="checkbox"/> YES GO TO QUESTION 3	<input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B			
	3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____ </td> </tr> </table>	<input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B	<input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____
<input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B	<input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____			
SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:		

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AUTHORIZED REPRESENTATIVE REQUEST FORM

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

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

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

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

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

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

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

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

- Please Check the Appropriate Box(es)**
- | | |
|--|--|
| <input type="checkbox"/> Application for SNAP benefits | <input type="checkbox"/> To use my SNAP benefit (EBT card) to purchase food for me |
| <input type="checkbox"/> Recertification for SNAP benefits | <input type="checkbox"/> All of the above |

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

SNAP PENALTY WARNING (continued)

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

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

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

Permanent disqualification of an individual for:

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

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

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

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

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

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

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

Applicant Signature:	Date:
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As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	Date:
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**PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP)
FORMULARIO DE PETICIÓN DE REPRESENTANTE AUTORIZADO**

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

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

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

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

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

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

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

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

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

<input type="checkbox"/> Solicitud de subsidio SNAP	<input type="checkbox"/> Usar mi subsidio SNAP (Tarjeta EBT) para comprar los alimentos por mí .
<input type="checkbox"/> Revalidación de subsidio SNAP	<input type="checkbox"/> Todas las anteriores

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

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP (continuación)

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

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

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

La inhabilitación permanente de un individuo por:

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

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

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

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

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

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

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

Firma del Solicitante:	Fecha:
------------------------	--------

Como representante autorizado, doy fe de lo anterior.

Firma del Representante Autorizado:	Fecha:
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TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE

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

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

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

EXPENSES		THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT		
TA	SNAP	ELIGIBILITY FACTOR	SNAP	PRIMARY
		Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Burial agreement Burial plot deed Statement from funeral director Refund or EITC check Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Title of ownership Registration (older models) Appraisal of current value by dealer Financing data Statement from source of payment		
M	M*	Resources	O	O*
		Insurance policy Insurance card Statement from provider of coverage Medicare card Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness For non-waiver areas and non-excluded ABAWD individuals Proof of working and/or work program participation for at least 80 hours per month Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement Statement from provider of treatment Statement from employment service School records (current report card) Statement from school For SNAP , affects work registration and earnings of children under 18		
M	O*	Health Insurance	O	O*
M	O*	Disabled/Incapacitated/Pregnant	O	O*
M	M*	Able-Bodied Adult Without Dependents (ABAWD) Eligibility	O	O*
M	O*	Referral	O	O*
O	O*	School Attendance	O	O*
		Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card For SNAP , for A/D individuals only Copy of each bill showing amount owed, period of services and provider Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts		
O	O*	Shelter Expenses	O	O*
O	O*	Medical Bills	O	O*
O	O*	Unpaid Bills Rent, Utility	O	O*
O	O*	Other Expenses Dependent Care Cost	O	O*

***LEGEND:**

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

DOCUMENTATION RECEIPT

TEMPORARY ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEDICAID AND/OR CHILD HEALTH PLUS A

Name: _____

Date: _____

Case No. : _____

Time: _____

Receptionist's Initials: _____

PLEASE CHECK SUBMITTED ITEMS BELOW

<p><u>IDENTITY/DATE OF BIRTH</u></p> <p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Adoption Papers <input type="checkbox"/> Passport</p>	<p><u>RESIDENCY</u></p> <p><input type="checkbox"/> ID Card with Address <input type="checkbox"/> Driver's License <input type="checkbox"/> Recent Utility Bill <input type="checkbox"/> Property Tax/Mortgage Statement <input type="checkbox"/> Letter/Statement/Rent Receipt with home address from landlord</p>
<p><u>CITIZENSHIP AND ALIEN STATUS</u></p> <p><input type="checkbox"/> Citizenship Papers <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> USCIS Documentation/Correspondence</p>	<p><u>MEDICAL/HEALTH INSURANCE INFORMATION</u></p> <p><input type="checkbox"/> Medical Records <input type="checkbox"/> Pregnancy Statement <input type="checkbox"/> Health Insurance Policy/Card/Letter</p>
<p><u>EARNED INCOME</u></p> <p><input type="checkbox"/> Wage Stubs or Job Information <input type="checkbox"/> Income Tax Return</p>	<p><u>UNEARNED INCOME</u></p> <p><input type="checkbox"/> U.I.B. Book <input type="checkbox"/> Veterans Administration Papers <input type="checkbox"/> Social Security Papers (SSI/Social Security Benefit Check; Award/Other Letter) <input type="checkbox"/> Family Court Petition <input type="checkbox"/> Separation/Divorce Papers <input type="checkbox"/> Support Check Stub</p>
<p><u>ASSETS</u></p> <p><input type="checkbox"/> Life Insurance Policies <input type="checkbox"/> Auto Registration (Boat; Truck) <input type="checkbox"/> Auto Title <input type="checkbox"/> Checking Account Statement <input type="checkbox"/> Savings Account Statement <input type="checkbox"/> Deed to Property</p>	<p><u>OTHER</u></p> <p><input type="checkbox"/> Social Security Card <input type="checkbox"/> Death Certificate <input type="checkbox"/> Disability Statement <input type="checkbox"/> Dependent Care Costs Statement <input type="checkbox"/> Unpaid Bills – Utility, Medical, Rent</p>
<p><u>MAIL- IN RECERTIFICATION</u></p> <p><input type="checkbox"/> RECEIVED</p>	

TA & SNAP DOCUMENTS (ONLY)

<p><u>HOUSEHOLD COMPOSITION</u></p> <p><input type="checkbox"/> Landlord Form <input type="checkbox"/> Statement from a Third Party <input type="checkbox"/> School Statement</p>	<p><u>EMERGENCY</u></p> <p><input type="checkbox"/> Eviction Papers <input type="checkbox"/> Shut Off – Gas, Electric</p>
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Desk Instructions: **Copy Client, attach Copy with Documentation and send to Worker; Copy at Desk**

WORKER NAME:	OFFICE:	UNIT:	WORKER ID:	TELEPHONE NO.:
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What is NYDocSubmit?

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

Note: NYDocSubmit is not monitored for emergencies and is not to be used to submit an application or to submit a periodic report.

Which Social Service programs does NYDocSubmit support?

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

What type of documents can be submitted using NYDocSubmit?

- Identification
- Proof of Income
- Proof of Household Composition
- Resources
- SSN or proof of SSN application
- Citizenship Status
- Medical Documentation
- Residence
- Shelter/Utilities
- Other Documentation

What type of documents should not be submitted using NYDocSubmit?

