Supplemental Nutrition Assistance Program

in New York State

An Eligibility Prescreening Guide

For questions or comments related
to this guide, please call 518-436-8757.

HUNGER SOLUTIONS
NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

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About Us

Hunger Solutions New York is a statewide nonprofit organization dedicated to alleviating hunger. Formed in 1985, Hunger Solutions New York strives to maximize participation in, and support for, federally funded nutrition assistance programs including the Supplemental Nutrition Assistance Program (SNAP), the School Breakfast Program and National School Lunch Program, the Summer Food Service Program, Summer EBT, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the Child and Adult Care Food Program.

We promote:

- Awareness of hunger in communities
- Awareness about programs that address chronic and crisis hunger
- Full participation in nutrition assistance programs for all who are eligible
- Public policies that contribute to ending hunger
- Public awareness of the economic and social benefit of nutrition assistance programs

These efforts improve the health and well-being of New Yorkers while boosting local economies throughout the state. For more information or to sign up for our electronic mailing list, please visit HungerSolutionsNY.org.

This institution is an equal opportunity provider.

10/2026

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How to Use This Guide

Hunger Solutions New York's Supplemental Nutrition Assistance Program (SNAP) prescreening guide helps human service agencies, advocates, and volunteers working with low-income households:

- Determine which households may qualify for SNAP benefits,
- Estimate a household's SNAP benefit allotment,
- Assist potentially eligible households through the SNAP application process, and
- Assist current SNAP participants in the recertification process.

This guide includes:

- Eligibility rules for a variety of populations,
- Details about policies and programs that facilitate SNAP access,
- Tools for budgeting and estimating SNAP benefits,
- Step-by-step SNAP budgeting instructions,
- Specifics about maintaining, using, and recertifying for SNAP benefits,
- Information about how SNAP is administered during disasters and misfortunes,
- Information about electronic benefit theft and how to help SNAP households protect EBT cards from skimming.

On the left, beneath headings and subheadings, are policy references like these:

SNAPSB SECTION 3: PG. 6

03-ADM-03

10-INF-22

To help demystify them, here is an explanation of each:

SNAPSB SECTION 3: PG. 6: this refers to a section of the SNAP Sourcebook (SNAPSB), which details New York State policy and includes SNAP administration instructions for local districts. To view the SNAP Sourcebook and SNAP policy memos, visit: otda.ny.gov/legal/

03-ADM-03; 10-INF-22: these refer to OTDA SNAP policy memoranda issued through administrative directives (ADMs), informational letters (INFs), local commissioner memoranda (LCMs), and General Information Messages (GIS).

The end of each section includes helpful resources related to that section's content. Throughout the guide, we also refer to Hunger Solutions New York's web pages that contain SNAP policy information or useful tools for the SNAP application and recertification process. Additional resources can be found in our online Resource Library, available at HungerSolutionsNY.org/Resource-Library

Hunger Solutions New York also provides a digital SNAP Prescreening Guide at SNAPGuideNY.org. The digital guide includes a benefits estimator where you can input an applicant's household information, income, and deductions and instantly calculate an estimated SNAP benefit.

How to Use This Guide, cont.

Hunger Solutions New York updates the print and digital guides periodically to reflect policy changes, including the yearly October 1 SNAP standards/deductions/adjustments. Each section in the print guide has a date at the bottom of the page that indicates the most recent update to that section. Visit SNAPGuideNY.org and click "Download a PDF of the Guide" to ensure that you have the most recent version. You can also visit HungerSolutionsNY.org/SNAP for the latest SNAP policy changes and clarifications.

Common Acronyms and Terms

ABAWDs	Able-Bodied Adults Without Dependents
ABLE Account	Achieving a Better Life Experience— tax-advantaged savings programs for eligible people with disabilities
ADA	Americans with Disabilities Act
ADM	Administrative Directive—issued by OTDA to notify LDSS about policies and procedures that must be followed in the administration of programs
CAP	Combined Application Project
Cat el	Categorical Eligibility
CTE	Career and Technical Education
DSS	Department of Social Services—the county-level SNAP administering agency. Also referred to as the SNAP office (see also LDSS)
DHS	Department of Homeland Security
E&T	Employment and Training Program
EBT	Electronic Benefits Transfer—a system of disbursing temporary assistance and SNAP benefits to households, using a swipe card
EFC	Expected Family Contribution
EITCs	Earned Income Tax Credits
EOC	Educational Opportunity Center
ESAP	Elderly Simplified Application Project
FA	Family Assistance—see TANF
FEDS	Front End Detection System

Common Acronyms and Terms, cont.

FNA	Food and Nutrition Administration—the division of USDA responsible for administering SNAP and child nutrition programs
FPL	Federal Poverty Level
GIS	General Information System Messages—issued by OTDA to provide immediate direction to SNAP offices about current OTDA program policies and procedures
GIT	Gross Income Test
HEAP	Home Energy Assistance Program
HRA	Human Resources Administration—New York City's Department of Social Services, the SNAP administering agency in NYC. Also referred to as the SNAP office.
IDA	Individual Development Account—a type of savings account that helps low-income and low-wealth people save for specific goals over a set period of time. IDAs are designed to help people build wealth and improve their financial outcomes.
INF	Informational Letter—issued by OTDA, these letters include articles of general interest to SNAP office staff, including pamphlets or brochures, new or revised lists of contacts, etc.
IPV	Intentional Program Violation—disqualification imposed on someone who has committed fraud
LDSS	Local Department of Social Services—the county-level SNAP administering agency. Also referred to as the SNAP office. (see also DSS)
LEP	Limited English Proficiency
LPR	Lawful (or Legal) Permanent Resident—also known as "Green Card" holder
MA	Medicaid
NTA/NPA	Non-Temporary Assistance/Non-Public Assistance—household in which no one receives temporary assistance
NOMI	Notice of Missed Interview
NYSCAP	New York State Combined Application Project—program that provides automatic SNAP benefits to SSI live-alone recipients
OJT	On-the-Job Training
OTDA	Office of Temporary and Disability Assistance—also referred to as NYSOTDA, the state agency responsible for administering SNAP in New York State

Common Acronyms and Terms, cont.

PARIS	Public Assistance Reporting Information System
RA	Rehabilitation Act
SN/SNA	Safety Net Assistance—temporary assistance program for households without children and households that have exceeded the five-year TANF time limit
SNAP	Supplemental Nutrition Assistance Program—formerly the Food Stamp Program
SNAPSB	Supplemental Nutrition Assistance Program Source Book—New York State administrative policy manual
SSA	Social Security Administration
SSD/SSDIB	Social Security Disability Insurance Benefits
SSI	Supplemental Security Income—cash assistance program for low-income elderly (65+) and disabled individuals, administered by SSA
SSN	Social Security Number
SUA	Standard Utility Allowance
TA	Temporary Assistance—generic term for SNA and TANF—also known as cash assistance, public assistance, or welfare
TANF	Temporary Assistance for Needy Families—the temporary assistance program for families with children, also known as Family Assistance
TBA	Transitional Benefits Alternative—transitional SNAP for people leaving TANF
UIB	Unemployment Insurance Benefits
USCIS	United States Citizenship and Immigration Services—the federal immigration agency formerly known as INS—Immigration and Naturalization Service
USDA	United States Department of Agriculture—administers SNAP on the federal level
WEP	Work Experience Program
WIA	Workforce Investment Act
WIOA	Workforce Innovation and Opportunity Act

Organizational Structure of the Supplemental Nutrition Assistance Program (SNAP)

United States Congress

Congress authorizes SNAP through the Farm Bill, which sets federal policies governing food and agriculture programs.

United States Department of Agriculture (USDA)

Federal agency responsible for the administration of SNAP.

Issues SNAP regulations and policies.

Monitors state agency performance.

Office of Temporary and Disability Assistance (OTDA)

Responsible for administering SNAP in New York State.

Issues state regulations, policy directives, and trains and monitors local Departments of Social Services.

Responsible for administration of state SNAP Employment & Training Plan and ABAWD policies.

Local Department of Social Services (LDSS) or Human Resource Administration (HRA) In NYC

County government agency that determines SNAP eligibility and issues benefits to eligible households.

Households apply for SNAP through their LDSS/HRA.

Eligibility Rules

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LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment

LDSS-4579 Non-citizen Eligibility Chart

General Eligibility Rules

SNAP eligibility rules and benefit levels are generally set at the federal level and uniform across the nation, although states have flexibility to tailor aspects of the program.

Factors That Impact Eligibility

There are several factors that impact a household's eligibility for SNAP benefits, including:

- Monthly income (earned and unearned)
- Which household members are included/excluded in the SNAP case (non-citizens, students, etc.)
- Household composition (who purchases and prepares the majority of their meals together)
- Age of those applying
- Disability status of household members

Other factors that impact budgeting are discussed later in this guide.

Federal rules mandate that a household's income and resources must pass three tests to determine benefit eligibility, but *most* NYS households must only pass one—**an income test:**

Gross monthly income—the household income before any of the program's deductions are applied—must be at or below:

200% of federal poverty level (FPL) for households containing senior or disabled members or that have out-of-pocket dependent care costs;

150% FPL for households that have earned income, and do not meet the 200% FPL criteria;

130% FPL for households that do not meet the criteria for 200% or 150% of FPL.

See the *SNAP Standards & Deductions Reference Sheet* in the *Budgeting and Estimating SNAP Benefits* section of this guide for the full FPL chart.

In NYS, the following income and resources are **not** tested for *most* applicant households:

- **Net income**—the household income after deductions are applied. Net Income must be at or below 100% of the FPL; and
- **Assets**—owned property regarded as having value. Assets must fall below certain limits. Households that include a member who is elderly or has a disability must have assets of $4,750 or less. Households without such a member or who are sanctioned and/or found guilty of an Intentional Program Violation (IPV) must have assets of $3,000 or less.

Household Composition

SNAPSB SECTION 5:
PG. 48

Household composition is important when prescreening for SNAP eligibility because individuals included in a SNAP household must have their income included when determining eligibility and calculating the budget.

A SNAP household is defined as people who:

- Live together, and
- Purchase and prepare the majority of their meals together.

Mandatory Household Members

Mandatory household members must be included in the SNAP household if they live in the same house, even if they do not purchase and prepare meals together.

Mandatory household members include:

- Spouses
- Parents (natural, adoptive, or step-parent) and their children under 22
- Children under 18 under parental control of a person other than a parent (see the *Household Composition Guide* in this section for additional details)

Note: people who are not living together are not part of the same SNAP household, even if they are married or have other legal relationships.

