

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

			DATE APPLICATION FILED	MONTH	DAY	YEAR
CASE NAME	CASE NUMBER	SCREENED BY	DATE OF SCREENING	MONTH	DAY	YEAR

INSTRUCTIONS FOR COMPLETING THIS FORM

- Screen all applicants for expedited application processing on the day of application.
- State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five within seven calendar days of application.
- If Full Eligibility Interview determines Household eligible for SNAP benefits:
 - Make benefits available to client within seven calendar days after the date of application.
 - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within seven calendar days after the application date.
 - Follow-up on all pending verification before issuance of on-going benefits beyond the initial expedited issuance period.

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH?

☐

YES - IF YES, HOUSEHOLD DOES
NOT QUALIFY FOR EXPEDITED
PROCESSING

☐

NO - IF NO, CONTINUE
WITH PART TWO

NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC
VIOLENCE SHELTER DURING THE MONTH OF APPLICATION,
CONTINUE WITH PART TWO.

COMPLETE PART FOUR

PART TWO – CHECK YES OR NO

** In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

SECTION A

CHECK YES OR NO

DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH,
SAVINGS OR OTHER LIQUID RESOURCES, **AND**☐

YES – IF YES, HOUSEHOLD
QUALIFIES FOR EXPEDITED
PROCESSING.

☐

NO – IF NO, CONTINUE
WITH SECTION B.

COMPLETE PART FOURHAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO
RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE
MONTH OF APPLICATION?

SECTION B

ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING
MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID
RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE
PLUS UTILITY EXPENSES?☐

YES
IF YES, HOUSEHOLD **QUALIFIES**
FOR EXPEDITED PROCESSING.

☐

NO
IF NO, HOUSEHOLD DOES **NOT**
QUALIFY FOR EXPEDITED
PROCESSING UNLESS QUALIFIED
UNDER PART THREE.

COMPLETE PART FOUR

Rent/Mortgage: \$ _____ Income: \$ _____

*Heat/AC: _____ Resources: _____

*Utilities: _____

*Telephone: _____

*Homeless Shelter Deduction _____

Total Expenses: \$ _____ **Totals:** _____

* Use HT/AC Standard Utility Allowance (SUA) only if household incurs separate heating and/or cooling costs or, if the household contains an elderly and/or disabled member, if they received HEAP greater than \$20 during the month of application or within the previous 12 months of application.

** Use the Homeless Shelter Deduction for "undomiciled" households who do not reside in a homeless shelter.

GO TO PART THREE IF A
MIGRANT/SEASONAL FARMWORKER
OTHERWISE, COMPLETE PART FOUR

PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID
RESOURCES?☐**YES**☐

NO – IF NO, HOUSEHOLD DOES **NOT QUALIFY**
FOR EXPEDITED PROCESSING.
COMPLETE PART FOUR

AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION?

☐**YES**☐**NO CONTINUE WITH B2**

OR

(2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE
RECEIVED WITHIN TEN DAYS AFTER APPLICATION☐**YES**☐**NO**IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING,IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE☐ QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.☐ NOT QUALIFIED FOR
EXPEDITED APPLICATION
PROCESSING STOP HERE☐ NOT ENOUGH INFORMATION IS PROVIDED ON
THE APPLICATION TO DETERMINE IF ELIGIBLE
FOR EXPEDITED PROCESSING.**NOTES:****PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C****VERIFICATION - CHECK YES OR NO**

SECTION A	1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.	☐ YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET GO TO QUESTION 2	☐ NO IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED GO TO QUESTION 2
	2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE?	☐ YES GO TO QUESTION 3	☐ NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B
	3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?	☐ YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B	☐ NO IF HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____
SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:	

AGENCY DISPOSITION OF SNAP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES

SECTION C	COMPLETION OF THIS SECTION IS OPTIONAL – DISTRICT DISCRETION ☐ ELIGIBLE ☐ ELIGIBLE (Applied on or before 15 th of month; zero benefit due to proration) ☐ ELIGIBLE (Applied after 15 th of month; zero first month's benefit due to proration; full second month's benefit) ☐ ELIGIBLE (Applied after 15 th of month; prorated first month's benefit plus second month's benefit) ☐ INELIGIBLE: Indicate reason: ☐ HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.) ☐ VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE) ☐ HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE) Other Denial Reason/Comments _____	
	DATE OF FINAL DISPOSITION ON SNAP BENEFIT ELIGIBILITY:	
WORKER NAME:		