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

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

Note: If an application for services or documents for other programs are received through NYDocSubmit, the district must follow existing procedures for applications and rerouting documents.

What technology support is available for NYDocSubmit?

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

Phone: 844-891-1786

E-mail: fixit@its.ny.gov

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



What is needed to use NYDocSubmit?

1. An Apple iOS or Android phone or tablet with a working camera and data or Wi-Fi connectivity.
2. Go to the Apple App Store or Google Play Store.
3. Search for “NYDocSubmit” (one word).
4. Click on Get or Install.
5. An existing or new NY.gov ID from <https://my.ny.gov>.

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

What languages are available in NYDocSubmit?

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

How to submit document images using NYDocSubmit

Note: Please advise applicants and recipients to review and change, if necessary, information identifying the person, case, and/or document category before submitting each document to prevent incorrect submissions.

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

Maintaining SNAP Benefits and Recertification

In this section:

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LDSS-5193A Important Information About SNAP Work Rules (General and Mandatory E&T)	
LDSS-3151 Change Report Form (English and Spanish)	

Maintaining SNAP Benefits and Recertification

SNAP Work Rules

EMPLOYMENT AND
TRAINING REQUIREMENTS
NYS TEMPORARY
ASSISTANCE AND SNAP
EMPLOYMENT MANUAL
22-ADM-01

SNAP requires participants ages 16-59 to meet work requirements to keep their benefits unless they qualify for an exemption. There are three categories of SNAP work requirements: General SNAP Work Rules (including “Voluntary Quit”), Employment and Training (E&T), and Able-Bodied Adults Without Dependents (ABAWD).

GIS 12 TA/DC035
19-ADM-02
20 TA/DC105
20-ADM-15
21 TA/DC014
21-ADM-05
22-ADM-01
22-ADM 08
23-ADM-09

General SNAP Work Rules

SNAP participants who are subject to SNAP General Work Rules are required to:

- Accept any job offer received unless there is a good reason not to.
- Not quit their job, if they have one, or work fewer than 30 hours a week without having a good reason. See *Voluntary Quit* section for details.
- Tell the SNAP office about their job and how many hours they are working.
- Participate in SNAP E&T work activities, if assigned by the SNAP office or district. **Note: SNAP offices are not currently assigning E&T activities.**

Exemptions from General Work Rules

SNAP participants are **not** required to follow SNAP general work rules 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 at least a half-time
Note: College students between the ages of 18 and 49 must meet the student eligibility criteria listed in the Eligibility Rules section to receive SNAP.
- Working at least 30 hours a 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 or applying for unemployment benefits
- Participating in a drug or alcohol treatment program
- Taking care of a child under six
- Taking care of an incapacitated person
- Jointly applying for SNAP and SSI and awaiting an SSI eligibility determination
- Physically or mentally unable to work (less documentation is required than for a disability; doctor or other health care provider certification is sufficient)

SNAP Work Rules, cont.**Helpful resource at the back of this section:**

LDSS-5193A Important Information About SNAP Work Rules (General and Mandatory E&T)

NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT MANUAL, SECTION 13

18-ADM-08

SNAP offices are required to provide a written notice (LDSS-5193/LDSS-5193A) informing SNAP households about work requirements. If anyone in the household meets any of the above exemptions, they should contact their SNAP office and provide information and documentation about their exemption.

If a SNAP household member is exempt from SNAP general work rules, they are also exempt from voluntary quit and ABAWD rules.

Voluntary Quit

The voluntary quit rule was instituted to prevent people from deliberately reducing their income to get SNAP benefits. The rule disqualifies such people from receiving SNAP benefits for a specified length of time, called a sanction period. 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 may ask questions about the reasons for leaving a job during the application process. In these cases, the applicant must show a valid reason for leaving a job to prove good cause and avoid a voluntary quit sanction.

Applicants who were fired for any reason are never assumed to have left their job to obtain SNAP benefits. 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 will likely be subject to a voluntary quit sanction.

Exemptions from Voluntary Quit Sanctions

Individuals in the following situations are exempt from voluntary quit sanctions:

- Exempt from the work rules at the time of job quit
- 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 hours/week but still earns at least \$217.50/week gross
- Had been self-employed
- Resigned at the employer’s demand

See the NYS OTDA Employment Policy Manual for specific rules and policies: otda.ny.gov/resources/employment-manual/

SNAP Work Rules, cont. **Who Can be Sanctioned for a Voluntary Quit**

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

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
- For the second instance, ineligibility applies for a period of at least 90 days
- For the third and all additional instances, ineligibility applies for a period of at least 180 days.

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

EMPLOYMENT AND
TRAINING REQUIREMENTS
NYS TEMPORARY
ASSISTANCE AND SNAP
EMPLOYMENT MANUAL
22-ADM-01

Employment and Training (E&T)

The SNAP E&T program helps SNAP households gain skills, training, or work experience that will increase their ability to enter or move ahead in the workforce. Currently, SNAP offices in New York are not assigning E&T activities to SNAP participants who are required to follow general work rules. If a SNAP office reaches out concerning a work activity, the SNAP participant should immediately call the SNAP office listed on their notice.

The following activities and services are available to adults receiving SNAP on a **voluntary** basis.

- Financial literacy or personal finance instruction, including career advice, credit counseling, using savings/checking accounts, cash management techniques
- Job skills training and educational work activities directly related to employment and training
- Job readiness classes
- Subsidized employment and apprenticeships, including internships, customized training, transitional jobs, on-the-job training as defined under the Workforce Innovation and Opportunity Act
- NEW: Educational and or vocational training programs, including but not limited to a two-year post-secondary degree program
- Vocational education

23-ADM-09

Post-Secondary Education as an E&T Activity

Post-secondary education: any formal learning that takes place after high school or earning a High School Equivalency (HSE). It can include a variety of options, such as colleges, universities, trade schools, vocational schools, and continuing education programs.

SNAP Work Rules, cont. The New York State 2023-24 Enacted State Budget included an amendment of social services law to require SNAP offices to approve participation in an educational and/or vocational training program, which includes, but is not limited to, a two-year post-secondary education program as a work activity under E&T rules for both SNAP and TANF participants.