Rules for Those Not Considered Mandatory Household Members

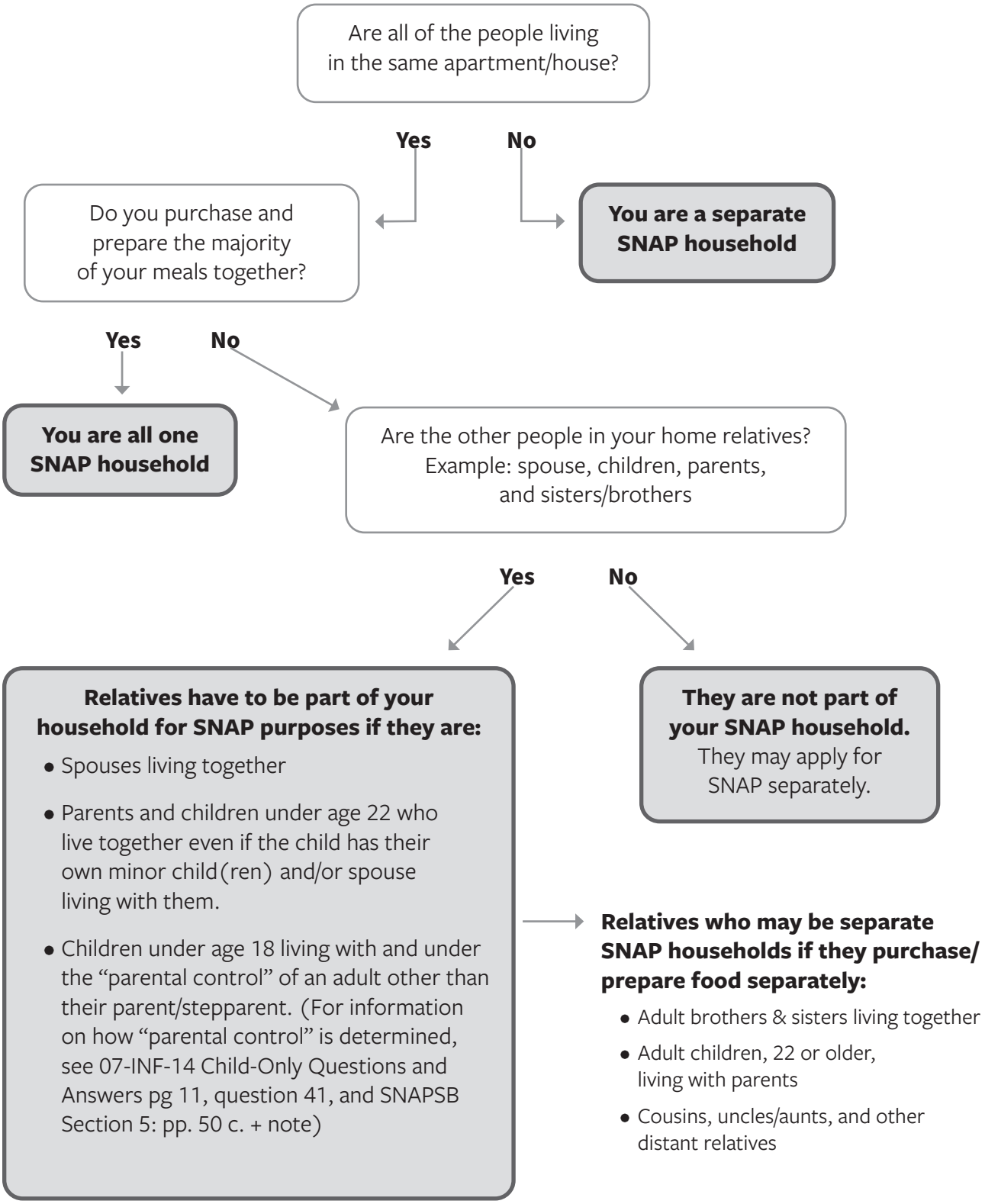
People who are not considered mandatory household members can apply for SNAP as a separate household, as long as they purchase and prepare the majority of their meals separately.

If a person living in the same house or apartment with an applicant is not a member of the applicant's SNAP household, that person's income and resources are ignored.

See the *Household Composition Guide* in this section for a step-by-step guide to determining household composition.

Household Composition Guide

To determine who is included in a SNAP household, ask the following questions:



Household Composition, cont.

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PAGES 53,55

08-ADM-04

Boarders and Foster Care Youth

Boarder: Individual living with others and paying reasonable compensation to the others for meals and lodging. This does not include commercial boarding houses.

Boarders and foster care children may be either included in or excluded from the SNAP household of the landlord or foster parents, at the household's option.

Boarder (Room and Meals):

- Not a mandatory member of the SNAP household, but may be considered to be a member of a household at the household's request (unless residing in a commercial boarding house).
- May never be a separate household under SNAP rules.
- The following can never be considered boarders:
  - Children under 22 years of age living with their parent(s), including stepchildren.
  - A spouse of a member of the household.
  - Children under 18 years of age who are under the parental control of an adult member of the household, including a sibling.
- If a boarder(s) is **included** in the SNAP household:
  - Direct payments to the household for room and meals are counted as self-employment income, which is considered earned income.

Helpful resource:

08-ADM-04 has more information on allowable, verified, reimbursable expenses for **adopted and foster children** included in the SNAP household.

Roomer (Room, No Meals):

- Not a mandatory member of the SNAP household, and may apply for SNAP as a separate household.

Shared Living (Pays a Share of Shelter Expenses):

- Not a mandatory member of the SNAP household, and may apply for SNAP as a separate household.

Foster Care Youth:

If a foster care child is:

- **Included** in the SNAP household, foster care income (in excess of allowable, verified, reimbursable expenses) is counted as unearned income.
- **Excluded** from the SNAP household, foster care income is exempt.

For more information, see the LDSS-4314 Household Composition Desk Guide at the end of this section.

Adopted Children

Adopted children must be included in the SNAP household, and adoption subsidies in excess of allowable, verified, reimbursable expenses are counted as unearned income.

Household Composition, cont.

GIS 13 TA/DC043

Homeless Youth

SNAP regulations do not have an age requirement, in most cases, for homeless youth. Any homeless youth under the age of 22 can apply for SNAP as long as they are not residing with their parents and are not under "parental control" of another person. They do not need to be included in a parent's SNAP case unless they live together. A homeless individual must apply as a household with the other people that they are living with if they regularly buy and prepare the majority of their meals together.

Joint Custody

In joint custody situations, a child can only receive SNAP as part of one household in any given month. In situations where both parents are seeking SNAP for the same child, the issue must be resolved between the parents.

SNAP offices should evaluate joint custody situations on a case-by-case basis and take into consideration factors such as parental control and court orders.

When deciding which SNAP household a child will be a part of, the amount of time the child spends with one parent in joint custody situations is not a determining factor.

A child will remain a member of a parent's SNAP case unless the child no longer resides with that parent on a long-term basis (i.e., summer vacation lasting several months).

Special Rules for People Who Are Severely Disabled and Living With Others

A disabled individual who lives with others might not be able to purchase and prepare their meals because of a severe medical condition. However, that person may still be able to establish separate household status if they fit into one of two groups:

- The majority of the person's meals are purchased and prepared separately from the people they live with.
- The majority of the person's meals are not purchased and prepared separately, but the person is both elderly and disabled, and the income of their "housemates" (those purchasing and preparing the food for everyone) does not exceed 165% of the federal poverty level. See the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section.

Applicants' Responsibilities

SNAP applicants are required to participate in the application process in the following ways:

- Provide documentation of household circumstances, and
- An adult member of the household or an authorized representative must participate in an interview to determine eligibility.

This guide provides a detailed explanation of these concepts.

Eligibility Rules for Select Groups

SNAP eligibility rules vary based on who is applying. For certain groups of people, the eligibility rules make it harder to access SNAP (i.e., students and non-citizens), while for others, rules are streamlined or simplified (i.e., seniors and people living with a disability). It is important to evaluate each individual's eligibility since some people in a household might be eligible even if others are not.

Students

SNAPSB SECTION 5: PG. 91-92

09-ADM-08

12-INF-14

20-ADM-13

21 TA/DC 004

22TA/DC073

23-ADM-09

Helpful resources at the back of this section:

Student Eligibility Checklist

LDSS-5172 SUNY/CUNY/ EOC Student Verification of Enrollment

A **student** is any person who is:

- 18 through 49 years of age
- Physically and mentally fit
- Enrolled at least half-time in an institution of higher education

Institution of Higher Education: Any institution at the post-high school level that normally requires a high school diploma or equivalency certificate for enrollment, including but not limited to:

- Colleges
- Universities
- Business schools
- Vocational schools
- Trade or technical schools
- Correspondence schools
- Online courses
- Colleges or universities that offer degree programs regardless of whether a high-school diploma is required

Enrolled in a College Meal Plan: Students receiving 50% or more of their meals (based on 3 meals for seven days, equaling 21 meals) from a college meal plan are not eligible to receive SNAP as they are considered to be living in an institution. The SNAP office must screen each student to identify the number of meals the student is granted under their meal plan.

Determining Student Eligibility

When working with students who are applying for SNAP, you must first determine if they meet the criteria to be considered an "eligible student" under SNAP rules. Under these rules, students who are 18 to 49 years old and enrolled at least half-time in an institution of higher learning cannot get SNAP unless they meet at least one of the following exceptions:

Students, cont.

Student is working:

- Employed an average of 20 hours a week or more
- Self-employed, working an average of 20 hours a week and making an average income equal to the federal minimum wage multiplied by 20 hours
- Participates in an on-the-job training program

Student has one or more of these individual characteristics:

- 17 years old or younger
- 50 years old or older
- Physically or mentally unfit for work: the individual has an illness, condition, or life circumstance, whether temporary or permanent, that reduces or affects their ability to work 20 hours a week
- Primary caretaker of a household member who is under age 6 or is incapacitated
- Primary caretaker of a household member between the ages of 6 and 11, if no adequate childcare is available which would make it possible to work and go to school
- A single parent enrolled full-time who is responsible for the care of one or more children under age 12

Student participates in a qualified government program:

- Receives Temporary Assistance for Needy Families (TANF)
- Receives unemployment benefits
- Participates in state or federal work-study
- Attends a State University of New York (SUNY) or City University of New York (CUNY) community, comprehensive, or technology college and is enrolled in a qualified certificate or degree Career and Technical Education (CTE) program
- Attends an Educational Opportunity Center (EOC) and is enrolled in a qualified CTE program, remedial courses, basic adult education, literacy, or English as a second language
- Assigned to, placed in, or self-placed in a college or other institution of higher education through certain employment and training programs, such as the SNAP Employment and Training (E&T), Workforce Innovation and Opportunity Act (WIOA), or a Department of Labor program

For help determining if a student meets any of these exemptions, see the *Student Eligibility Checklist* at the end of this section.

Eligible Students are Exempt from Work Rules

Students determined to be "eligible students" under SNAP rules are exempt from:

- SNAP E&T work requirements, and
- The Able-Bodied Adults Without Dependents (ABAWDs) time limit rule.

Students, cont.

Students Who Do Not Qualify for SNAP

Students who do not meet one of the above exceptions are excluded from the SNAP household, and neither the income nor the resources of the ineligible student will be used in determining eligibility for the rest of the household. However, if the student makes any cash contributions to the remaining members of the household, this will count as income. The rest of the household members may still be eligible.

Continuing Eligibility of Students

Eligible students remain eligible between school breaks (vacations, summer, etc.) unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next school term (excluding summer semesters).

> ***Exception:*** Students who have work-study lose their SNAP eligibility between semesters if the break is a full month or longer, and in summer months, unless the work-study continues or they meet another exemption.

Ineligible students remain ineligible between school breaks (vacations, summer, etc.) unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next school term (excluding summer semesters).

Non-Citizens

03-INF-14
GIS 16 TA/DC048
25DC054
25DC055
26DC009
26DC019
26-LCM-08
26-LCM-17

Citizen: a person (other than a child of a foreign diplomat) born in one of the 50 states, District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, or the Northern Mariana Islands who has not renounced or otherwise lost their citizenship. Citizens can apply for SNAP but must meet eligibility rules to receive benefits.

Citizens of Freely Associated States (FAS)/Compacts of Free Association (COFA): international agreements establishing and governing the relationships of free association between the United States and the three Pacific Island sovereign states of the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau. Citizens of FAS COFA can apply for SNAP but must meet eligibility rules to receive benefits.

LPR: Legal Permanent Resident—also known as "Green Card" holder. LPR status is documented with an I-551 Permanent Resident Card, or an I-94 Arrival/Departure Record or passport with a temporary I-551 stamp, or any other authoritative document that identifies the non-citizen as an LPR. LPRs' SNAP eligibility rules are explained in this section.

Naturalized Citizen: a person born outside of the U.S. who has lawfully become a U.S. citizen. Naturalized citizens can apply for SNAP but must meet eligibility rules to receive benefits.

National: a citizen of a particular country, typically entitled to hold that country's passport (e.g.,"a Cuban national"). A U.S. national can apply for SNAP but must meet eligibility rules to receive benefits.

Non-Citizens, cont.

Non-Citizen: a person who lives in the U.S. but has yet to become a naturalized citizen. Non-citizens who are legally present in the U.S. may be eligible for SNAP if they meet additional criteria.

Undocumented Non-Citizens: those who cannot prove they are legally present in this country. These individuals are never eligible for SNAP.

Changes to Non-Citizen SNAP Eligibility Rules Under H.R.1 are in Effect in New York

H.R.1, the federal bill enacted in July 2025, significantly narrowed SNAP eligibility for non-citizens. As a result, some categories of non-citizens are no longer eligible for SNAP unless their status has been adjusted to Legal Permanent Resident (LPR), while others are eligible only under certain circumstances.

26DC009
26DC019
26-LCM-08

SNAP Eligibility for Non-Citizens

New and recertifying applicants must meet the revised immigration eligibility requirements, explained below, to be eligible for SNAP. SNAP households are not required to report a change in immigration status. If a non-citizen loses eligibility at recertification due to a change in status, they are not subject to a claim for overissuance of benefits received after their status was no longer considered eligible.

Helpful resource at the back of this section:

LDSS-4579 Non-Citizen Eligibility Chart

OTDA's desk guide (LDSS-4579—at the back of this section) lists the categories of non-citizens eligible for SNAP, along with the documents that can be used to verify their status. 26DC009 and 26DC019 also include information on documentation needed for each category listed below.

