Programs to Help Seniors and Disabled SNAP Applicants

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Pathways to SNAP for Seniors: Comparing ESAP & NYSCAP

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 process, enhanced 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 resources at the back of this section:

LDSS-5166 SNAP-Only Application

LDSS-5181 ESAP Interview Notice Letter

Pathways to SNAP for Seniors: Comparing ESAP & NYSCAP

Who Is Eligible for ESAP

To be eligible for ESAP:

- All adult household members must be a senior and/or disabled (and ineligible for NYSCAP—more information about NYSCAP is found later in this section), and
- The household must have no earned income.

Households that meet the above criteria and include children and/or children with disabilities 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

ESAP, cont.

How to Apply for ESAP

Applicants can use the 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.

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 receive an ESAP-specific Notice of Expiration (NOE) stating that a recertification interview is not required and that the SNAP office must determine whether they are eligible for continued SNAP benefits. The NOE includes instructions for requesting 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 that 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 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 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,
- 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.

ESAP, cont.

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 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 $4,750—won in a single game before taxes or other withholdings.

Households That 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

NYSCAP

GIS 12TA/DC019

24-ADM-09

New York operates a Combined Application Project (CAP) called the New York State Combined Application Project (NYSCAP), which automatically enrolls single Supplemental Security Income (SSI) live-alone recipients into SNAP. A separate SNAP application, interview, or verification is not needed to be automatically enrolled.

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 & 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 Administration (FNA), 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.

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. 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 the 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 single live-alone individuals.

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 apply 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 individuals, even if they reside with their parents. These SSI recipients can participate in NYSCAP as a separate SNAP household, provided the parents are not receiving SNAP benefits. If both the parents and the 18- to 21-year-old SSI live-alone individual 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 have their SNAP case opened with their SSI income and any other income already budgeted, and will initially receive a minimum benefit level that can be as low as $25. Benefits may be adjusted up to the maximum SNAP benefit level—as high as $306—if households complete and return the NYSCAP Statewide SNAP Case Information Collection Sheet (LDSS-4841), which is sent with their NYSCAP opening notice and includes questions about shelter, utilities, and other costs that may be deducted.

The Information Collection Sheet gives enrollees the opportunity to provide information that may qualify the household for a higher SNAP benefit. There is no negative action for not returning the document. Once the SNAP office receives a completed LDSS-4841 and any necessary verification documents, the enrollee's SNAP budget and benefit amount are updated using standard SNAP budgeting.

NYSCAP enrollees will automatically receive a reminder notice six months after the opening of their 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 of as little as $25 instead of a monthly benefit of up to $306.

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
- Adding in any medical expenses eligible under SNAP rules

NYSCAP, cont.

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 the NYSCAP SNAP Case Interim Report (LDSS-4836, LDSS-4836 NYC) at the **18-month mark of their 36-month certification period.**

The following interim reporting rules apply:

- The NYSCAP SNAP Case Interim Report (LDSS-4836), which collects information needed to complete a SNAP budget using standard 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 request any needed documentation.

NYSCAP Recertification

A household is authorized and eligible for SNAP benefits only for a specified, limited period 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 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 found eligible during recertification will receive a new 36-month SNAP certification period.

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

Resources for This Section

On the following pages, you will find these resources:

LDSS-5166 SNAP-Only Application

LDSS-5181 ESAP Interview Notice Letter

LDSS-4841 NYSCAP Statewide Information Collection Sheet

LDSS-4836/LDSS-4836 NYC NYSCAP Interim Report

Pathways to SNAP for Seniors: Comparing ESAP & 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 hares 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 Alowance) 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.

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

Case Name: Case Number:

After You Answer All The Questions On The Front
And Reverse Of This Report, You Must Sign, Date
And Return This Report, To The Address To The Right

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

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

SECTION 1

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

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

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

Other (describe)

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

2c. If you rent, is your rent subsidized? ☐ Yes ☐ No

If "Yes", what is your share of the rent? $

2d. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment?

☐ Yes ☐ No

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

Homeowners Insurance? $

SECTION 2

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

1. Do you pay a heating or utility company directly for heat or separate from your rent or mortgage?

☐ Yes ☐ No

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

   ☐ Kerosene ☐ Propane or Bottled Gas

   Other (describe):

3. Is the heating bill in your name? ☐ Yes ☐ No

   If "No", the bill is in whose name?

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

5. What is your heating company's name?

6. What is your heating company's address?

Address: City/Town: State: Zip Code:

MAKE SURE TO ANSWER ALL OF THE QUESTIONS ON THE FRONT AND REVERSE OF THIS FORM, READ THE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS FORM AND REMEMBER, YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST RETURN THIS FORM SIGNED AND DATED TO THE ADDRESS THAT APPEARS IN THE BOX ABOVE.