Previously, SNAP offices were authorized to approve employment plans for those seeking to participate in educational and/or vocational training programs. Under the new law, the SNAP office **must approve** such plans for those seeking to participate in educational and/or vocational training programs. Additionally, the educational and/or vocational program must be necessary for the participant to:

- Obtain their individual employment goal, and
- Achieve a degree or certificate in sustained employment.

Educational and/or vocational training programs under this provision include, but are not limited to:

- Post-secondary credential-bearing programs up to a four-year degree.
- Post-secondary educational providers, including:
 - Community colleges
 - Public, and private colleges
 - Business, technical, trade, or vocational schools

Implementing Post Secondary and/or Vocational Placements

SNAP offices are now encouraged to provide information about, recommend participation in, and make referrals to appropriate and available educational and/or vocational training programs.

OTDA encourages districts to become aware of which education providers offer services in their county and provide information to participants about scholarships, tuition support, and academic advising services for low-income students, adult learners, or workforce development. This includes referrals to:

- One-stop career centers
- On-campus advising services
- Workforce development services

E&T Requirements for SNAP Offices

Under SNAP E&T rules, each district is 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 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.

SNAP Work Rules, cont. Advising Households of Available E&T 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

SNAP offices must, at minimum, provide a list of available employment and training services electronically or in print.

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

23TA/DC014

23DC063

23DC067

GIS 13 TA/DC005

GIS 13 TA/DC048

14-ADM-06

18-ADM-08

Able-Bodied Adults Without Dependents (ABAWD)

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 54, 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.**

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/ for more information.

Intentional Program Violations

People who commit 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.

Recertification and Reporting Requirements

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 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

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 2024)—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 (or 718-762-7669) to access an on-demand telephone recertification interview without needing a scheduled interview time.

Recertification and Reporting Requirements, cont.

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

Helpful resource at the back of this section:

LDSS-3151 Change Report Form

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 a change in income that causes the household to be over 130% of the FPL. 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.

07-ADM-05

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

Recertification and Reporting Requirements, cont.

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.

13-ADM-04

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.

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. 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.

When 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. 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:

**LDSS-5193A Important Information About SNAP Work Rules
(General and Mandatory E&T)**

LDSS-3151 Change Report Form (English and Spanish)

**IMPORTANT INFORMATION ABOUT
SNAP WORK RULES (GENERAL AND
MANDATORY E&T)**

Date:

Case No:

District Contact No:

This letter is to tell you about work rules for the Supplemental Nutrition Assistance Program (SNAP). **If you don't follow these rules, your SNAP benefits may decrease or end.** Different people in your house may need to follow different work rules.

What do you need to do?

Listed below are the people in your house that must follow the **General SNAP Work Rules**:

Listed below are the people in your house who must participate in a **SNAP Employment and Training (E&T) Assignment**:

General SNAP Work Rules

What do you need to do?

You **must** follow these **General SNAP Work Rules** to keep your SNAP benefits:

1. Accept any job offer you receive, unless there is a good reason you can't.
2. If you have a job, don't quit your job or choose to work less than 30 hours each week without having a good reason, such as getting sick, being discriminated against, or not getting paid.
3. Tell us about your job and how much you are working.
4. Participate in SNAP E&T work activities if assigned by the district.

Does everyone need to follow these General SNAP Work Rules?

No. You **may not** have to follow these rules if you are:

- Younger than age 16, or age 60 years or older,
- A 16 or 17-year-old who is not the head of the household OR who is in school or in an employment program at least half-time,
- Unable to work because of a mental or physical reason,
- Taking care of a child younger than age 6,
- Taking care of an incapacitated person,
- Meeting the work rules under the Temporary Assistance for Needy Families (TANF) program,
- Receiving or applying for unemployment benefits,
- Participating in a drug or alcohol addiction treatment program,
- Enrolled in a school, training program or college at least half-time (students may be subject to other eligibility rules),
- Already working at least 30 hours a week,
- Already earning \$217.50 (30 times the federal minimum wage) or more a week, OR
- An SSI applicant or recipient.

Note: The SNAP caretaker of a child under 6 who is also receiving TANF and fails to comply with a work experience assignment may be subject to a SNAP work sanction.

What should you do if you think one of these reasons applies to you?

Call the District Contact Number on the first page of this letter as soon as possible if you think one of these reasons applies to you, or someone in your house.

What are SNAP E&T assignments?

The SNAP E&T program can help you and people in your household gain skills and find work. People assigned to SNAP E&T may be required to participate in supervised job search, job readiness activities, work experience, job skills training, vocational training, educational training, apprenticeships, subsidized employment, or other work activities. SNAP E&T participants receive case management services which may include assessments, personalized employment plans, progress monitoring, and coordination with other service providers.

If the district assigns you or someone in your house to participate in SNAP E&T, they cannot ask you to participate in work activities and/or employment to meet the SNAP work requirement for more than 30 hours per week (no more than 120 hours per month). A person may choose to participate in work activities for more than 30 hours per week but cannot be required to do so.

Note: People who are also receiving Temporary Assistance (TA) benefits may be required to participate in work activities for up to 40 hours per week. The assigned work activity for these people is generally a combined TA and SNAP work assignment. A person who receives TA and SNAP and does not comply with assigned work activities willfully and without a good cause reason may be subject to a TA work sanction. However, if the person participates in the assigned work activities for at least 30 hours per week (120 hours per month), the house's SNAP benefits will not be affected.

What if you have costs from doing the program?

The district must pay costs for you or people in your house that are necessary and reasonable to participate in a SNAP E&T activity. These costs may include:

- Transportation
- Childcare
- Personal safety items or equipment
- Other reasonable required costs, such as tools, books, and uniforms

If the district cannot pay a person's costs to participate in a SNAP E&T assignment, the person will be excused from participating.

If the district tells you or someone in your house that you must participate in a SNAP E&T work activity, the person must participate. If the person does not participate in the SNAP E&T assignment or quits willfully and without a good cause reason, they may lose their SNAP benefits.

What if you have good cause for not following these rules?

Good cause reasons for not following the rules include issues that a person cannot control such as getting sick, having a household emergency, or not being assigned to a suitable activity by the district. These are some examples of good cause reasons but there are others, too. A person must provide proof of any good cause reason when asked by the district. A person who believes they should be excused from following the SNAP work rules must also provide proof, if requested by the district. For example, the district might ask for a statement from the person's healthcare practitioner, such as a doctor who is treating them or other documents showing the person had good cause for not following the rules or should be excused.

A person who believes that they have a good cause reason for not completing a SNAP E&T assignment or believes they should be excused from following the General SNAP Work Rules should call the District Contact Number on the first page of this letter to discuss this information.