The following non-citizens are eligible for SNAP *if they meet all other SNAP requirements.* Some non-citizens are subject to a waiting period before they are eligible for SNAP, while others are eligible immediately:

- **Cuban/Haitian Entrants** are immediately eligible.
- **Citizens of Freely Associated States (COFA)** lawfully residing in the U.S. are immediately eligible.
- **Legal Permanent Residents (LPRs)** are eligible for SNAP after a five-year waiting period. There are some exceptions to this.
  - **LPRs are immediately eligible** without a waiting period if they:
    - Have 40 Qualifying Quarters of work (described later in this section)
    - Receive certain disability benefits
    - Are under the age of 18
    - Were 65 or older and lawfully residing in the U.S. on August 22, 1996
    - Have a U.S. military connection or are a U.S. veteran or active-duty member of the military or their spouse or dependent
  - Additionally, **LPRs are immediately eligible** if they held one of the following statuses before adjusting their status to LPR:
    - Refugees

continued →

Non-Citizens, cont.

- Iraqi and Afghan Special Immigrants (SIV) or SQ/SI Parolee
- Certain Afghan Nationals granted parole between July 31, 2021, and September 30, 2023
- Certain Ukrainian Nationals granted parole between February 24, 2022, and September 30, 2024
- Individuals Granted Asylum (Asylees)
- Victims of Human Trafficking
- Admitted to the U.S. as an Amerasian immigrant
- Deportation or Removal Withheld
- Certain Hmong or Highland Laotian tribal members
- North American Indians born in Canada or a member of a federally recognized tribe born outside the U.S.

All other LPRs are subject to a five-year waiting period before they are eligible for SNAP.

Qualifying for SNAP Using the 40 Quarters Test

LPRs who can be credited with 40 qualifying quarters of work history are qualified to receive SNAP. One quarter is the equivalent of three months; therefore, roughly 10 years of work equals 40 quarters. A worker must have earned at least a minimum salary during a quarter for it to qualify. Quarters of work history can be shared with some family members. Quarters earned during a marriage can be shared between spouses, even if separated or deceased (but not if divorced), and between parents and their children (for quarters worked before the child's 18th birthday, including quarters worked before the child was born). The SNAP office will get the social security records of any worker's quarters claimed by an applicant.

Households Containing Ineligible Non-citizens

Households containing ineligible non-citizens can still get SNAP if someone in the household is an eligible non-citizen or a U.S. citizen. Undocumented parents can apply for SNAP on behalf of their eligible non-citizen or citizen children.

Immigration Reporting Requirement

There is an immigration reporting requirement in the SNAP Law that makes some families with undocumented members reluctant to apply. The law requires the state SNAP agency to report "aliens it knows to be unlawfully present" to the United States Citizenship and Immigration Services (USCIS). However, NYS SNAP offices have been instructed to report only those individuals who present evidence of a USCIS determination that they are not in the United States lawfully, such as a final Order of Deportation or falsified immigration documents. The SNAP office is required to give the names and addresses of non-citizens who have a final Order of Deportation or falsified immigration documents to OTDA, not to USCIS.

Non-Citizens, cont.

SNAP workers do not have the authority to contact Immigration directly. If a SNAP worker threatens to report a non-citizen to USCIS to get them to withdraw their application, that is a violation of the Civil Rights Law and should be brought to the attention of the supervisor, the Commissioner, or OTDA.

26-LCM-20

Public Charge Rule

"Public charge" is a test in federal immigration law used to determine whether certain non-citizens can enter the country or become lawful permanent residents (LPRs) or green card holders. The United States Citizenship and Immigration Services (USCIS) defines "public charge" as someone who is likely to become primarily dependent on the government for basic support. If an immigration official determines that someone is likely to become a public charge, the government can deny their application for lawful permanent resident status or entry to the United States.

The public charge rule applies to:

- Those applying for a family-based green card (lawful permanent resident)
- Those applying for a Visa to enter the U.S.
- Green card holders returning to the U.S. after more than 180 days abroad

The public charge rule does **not** apply to:

- Green Card renewals
- Individuals applying for LPR based on their status as a Refugee, Asylee, Survivor of domestic violence, trafficking, or other serious crime (VAWA, T, U, SIJ)
- Other humanitarian immigrants
- Those applying for or renewing DACA, TPS, Asylum, Refugee status, T-Visa, U-Visa, VAWA, Special Immigrant Juvenile (SIJ) classification, parole, or U.S citizenship

Understanding the New Public Charge Rule

A new public charge rule from the Department of Homeland Security (DHS) took effect on September 18, 2026, rescinding a 2022 DHS rule that excluded public benefit programs related to health care, nutrition, and housing from public charge determinations. The new rule allows immigration officers to consider a wider range of public benefit programs when evaluating a green card applicant for public charge.

The rule applies to green card applications submitted on or after September 18, 2026. Applications submitted before that date will be evaluated under the 2022 rule, which allows immigration officials to consider only cash assistance, such as TANF, SSI, and Safety Net Assistance, and long-term care paid for by the government. For applications submitted on or after September 18, officials can also consider other benefits, such as SNAP, but only if they were used on or after that date.

By law, immigration officers must consider an individual's full circumstances, including age, health, income, and education, and should not automatically deny a green card application based solely on participation in SNAP or any other public benefit program.

Non-Citizens, cont.

Many immigrants never face a public charge test, including refugees, asylees, and most people who already have a green card. Clients should find out whether the rule applies to them before making decisions about SNAP or other benefits. The New York State Office for New Americans Hotline (1-800-566-7636) offers free, confidential help and referrals to immigration legal services in more than 200 languages. In New York City, clients can also call 311 and say "Immigration Legal."

For more information and resources, visit HungerSolutionsNY.org/public-charge

Strikers

SNAPSB SECTION 5: PG. 13

GIS 16 TA/DC032

GIS 19 TA/DC044

Striker: a worker who takes part in an organized work stoppage, refusing to perform job duties until certain demands are met.

The following people are not considered strikers:

- People who have been locked out
- People out of work because of someone else's strike
- People in a different bargaining unit who are afraid to cross a picket line
- People exempt from work registration under SNAP E&T rules (other than those exempt because they are working)
- Strikers who have been permanently replaced

If the primary wage earner of a household is participating in a job action (on strike, a walk-out, etc.), the striker and the whole household are ineligible for SNAP unless they were eligible for benefits before the strike began. Thus, the striker's income before the strike will be budgeted and applied to the entire household as if they were still working. In this case, other household members cannot simply exclude the striker to establish a separate case. A household cannot get more SNAP benefits because its income goes down during the strike. If the striker leaves the household, the remaining household members become eligible again.

Fleeing Felons and Probation Violators

GIS 10 TA/DC026

Fleeing felon: a person with a felony warrant pending against them.

Probation violator: someone who has broken the terms or conditions of probation.

Both fleeing felons and probation violators may be identified by computer matches and denied SNAP. However, other household members may continue to be eligible for SNAP, and special budgeting rules apply.

According to OTDA, SNAP offices must not discontinue SNAP benefits for anyone with a warrant based on an *alleged* probation or parole violation. Those types of warrants do not constitute a determination of a violation.

Seniors and People with Disabilities

Senior: anyone 60 years 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:

- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Disability-related Medicaid
- Veterans Administration (VA) Disability 100%

Note: The surviving spouse or child of a deceased veteran may be entitled to the above VA Disability benefits if they are determined to have a disability described below:

- Surviving spouse of a veteran considered in need of regular aid and attendance by the VA, or permanently housebound;
- Surviving child of a veteran and considered by the VA to be permanently incapable of self-support;
- Surviving spouse or child of a veteran and approved to receive compensation for a service-connected death or pension benefits for a non-service-connected death, based on VA determination. The surviving spouse or child must also have a disability considered permanent under the Social Security Act.

For details, see the SNAP Sourcebook Section 5, pp. 56-67.

SNAP Programs for Seniors and People with Disabilities

New York State provides multiple pathways to SNAP participation for seniors and people with disabilities. The Elderly Simplified Application Project (ESAP) and the NYS Combined Application Project (NYSCAP) are special projects designed to improve access to SNAP for these vulnerable groups. Specific eligibility requirements determine whether a senior or disabled person qualifies for SNAP under ESAP, NYSCAP, or the regular application process. See the *Programs to Help Seniors and Disabled Applicants Access SNAP* section for more information.

Expanded Categorical Eligibility

In NYS, seniors and people with disabilities can have higher gross incomes and still qualify for SNAP under Expanded Categorical Eligibility. To qualify, gross monthly income must be **at or below 200% of poverty** for households containing an elderly or disabled member.

Note: Seniors or people with disabilities who have incomes over 200% of the federal poverty limit may still be eligible for SNAP, but only if their resources are below the resource limit and they pass a net income test.

See the *SNAP Standards & Deductions Reference Sheet* in the *Budgeting and Estimating SNAP Benefits* section of this guide for the full FPL chart.

Seniors and People with a Disability, cont.

Other Rules That Help Seniors and People with Disabilities Access SNAP

Establishing separate household status

If a person lives with others and is both elderly and disabled, they may be able to establish separate household status for SNAP purposes if:

- The income of their housemates does not exceed 165% of the federal poverty limit (see the *SNAP Standards & Deductions Reference Sheet* in the *Budgeting and Estimating SNAP Benefits* section for the full FPL chart), or
- A person is severely disabled and lives with others, but their food is being purchased and prepared separately from the people they live with.

Telephone interviews—households comprised of all seniors and/or adults with disabilities and no earned income are granted telephone interviews automatically.

Medical deduction—seniors and those with a disability who qualify for SNAP may be entitled to a larger monthly benefit by deducting out-of-pocket medical expenses over $35. By reporting these expenses in the SNAP application process, seniors can get even more help paying for food each month. See the *SNAP Medical Expense Deduction Worksheet* in the *Budgeting and Estimating SNAP Benefits* section of this guide.

Appointing an authorized representative who can apply on their behalf, attend the interview, and use the EBT card to make purchases. This option is available to all SNAP applicants, but it is most useful to seniors and people with disabilities.

Resources for This Section

On the following pages, you will find these resources:

LDSS-4314 Household Composition Desk Guide

Student Eligibility Checklist

LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment

LDSS-4579 Non-citizen Eligibility Chart

LDSS-4314 (Rev. 3/21)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE

All persons, even if they are members of different families, who customarily purchase and prepare meals together are to be considered members of the same SNAP benefits household.

RELATIONSHIPS:	***SITUATION RESULT***
Spouses Living Together	Must always be considered as a single household.
Children Under 22 Years of Age living with their parent(s) (Includes Stepchildren), and if applicable, the children's spouse and their own children.	Must be considered as a single household.
Children Under 18 (Except Foster Children) Under the Parental Control of an Adult Household Member Who Is Not the Children's Parent or Step Parent.	Must be considered as a single household. (***Reminder*:** A child under 18 living with their spouse or child is not considered under parental control.)

NOTE: There is no age requirement for an individual not under parental control to receive SNAP benefits.

CIRCUMSTANCES CAUSING INELIGIBILITY:	***SITUATION RESULT***
Resident of Institution	Ineligible **unless** a resident of a: • Drug/alcohol Treatment facility; or • Subsidized housing for the elderly; or • Shelter for the homeless; or • Certain group living arrangement; or • Shelter for battered women and children.
Ineligible Student	Non-household member. (Income and resources are excluded. The household can claim their prorated share of expenses.)
Work Rules Sanctioned or Intentional Program Violation Disqualified	Excluded household member. (Income and resources are counted in their entirety. The household can claim full expenses.)
ABAWD Ineligible	Ineligible household member. Income is prorated, resources are counted in their entirety. Expenses paid by or billed to the excluded person are prorated.
Any individual who is: • Ineligible to get a Social Security Number (SSN); or • Fails to or is unable to provide a SSN and fails to apply for a SSN or refuses to cooperate with resolving a SSN validation discrepancy.	Excluded household member. (Income is prorated; resources are counted in their entirety. Expenses paid by or billed to the excluded person are prorated.) Applying for or providing the SSN immediately brings the excluded individual into compliance.
A household that fails to or refuses to cooperate in the SSN validation process.	The SNAP case is closed.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE

Persons residing together who do not meet any of the previous definitions may be separate households if they purchase and prepare food separately from the other persons.