SECTION 3

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

1. Do you pay a separate monthly charge to your landlord for air conditioning? ☐ Yes ☐ No

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

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

   ☐ Yes ☐ No

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

5. What is your utility company's name?

6. What is your utility company's address?

Address: City/Town: State: Zip Code:

SECTION 4

1. Do you have any unreimbursed medical expenses (including a Medicaid Spenddown)? ☐ Yes ☐ No

2. If yes, how much do you pay monthly for your medical expenses? $

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

Applicants Signature: Date Signed:

IMPORTANT INFORMATION SECTION

YOU MAY BE ENTITLED TO HIGHER BENEFITS

The maximum monthly SNAP benefit for one person is $306. If you are receiving less that this amount, you may be eligible for a higher benefit if you have housing, heat and/or utility costs, and more that $35 each month in unreimbursed medical expenses. Please send us proof of these expenses if you never told us about them or if they have changed.

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

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

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

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

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

Print Authorized Representatives Name: Auth. Rep. Phone Number

Authorized Representative's Address: City/Town: State: Zip Code:

SIGNATURE SECTION – Make sure to do the following:

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

Print the Recipients Name:

Recipient/Authorized Representatives Signature Date Signed

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.

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? $

   Homeowners 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 hear 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? ☐ Yes ☐ No
2. Do you pay an electric bill and use an air conditioner? ☐ Yes ☐ No
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? ☐ Yes ☐ No
4. Is the utility bill in your name? ☐ Yes ☐ No If 'No', name on the 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 Code:

Section 4

1. Do you have any unreimbursed medical expenses (including a Medicaid spenddown)? ☐ Yes ☐ No
2. If 'Yes', how much do you pay monthly for your medical expenses? $

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

Applicants Signature **Date Signed**

X

Important Information

You may be entitled to higher benefits.

The maximum monthly SNAP benefit for one person is $306. 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.

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

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

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 the 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 Recipients 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 Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC)

Notice Date:

Due Date:

Case Number:

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.

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.

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? ☐ 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 rent? $

   2d. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment?

   ☐ Yes ☐ No

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

   Homeowners Insurance? $

   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 or 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? ☐ Yes ☐ No
2. Do you pay an electric bill and use an air conditioner? ☐ Yes ☐ No
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? ☐ Yes ☐ No
4. Is the utility bill in your name? ☐ Yes ☐ No If 'No', name on the bill?
5. What is your utility account number (if you have one)?
6. What is your 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)? ☐ Yes ☐ No
2. If 'Yes', how much do you pay monthly for your medical expenses? $

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

Applicants Signature **Date Signed**

X

Important Information

You may be entitled to higher benefits.

The maximum monthly SNAP benefit for one person is $306. 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.

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

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

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 the 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 Recipients 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.

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) and **NYS Combined Application Project (NYSCAP)**

ESAP and NYSCAP are special projects designed to improve access to SNAP for seniors and people with disablilities. Each program has specific eligibility requirements.

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.

Seniors and people with disabilities who live alone and receive Supplemental Security Income (SSI) are automatically enrolled in NYSCAP. Separate applications, interviews, or verifications are not needed for NYSCAP enrollees to receive SNAP.

Seniors who are ineligible for ESAP and 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 NYSCAP criteria.

HUNGER SOLUTIONS NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

HungerSolutionsNY.org

Feb 2025. Funded by NYSOTDA and USDA/FNS.
This institution is an equal opportunity provider.

	ESAP	NYSCAP	SNAP
Who can participate	***All adults*** in household must be seniors or disabled with no earned income	Seniors or disabled who receive SSI and live alone	Seniors or disabled who are ineligible for ESAP or NYSCAP—may have earned income
Application & enrollment	Apply using the Simplified SNAP-only Application for Seniors and People with Disabilities (LDSS-5166), myBenefits, or AccessHRA	No application—participants are enrolled automatically	Apply using myBenefits, AccessHRA, or the SNAP-only Application (LDSS-4826)
Interview required?	Yes	No	Yes
Applicant screened for expedited service?	Yes	No	Yes
Recertification	• Every 36 months • No interview required • Non-mandatory interim report at 18 months	• Every 36 months • Interview required • Mandatory interim report at 18 months (via phone or mail)	• Every 12 months • Interview required • Mandatory change report form at 6 months
Benefits	Individualized budget	Individualized budget *Participants must redeem benefits within 90 days of auto-enrollment*	Individualized budget *Senior/disabled households can maximize benefits with categorical eligibility, medical deductions and a higher resource test*
Documentation	Computer matches for: • Unearned income • Date of birth • Social security number Self-declaration for: • Shelter expenses • SUA Participants must submit: • Residency • Medical deductions	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	See our SNAP Prescreening Guide at SNAPGuideNY.org for detailed information on SNAP documentation