What happens if you do not follow these General SNAP Work Rules?

You may lose your SNAP benefits if you don't follow these work rules or do not complete a mandatory SNAP E&T assignment and you don't have a good reason.

If a person does not follow the General SNAP Work Rules or does not participate in a SNAP E&T assignment, they will be sent a Conciliation Notification. The person will be offered a meeting with the district to explain why they did not participate.

A person who receives a Conciliation Notification must contact the district by the date on the Conciliation Notification to explain why they did not participate. If the district decides the person had a good cause reason for not following the rules, the household's SNAP benefits will not be reduced or stopped. If the district decides the person did not have a good cause reason, the individual will be offered a chance to participate in the same activity they did not complete in order to not lose SNAP benefits. If the district decides that the same activity is not available or is not a good fit for the person any longer, the person may be asked to complete another activity. If the person does not complete the activity or prove they had a good cause reason, their household's SNAP benefits may decrease or stop.

How long will you lose SNAP benefits if you don't follow these General SNAP Work Rules or do not complete a mandatory SNAP E&T assignment?

- The first time a person does not follow these rules or does not participate in a SNAP E&T assignment, they can't get SNAP benefits for 1 month.
- The second time a person does not follow the General SNAP Work Rules or does not participate in a SNAP E&T assignment, they can't get SNAP benefits for 3 months.
- The third time, a person does not follow the General SNAP Work Rules or does not participate in a mandatory SNAP E&T assignment, they can't get SNAP benefits for 6 months.
- And, the person must follow these work rules before they can get SNAP benefits again.

A person who loses their SNAP benefits because they did not follow the General SNAP Work Rules or did not complete a mandatory SNAP E&T assignment, must be allowed to start receiving SNAP benefits before the end of the time period noted above if they prove they should be excused from following the General SNAP Work Rules.

What is a Fair Hearing?

If your SNAP application is denied, or your SNAP benefits are reduced or stopped because you or another person in your household did not follow the General SNAP Work Rules or you or another person did not comply with a mandatory SNAP E&T assignment and you disagree with the decision, you have the right to request a fair hearing. You may appeal the district's actions to reduce or discontinue SNAP benefits if you or another person in your household did not meet SNAP work requirements or did not comply with a mandatory SNAP E&T assignment because they believe that they should be excused from SNAP Work Rules, the type of requirement imposed, or the district did not make a finding of good cause. Information on how to request a fair hearing is available on all sanction notices.

USDA Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442, or
- (3) email: program.intake@usda.gov.

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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM

(Please Print Clearly)

CASE NUMBER

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

DATE: _____

TO: _____

ADDRESS: _____

COMPLETE THIS FORM AND MAIL TO:

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

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

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 \$3,000 (more than \$4,500 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 \$3,000 for a household **without** an elderly or permanently disabled household member **or** \$4,500 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.

NYSCAP CHANGE REPORTING for participants in NYSCAP:

- About halfway through your certification in 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 \$4,500 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 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
---------------------	------	-------	----------

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
---	---

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 rent ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
Do you pay for the following separate from your rent ?	YES	NO		
• 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 mortgage 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 separate from your mortgage :	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 \$3,000 (more than \$4,500 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

DATE

X

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

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

FECHA: _____

A:
DOMICILIO:

LLENE ESTE FORMULARIO Y ENVÍELO POR CORREO A:

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"/> SÍ – Vaya a “TBA” en la página 3 (Salte las preguntas 2 a 8)	<input type="checkbox"/> NO – Vaya a la pregunta #2, a continuación
2. ¿Recibe 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"/> SI – Vaya a “NYSCAP” en la página 3 (salte las preguntas 3 a 8) <input type="checkbox"/> SÍ – Vaya a “ESAP” en la página 3 (Salte las preguntas 3 a 8)	<input type="checkbox"/> NO – Vaya a la pregunta #3, a continuación
3. ¿Es usted una persona certificada para recibir los subsidios SNAP por tres meses o períodos menores?	<input type="checkbox"/> SÍ – Vaya a “Informe de Cambios” en la página 2 (Salte las preguntas 4 a 8)	<input type="checkbox"/> NO – Vaya a la pregunta #4, a continuación
4. ¿Algún integrante de su grupo familiar recibe ingresos devengados que se contabiliza en el cálculo de sus subsidios SNAP?	<input type="checkbox"/> SÍ – Vaya a “Informe Simplificado” en la página 2 (Salte las preguntas 5 a 8)	<input type="checkbox"/> NO – Vaya a la pregunta #5, a continuación
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"/> SÍ – Vaya a “Informe de Cambios” en la página 2 (Salte las preguntas 6 a 8)	<input type="checkbox"/> NO – Vaya a la pregunta #6, a continuación
6. ¿Recibe su grupo familiar \$0 en ingresos (incluyendo \$0 en Asistencia Temporal)?	<input type="checkbox"/> SÍ – Vaya a “Informe de Cambios” en la página 2 (Salte las preguntas 7 y 8)	<input type="checkbox"/> NO – Vaya a la pregunta #7, a continuación
7. ¿No tiene vivienda (domicilio fijo) o es usted trabajador agrícola migratorio o temporal?	<input type="checkbox"/> SÍ – Vaya a “Informe de Cambios” en la página 2 (Salte la pregunta 8)	<input type="checkbox"/> NO – Vaya a la pregunta #8, a continuación
8. Usted contestó “No” a todas las 7 preguntas anteriores	<input type="checkbox"/> Vaya a “Informe Simplificado” al principio de la página 2	

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 \$3,000 (o más de \$4,500 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 \$3,000 en un grupo familiar donde **no hay** un anciano o una persona con una incapacidad permanente; o \$4,500 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.