SPECIAL LIVING ARRANGEMENT:	***SITUATION RESULT***
Boarder (Room and Meals)	Not a part of the household, but may be considered to be a member of a household at the household's request, (unless residing in a commercial boarding house). May never be a separate household. The following can never be considered boarders: • Children Under 22 Years of Age living with their parent(s), (including step children). • A spouse of a member of the household. • Children under 18 years of age who are under the parental control of an adult member of the household including a sibling.
Roomer (Room, No Meals)	Not considered part of household, but may apply as a separate household.
Shared Living (Pays a Share of Shelter Expenses)	Not considered part of household, but may apply as a separate household.
Foster **Children**	It is the household's decision to include or exclude foster children as household members. If included, those foster care payments that cannot be excluded as verified reimbursements are counted as income. If excluded, the foster care payments are not counted as income.
Elderly Individuals and their Spouses	Separate household status may be granted to those elderly individuals and their spouse **who cannot purchase and prepare their own meals because they suffer from certain disabilities,** even if they are living and eating with others, if they meet certain conditions.**

****ALL OF THE FOLLOWING CONDITIONS MUST BE MET:**

- The individual must be 60 years of age or older; **and**
- The individual must suffer from a disability considered permanent under the Social Security Act or from a non-disease related, severe, permanent disability and be unable to purchase and prepare meals; **and**
- The gross income of the others with whom the individual resides (excluding the income of the individual and the spouse) cannot exceed 165% of the poverty level.

STUDENTS:

In order to participate in the SNAP Program, a student who is enrolled at least half-time in an institution of higher education and is at least 18 years old but less than 50 years old and is not disabled must meet one of the following criteria:

- Be receiving Family Assistance or Federally funded Safety Net Assistance Benefits; or
- Provide more than half the physical care for a child under 6; or
- Be enrolled full time and be a single parent responsible for the care of a child under 12; or
- Provide more than half the care of a child under 12 and not have adequate child care to work and go to school; or
- Be participating during the school year in a State or Federally financed work study program funded under Title IV-C; or
- Be employed for an average of 20 hours per week and be paid. If self employed, must be working an average of 20 hours per week and earn an amount equal to the Federal minimum wage x 20 hours; or
- Was placed in school through WIOA, SNAP E&T, Safety Net Employment Activity which is comparable to a SNAP E&T activities or DOL.
- Attend a SUNY/CUNY comprehensive college, technology college, or community college and are enrolled in a qualified career and technical education (CTE) program, or
- Attend a NYS Educational Opportunity Centers (EOC) and are enrolled in a CTE program, remedial course, basic adult education, literacy, or English as a second language.

SNAP & Students

Checklist for Determining Student Eligibility

SNAP rules limit the eligibility of certain groups of people, including students. Follow this checklist to determine if an applicant meets the criteria of an eligible student under SNAP rules.

Please note that there are additional SNAP income and eligibility rules that all SNAP applicants, including students, must meet in order to qualify to receive a SNAP benefit each month.

1. Establish applicant's status as a student. The applicant:

☐ **Yes** ☐ **No** Is enrolled in a higher education institution that normally requires a high school diploma or equivalency certificate for enrollment. This includes but is not limited to: colleges, universities, correspondence school or online courses, vocational and trade/technical schools at the post-high school level.

☐ **Yes** ☐ **No** Is enrolled at least half-time (using the school's definition of half-time).

☐ **Yes** ☐ **No** *For an applicant applying between semesters:* intends to register for the next school term.

If "Yes" to all of the above, the applicant is considered a student and the student rule applies. Proceed to Step 2. If "No" to any of the above, the applicant is ***not*** considered a student and the student rules do not apply (continue to screen the applicant under regular SNAP rules).

2. Is the student enrolled in a college meal plan?

☐ **Yes** ☐ **No** The applicant receives 50% or more of their meals from a college meal plan. Note: This is based on 3 meals for seven days equaling 21 meals. The SNAP office must screen each student to identify the number of meals the student is granted under their meal plan.

If "Yes", the student is ***not*** eligible for SNAP, as they are defined as living in an institution. If "No", continue to Step 3.

3. Does the student meet ANY of the following exemptions? If so, provide the SNAP office with the documentation noted.

Student Is Working:

☐ Employed an average of 20 hours per week.

- ▶ *Provide proof of wages and work hours, such as pay stubs, income tax records, or a contract with the employer.*

☐ Self-employed an average of 20 hours per week and receives average weekly earnings at least equal to the federal minimum wage multiplied by 20 hours.

- ▶ *Provide proof of wages, such as most current income tax return, earnings and expense report, or records and related materials concerning self-employment.*

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☐ Participates in an on-the-job training program.

- ▶ *Provides proof of participation in the job training program, such as a letter from the program that includes how many hours the applicant participates each week or other correspondence with similar information.*

Individual Characteristics:

☐ 17 years of age or under or 50 years of age or over.

- ▶ *Provide proof of age, such as a birth certificate, drivers license, school records, or statement from another person.*

☐ Physically or mentally unfit to work: An individual is considered physically or mentally unfit for work if they have an illness, condition, or life circumstance, whether temporary or permanent, that reduces or affects their ability to work 20 hours a week.

- ▶ *Provide a letter from a medical or mental health provider stating that the applicant is not able to work 20 hours per week. The letter should include the medical professional's contact information, and can come from any of the following: doctor, doctor's assistant, representative of a doctor's office, nurse or nurse practitioner, licensed or certified psychologist, or social worker.*

☐ Primary caretaker for a household member who is under 6.

- ▶ *Child in case should be documented in the case record; nothing further should be needed.*

☐ Primary caretaker for a household member between the ages of 6 and 11, if no adequate child care is available that would make it possible to work and go to school.

- ▶ *Child in case should be documented in the case record; nothing further should be needed. The caretaker can self-declare the inadequate childcare.*

☐ Single parent enrolled full-time who is responsible for the care of a child under 12.

- ▶ *Single status and child should be documented in the case record; nothing further should be needed.*

Student Participates in a Qualifying Government Program:

☐ Receives Temporary Assistance for Needy Families (TANF).

- ▶ *Information on participation in TANF is in the case record; nothing else should be needed.*

☐ Receives unemployment benefits.

- ▶ *Provide proof of unemployment benefits, such as letter from Unemployment or unemployment check stubs.*

☐ Participates in a state or federal work-study program during the regular school year.

- ▶ *Provide proof of work study, such as financial aid award letter or written request that the institution of higher learning communicate the student's eligibility to participate in work study to the SNAP office.*

☐ Attends a State University of New York (SUNY) or City University of New York (CUNY) community, comprehensive, or technology college and is enrolled in a qualified certificate or degree in a Career and Technical Education (CTE) program.

- ▶ *Provide proof of participation in a CTE program using the LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment (available at our website).*

☐ Attends an Educational Opportunity Center (EOC) and is enrolled in a qualified CTE program, remedial courses, basic adult education, literacy, or English as a second language.

- ▶ *Provide proof of participating in an EOC program using the LDSS-5172 SUNY/CUNY/EOC Student Verification of Enrollment (available at our website).*

☐ Assigned to, placed in, or self-placed in a college or other institution of higher education through certain employment and training programs, such as the SNAP Employment and Training (E&T), Workforce Innovation and Opportunity Act (WIOA) or a Department of Labor program.

- ▶ *Tell the SNAP office or provide proof of your participation in one of these programs.*

If a student meets ***any*** of the above exemptions, they are an "eligible student" based on SNAP's student eligibility criteria. Note that there are additional SNAP income and eligibility rules that all SNAP applicants, including students, must meet in order to receive a SNAP benefit each month.

Additionally, those considered "eligible students" are exempt from:

- SNAP E&T work requirements, and
- SNAP Able-Bodied Adults Without Dependents (ABAWD) Time Limit Rule

For more information and resources, visit our Students and SNAP webpage: HungerSolutionsNY.org/federal-nutrition-programs/snap/snap-eligibility-for-college-students/

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LDSS-5172 (Rev. 9/20)

New York State Office of Temporary and Disability Assistance
Supplemental Nutrition Assistance Program

SUNY/CUNY/EOC Student Verification of Enrollment

Student Name: _____ Date: _____

College/EOC Name: _____ Date of Birth: _____

TO BE COMPLETED BY COLLEGE OR EOC OFFICIAL:

1. Is the student named above enrolled at least half-time? ☐ Yes ☐ No
2. Student's Program of Study or Major: _____
3. Academic Semester or Date of Enrollment in Program of Study: _____ Year _____
4. Is the student enrolled in a program of study or major that, for SNAP purposes only, meets the definition of a Career and Technical Education program under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (HEGIS codes 5000 through 5599)? ☐ Yes ☐ No
5. Is the student enrolled at an EOC in a program of Career and Technical Education, remedial courses, basic adult education, literacy, or English as a second language? ☐ Yes ☐ No

By signing below, I certify that all of the information provided above is true and accurate to the best of my professional knowledge.

_____ _____
Signature of College/EOC Official Date

_____ _____
Printed Name Title

_____
Phone Number

NON-CITIZEN ELIGIBILITY DESK AID

IMPORTANT! This desk aid does not include every form of acceptable documentation to support a non-citizen status that would be satisfactory for benefit eligibility. If an individual presents a document not listed below, follow your social services district policies/ procedures for further guidance.

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Lawful Permanent Resident (LPR) without 40 Qualifying Quarters	**K**	**I-551 Permanent Resident Card:** workers must check category code; [5] or Temporary **I-551** stamp in foreign passport or on **I-94 Arrival/Departure Record** [6]; or Immigrant visa with the notation "upon endorsement serves as temporary **I-551** permanent resident for one year;" or **I-797 Notice of Action** indicating approval of an I-485 Application to Register Permanent Residence or Adjust Status; or **I-327 Permit to Reenter the United States**; or **I-181 Memorandum of Creation of Record of Lawful Permanent Residence** with approval stamp; or Any other authoritative documentation from a federal immigration agency that identifies the non-citizen[7] as an LPR	DOS is the date status was obtained	Yes	Yes if: Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status; or Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status	Yes if: In a qualified status and in receipt of certain disability benefits [7 USC 2012(j)(2)-(7)]; or In a qualified status and under age 18; or After five years in U.S. in a qualified status; or Currently in a qualified status and was age 65 or older on 8/22/96 and was lawfully residing in the U.S. on that date; or Have a U.S. military connection[8]; or Are admitted to the United States as an Amerasian immigrant; or Are certain American Indians born abroad[9]: or Are certain Hmong or Highland Laotian tribal members.[10]
LPR with 40 Qualifying Quarters	**S**	Same LPR documentation as above and Proof of 40 qualifying quarters[11] **Note:** No quarters earned after 12/31/96 may be counted in which a non-citizen has received a federal means-tested public benefit, including but not limited to FA, SSI and SNAP.	DOS is the date status was obtained	Yes	Yes if: Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status; or Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status	Yes
Applicant for Adjustment of Status to LPR	**W**	**I-797 Notice of Action** indicating the USCIS has received an application for adjustment of status; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check to the federal immigration agency, and the copy of the application for adjustment of status submitted to the federal immigration agency; or Any other authoritative documentation from a federal immigration agency indicating an application to adjust status to LPR is pending	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Persons who have filed applications for adjustment of status to LPR under Section 245 of the INA that the USCIS has accepted as "properly filed"	**W**	**I-766 Employment Authorization Card** coded: C09 or C09P; or **I-94 Arrival/Departure Record or Foreign Passport** stamped/coded: "adjustment application", or "employment authorized during status adjustment applicant"	DOS is left blank	Yes	No	No
Persons on whose behalf an immediate relative petition has been approved (Non-citizens who are immediate relatives (spouse, father, mother, or unmarried child) of a U.S. citizen/LPR who has filed an I-130 Petition for Alien Relative on their behalf)	**W**	I-**797 Notice of Action** indicating an approved I-130 Petition for Alien Relative and a pending application for an I-551 LPR Card; or Any other authoritative documentation from a federal immigration agency indicating an immediate relative petition has been approved	DOS is left blank	Yes	No	No
• **Refugee** • **Iraqi or Afghan Special Immigrant Visa Holder (SIV) or SQ/SI Parolee** • **Afghan Humanitarian Parolee, please see GIS 23DC061 for further guidance on benefit eligibility** • **Amerasian Immigrant** • **Ukrainian Humanitarian Parolee, as defined in GIS 24DC072** *Also explore eligibility for Refugee Cash Assistance (RCA). See 22-ADM-07 and 25-INF-04 **Note:** Please contact OTDA for assistance if applicants/recipients present any information regarding the below categories: • **Conditional Entrant (A status granted to Refugees prior to 1980)** • **Certain Hmong or Highland Laotian**	**R**	**I-551 Permanent Resident Card, or I-94 Arrival/Departure Record or Passport** stamped/coded: AM1, AM2, AM3, AM6, AM7, AM8, AR1, AR6, R8-6, RE1, RE2, RE3, RE4, RE5, RE6, RE7, RE8, RE9, CQ1, CQ2, CQ3, SI-1, SI-2, SI-3, SI-6, SI-7, SI-8, SI-9, SQ1, SQ2, SQ3, SQ4, SQ5, SQ6, SQ7, SQ8, SQ9, SW1, SW2 or SW3; or Department of Homeland Security (DHS)/Customs and Border Protection (CBP) or DHS/United States Citizenship and Immigration Services (USCIS) Temporary **I-551** Alien Documentation Identification and Telecommunication (ADIT) stamp; or **I-766 Employment Authorization Card** coded: A3 or A03; or **I-765 Employment Authorization Document** receipt notice coded C11 or **I-766 Employment Authorization Card** coded C11 if individual is a national of, or last habitually resided in, Ukraine and entered the U.S. within the timeframes noted in GIS 24DC072; or **I-94 Arrival/Departure Record or Passport** stamped/coded: "admitted under Section 207 or 203(a)(7) (as in effect prior to 4/1/80) of the Immigration and Nationality Act (INA)," or "Refugee," or Iraq or Afghanistan national stamped: "admitted under Section 101(a)(27) of the INA;" or "SQ/SI parole," or evacuees from Afghanistan with one of the following stamps: "Humanitarian Parole per INA Section 212(d)(5)(A)," or DHS/CBP stamp noting Operation Allies Refuge or "OAR," or DHS/CBP admission stamp noting Operation Allies Welcome or "OAW," or DHS/CBP admission stamp noting "DT;" or parolees who are nationals of or last habitually resided in Ukraine and who entered the U.S. within the timeframes noted in GIS 24DC072 with one of the following stamps: "Humanitarian Parole per INA Section 212(d)(5)", or "8 U.S.C. 1182(d)(5)," or DHS/CBP admission stamp noting "DT", or "Uniting for Ukraine", or "U4U", or "Ukrainian Humanitarian Parolee", or "UHP", or any other notation of parole under INA 212(d)(5); or **I-94 Arrival/Departure Record** with a separate, printed page on CBP letterhead, and the following notation, signed and dated by a USCIS officer: Special Immigrant Status (SQ/SI) Parolee; Section 602(B)(1) AAPA/Section 1059(a) NDAA 2006; Date: ____ USCIS Officer: ____ or **I-797 Notice of Action** indicating approval of an I-730 "Refugee;" or **I-571 Refugee Travel Document**	DOS is the date the non-citizen entered the U.S. DOS for Ukrainian Humanitarian Parolees: see GIS 24DC072	Yes	Yes	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period. Note: SIVs are LPRs and are not subject to the five-year waiting period.

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Citizens of the Freely Associated States who lawfully reside in the U.S. in accordance with the Compacts of Free Association (COFA) between the Government of the U.S. and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau	**R**	**I-766 Employment Authorization Card** coded: A08; or **I-94 Arrival/Departure Record or Foreign Passport** stamped/coded: "CFA/MIS" or "CFA/RMI" (Compact of Free Association/Republic of Marshall Islands), or "CFA/PAL" (Compact of Free Association/Palau), or "CFA/FSM" (Compact of Free Association/Federated States of Micronesia), with admission period of "D/S" (Duration of Status) or **I-797 Notice of Action** indicating approval of Form I-765 with a category code of A08	DOS is the date the non-citizen entered the U.S.	Yes	Yes	Yes
Asylum Granted *Also explore eligibility for RCA. See 22-ADM-07 and 25-INF-04.	**A**	**I-551 Permanent Resident Card** coded: AS1, AS2, AS3, AS6, AS7, or AS8; or **I-766 Employment Authorization Card** coded: A5 or A05; or **I-94 Arrival/Departure Record** stamped: "Granted asylum under Section 208 of the INA;" or **I-797 Notice of Action** indicating approval of an I-730 "Asylee;" or Grant letter from the USCIS Asylum Office or order of an immigration judge granting asylum	DOS is the date status was obtained	Yes	Yes	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period.
Asylum Applicant with Employment Authorization	**O**	**I-766 Employment Authorization Card** coded: C8 or C08; or **I-797 Notice of Action** indicating I-589 application for Asylum received or pending by USCIS, and that the non-citizen is authorized to work in the U.S.; or Any other authoritative documentation from a federal immigration agency indicating an asylum application is pending and that the non-citizen is authorized to work in the U.S. **Note:** Cuban or Haitian nationals who have an application for asylum pending with the USCIS and are not subject to a final, non-appealable, and legally enforceable removal order have Cuban-Haitian Entrant status for benefit eligibility purposes. See Cuban/Haitian Entrant section on page 7.	DOS is left blank	Yes	No	No
Asylum Applicant without Employment Authorization	**W**	**I-797 Notice of Action** indicating I-589 application for Asylum received or pending by USCIS; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check to the federal immigration agency, and the copy of the application or request submitted to the federal immigration agency; or Any other authoritative documentation from a federal immigration agency indicating an asylum application is pending **Note:** Cuban or Haitian nationals who have an application for asylum pending with the USCIS and are not subject to a final, non-appealable, and legally enforceable removal order have Cuban-Haitian Entrant status for benefit eligibility purposes. See Cuban/Haitian Entrant section on page 7.	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Qualified Battered Non-Citizen[12] **A U.S. citizen's or LPR's battered spouse, or child, or parent or child of such battered person, who:** **Obtains "Notice of Prima Facie" Case from the USCIS under the Violence Against Women Act (VAWA);** **or** **Has an I-360 self-petition under VAWA that is approved;** **or** **Has a pending I-360 self-petition and is determined to be a credible victim of domestic violence by the district's Domestic Violence Liaison (DVL);** **or** **Is determined to be a credible victim of domestic violence by the district's DVL with a pending or approved I-130 petition;** **or** **Has an application for VAWA cancellation of removal or suspension of deportation that has been granted or is pending and the immigration court finds that the applicant has a prima facie case for this relief**	**B**	**I-551 Permanent Resident Card** coded: B11, B12, B16, B17, B20, B21, B22, B23, B24, B25, B26, B27, B28, B29, B31, B32, B33, B36, B37, B38, BX1, BX2, BX3, BX6, BX7, BX8, IB1, IB2, IB3, IB6, IB7, IB8 or Z14; or **I-766 Employment Authorization Card** coded: A09, A15 or C31; or **I-94 Arrival/Departure Record** coded: K3, K4, V1, V2 or CR -1-7 and a pending or approved I-130; or **I-797 Notice of Action** indicating prima facie eligibility of an I-360 self-petition under Section 204(a)(1)(A)(iii) or (iv), or Section 204(a)(1)(B)(ii) or (iii) of the INA; or **I-797 Notice of Action** indicating approval or pending I-360 self-petition under Section 204(a)(1)(A)(ii) or (iii) or (iv), or Section 204(a)(1)(B)(ii) or (iii) of the INA; or **I-797 Notice of Action** indicating approval or pending I-130 visa petition under Section 204(a)(1)(A)(i) of the INA (spouse or child of a U.S. citizen), or Section 204(a)(1)(B)(i) (spouse or child of a lawful permanent resident); or Any other document from the USCIS indicating the non-citizen has a K or V visa and a pending or approved I-130; or Order from the Executive Office of Immigration Review (EOIR) under Section 240A(b)(2) of the INA or if the application is pending documentation that the court finds that the applicant has a prima facie case for this relief	DOS is the date status was obtained[13]	Yes	Yes if: Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status; or Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status	Yes, if status has been adjusted to LPR, and one of the following conditions is met: Have 40 Qualifying Quarters of work; or In a qualified status and in receipt of certain disability benefits [7 USC 2012(j)(2)-(7)]; or In a qualified status and under age 18; or After five years in U.S. in a qualified status; or Currently in a qualified status and was age 65 or older on 8/22/96 and was lawfully residing in the U.S. on that date; or Have a U.S. military connection; or Are admitted to the United States as an Amerasian immigrant; or Are certain American Indians born abroad: or Are certain Hmong or Highland Laotian tribal members.

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Victim of Human Trafficking *Also explore eligibility for RCA. See 22-ADM-07 and 25-INF-04.	**D**	**I-551 Permanent Resident Card** coded: ST0, ST6, ST7, ST8 or ST9; or **I-766 Employment Authorization Card** coded: A16 or C25; or Certification Letter (for individuals age 18 and over) or Eligibility Letter (for individuals under age 18) from the Administration for Children and Families (ACF), Office on Trafficking in Persons (OTIP), or the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification; or **I-94 Arrival/Departure Record** coded: T1 stating admission under Section 212(d)(5) of the INA if status granted for at least one year and the Certification Letter or Eligibility Letter noted above; Must call 1-866-401-5510 for verification; or **I-94 Arrival/Departure Record** coded: T2, T3, T4, T5 or T6 stating admission under Section 212(d)(5) of the INA if status granted for at least one year; or **I-797 Notice of Action** indicating USCIS has received or approved of an I-914 or I-914A and the Certification Letter or Eligibility Letter noted above; Must call 1-866-401-5510 for verification; or **I-797 Notice of Action** indicating approval of an I-914 or I-914A coded: T2, T3, T4, T5 or T6 **Note:** Only trafficking victims receive a Certification or Eligibility Letter. Trafficking victims presenting a Certification or Eligibility Letter are not subject to the five-year waiting period for benefits. If a trafficking victim presents any of the documentation above without a Certification or Eligibility Letter and cannot provide one, please contact OTDA for assistance. **Note:** OTDA issues a "New York State Notice of Confirmation of Human Trafficking" letter. This is a different document than the Federal Certification or Eligibility Letters and on its own is **not** sufficient to establish PA or SNAP eligibility. For questions on NYS Confirmation letters, please contact your district's Human Trafficking Liaison or trafficking.contact@otda.ny.gov.	DOS is the date of certification or eligibility by OTIP or ORR For Derivative T-Visa Holders, the DOS is the notice date or the valid from date on the I-797 approval of T status or the date of admission stamped/coded on that individual's passport or I-94	Yes	Yes	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period.
Deportation or Removal Withheld	**J**	**I-766 Employment Authorization Card** coded: A10; or Order from an Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA	DOS is the date status was obtained	Yes	Yes	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period.

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Parolee (for at least one year) (A parolee is a non-citizen who has been allowed to enter the U.S. for humanitarian or public interest reasons)	**G**	**I-766 Employment Authorization Card** coded: A04 or C11 and **I-94 Arrival/Departure Record** indicating paroled for at least one year; or **I-94 Arrival/Departure Record** stamped: "Paroled pursuant to Section 212(d)(5)," or "parole," or "PIP" (Parole in Place), or "MIL" (Military Parole in Place), or "DT" with date of entry and date of expiration indicating one year **Note:** See Cuban/Haitian Entrant section on page 7 if non-citizen is a Cuban or Haitian national.	DOS is the date status was obtained	Yes	Yes if: Entered the U.S. on or after 8/22/96, and after five years in U.S. in a qualified status; or Entered the U.S. before 8/22/96, have continuously resided in the U.S., and are in a qualified status	Yes, if status has been adjusted to LPR, and one of the following conditions is met: Have 40 Qualifying Quarters of work; or In a qualified status and in receipt of certain disability benefits [7 USC 2012(j)(2)-(7)]; or In a qualified status and under age 18; or After five years in U.S. in a qualified status; or Currently in a qualified status and was age 65 or older on 8/22/96 and was lawfully residing in the U.S. on that date; or Have a U.S. military connection; or Are admitted to the United States as an Amerasian immigrant; or Are certain American Indians born abroad: or Are certain Hmong or Highland Laotian tribal members.
Parolee (for less than one year)	**T**	**I-766 Employment Authorization Card** coded: A04 or C11; or **I-94 Arrival/Departure Record** stamped: "Paroled pursuant to section 212(d)(5)," or "parole," or "PIP", or "DT" **Note:** See Cuban/Haitian Entrant section on page 7 if non-citizen is a Cuban or Haitian national.	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Cuban/Haitian Entrant *Also explore eligibility for RCA. See 22-ADM-07 and 25-INF-04.	**H**	**I-551 Permanent Resident Card or Temporary I-551 stamp in foreign passport** coded: CU6, CU7, CH6, HA6 or HB6; or **I-94 Arrival/Departure Record** stamped: "Cuban/Haitian Entrant (status pending)", or coded CU6, CU7, HF, HP0, HP1, HPD, RCU, or RHT; or Reasonable evidence of being a Cuban or Haitian national (citizen) **and one of the following:** **I-766 Employment Authorization Card** coded: C8, C08, or C11; or **I-766 Employment Authorization Card** coded: C18 (Order of Supervision) with additional documentation to support previous or current parole status into the U.S.; or **I-94 Arrival/Departure Record** stamped: "Form I-589 filed;" or **I-94 Arrival/Departure Record** stamped: "paroled under Section 212(d)(5) of the INA," or "Section 212(d)(5) of the INA," or stamp showing parole in U.S. on or after 10/10/80;[14] or **I-797C Notice of Action** confirming USCIS's receipt of the non-citizen's Form I-589 (Application for Asylum and Withholding of Removal); or Documentation issued by the DHS or the Department of Justice's EOIR showing that the non-citizen is in removal proceedings (this includes Notice to Appear (DHS Form I-862), or Order of Supervision (DHS I-220B) if there is also evidence of parole into the U.S.)	DOS is the date status was obtained	Yes	Yes	Yes
Active Military: a qualified non-citizen who is on active duty, other than active duty for training, in the United States Armed Forces, or their spouse, un-remarried surviving spouse, or unmarried dependent child if such spouse or dependent child is also a qualified non-citizen	**M**	Proof of qualified non-citizen status **and** **Military Identification Card** (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.	DOS is the date status was obtained	Yes	Yes	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period.
Veteran: a veteran who is a qualified non-citizen and who has received a discharge from the United States Armed Forces characterized as honorable and not on account of alienage and who fulfills the minimum active duty service requirements of 38 U.S.C. 5303A(d), or their spouse, un-remarried surviving spouse, or unmarried dependent child if such spouse or dependent child is also a qualified non-citizen	**V**	Proof of qualified non-citizen status **and** **DD Form 214 Discharge Certificate** that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship.	DOS is the date the status was obtained	Yes	Yes	Yes if status has been adjusted to LPR. Not subject to the five year waiting period.

