

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

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

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

☐

NO - IF NO, CONTINUE

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

NOT QUALIFY FOR EXPEDITED PROCESSING

WITH PART TWOCOMPLETE 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**

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

☐

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

☐

NO – IF NO, CONTINUE WITH SECTION B.

COMPLETE PART FOUR

SECTION B

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

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

*Heat/AC: _____ Resources: _____

*Utilities: _____

*Telephone: _____

*Homeless Shelter Deduction _____

Total Expenses: \$ _____ Totals: _____

☐

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

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

* 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.

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 SECTION A****VERIFICATION - CHECK YES OR NO****SECTION A**

1. CAN APPLICANT'S IDENTITY BE VERIFIED?

IF DOCUMENTARY EVIDENCE IS NOT READILY
AVAILABLE, COLLATERAL CONTACTS ARE
ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE
REQUIRED.☐ 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,3. IF YES TO QUESTION 2, HAS ALL RELEVANT
VERIFICATION BEEN SUBMITTED?☐ YESIF DEEMED ELIGIBLE HH CAN
RECEIVE BENEFITS WITH ALL
OTHER VERIFICATION PENDED,☐ NOIf HH IS DEEMED ELIGIBLE, SNAP
BENEFITS CANNOT BE ISSUED
UNTIL ELIGIBILITY IS VERIFIED.
ALLOW 10 DAYS FOR
VERIFICATION TO BE SUBMITTED.

DATE REQUESTED: _____

DATE SUBMITTED: _____

DATE ELIGIBILITY INTERVIEW:

WORKER NAME: