

Using SNAP Benefits

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Using SNAP Benefits

Monthly Benefits Issuance Schedule

EBT BROCHURE
LDSS-5004
GIS 15 TA/DC030
GIS 16 TA/DC047
GIS 17 TA/DC043
GIS 19 TA/DC028
GIS 23DC085
GIS 24DC037
OTDA'S EBT WEBPAGE:
OTDA.NY.GOV/
WORKINGFAMILIES/EBT/

Benefits are generally made available over the first nine to 14 days of every month, based on the last digit of the client's case number. The chart below applies to all counties outside of the five boroughs of NYC:

Case Number Ends In:	Benefits Available On:
0 or 1	1 st of the month
2	2 nd of the month
3	3 rd of the month
4	4 th of the month
5	5 th of the month
6	6 th of the month
7	7 th of the month
8	8 th of the month
9	9 th of the month

View the NYC schedule at:
otda.ny.gov/workingfamilies/ebt/nyc-issuance-schedule.pdf

For NYC cases, benefit postings are spread over 10 different days that are not Sundays or holidays, during the first two weeks of the month. The actual dates change from one month to the next, so NYC publishes a six-month schedule with the exact availability dates.

The NYC schedule above is based on the last digit of the case number, called the toe digit. To use, find the toe digit in the first column of the schedule. On the top row of the schedule, find each month listed with an A and B column underneath. Column A is the date of the SNAP benefit deposit for that toe digit for each month listed.

The EBT Card

How to Use the EBT Card

New York State uses an Electronic Benefits Transfer (EBT) system to issue SNAP benefits, TANF benefits, and Medicaid health insurance. SNAP participants use their EBT cards in machines at checkout counters, just like debit and credit cards.

The EBT Card, cont.

To use the SNAP benefits on the EBT card, SNAP recipients:

- Shop and take their purchases to the cash register
- Swipe the card through the machine, and
- Enter their Personal Identification Number (PIN)

The system will take the amount spent on food purchases from the SNAP account.

Paying a Portion of the Bill From the SNAP Account

It is possible to pay only a portion of the bill from the SNAP account and pay the remainder with another form of payment. The machine will ask how much the participant wants to pay from their EBT SNAP account, and the participant can enter any amount up to the amount of benefits available in their account. The grocery store receipt will tell them how much is left.

Purchases Above the Available Benefit Amount

If the amount entered for the EBT payment is more than the amount available, the machine will reject the entire transaction. In that case, the participant should check the balance, which can be done right at the cash register. Once the customer knows how much is available and enters that amount, the machine will accept the transaction, even if it is less than the amount of the purchase. The customer can then pay the balance with another form of payment.

Non-SNAP Purchases

Any non-SNAP-eligible purchases can be paid for with another form of payment. If the participant has a cash assistance account, the non-food purchases can be paid directly from the cash account by swiping the card again. Food and non-food purchases do not have to be separated at the checkout counter.

23-ADM-02

Helpful resource at the back of this section:

LDSS-4217 ID Card Update Form

Requesting a Second EBT Card

Certain SNAP households are allowed to have two EBT cards to use at grocery stores and EBT vendors.

Households that include two parents/guardians are eligible to request a second EBT card if they meet the following criteria:

- Are both on the SNAP case,
- Live in the household full-time, and
- Are over the age of 18, or
- Regardless of age, are the parent/guardian of a minor child.

The EBT Card, cont.

To receive an additional EBT card, the SNAP head of household must submit a written request using the LDSS-4217 ID Card Update Form. The procedure to obtain a second EBT card is the same as obtaining an authorized representative card. In this situation, the second EBT card will have the payee/head of household name and the name of the second parent/guardian in the household. Each card will have its own card number. The second parent/guardian is not considered an authorized representative and does not have the same permissions and responsibilities to act on behalf of the head of household.