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
North American Indian born in Canada	**Depends on underlying status**	**I-551 Permanent Resident Card** coded: S13 or temporary **I-551** stamp in a Canadian passport; or **I-94 Arrival/Departure Record** stamped: S13; or **Tribal document** certifying at least 50% American Indian blood, as required by Section 289 of the INA and School records, or, a birth or baptismal certificate issued on a reservation, or other satisfactory evidence of birth in Canada	DOS is the date the person establishes residence in the U.S.	Yes	Depends on underlying status	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period.
Member of federally recognized tribe born outside U.S.	**Depends on underlying status**	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act	Depends on underlying status	Yes	Depends on underlying status	Yes, if status has been adjusted to LPR. Not subject to the five-year waiting period.
Continuous entry and residence in the U.S. prior to January 1, 1972	**O**	**I-766 Employment Authorization Card** coded: C16; or Any other document from the EOIR or USCIS indicating Registry Application is pending; or Any documentary proof establishing entry and continuous residence	DOS is left blank	Yes	No	No
Subject to an Order of Supervision	**O**	**I-766 Employment Authorization Card** coded: C18; or **I-220B Order of Supervision**; or Any other authoritative document indicating an Order of Supervision **Note:** Cuban or Haitian nationals under an Order of Supervision are deemed to retain their Cuban-Haitian Entrant status for benefit eligibility purposes if they can document they are a national of Cuba or Haiti with a previous or current parole status into the U.S.[15]	DOS is left blank	Yes	No	No
Cancellation of Removal	**O**	Order from the EOIR granting cancellation of removal; or Any other document from the EOIR indicating cancellation of removal granted	DOS is left blank	Yes	No	No
Applicant for Cancellation of Removal	**W**	**I-766 Employment Authorization Card** coded: C10; or Filed copy of EOIR Form 42A or 42B; or Any other authoritative documentation from a federal immigration agency indicating a pending application for cancellation of removal	DOS is left blank	Yes	No	No
Deferred Action Status	**O**	**I-766 Employment Authorization Card** coded: C14 or C33; or **I-797 Notice of Action** indicating approved “Deferred Action for Childhood Arrivals” (DACA) application; or Any document from the USCIS granting deferred action to a “U” visa applicant; or Any other document from the EOIR or USCIS indicating deferred action including any documentation that a DACA application has been approved	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Applicants Requesting Deferred Action	**W**	**I-797 Notice of Action** indicating the USCIS has received an application or other request for deferred action; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check to the federal immigration agency, and the copy of the application or request submitted to the federal immigration agency; or Any other authoritative documentation from a federal immigration agency indicating a request for deferred action is pending	DOS is left blank	Yes	No	No
Applicants for Deferred Action for Childhood Arrivals (DACA)	**W**	**I-797 Notice of Action** indicating USCIS has received an application/request for DACA; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check to the federal immigration agency, and the copy of the application or request submitted to the federal immigration agency; or Any other authoritative documentation from a federal immigration agency indicating a pending DACA application/request	DOS is left blank	Yes	No	No
"U" Visa	**O**	**I-766 Employment Authorization Card** coded: A19 or A20; or **I-94 Arrival/Departure Record** stamped: U1, U2, U3, U4, or U5; or **I-797 Notice of Action** indicating that a petition for "U" nonimmigrant status was approved; or Any other document from the USCIS indicating "U" nonimmigrant status	DOS is left blank	Yes	No	No
"S" Visa	**O**	**I-766 Employment Authorization Card** coded: C21; or **I-94 Arrival/Departure Record** stamped: S5, S6, or S7; or Any other document from the USCIS indicating "S" visa status	DOS is left blank	Yes	No	No
"K3" or "K4" or "V" Visa Granted Under the Legal Immigration Family Equity Act (LIFE Act)	**O**	**I-766 Employment Authorization Card** coded: A9, A09, A14, or A15; or **I-94 Arrival/Departure Record** stamped: K3, K4, V1, V2, or V3; or Unexpired "K3," "K4," or "V" visa in passport **Note:** If an expired "K" or "V" visa is submitted, then proof that an I-539 (Application to Extend/Change Nonimmigrant Status) was filed with USCIS, and, proof that a Form I-130, I-485, or an immigrant visa application is still pending, must also be submitted.	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Applicant for a Special Non-Immigrant Visa (K, S, T, U, V): - K Visa for a spouse or fiancé of a U.S. citizen; - S Visa for certain non-citizens supplying critical information related to terrorism or organized crime; - T Visa for trafficking victims and their family members; - U Visa for victims of criminal activity and their spouse/children; - V Visa for a spouse or child of a LPR who is in the process of immigrating to the U.S.	**W**	**I-766 Employment Authorization Card** coded: C40; or **I-797 Notice of Action** indicating the USCIS has received, acted on, or approved an application or petition; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check addressed to the federal immigration agency, and a copy of the application or petition documents submitted to the federal immigration agency; or Any other authoritative documentation from a federal immigration agency indicating a pending application or petition. **Note:** If a non-citizen has applied for a T Visa and also has a Certification Document (for adults) or Eligibility Letter (for children) from ACF OTIP, they are a victim of human trafficking and are specially qualified non-citizens for benefit eligibility purposes. See Victim of Human Trafficking section on page 5.	DOS is left blank	Yes	No	No
Temporary Protected Status (TPS)	**O**	**I-766 Employment Authorization Card** coded: A12; or **I-797 Notice of Action** indicating TPS granted	DOS is left blank	Yes	No	No
Applicant for TPS	**W**	**I-766 Employment Authorization Card** coded: C19; or **I-797 Notice of Action** indicating USCIS has received an application for TPS; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check addressed to the federal immigration agency, and the copy of the application or request submitted to the federal immigration agency; or Any other authoritative documentation from a federal immigration agency indicating a pending TPS application	DOS is left blank	Yes	No	No
Deferred Enforced Departure	**O**	**I-766 Employment Authorization Card** coded: A11	DOS is left blank	Yes	No	No
Special Immigrant Juvenile (SIJ)	**O**	**I-797 Notice of Action** indicating approval of an I-360 petition for SIJ; or Any other USCIS or government document indicating that the non-citizen is an SIJ.	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Applicant for SIJ Classification	**W**	**I-797 Notice of Action** indicating USCIS has received a petition; or Postal Return Receipt addressed to the federal immigration agency or a copy of a cancelled check addressed to the federal immigration agency, and the copy of the petition submitted to the federal immigration agency; or Any other authoritative document from a federal immigration agency indicating a pending petition for SIJ classification	DOS is left blank	Yes	No	No
Person Granted Suspension of Deportation Under Former Section 244 of the INA (Non-citizens who have been found deportable, have met a period of continuous residence and have filed an application for the EOIR to suspend deportation, which has been granted)	**W**	Letter or order from an immigration judge or court.	DOS is left blank	Yes	No	No
Applicant for Suspension of Deportation Under Former Section 244 of the INA	**W**	Filed copy of EOIR Form 40; or Any other authoritative documentation from a federal immigration agency indicating a pending application for suspension of deportation	DOS is left blank	Yes	No	No
Person Granted Stay of Deportation (Non-citizens who have been found deportable, but deportation is deferred for a specified period of time)	**W**	**I-94 Arrival/Departure Record** indicating a stay of deportation; or Letter/order from a federal immigration agency, immigration judge or court granting stay of deportation; or Order of Supervision	DOS is left blank	Yes	No	No
Person Granted Indefinite Stay of Deportation (Non-citizens who have been found deportable, but deportation is deferred indefinitely)	**W**	**I-94 Arrival/Departure Record** coded 106 “granted Indefinite Stay of Deportation”; or Letter or order from a federal immigration agency, immigration judge or a federal court granting indefinite stay of deportation	DOS is left blank	Yes	No	No

Category or Status	WMS[1] Citizenship Code	Common Documentation	WMS DOS[2] and DEC[3] Codes[4]	Safety Net Assistance (SNA)	Family Assistance (FA)	Supplemental Nutrition Assistance Program (SNAP)
Person Granted Indefinite Voluntary Departure (Relief that was granted before April 1997 to non-citizens who have been found deportable, but deportation is deferred indefinitely)	**W**	**I-94 Arrival/Departure Record** indicating that a voluntary departure has been granted for an indefinite time period; or Letter or order from a federal immigration agency or immigration judge granting voluntary departure for an indefinite time	DOS is left blank	Yes	No	No
Non-citizen, not otherwise included on this desk aid, who the USCIS has officially determined is legitimately present in the U.S. and who the USCIS is allowing to reside in the country for an indefinite period of time	**O**	Districts must contact the Office of Temporary and Disability Assistance (OTDA) Public Assistance (PA) Bureau for additional guidance if the district believes they have a non-citizen that fits this description.	DOS is left blank	Yes	No	No
Other status not eligible for PA and/or SNAP	**E**	Non-citizen that is unable to provide sufficient documentation to support their inclusion in any of the above statuses.	N/A	No[16]		

For any questions related to PA benefit eligibility for non-citizens, please contact the OTDA PA Bureau at: tabureau@otda.ny.gov **or: 518-474-9344.**

For any questions related to SNAP benefit eligibility for non-citizens, please contact the OTDA SNAP Bureau at: SNAPBureau@otda.ny.gov **or: 518-473-1469.**

Endnotes:

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[1] Welfare Management System

[2] Date of Status

[3] Date Entered Country

[4] The Date of Status (DOS) field in the Welfare Management System (WMS) identifies the date a non-citizen obtained qualified status, which is indicated by the appropriate Citizenship code, and is used to calculate when a qualified non-citizen reaches five years in a qualified status and then becomes eligible for federally funded assistance, if otherwise eligible. Non-citizens that are considered Permanently Residing Under Color of Law (PRUCOL) are not qualified non-citizens, therefore, their time in a status that is considered PRUCOL does not count towards the five years. For non-citizens that are PRUCOL, the DOS field is left blank. If a non-citizen who is PRUCOL later adjusts to a qualified status, the date that the qualified status is obtained is the date that is entered in the DOS field.

The Date Entered Country (DEC) field in WMS indicates when the non-citizen physically entered the United States (U.S.). This is necessary so as not to deny federal benefits to certain qualified non-citizens who entered the U.S. prior to August 22, 1996 but have been in a qualified status for less than five years.