NYSCAP - INFORME DE CAMBIOS para participantes del programa 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 \$4,500 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; 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, bimensual, 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 por separado 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 por separado 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.			\$

CAMBIOS EN LOS AHORROS - Incluya el total 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 aumentado a más de \$3,000 (o más de \$4,500 si un miembro del hogar tiene 60 años de edad o más, o es una persona incapacitada).	\$
---	----

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

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FECHA

Using SNAP Benefits

In this section:

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Using SNAP Benefits

Monthly Benefits Issuance Schedule

EBT BROCHURE
LDSS-5004
GIS 15 TA/DC030
GIS 16 TA/DC047
GIS 17 TA/DC043
GIS 19 TA/DC028
GIS 23DC085
GIS 24DC037
OTDA'S EBT WEBPAGE:
OTDA.NY.GOV/
WORKINGFAMILIES/EBT/

Benefits are generally made available over the first nine to 14 days of every month, based on the last digit of the client's case number. The chart below applies to all counties outside of the five boroughs of NYC:

Case Number Ends In:	Benefits Available On:
0 or 1	1 st of the month
2	2 nd of the month
3	3 rd of the month
4	4 th of the month
5	5 th of the month
6	6 th of the month
7	7 th of the month
8	8 th of the month
9	9 th of the month

View the NYC schedule at:
otda.ny.gov/workingfamilies/ebt/nyc-issuance-schedule.pdf

For NYC cases, benefit postings are spread over 10 different days that are not Sundays or holidays, during the first two weeks of the month. The actual dates change from one month to the next, so NYC publishes a six-month schedule with the exact availability dates.

The NYC schedule above is based on the last digit of the case number, called the toe digit. To use, find the toe digit in the first column of the schedule. On the top row of the schedule, find each month listed with an A and B column underneath. Column A is the date of the SNAP benefit deposit for that toe digit for each month listed.

The EBT Card

How to Use the EBT Card

New York State uses an Electronic Benefits Transfer (EBT) system to issue SNAP benefits, TANF benefits, and Medicaid health insurance. SNAP participants use their EBT cards in machines at checkout counters, just like debit and credit cards.

The EBT Card, cont.

To use the SNAP benefits on the EBT card, SNAP recipients:

- Shop and take their purchases to the cash register
- Swipe the card through the machine, and
- Enter their Personal Identification Number (PIN)

The system will take the amount spent on food purchases from the SNAP account.

Paying a Portion of the Bill From the SNAP Account

It is possible to pay only a portion of the bill from the SNAP account and pay the remainder with another form of payment. The machine will ask how much the participant wants to pay from their EBT SNAP account, and the participant can enter any amount up to the amount of benefits available in their account. The grocery store receipt will tell them how much is left.

Purchases Above the Available Benefit Amount

If the amount entered for the EBT payment is more than the amount available, the machine will reject the entire transaction. In that case, the participant should check the balance, which can be done right at the cash register. Once the customer knows how much is available and enters that amount, the machine will accept the transaction, even if it is less than the amount of the purchase. The customer can then pay the balance with another form of payment.

Non-SNAP Purchases

Any non-SNAP-eligible purchases can be paid for with another form of payment. If the participant has a cash assistance account, the non-food purchases can be paid directly from the cash account by swiping the card again. Food and non-food purchases do not have to be separated at the checkout counter.

23-ADM-02

Requesting a Second EBT Card

Certain SNAP households are allowed to have two EBT cards to use at grocery stores and EBT vendors.

Helpful resource at the back of this section:

LDSS-4217 ID Card Update Form

Households that include two parents/guardians are eligible to request a second EBT card if they meet the following criteria:

- Are both on the SNAP case,
- Live in the household full-time, and
- Are over the age of 18, or
- Regardless of age, are the parent/guardian of a minor child.

The EBT Card, cont.

To receive an additional EBT card, the SNAP head of household must submit a written request using the LDSS-4217 ID Card Update Form. The procedure to obtain a second EBT card is the same as obtaining an authorized representative card. In this situation, the second EBT card will have the payee/head of household name and the name of the second parent/guardian in the household. Each card will have its own card number. The second parent/guardian is not considered an authorized representative and does not have the same permissions and responsibilities to act on behalf of the head of household.

Once the household submits the LDSS-4217, the SNAP office has 30 calendar days to review and process the request. The SNAP head of household can request to deactivate the second card at any time without the consent of the second card holder by filling out the LDSS-4217.

SNAP households are permitted to have a maximum of **two** active EBT cards. If a two-parent/guardian household already has an authorized representative card issued, they cannot request an additional card for the second parent/guardian. Similarly, if the two parents/guardians receive a second EBT card, they cannot request an additional card for an authorized representative.

GIS 15 TA/DC030

GIS 17 TA/DC043

Repeated EBT Card Requests

SNAP recipients who have requested and used more than four EBT cards in a 12-month period will receive a letter from NYS, mandated by USDA, warning cardholders that misuse of EBT cards and SNAP benefits will result in a program violation that is subject to various penalties and sanctions. The letter also states that if the recipient continues to request new EBT cards, they can be referred to the local SNAP Program Integrity Unit for possible investigation.

Under this policy, OTDA will continue to monitor EBT card requests of current SNAP recipients and their benefit redemption history.

Eligible Food Items

SNAP benefits can be used to buy almost all foods, as well as seeds and plants that produce food. Households **cannot** buy the following items with SNAP benefits:

- Beer, wine, or liquor
- Cigarettes or tobacco
- Non-food items like toiletries, pet foods, or household supplies
- Vitamins and medicines
- Ready-to-eat hot foods
- Prepared cold foods that will be eaten in the store
(prepared cold foods to be eaten at home are allowed)

Visit USDA/FNS for a complete list of SNAP-eligible food items:
fns.usda.gov/snap/eligible-food-items

**Eligible Food Items,
cont.**

SNAP Benefits Are Used for Food Only

SNAP households can never get cash, as their SNAP benefits are only to be spent on food items at approved retailers.

Using SNAP to Purchase Food Online

GIS 19 TA/DC028

Approved SNAP retailers allow SNAP participants to purchase food through their websites using online transactions with their EBT cards. Much like using an EBT card in the grocery store, the websites will only deduct SNAP-eligible items from purchases. Other costs, including delivery fees, can not be paid using SNAP benefits. For more information and a list of participating retailers, visit fns.usda.gov/snap/online

Restaurant Meals Program (RMP)

GIS 23DC085

LDSS-5230 RESTAURANT
MEALS PROGRAM NOTICE
OF ELIGIBILITY DECISION

The Restaurant Meals Program (RMP), which began in NYS in December 2023, allows SNAP clients who might not be able to prepare meals for themselves or who do not have permanent housing for storing and preparing food to buy prepared meals at restaurants with their SNAP benefits.

GIS 24DC037

OTDA'S RMP WEBPAGE

To be eligible for the RMP, SNAP clients must be participating in SNAP in a county that has an RMP and all members of the household must be either:

- Elderly (60 years of age or older);
- Disabled (receives disability or blindness payments or receives disability retirement benefits from a governmental agency because of a disability considered permanent);
- Homeless; or
- A spouse of a SNAP client who is eligible for the RMP.