Once the household submits the LDSS-4217, the SNAP office has 30 calendar days to review and process the request. The SNAP head of household can request to deactivate the second card at any time without the consent of the second card holder by filling out the LDSS-4217.

SNAP households are permitted to have a maximum of **two** active EBT cards. If a two-parent/guardian household already has an authorized representative card issued, they cannot request an additional card for the second parent/guardian. Similarly, if the two parents/guardians receive a second EBT card, they cannot request an additional card for an authorized representative.

GIS 15 TA/DC030

GIS 17 TA/DC043

Repeated EBT Card Requests

SNAP recipients who have requested and used more than four EBT cards in a 12-month period will receive a letter from NYS, mandated by USDA, warning cardholders that misuse of EBT cards and SNAP benefits will result in a program violation that is subject to various penalties and sanctions. The letter also states that if the recipient continues to request new EBT cards, they can be referred to the local SNAP Program Integrity Unit for possible investigation.

Under this policy, OTDA will continue to monitor EBT card requests of current SNAP recipients and their benefit redemption history.

Eligible Food Items

SNAP benefits can be used to buy almost all foods, as well as seeds and plants that produce food. Households **cannot** buy the following items with SNAP benefits:

- Beer, wine, or liquor
- Cigarettes or tobacco
- Non-food items like toiletries, pet foods, or household supplies
- Vitamins and medicines
- Ready-to-eat hot foods
- Prepared cold foods that will be eaten in the store
(prepared cold foods to be eaten at home are allowed)

Visit USDA/FNS for a complete list of SNAP-eligible food items:
fns.usda.gov/snap/eligible-food-items

**Eligible Food Items,
cont.**

SNAP Benefits Are Used for Food Only

SNAP households can never get cash, as their SNAP benefits are only to be spent on food items at approved retailers.

Using SNAP to Purchase Food Online

GIS 19 TA/DC028

Approved SNAP retailers allow SNAP participants to purchase food through their websites using online transactions with their EBT cards. Much like using an EBT card in the grocery store, the websites will only deduct SNAP-eligible items from purchases. Other costs, including delivery fees, can not be paid using SNAP benefits. For more information and a list of participating retailers, visit fns.usda.gov/snap/online

Restaurant Meals Program (RMP)

GIS 23DC085

LDSS-5230 RESTAURANT
MEALS PROGRAM NOTICE
OF ELIGIBILITY DECISION

The Restaurant Meals Program (RMP), which began in NYS in December 2023, allows SNAP clients who might not be able to prepare meals for themselves or who do not have permanent housing for storing and preparing food to buy prepared meals at restaurants with their SNAP benefits.

GIS 24DC037

OTDA'S RMP WEBPAGE

To be eligible for the RMP, SNAP clients must be participating in SNAP in a county that has an RMP and all members of the household must be either:

- Elderly (60 years of age or older);
- Disabled (receives disability or blindness payments or receives disability retirement benefits from a governmental agency because of a disability considered permanent);
- Homeless; or
- A spouse of a SNAP client who is eligible for the RMP.

If a SNAP participant meets one or more of the requirements above, their SNAP case will automatically be labeled as RMP eligible. Households can visit ebtEDGE.com and create or log in to their account to check their RMP eligibility.

Clients can also check their RMP eligibility status on the ebtEDGE mobile app. Both the ebtEdge account and the mobile app show a thumbs up icon with “Account is RMP Eligible” for SNAP recipients who meet the criteria for participating.

Restaurants participating in RMP will display a special decal on their doors or windows and provide a 10% discount to eligible RMP participants when they use SNAP benefits to purchase food.

For more information and a complete list of participating restaurants, visit OTDA's RMP webpage: otda.ny.gov/programs/rmp/

Appointing an Authorized Representative

Individuals who have difficulty accessing their EBT benefits, such as the homebound, can choose someone to be their authorized representative. This should be a person whom the household trusts, such as a home attendant or family member. Once appointed by the household, the authorized representative can use the original EBT card and PIN or get a separate EBT card and PIN, and use those when grocery shopping for the SNAP household.