[5] Workers must check the "Category" code on the documentation provided to make the correct eligibility determination for federal benefits (FA, SNAP). This code is used to describe the category that was used to admit a non-citizen to the U.S. as a permanent resident. It is located on the front side of the I-551 Permanent Resident Card next to the cardholder's A-number. This field is also known as a class of admission (COA), as seen on the Systematic Alien Verification for Entitlements (SAVE) system report. As illustrated on this desk aid, certain non-citizens who have an I-551 Permanent Resident Card, often referred to as a "green card," may not be subject to the "five-year bar" on federal benefits depending on the category code on the I-551.

Additionally, it is essential that the category codes included in the qualified battered non-citizen section on page 4 of the desk aid are identified. This is because, for qualified battered non-citizens, the DOS is often prior to the "Resident Since" date on the I-551 Permanent Resident Card.

[6] The Form I-94 Arrival/Departure Record is typically electronically generated and may be presented as a printout. In these instances, the document will not have a stamp. For further information on the Form I-94 Arrival/Departure Record, please see GIS 15 TA/DC046.

[7] As used in this desk aid, the term "non-citizen" means a person who is not a citizen or national of the U.S. The term "qualified non-citizen" means a person who is a "qualified alien" as that term is defined in 8 U.S.C. §1641.

[8] For purposes of this document "U.S. Military Connection" means: (i) a veteran (as defined in section 101, 1101, or 1301, or as described in section 107 of title 38) with a discharge characterized as an honorable discharge and not on account of immigration status and who fulfills the minimum active-duty service requirements of section 5303A(d) of title 38, (ii) on active duty (other than active duty for training) in the Armed Forces of the United States, or (iii) the spouse or unmarried dependent child of an individual described in clause (i) or (ii) or the unremarried surviving spouse of an individual described in clause (i) or (ii) who is deceased if the marriage fulfills the requirements of section 1304 of title 38.

[9] The term "certain American Indians Born Abroad" means: an American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act (8 U.S.C. 1359) apply; or an individual born outside the U.S. who is a member of a federally recognized Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304(e)).

[10] The term "certain Hmong or Highland Laotian tribal members" means: an individual lawfully residing in the U.S. who was a member of a Hmong or Highland Laotian tribe that rendered assistance to U.S. personnel by taking part in a military or rescue operation during the Vietnam era (Aug. 5, 1964-May 7, 1975). This category includes the spouse (or un-remarried surviving spouse) or unmarried dependent children of these individuals.

[11] 40 qualifying quarters as defined under Title II of the Social Security Act, or can be credited with such qualifying quarters. An LPR may earn qualifying quarters by working, or may be credited with qualifying quarters from a parent, stepparent, or adoptive parent for any quarter earned prior to the LPR turning 18 years old. An LPR may also be credited with quarters earned by a spouse during their marriage. A widow or widower retains credit for all qualifying quarters earned by a deceased spouse during the marriage. When a marriage ends in divorce, however, any quarters earned by the spouse during the marriage are forfeited.

Page 4

[12] For non-citizens to be treated as qualified battered non-citizens, they must meet four requirements:

1. Be a credible victim of battery or extreme cruelty; and
2. Have appropriate immigration documentation; and
3. Be able to show a substantial connection between the need for benefits and the battery or extreme cruelty; and
4. No longer reside in the same household as the abuser.

Districts should refer to 06-INF-14 for additional information about qualified battered non-citizens and eligibility.

[13] In general, the DOS for PA and SNAP is when all four of the criteria in endnote 12 are met. **Exception for SNAP:** Per current United States Department of Agriculture (USDA) guidance, for non-citizens with an approved I-360; or a prima facie determination on a pending I-360; the DOS for SNAP is the date the I-360 petition was approved, or the date the prima facie determination was made by USCIS, whichever is earlier.

WMS only records one DOS. If the DOS for PA and SNAP are different, enter the earlier of the two dates in WMS so that the non-citizen can receive the federal benefits they are eligible for; the later date must be noted, and tracked manually in the case record so that the federal benefits for that benefit program are also issued appropriately. See GIS 19 TA/DC038 "SNAP and TA Date of Status (DOS) Determination for Qualified Battered Non-Citizens," for further information.

Note: Non-citizens who file for VAWA related immigration relief often later adjust their immigration status to become LPRs. The "residence since" date on the I-551 Permanent Resident Card indicates the date LPR status was obtained, not the date the non-citizen was determined to be a qualified battered non-citizen. For both PA and SNAP, use the earliest appropriate date as the DOS for benefit eligibility. If a non-citizen presents an I-551 with one of the codes noted above, review the case record, and/or ask the non-citizen if they have additional documentation, to determine if an earlier DOS would be appropriate.

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[14] **Exception**: This guideline does not apply when the non-citizen was paroled solely to testify as a witness in a judicial, administrative or legislative proceeding, or when the parolee is in legal custody pending criminal prosecution.

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[15] Refer to GIS 16 TA/DC048 "Eligibility to Participate in SNAP by Certain Cuban Nationals Under an Order of Supervision," for additional information regarding SNAP eligibility for these non-citizens.

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[16] If it is determined that a non-citizen is ineligible for PA and/or SNAP because of their non-citizen status, the non-citizen must be denied or discontinued using the appropriate individual reason code (F92 - Failure to Provide Proof of Citizenship or Non-Citizen Status (PA and/or SNAP)) and the appropriate Citizenship code. Use of the appropriate individual reason and citizenship codes is necessary so that a Medicaid Separate Determination (MSD) is conducted.

Programs to Help Seniors and Disabled SNAP Applicants

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LDSS-5181 ESAP Interview Notice Letter

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Pathways to SNAP for Seniors: Comparing ESAP & NYSCAP

Programs to Help Seniors and Disabled SNAP Applicants

Adult: an individual age 18 or older.

Senior: an individual age 60 or older.

Person with a Disability: anyone determined to be disabled by the Social Security Administration and most likely receiving a federally-related disability benefit including, but not limited to:

- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Disability-related Medicaid
- Veterans Administration (VA) Disability 100%

Elderly Simplified Application Project (ESAP)

20-ADM-14

21TA/DC079

NYS implemented the Elderly Simplified Application Project (ESAP) to improve access to and participation in SNAP for older adults and adults with disabilities.

ESAP provides a simplified application process, enhanced data matching for required verification, and a longer certification period. ESAP households are not required to complete a recertification interview, although they can request one.

Helpful resources at the back of this section:

LDSS-5166 SNAP-Only Application

LDSS-5181 ESAP Interview Notice Letter

Pathways to SNAP for Seniors: Comparing ESAP & NYSCAP

Who Is Eligible for ESAP

To be eligible for ESAP:

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

Households that meet the above criteria and include children and/or children with disabilities can participate in ESAP.

Benefits of ESAP

Households eligible to participate in ESAP will be provided:

- Data matching and relaxed rules for needed verification
- 36-month certification period with a non-mandatory interim report
- No interview at recertification

ESAP, cont.

How to Apply for ESAP

Applicants can use the simplified paper application (LDSS-5166) with an easy-to-read pamphlet (to help senior/disabled households better understand medical deductions), or apply online through myBenefits or Access HRA.

New applications for SNAP that meet the ESAP criteria will be placed into ESAP. These households will receive a notice that includes the benefits of ESAP and the extension of the certification period.

Households already receiving SNAP and meeting ESAP criteria will be placed into ESAP at their next recertification, as long as they continue to be eligible for SNAP.

ESAP Interview Rules for Application and Recertification

Applications: ESAP-eligible households are required to have an initial application interview when applying for SNAP, like all other SNAP applicants.

Recertifications: ESAP-eligible households are *not* required to complete a recertification interview, but may request one. However, ESAP-eligible households must submit a completed recertification application and any required documents to receive ongoing SNAP benefits.

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

SNAP Offices must offer ESAP-eligible households a recertification interview in the following situations:

- Before an ESAP recertification application can be denied for any reason other than a failure to submit a recertification application.
  - ESAP-eligible households that do not return a recertification application will have their SNAP case closed for failure to recertify, like any other SNAP case.
- When information on the ESAP recertification application is questionable.
  - Anytime there is questionable information and further clarification is needed, the ESAP-eligible household will receive a notification of a scheduled interview appointment (upstate) or instructions on how to complete a telephone interview (NYC).
- Upon request by the ESAP household.

SNAP offices cannot deny an ESAP recertification application without first offering a recertification interview to the household.

ESAP, cont.

Upstate: SNAP offices use the LDSS-5181 "ESAP Interview Notice Letter" in both English and Spanish. The LDSS-5181 informs the household:

- Their scheduled interview date and time,
- Their case will be closed if they don't complete an interview,
- Information provided on their recertification application indicates they are no longer eligible for SNAP, and
- They are being offered a chance to be interviewed to correct any incorrect information before their SNAP case is closed.

NYC: SNAP offices include the following information when notifying ESAP households:

- Their SNAP case will close at recertification unless they complete an interview to determine eligibility,
- This information is similar to the existing Z95 notice, but contains ESAP-specific language explaining the need for the interview, and
- Provides instructions on where to call to complete an interview over the phone (except for those ESAP households being closed for failure to submit a recertification application).

Data Matching and Other Simplifications

Participating ESAP households are **required to provide the following documentation:**

- Proof of residency,
- Out-of-pocket medical expenses,
- Non-federal/state sources of unearned income, and
- Any questionable information.

Unless questionable, participating ESAP households may self-declare the following expenses:

- Standard Utility Allowances (SUA), and
- All other shelter-related expenses (e.g., rent, mortgage, taxes, and insurance on the dwelling).

SNAP offices are required to use computer matches and available systems to verify the following circumstances of ESAP-eligible households:

- Unearned income,
- Date of birth,
- Social Security Number, and
- If appropriate, to ensure the household has no earned income.

ESAP, cont.

Non-mandatory Interim Report

Households participating in ESAP will receive a non-mandatory interim report (LDSS-3151 SNAP Change Report Form) at the midpoint (18 months) of their 36-month certification period. This form **does *not* need to be returned,** and the SNAP office **may not take a negative action** against the ESAP household for not returning it.

- ESAP households may use this form to report changes—especially those that will increase their SNAP benefits.
- Changes that increase the household's SNAP benefit must be acted upon and verified using resources and data matching or, if needed, documents from the household.
- **No negative actions can be taken against the household for failure to verify the changes,** but these will be looked into at the next recertification.

Other Reporting Requirements

Due to simplified reporting requirements, ESAP households don't have to report most changes until their next recertification (36 months). However, the following changes **must be reported within ten days of the beginning of the month following the month in which the change took place:**

- **Change in household composition.** Whenever a person leaves or is added to an ESAP household, this should be reported because it may affect the household's eligibility for ESAP. If all adults are not 60 or older and/or disabled, the household would no longer be eligible for ESAP and should be transitioned to regular SNAP if eligible.
- **Receipt of earned income.** If any member of the ESAP household begins receiving earned income, this should be reported, as households receiving earned income are not eligible for ESAP.
- **Substantial lottery or gambling winnings.** SNAP rules require that all SNAP households report substantial lottery or gambling winnings. Substantial lottery or gambling winnings are defined as a cash prize equal to or greater than the maximum allowable resources test for senior/disabled households—currently $4,750—won in a single game before taxes or other withholdings.

Households That No Longer Meet ESAP Criteria

Households that no longer meet the criteria for ESAP will need to leave the project; these households are referred to as "leavers".

Leavers who remain eligible for SNAP, but not ESAP:

- Keep the balance of their original 36-month certification period until the next recertification
- Are no longer granted any of the other ESAP flexibilities
- Are subject to the regular reporting requirements that would apply to the household based on its circumstances when it leaves ESAP

NYSCAP

GIS 12TA/DC019

24-ADM-09

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

Helpful resource at the back of this section:

LDSS-4841 NYSCAP Statewide Information Collection Sheet

LDSS-4836/LDSS-4836 NYC NYSCAP Interim Report

Pathways to SNAP for Seniors: Comparing ESAP & NYSCAP

What Is a CAP

CAPs are a partnership between the Social Security Administration (SSA), the United States Department of Agriculture (USDA)/Food and Nutrition Administration (FNA), and state and local agencies to streamline SNAP application procedures for individuals receiving SSI benefits. The projects are designed to strengthen access to nutrition benefits for this vulnerable population.

New York State uses the standard CAP model which includes simplified joint SNAP/SSI application processing by SSA as individuals apply for or are recertified for SSI. CAPs use standard benefit amounts and/or standard shelter expenses in the benefit calculation and require evaluations to ensure cost neutrality is maintained.

Automatic Enrollment into NYSCAP

CAPs have an automatic enrollment process that uses data matching to enroll single Supplemental Security Income (SSI) live-alone recipients into SNAP. The SNAP office/HRA center uses monthly data matching to find eligible NYSCAP participants from the list of newly approved SSI recipients in NYS.

