

Programs to Help Seniors and Disabled SNAP Applicants

In this section:

Elderly Simplified Application Project (ESAP)	1
Who Is Eligible for ESAP	1
Benefits of ESAP	1
How to Apply for ESAP	2
ESAP Interview Rules for Application and Recertification	2
Data Matching and Other Simplifications	3
Non-mandatory Interim Report	4
Other Reporting Requirements	4
Households Who No Longer Meet ESAP Criteria	4
ESAP Outreach by OTDA	5
NYSNIP and NYSCAP	5
What Is a CAP	5
NYSNIP to NYSCAP	6
Automatic Enrollment into NYSNIP/NYSCAP	6
18- to 21-year-old SSI Recipients Coded A/A by SSA	6
Enrollees Must Use Benefits Within 90 Days	7
SNAP Benefits/Budgeting Under NYSCAP	7
Interim Report	8
NYSNIP/NYSCAP Recertification	9
Changes to the NYSNIP Benefit Matrix and Benefit Allotments	9
RESOURCES FOR THIS SECTION	11
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	

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

In order to simplify and improve access to and participation in SNAP for older adults and adults with disabilities, NYS applied to the United States Department of Agriculture (USDA) and has been approved to implement ESAP for this population as of December 2021.

ESAP provides a simplified application, more data matching for needed documents, a longer certification period, and for most no interview at recertification for eligible senior/disabled households.

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

- 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.
- This language will be included in the ESAP closing notices sent to any ESAP cases except those ESAP households being closed for failure to submit a recertification application.

Data Matching and Other Simplifications

Participating ESAP households are **still 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 this form.

- 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 \$4,250—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, and are
- No longer are 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

For 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.

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

From December of 2021 through December 2023, NYS is transitioning from NYSNIP to a new CAP called the New York State Combined Application Project (NYSCAP). The information here highlights both NYSNIP and NYSCAP including who can participate, how the two CAPs differ, and how the transition from NYSNIP to NYSCAP will be implemented.

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 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 December 2023. After December 2023, all NYSNIP participants will have been moved into NYSCAP.

Automatic Enrollment into NYSNIP/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 NYSNIP/NYSCAP participants from the list of newly approved SSI recipients in NYS.

NYSNIP/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.

SSI couples and recipients in other living arrangement categories cannot participate in NYSNIP/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.

Due to the transition from NYSNIP to NYSCAP, current NYSNIP recipients can no longer “opt out” of NYSNIP and use the regular SNAP process. This is because they will instead be transferred to NYSCAP at their next point of contact (interim report, recertification or reporting a change, whichever comes first). NYSCAP uses an individualized budget instead of the standardized budget that was used in NYSNIP.

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, as long as they are paying their parents for living at home. These SSI recipients can participate in NYSNIP/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.

This is also true for NYSNIP; however, new applicants are no longer enrolled in NYSNIP, so this rule only applies to NYSCAP enrollees going forward.

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 \$291—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 31, 2023.

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.

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.

NYSNIP, cont.

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 \$291 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 NYSNIP or NYSCAP will receive an interim report called the NYSCAP SNAP Case Interim Report (LDSS-4836, LDSS-4836 NYC) at the mid-point of their certification period.

For NYSNIP participants the interim report is sent at the **24-month point of their 48-month 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 **both NYSNIP and 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.

The following interim reporting rules apply to **NYSNIP only:**

- The SNAP office should convert the NYSNIP case to NYSCAP and calculate a SNAP budget using standard budgeting rules.
- NYSNIP cases that are converted to NYSCAP at their interim report retain the remainder of their original 48-month certification period. SNAP offices must not shorten the household's certification period at the interim contact point.

NYSNIP/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 **NYSNIP** certification period lasts up to **48 months (4 years)**.

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

At the end of a certification period, **both NYSNIP/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.

At the end of a certification period, the following applies for **NYSNIP only**:

- If found eligible, the household will be converted to NYSCAP and given a 36-month certification period for SNAP.

Similarly, NYSCAP households who are found eligible when recertifying will also 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 if they apply and are eligible.