See further details on appointing an authorized representative under *The SNAP Interview* in the *Applying for SNAP* section of this guide.

Unspent SNAP Balances

GIS 22 TA/DC075 AND
ATTACHMENT 1

The 2008 Farm Bill required states to shorten the timeframe that unspent SNAP balances stay on the EBT card from 365 days to 274 days.

Unspent SNAP balances stay in the account for 274 days. The only exception: certain cases when a new NYSCAP participant has not accessed any SNAP benefits within the first 90 days of case opening. In those cases, the benefits are expunged after the first 90 days (See the *Programs to Help Seniors and Disabled Applicants Access SNAP* section for more details about NYSCAP).

SNAP participants can check their account balance at any time by calling the customer service number at 1-888-328-6399 (listed on the back of the EBT card) or by visiting myBenefits.ny.gov and logging into their account. Many larger stores also have machines available at the customer service desk where participants can check their balance before shopping.

Resources for This Section

On the following pages, you will find this resource:

LDSS-4217 ID Card Update Form

LDSS-5230 Restaurant Meals Program Notice of Eligibility Decision

ID CARD UPDATE FORM

CASE NUMBER:	CASE NAME:	DATE:
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WIDMNU (ID CARD MENU)

Section 1	Function: (check one) <input type="checkbox"/> 1 ID Card Update, Case Update <input type="checkbox"/> 11 EBT PIN Mailer Request (<input type="checkbox"/> Client <input type="checkbox"/> Auth Rep.) <input type="checkbox"/> 3 Auth Rep Card Request <input type="checkbox"/> 4 Plastic Only Request CIN _____ App Reg # _____ Line # _____ Card Number 600486 _____ Case Number _____
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WIDUPD/WIDARP

Section 2	REASON CODE: (check one) <input type="checkbox"/> 01 Lost <input type="checkbox"/> 02 Stolen/Never Received <input type="checkbox"/> 03 Defective MAG Strip <input type="checkbox"/> 04 Mutilated <input type="checkbox"/> 06 Surrendered <input type="checkbox"/> 07 Tempcard Lost-Stolen <input type="checkbox"/> 09 Other/New REVISE MAILING ADDRESS Street _____ For requested card: City/Town _____ State _____ Zip Code _____ PHOTO ID: (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> NO Auth Rep Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>First</i> <i>MI</i> <i>Last</i> </div>
Section 2A	ADD OR DELETE (check one) <input type="checkbox"/> ADD <input type="checkbox"/> DELETE Individual as PA/FS Payee for Case Case # _____
Section 2B	ADD A VAULT CARD OR DELETE A CARD (check one) <input type="checkbox"/> ADD A VALUT CARD 600486 2 _____ 00 <input type="checkbox"/> DELETE A CARD #600486 _____

Worker Name (Print Name):	Office	Unit	Worker ID:
Telephone No.:	Form Created By:		

Recipient Signature
Worker Signature
DEO Signature

INSTRUCTIONS ON REVERSE

COMMON IDENTIFICATION CARD ACTION GUIDE AND TRANSMITTAL

To issue a CBIC to a recipient or an applicant.

Section 1

- Check Function 1 for a plastic CBIC and a temporary cardboard CBIC.
- Check function 4 for a plastic CBIC only.
- For an **APPLICANT** if a CIN exists enter the CIN and registry #; otherwise enter a registry #/line #.
- For a **RECIPIENT** enter a CIN.

Section 2

- Check Reason Code.
- If plastic card is to be mailed to other than case address enter a new address.

To add, change or delete the PA/FS payee on an application in receipt of a BICS pre-reg benefit or to add, change or change the PA/FS payee on a case.

Section 1

- Check Function 1
- For an APPLICANT **without** a CIN enter the line number and registry #.
- For an APPLICANT **with** a CIN enter both the CIN and the registry #.
- For a RECIPIENT enter a CIN.
- Enter the case number.