If a SNAP participant meets one or more of the requirements above, their SNAP case will automatically be labeled as RMP eligible. Households can visit ebtEDGE.com and create or log in to their account to check their RMP eligibility.

Clients can also check their RMP eligibility status on the ebtEDGE mobile app. Both the ebtEdge account and the mobile app show a thumbs up icon with “Account is RMP Eligible” for SNAP recipients who meet the criteria for participating.

Restaurants participating in RMP will display a special decal on their doors or windows and provide a 10% discount to eligible RMP participants when they use SNAP benefits to purchase food.

For more information and a complete list of participating restaurants, visit OTDA's RMP webpage: otda.ny.gov/programs/rmp/

Appointing an Authorized Representative

Individuals who have difficulty accessing their EBT benefits, such as the homebound, can choose someone to be their authorized representative. This should be a person whom the household trusts, such as a home attendant or family member. Once appointed by the household, the authorized representative can use the original EBT card and PIN or get a separate EBT card and PIN, and use those when grocery shopping for the SNAP household.

See further details on appointing an authorized representative under *The SNAP Interview* in the *Applying for SNAP* section of this guide.

Unspent SNAP Balances

GIS 22 TA/DC075 AND
ATTACHMENT 1

The 2008 Farm Bill required states to shorten the timeframe that unspent SNAP balances stay on the EBT card from 365 days to 274 days.

Unspent SNAP balances stay in the account for 274 days. The only exception: certain cases when a new NYSCAP participant has not accessed any SNAP benefits within the first 90 days of case opening. In those cases, the benefits are expunged after the first 90 days (See the *Programs to Help Seniors and Disabled Applicants Access SNAP* section for more details about NYSCAP).

SNAP participants can check their account balance at any time by calling the customer service number at 1-888-328-6399 (listed on the back of the EBT card) or by visiting myBenefits.ny.gov and logging into their account. Many larger stores also have machines available at the customer service desk where participants can check their balance before shopping.

Resources for This Section

On the following pages, you will find this resource:

LDSS-4217 ID Card Update Form

LDSS-5230 Restaurant Meals Program Notice of Eligibility Decision

ID CARD UPDATE FORM

CASE NUMBER:	CASE NAME:	DATE:
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WIDMNU (ID CARD MENU)

Section 1	Function: (check one) <input type="checkbox"/> 1 ID Card Update, Case Update <input type="checkbox"/> 11 EBT PIN Mailer Request (<input type="checkbox"/> Client <input type="checkbox"/> Auth Rep.) CIN _____ App Reg # _____ Line # _____ Card Number 600486 _____ Case Number _____	<input type="checkbox"/> 3 Auth Rep Card Request <input type="checkbox"/> 4 Plastic Only Request
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WIDUPD/WIDARP

Section 2	REASON CODE: (check one) <input type="checkbox"/> 01 Lost <input type="checkbox"/> 02 Stolen/Never Received <input type="checkbox"/> 03 Defective MAG Strip <input type="checkbox"/> 04 Mutilated <input type="checkbox"/> 06 Surrendered <input type="checkbox"/> 07 Tempcard Lost-Stolen <input type="checkbox"/> 09 Other/New		
	REVISE MAILING ADDRESS Street _____ For requested card: City/Town _____ State _____ Zip Code _____		
	PHOTO ID: (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> NO Auth Rep Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>First</i> <i>MI</i> <i>Last</i> </div>		
Section 2A	ADD OR DELETE (check one) <input type="checkbox"/> ADD <input type="checkbox"/> DELETE Individual as PA/FS Payee for Case Case # _____		
Section 2B	ADD A VAULT CARD OR DELETE A CARD (check one) <input type="checkbox"/> ADD A VALUT CARD 600486 2 _____ 00 <input type="checkbox"/> DELETE A CARD #600486 _____		

Worker Name (Print Name):	Office	Unit	Worker ID:
Telephone No.:	Form Created By:		

Recipient Signature
Worker Signature
DEO Signature

INSTRUCTIONS ON REVERSE

COMMON IDENTIFICATION CARD ACTION GUIDE AND TRANSMITTAL

To issue a CBIC to a recipient or an applicant.

Section 1

- Check Function 1 for a plastic CBIC and a temporary cardboard CBIC.
- Check function 4 for a plastic CBIC only.
- For an **APPLICANT** if a CIN exists enter the CIN and registry #; otherwise enter a registry #/line #.
- For a **RECIPIENT** enter a CIN.

Section 2

- Check Reason Code.
- If plastic card is to be mailed to other than case address enter a new address.

To add, change or delete the PA/FS payee on an application in receipt of a BICS pre-reg benefit or to add, change or change the PA/FS payee on a case.

Section 1

- Check Function 1
- For an APPLICANT **without** a CIN enter the line number and registry #.
- For an APPLICANT **with** a CIN enter both the CIN and the registry #.
- For a RECIPIENT enter a CIN.
- Enter the case number.

Section 2A

- Check either Add or Delete

NOTE: If you Delete a payee you should replace that payee with another one. If not, then no one on the case can receive the benefits for the case.

To issue an Authorized Representative card

Section 1

- Check Function 3
- Enter the CIN of a case member who is a PA/FS payee.

Section 2

- Check reason code.
- Indicate if a photo is desired by checking **Yes** or **No**.
- Enter Authorized Representative name.
- If plastic card is to be mailed to other than case address enter a new address.

To issue a Vault Card or Deactivate a Card

Section 1

- Check Function 1
- Enter the CIN, or an App Reg #/Line #.

Section 2B

- Check ADD A VAULT CARD – (Leave card number area blank to request a vault card) OR
DELETE A CARD – Write in the card number to be deleted) OR
Delete ALL Cards for a client by writing in “ALL” in the card number area

To mail a PIN to a client or an Authorized Representative

Section 1

- Check Function 11
- Enter the CIN, or an App Reg #/Line #.
- Check Client or Authorized Representative.

Restaurant Meals Program Notice of Eligibility Decision

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:		
CASE NUMBER:	CIN:			
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR	Agency Conference	_____
			Fair Hearing Information And assistance	_____
			Record Access	_____
			Legal Assistance Information	_____
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

ACTION TAKEN: Your Supplemental Nutrition Assistance Program (SNAP) case was reviewed to determine your household’s eligibility to participate in the Restaurant Meals Program (RMP). It has been determined that your SNAP household is:

ELIGIBLE. Your SNAP household is eligible to participate in the RMP.