Changes to the NYSNIP Benefit Matrix and Benefit Allotments

The NYSNIP benefit matrix will sunset on December 31, 2023. Until then, you can see the matrix valid October 1, 2023 through December 31, 2023 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 alien 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 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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

Gender Identity (optional): Male Female Non-Binary X Transgender

Different Identity: _____

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

Date of Birth: _____

Sex: Male Female

Gender Identity (optional): Male Female Non-Binary X Transgender

Different Identity: _____

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

Date of Birth: _____

Sex: Male Female

Gender Identity (optional): Male Female Non-Binary X Transgender

Different Identity: _____

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.

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

Sex and Gender Identity: New York State ensures your right to access benefits and/or services regardless of sex, gender identity, or expression. You must report your sex and the sex of all household members as male or female. The sex you report here must be the same as what is currently on file with the United States Social Security Administration. The sex you report is needed to process your application. It will not appear on any benefit card you may receive or any other public-facing document.

Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Gender identity is not required for this application. If your gender identity, or the gender identity of anyone in your household, is different than the sex you report for that person and you would like to provide that person's gender identity, print "Male," "Female," "Non-Binary," "X," "Transgender," or "Different Identity" in the space provided. If you print "Different Identity," you may choose to describe that person's identity further in the space provided. Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received.

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 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.

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 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.

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:
-------------------	---------------------

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:
---	------------	--------	-----------

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:
----------	------------	--------	-----------

**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:
-------------------	-----------------

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:
--	----------------	---------	----------------

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:
------------	----------------	---------	----------------

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? 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. ¿Cuál es el número de la cuenta de *servicios públicos* (si tiene una)? _____

5. ¿Cómo se llama la compañía proveedora de *servicios públicos*? _____

6. ¿Cuál es la dirección de la compañía proveedora de *servicios públicos*? _____

Dirección:	Ciudad/Pueblo:	Estado:	Código postal:
------------	----------------	---------	----------------

SECCIÓN 4:

1. ¿Tiene gastos médicos no reembolsables (incluyendo el sobrante de Medicaid)? Sí 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? 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 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)? 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.

APPLICANT'S SIGNATURE**DATE SIGNED**

X

IMPORTANT INFORMATION**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, 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 regrelo 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? <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. ¿Está la factura de calefacción a su nombre? <input type="checkbox"/> Sí <input type="checkbox"/> 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:

SECCIÓN 4:

1. ¿Tiene gastos médicos no reembolsables (incluido el sobrante de Medicaid)? <input type="checkbox"/> Sí <input type="checkbox"/> 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:
--	-----------------

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:
--	------------	--------	-----------

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:
----------	------------	--------	-----------

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
-----------------------------------	--------------------

IMPORTANT INFORMATION

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, 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 regreñelo 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:
---	----------------	---------	----------------

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:
------------	----------------	---------	----------------

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. ¿Está la factura de calefacción a su nombre? <input type="checkbox"/> Sí <input type="checkbox"/> 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:

SECCIÓN 4:

1. ¿Tiene gastos médicos no reembolsables* (incluido el sobrante de Medicaid)? <input type="checkbox"/> Sí <input type="checkbox"/> 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 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: ()	
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:

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 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	<p><i>Effective 12/01/2021: Eligible new applicants will be placed in ESAP. Current eligible SNAP recipients will be placed in ESAP at recertification.</i></p> <p>Apply using the Simplified SNAP-only Application for Seniors and People with Disabilities (LDSS-5166), myBenefits, or AccessHRA</p>	<p><i>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></p> <p>No application—participants are auto-enrolled</p>	<p><i>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></p> <p>No application—participants are auto-enrolled</p>	<p>No application—participants are auto-enrolled</p>	<p>Apply using myBenefits, AccessHRA, or the SNAP-only Application (LDSS-4826)</p>				
<i>Interview required?</i>	Yes	No	No	No	Yes				
<i>Applicant screened for expedited service?</i>	Yes	No	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 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	Individualized budget	Individualized budget	Individualized budget	Individualized budget	Individualized budget	
Documentation	<p>Computer matches for:</p> <ul style="list-style-type: none"> • Unearned income • Date of birth • Social security number <p>Self-declaration for:</p> <ul style="list-style-type: none"> • Shelter expenses • SUA <p>Participants must submit:</p> <ul style="list-style-type: none"> • Residency • Medical deductions 	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	Participants must submit the NYSCAP SNAP Case Information Collection Sheet (LDSS-4841) to maximize benefits	<p>See our SNAP Prescreening Guide for detailed information on SNAP documentation</p>