Section 2A

- Check either Add or Delete

NOTE: If you Delete a payee you should replace that payee with another one. If not, then no one on the case can receive the benefits for the case.

To issue an Authorized Representative card

Section 1

- Check Function 3
- Enter the CIN of a case member who is a PA/FS payee.

Section 2

- Check reason code.
- Indicate if a photo is desired by checking **Yes** or **No**.
- Enter Authorized Representative name.
- If plastic card is to be mailed to other than case address enter a new address.

To issue a Vault Card or Deactivate a Card

Section 1

- Check Function 1
- Enter the CIN, or an App Reg #/Line #.

Section 2B

- Check ADD A VAULT CARD – (Leave card number area blank to request a vault card) OR
DELETE A CARD – Write in the card number to be deleted) OR
Delete ALL Cards for a client by writing in “ALL” in the card number area

To mail a PIN to a client or an Authorized Representative

Section 1

- Check Function 11
- Enter the CIN, or an App Reg #/Line #.
- Check Client or Authorized Representative.

Restaurant Meals Program Notice of Eligibility Decision

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:		
CASE NUMBER:	CIN:			
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR	Agency Conference	_____
			Fair Hearing Information And assistance	_____
			Record Access	_____
			Legal Assistance Information	_____
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

ACTION TAKEN: Your Supplemental Nutrition Assistance Program (SNAP) case was reviewed to determine your household’s eligibility to participate in the Restaurant Meals Program (RMP). It has been determined that your SNAP household is:

ELIGIBLE. Your SNAP household is eligible to participate in the RMP.

The RMP allows households where all members are either elderly (age 60 or older) or disabled (receives disability or blindness payments or receives disability retirement benefits from a governmental agency because of a disability considered permanent), or the spouse of someone who is elderly or disabled, and for households that are homeless, to use their SNAP benefits to purchase prepared meals at certain restaurants. Since your household meets the eligibility criteria to participate, your household has been included in the RMP. If there is a change in your household’s circumstances and a member of your SNAP household is no longer considered elderly or disabled, your household is no longer homeless, or your SNAP case closes, your household will no longer be included in the RMP and you will not be able to use your SNAP benefits to purchase prepared meals at participating restaurants.

Please check your household’s food benefit balance by calling 1-888-328-6399 or visiting www.ConnectEBT.com to ensure you have sufficient funds in your SNAP EBT account prior to purchasing prepared meals at participating restaurants. Once logged into your ConnectEBT account, check the “Cardholder Info” section which must display “Restaurant Meal Program Eligible” to confirm that your EBT card can be used at participating restaurants. If you attempt to purchase a prepared meal and do not have sufficient funds, you will still be responsible for covering the cost of your meal with funds other than SNAP benefits. For a current list of participating restaurants where you may use your SNAP benefits to purchase prepared meals, visit <https://otda.ny.gov/rmp>.

INELIGIBLE. Your SNAP household is ineligible to participate in the RMP.

This is because your household does not meet the eligibility criteria to participate in the RMP. To be eligible for the RMP, all members of your household must be either elderly (age 60 or older) or disabled (receives disability or blindness payments or receives disability retirement benefits from a governmental agency because of a disability considered permanent), the spouse of someone who is elderly or disabled, or your household must be homeless.

This does not mean that you cannot use your SNAP benefits. You may continue to use your SNAP benefits, but you are no longer eligible to use them at participating restaurants. If you attempt to purchase a prepared meal at a restaurant, you will be responsible for covering the cost of your meal with funds other than SNAP benefits.

The above decision is based on New York State regulations at 18 NYCRR 387.16.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. CONFERENCE (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. STATE FAIR HEARING – You have **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by:

Mail: Send a copy of the entire notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help get ready for the hearing, you have a right to look at your case file. If you call or write us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.