The RMP allows households where all members are either elderly (age 60 or older) or disabled (receives disability or blindness payments or receives disability retirement benefits from a governmental agency because of a disability considered permanent), or the spouse of someone who is elderly or disabled, and for households that are homeless, to use their SNAP benefits to purchase prepared meals at certain restaurants. Since your household meets the eligibility criteria to participate, your household has been included in the RMP. If there is a change in your household’s circumstances and a member of your SNAP household is no longer considered elderly or disabled, your household is no longer homeless, or your SNAP case closes, your household will no longer be included in the RMP and you will not be able to use your SNAP benefits to purchase prepared meals at participating restaurants.

Please check your household’s food benefit balance by calling 1-888-328-6399 or visiting www.ConnectEBT.com to ensure you have sufficient funds in your SNAP EBT account prior to purchasing prepared meals at participating restaurants. Once logged into your ConnectEBT account, check the “Cardholder Info” section which must display “Restaurant Meal Program Eligible” to confirm that your EBT card can be used at participating restaurants. If you attempt to purchase a prepared meal and do not have sufficient funds, you will still be responsible for covering the cost of your meal with funds other than SNAP benefits. For a current list of participating restaurants where you may use your SNAP benefits to purchase prepared meals, visit <https://otda.ny.gov/rmp>.

INELIGIBLE. Your SNAP household is ineligible to participate in the RMP.

This is because your household does not meet the eligibility criteria to participate in the RMP. To be eligible for the RMP, all members of your household must be either elderly (age 60 or older) or disabled (receives disability or blindness payments or receives disability retirement benefits from a governmental agency because of a disability considered permanent), the spouse of someone who is elderly or disabled, or your household must be homeless.

This does not mean that you cannot use your SNAP benefits. You may continue to use your SNAP benefits, but you are no longer eligible to use them at participating restaurants. If you attempt to purchase a prepared meal at a restaurant, you will be responsible for covering the cost of your meal with funds other than SNAP benefits.

The above decision is based on New York State regulations at 18 NYCRR 387.16.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. CONFERENCE (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. STATE FAIR HEARING – You have **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by:

Mail: Send a copy of the entire notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help get ready for the hearing, you have a right to look at your case file. If you call or write us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

SNAP Benefits During Disasters, Misfortunes, & Theft

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SNAP Benefits During Disasters, Misfortunes, & Theft

Disaster SNAP

THE FRAC ADVOCATE'S
GUIDE TO D-SNAP

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

Replacement SNAP Benefits in a Misfortune

GIS 08 TA/DC 031
GIS 11 TA/DC018

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

LDSS-2291 Request
for Replacement SNAP

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

Examples of Household Misfortune:

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

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

- Reports the loss within 10 days of the misfortune either verbally (by phone or in person) or in writing to their SNAP office, and
- Returns a signed and completed LDSS Form 2291 (at the back of this section) within 10 days of the date of the reported loss to the SNAP office, either by mail or in person.
 - If the 10th day falls on a weekend or holiday, a form received the day after the weekend or holiday will be accepted by the SNAP office.
- Uses Form 2291 to fulfill the requirements of both reporting the loss *and* submitting the form, instead of doing these two things separately. In this case, the form must be submitted within 10 days of the loss.

Other Things to Note:

- The SNAP office should always issue replacement benefits if a household requests them and has experienced a power outage/shutoff of four hours or longer.
- The SNAP office should not require the household to bring in spoiled food to verify need for reasons of health and administrative impracticality.

Replacement SNAP Benefits in a Misfortune, cont.

- A household may not be denied replacement SNAP benefits because it has applied for replacement issuances in the past.
- The amount of replacement benefits provided depends on each household’s food loss.
- Replacement benefits are impacted by the time of month that the misfortune occurs. The later in the month the misfortune occurs, the lower the replacement amount will be. This is because a family would be eating the food they bought with their SNAP benefits throughout the month.

When Requesting Replacement Benefits:

- Be aware that Form 2291 is a legal statement indicating a loss of food due to a household misfortune and the cost of the food lost.
- The SNAP office/HRA center may use available information regarding power outages and flooding to confirm the accuracy of the statement.
- When SNAP recipients fill out Form 2291, make sure that they complete the form and that their writing is legible.

Replacement Benefits After Electronic Theft

24DC064
23-ADM-07
24DC005

SNAP and TA cash benefits stolen through electronic means such as card skimming, cloning, and phishing can be replaced through new SNAP rules.

Helpful resource at the back of this section:

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

What is Electronic Benefit Theft?

Electronic benefit theft (also known as “skimming,” “phishing” or “card cloning”) is a type of theft that occurs electronically, even if the EBT card is never physically lost.

Skimming devices are placed on a store’s card-swiping machine to copy EBT, credit, and debit card information. Card information is then used to make fake cards (called “clones”) to steal money from accounts. Skimming can happen anywhere EBT cards are swiped. SNAP participants impacted by skimming often find out when they attempt to make a new purchase or check their EBT balance.

Phishing is a different type of fraud where people are tricked into clicking on a link, usually sent through text or email, that looks legitimate. These links often direct the SNAP recipient to a third-party website or attempt to coax the person into providing their EBT card number and PIN, enabling scammers to create a point of access to steal the victim’s SNAP benefits. NYSOTDA and SNAP Offices will never ask for SNAP EBT account information by phone or email.

Electronic Theft, cont.

What Should Clients Do if their SNAP or Cash Benefits are Stolen?

Immediately contact the EBT Customer Service Helpline to report the theft and request a replacement EBT card by:

- calling 1-888-328-6399,
- visiting ebtEDGE.com,
- or through the ebtEDGE mobile app.

The EBT Customer Service Helpline is available 24 hours per day, 7 days per week, and assists Arabic, Chinese, English, Haitian-Creole, Italian, Korean, Russian, and Spanish speakers.

Eligibility for Replacement of Stolen Benefits

SNAP recipients can submit claims to request the replacement of SNAP and/or Cash Assistance benefits stolen electronically through EBT card skimming and phishing scams. Even if the SNAP or TA case has closed since benefits were stolen, cardholders may still be eligible for replacement benefits.

SNAP benefits stolen on or after **October 1, 2022** may be eligible for replacement including:

- regular, ongoing SNAP,
- restored, replacement or retroactive issuances, and
- Disaster SNAP (D-SNAP).

Pandemic EBT (P-EBT) and Summer EBT benefits are not SNAP benefits and are **not** eligible to be replaced.

Cash benefits stolen on or after **January 1, 2022** may be eligible for replacement including:

- Family Assistance (FA),
- Safety Net Assistance (SN-FP),
- Safety Net Cash Assistance (SN-CSH),
- Safety Net Non-Cash Assistance (SN-FNP),
- Emergency Safety Net Assistance (ESNA) and
- Emergency Assistance to Families (EAF).

Deadlines for Applying

For benefits stolen between October 1, 2022 and August 20, 2023 the deadline to apply was April 1, 2024. If a cardholder is just learning of theft that occurred during this timeframe, they have 30 days from the date they become aware of the theft to submit a claim.

Benefits stolen on or after August 21, 2023 must be claimed within 30 days of the date the cardholder becomes aware of the theft.

Electronic Theft, cont.**Information Needed When Seeking Replacement of Stolen Benefits**

When seeking to have stolen EBT benefits replaced, cardholders must provide several things to the SNAP office when submitting their claim.

EBT Transaction History

Cardholders should review and note their EBT transaction history so that they can report the following for each fraudulent transaction:

- The date the transaction occurred,
- The name and address of the business where the transaction occurred,
- The benefit type (whether Cash Assistance or SNAP),
- The amount of each fraudulent transaction (see below, “Determining the Amount of Theft”).

Cardholders should consider fraudulent transactions to be ones that they did not make or consent to.

Cardholders can use one of these methods to obtain their EBT transaction history:

- Access EBT transaction history at ebtEDGE or by downloading the ebtEDGE mobile app (available for download in the Apple App Store and Google Play Store). If clients have never used ebtEDGE, they will need to create an account using an email address and valid EBT Card number. If they have reported their card stolen, they will need to wait for their new card to arrive to create an ebtEDGE account.
- Call the toll-free EBT Customer Service line at 1-888-328-6399. Through the Customer Service line, clients can access an automated menu that allows them to hear their ten most recent transactions. Clients can also use the automated menu or speak with a customer service representative to request a two-month statement of their account history. Agents are available 24/7 and help in the following languages: Arabic, Chinese, English, Haitian Creole, Italian, Korean, Russian, and Spanish.

On the new ebtEDGE system, clients can access six months of transaction history via the website and mobile application. Transaction history dating back up to three years is available via the EBT Customer Service Helpline at 1-888-328-6399.

Filing a Claim

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

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

Determining the “Amount of Theft”

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

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

How to Submit Claims for Replacement SNAP

Clients can submit a claim for replacement of benefits stolen electronically using any of the following methods:

Online/Mobile App

- In NYC: File a claim online at nyc.gov/hra. This process may take as little as 10 minutes if the client has already reported the fraud and reviewed and identified the suspected fraudulent transactions. HRA strongly recommends that people in NYC submit an online claim.
- Rest of NYS: The application is paper-based, but an online application in myBenefits is expected to launch in the future. Households can upload the LDSS-5215 via the NYDocSubmit app if they live in a participating district.

By mail

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

In-Person

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

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

Frequency of Replacement Benefits

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

How to Protect SNAP and Cash Benefits

USDA and OTDA encourage cardholders to safeguard their EBT cards and take the following actions to help prevent theft of SNAP benefits:

- Keep the SNAP EBT PIN a secret. Cardholders should not share their PIN with anyone outside of their household. Cover the keypad when entering the PIN on a machine.
- Lock the EBT card. Cardholders can use the new freeze/unfreeze card feature to help secure their EBT card and protect benefits from scam-related theft. See below for a “how to”.
- Check the SNAP EBT account regularly for authorized charges. Change the EBT PIN immediately to stop the thief from making any new purchases. By changing the PIN, anyone attempting to gain access to the EBT account via a duplicate card will be restricted.
- Check card reading machines to make sure there’s nothing suspicious attached to the card swiper or keypad. Skimming devices can be difficult to detect, but are often bigger than the original machine and may hide parts of the machine.

EBT Card Freezing Features

Cardholders can freeze their EBT card when it is not in use and then unfreeze the card to make a purchase. Follow these four simple steps to freeze an EBT card:

1. Visit ebtEDGE.com or download the ebtEDGE app on your mobile device.
2. Securely log in to your account.
3. Tap the new “Freeze/Unfreeze Card” icon on the home screen.
4. Select “Freeze My Card Everywhere” and click “OK”.

Other Security Features of the ebtEDGE Mobile App and the Web Portal

Once clients set up their account, these security features can help them prevent scam-related electronic benefit theft and keep their benefits safe:

- Check transactions and deposits
- Block internet and out-of-state transactions
- Change PIN (if needed)
- Request a replacement card if lost, stolen, or damaged

Resources for this Section

On the following pages, you will find these resources:

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

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

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

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

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

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

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

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

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

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

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

Worker Comments: _____

Client Comments: _____

CERTIFICATION

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

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

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

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

Signature	Date
-----------	------

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

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

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

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

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

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

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

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

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

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

Comentarios del trabajador social: _____

Comentarios del cliente: _____

CERTIFICACIÓN

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

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

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

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

Firma	Fecha
-------	-------

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

Have you lost food due to an emergency?

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

What you need to know:

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

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

What you need to do:

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

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

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

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

Section A: Household Information

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

Section B: Benefit Theft Information

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

Date I discovered that benefits were stolen: _____

Total amount of stolen SNAP benefits: \$ _____

Total amount of stolen TA Benefits: \$ _____

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

I reported my EBT card lost or stolen: Yes No

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

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

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

SNAP BENEFITS DURING DISASTERS & MISFORTUNES

Section C: Certification

I understand and agree to the following:

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

Signature

Date

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

Section D: District Determination

District Use Only

Replacement Approved? Yes No

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

Comments:

Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

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

If you are blind or seriously visually impaired and need this form and/or the *Request for Replacement of Stolen Supplemental Nutrition Assistance Program SNAP and/or Temporary Assistance (TA) Benefits* application in an alternative format, you may request them from your local Social Services District (district). The following alternative formats are available:

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

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

General

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

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

Section A: Household Information

This section collects basic demographic information about your household circumstances.

Section B: Benefit Theft Information

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

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

Transactions

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

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

Additional Information

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

Section C: Certification

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

Section D: District Determination

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

Replacement Benefit Eligibility and Calculation

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

TA

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

SNAP

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

LDSS-5215 (Rev. 5/23)

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

Instructions for Submission

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

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

For households who live in New York City;

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