NYSCAP is available only to SSI live-alone recipients—those classified as "living alone" by the Social Security Administration (SSA) (i.e., live by themselves and pay their food, shelter, and clothing expenses). This code, called an "A/A," designates a federal SSI living code of 'A' and a State Supplement code of 'A.'

SSA sets these codes, not the SNAP office/HRA center. Only SSA can code SSI recipients as single live-alone individuals.

OTDA clarified the following in 24-ADM-09:

- SSI recipients who live in a dwelling with a spouse but are coded A/A can participate in NYSCAP as their own separate SNAP household unless their spouse applies for SNAP, in which case they would need to be on a SNAP case together and would not be eligible for NYSCAP.
- If a married couple has two NYSCAP cases opened automatically, they can both have a separate case in the same dwelling based on each being coded A/A. However, if these two married individuals were to apply outside of the NYSCAP auto-enrollment process, the normal mandatory household composition rules would apply, and they would need to be on the same SNAP case together and would not be eligible for NYSCAP.

SSI couples and recipients in other living arrangement categories cannot participate in NYSCAP, but they may be eligible for SNAP through ESAP or the regular SNAP application process. Information about ESAP is included earlier in this section.

18- to 21-year-old SSI Recipients Coded A/A by SSA

SSI participants ages 18 to 21 can be coded A/A, designating them as SSI live-alone individuals, even if they reside with their parents. These SSI recipients can participate in NYSCAP as a separate SNAP household, provided the parents are not receiving SNAP benefits. If both the parents and the 18- to 21-year-old SSI live-alone individual are current SNAP participants or applying for SNAP, then this family must apply together as one household under regular SNAP eligibility rules.

Enrollees Must Use Benefits Within 90 Days

When a person is enrolled in NYSCAP, they must redeem their SNAP benefits within the first 90 days of the auto-opening of their SNAP case. This means that they must use the EBT card that they received at a local SNAP vendor to purchase food. By doing this, the enrollee is agreeing to participate in SNAP and is providing an electronic application signature, allowing them to receive monthly SNAP benefits. If benefits are not accessed within 90 days, the NYSCAP case will be automatically closed by the SNAP office and benefits will be removed and may not be restored.

SNAP Benefits/Budgeting Under NYSCAP

NYSCAP enrollees will have their SNAP case opened with their SSI income and any other income already budgeted, and will initially receive a minimum benefit level that can be as low as $25. Benefits may be adjusted up to the maximum SNAP benefit level—as high as $306—if households complete and return the NYSCAP Statewide SNAP Case Information Collection Sheet (LDSS-4841), which is sent with their NYSCAP opening notice and includes questions about shelter, utilities, and other costs that may be deducted.

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

NYSCAP enrollees will automatically receive a reminder notice six months after the opening of their case if they have not returned the LDSS-4841:

- This notice provides enrollees with another opportunity to share information about their shelter and utility costs to maximize their SNAP benefit.
- Households that do not respond to this notice will not be subject to negative action. However, the household will continue to receive a monthly SNAP benefit of as little as $25 instead of a monthly benefit of up to $306.

Upon receiving a completed LDSS-4841, the SNAP office must update the SNAP budget using standard SNAP budgeting rules, including:

- Adding the actual shelter expense
- Determining the Heating/Cooling Standard Utility Allowance
- Adding in any medical expenses eligible under SNAP rules

NYSCAP, cont.

NYSCAP enrollees must meet the same SNAP verification requirements as all other SNAP cases, except:

- They **may self-declare all shelter-related expenses** (e.g., rent, mortgage, taxes, and insurance on the dwelling), unless questionable.

Interim Report

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

The following interim reporting rules apply:

- The NYSCAP SNAP Case Interim Report (LDSS-4836), which collects information needed to complete a SNAP budget using standard procedures, **must be responded to or the SNAP case will be closed.** This can include mailing a completed form back or calling the SNAP office and having a caseworker document the responses in the case record.
- If the interim report is returned, but there is not enough information to complete a SNAP budget, the SNAP office must contact the household to clarify or request any needed documentation.

NYSCAP Recertification

A household is authorized and eligible for SNAP benefits only for a specified, limited period called the certification period. At the end of that period, the SNAP case is automatically closed unless the SNAP Office authorizes a new certification period. This process is called a recertification.

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

At the end of a certification period, NYSCAP households:

- Must follow the recertification process in place for all SNAP recipients to continue to receive SNAP benefits.
- Will receive a notice of expiration that includes a SNAP application/ recertification form. This form must be completed and returned.
- Must follow regular SNAP documentation requirements.

NYSCAP households found eligible during recertification will receive a new 36-month SNAP certification period.

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

Resources for This Section

On the following pages, you will find these resources:

LDSS-5166 SNAP-Only Application

LDSS-5181 ESAP Interview Notice Letter

LDSS-4841 NYSCAP Statewide Information Collection Sheet

LDSS-4836/LDSS-4836 NYC NYSCAP Interim Report

Pathways to SNAP for Seniors: Comparing ESAP & NYSCAP

Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ☐ Yes ☐ No

If yes, check the type of format you would like:

☐ **Large Print**

☐ **Data CD**

☐ **Audio CD**

☐ **Braille, if you assert that none of the other alternative formats will be equally effective for you.**

If you require another accommodation, please contact your social services district.

When You Are Applying For SNAP

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 2 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

When You Are Recertifying For SNAP

- You must submit the signed and completed recertification application.

Remember to sign your application.

Need SNAP Benefits Right Away? You May Be Eligible for Expedited Processing of your SNAP Application:
If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to get SNAP within 7 calendar days of the date you apply. When a resident of an institution is jointly applying for SSI and SNAP prior to leaving the institution, the recorded filing date of the application is the date of release of the applicant from the institution.

Where You Can Apply For SNAP
If you live **outside of New York City**, you can apply online at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed to or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009.**

If you live in **New York City** and are NOT also applying for Temporary Assistance, you can apply online at Access HRA, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009.**

Non-Discrimination Notice – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audio tape, American Sign Language), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
(2) fax: (833) 256-1665 or (202) 690-7442; or
(3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider. **Do not mail your application to this address.**

Remember to sign your application.

Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

Application Information

SSN: _____ **Date of Birth:** _____

Your Name (last, first, MI)**:** _____

Daytime Phone Number(s) (with area code): _____

Home Address (Street, Apt #)**:** _____

City, State, Zip Code: _____

Mailing Address (if different)**:** _____

Your Ethnicity/Race: This information is collected to ensure that everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: (check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Spoken Language: Please tell us the language that you speak _____

Are you a U.S. citizen: ☐ Yes ☐ No

Are you a resident of New York State? ☐ Yes ☐ No **Which County do you live in?** _____

Do you have a special situation? (Check all that apply to you.)

☐ Physical/Mental Impairment ☐ Hearing Impaired ☐ Visually Impaired

☐ Interpreter Required ☐ Sign Language Required ☐ Other: _____

Did someone help you complete this form? ☐ Yes ☐ No

Name of person assisting you: _____

Their phone number with area code: _____

Household Information:

List the people who live with you:

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

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ X

Different Identity: _____ Language Spoken: _____

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

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ X

Different Identity: _____ Language Spoken: _____

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

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ X

Different Identity: _____ Language Spoken: _____

Do you or anyone else in your house receive any of the following types of income?			
Type of Income	**Amount of Income**	**Frequency of Income**	**Name of Person Who Receives Income**
Social Security			
SSI			
Pension			
Veteran's Benefits			
Workers' Compensation			
Wages			
Other			

Do you pay for dependent care expenses? ☐ Yes ☐ No

Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.? ☐ Yes ☐ No

How much do you pay for your rent or mortgage each month? $_____

Do you pay for any of the following:

I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others.	☐ Yes	☐ No
I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others.	☐ Yes	☐ No
I have an air conditioner that I use in the summer, and I pay a fee to use it.	☐ Yes	☐ No
I pay for electricity or gas or share this cost with others.	☐ Yes	☐ No
I pay for phone service, including cell phone service (not a pre-paid phone).	☐ Yes	☐ No

Authorized Representative – You can authorize someone who knows your household circumstances to **apply** for SNAP for you. You can also authorize someone outside your household to get an authorized representative EBT card to buy food for you. If you would like to authorize someone, you must do so in writing. You may do so by printing the person's name, address and phone number below. When an Authorized Representative is applying on behalf of a SNAP household that does not reside in an institution, **both** the Authorized Representative and a responsible adult member of the SNAP household must sign and date the signature sections at the bottom of this page, unless the Authorized Representative has been otherwise designated by the household in writing.

If you would like to authorize someone, print the person's name, address and telephone number, and sign below.

Name: _____

Address:_____ **Phone:**_____

☐ Check this box if you want your authorized representative to get an EBT card to buy food for you.

In order to be able to accept your application, you must sign and date below

Certification: By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities" described on pages 4 – 6 of this application, and the answers in this application and any additional document I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Please see pages 4 – 6 which contain the "SNAP Penalty Warning" and your "Rights and Responsibilities".

Your signature is required below to complete the application process.

Applicant Signature: _____ **Date:**_____

Authorized Representative Signature: _____ **Date:**_____

Instructions for Completing the Application Form

- Try to answer as many questions as you can.
- On page 1 of the application form, put your telephone number where you can be reached during weekdays or where a message can be left for you.
- **Remember to sign your name before you submit your application form.**
- Be sure to read the included Notice of Rights and Responsibilities and the SNAP Penalty Warning on the following pages.
- **You can file an incomplete application by filling in your name and address on the front and your signature on the back and completing the rest of the application later. This minimal information will establish your application filing date.**
- **SNAP benefits will be effective back to the date that you applied.**

You must be interviewed: We will review your application when it is received and will contact you to discuss the information you gave on your application.

Note: If we cannot reach you, you will receive a letter for a scheduled phone interview.

You must submit verification: During your interview, we will explain what verification and information you will need to give to receive SNAP benefits. We will send you a verification checklist with the items you need to provide. You have 30 days from the date that your application is received to give us the verification we need. Be sure to ask us for help if you are having difficulty obtaining these documents.

Decision: You will receive a decision on your application within 30 days.

What Verification Will I Need to Submit?

These are most of the items you will need when applying for SNAP benefits:

- **Identification Showing Your Name and Address:**
- If you have no address, please tell us.
- **Proof of income.**
- An award letter or direct deposit statement of unearned income including interest income amounts and frequency of payments. If you are working, submit your last four weeks of pay stubs, direct deposit statements, or copies of checks.
- **Social Security Numbers for All Members Applying.**
- **Proof of Noncitizen Status -** If you are not a citizen, provide proof of legal noncitizen status.
- **Proof of Certain Expenses:** Although optional, if you provide proof of either of the following, your SNAP benefits could be higher.
  - **Medical Expenses -** If you or anyone in your household is age 60 or older or has a certified disability, *out-of-pocket medical expenses must be verified* with receipts for co-payments or premiums on health insurance, or receipts for dentures, eyeglasses, hearing aids, hearing aid batteries, prescription medications, doctor-prescribed pain relievers or over-the-counter drugs, and transportation to get to and from medical services.
  - **Child Support Payments -** Proof, such as court documents, of child support payments you pay to someone not living with you, and amount paid.

Also tell us if you have any of the expenses below (this is optional, but these could make your SNAP benefits higher):

1. **Housing Costs:** rent or mortgage payments, real estate taxes, or homeowners' insurance.
2. **Utilities:** air conditioning costs, home heating oil, gas for heating, wood or coal for heating, gas for cooking, electricity, telephone (including cell phones), or other utility expenses such as for water, sewer, or garbage disposal service.
3. **Dependent Care Expenses:** in-home or out-of-home care.

Read the Important Information Below

SNAP Penalty Warning – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found guilty of making a false statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.
- Additionally, a court may bar an individual from participation in SNAP for an additional 18 months.
- Permanent disqualification of an individual for:
    - The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.
    - The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of $500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)
    - The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of controlled substances. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
    - All third SNAP-IPV Intentional Program Violations.

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to $250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit an act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.
- Additionally, the following are not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for actions that include:
    - Using or have in your possession EBT cards that do not belong to you, without the card owner's consent; or
    - Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit; or
    - Allowing someone else to use your EBT card in exchange for cash, firearms, ammunition, explosives or drugs, or to purchase food for individuals who are not members of the SNAP household.

Overpayment – If you get more SNAP benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future SNAP benefits that you get. If your case is closed, you may pay back the overpayment through any unused SNAP benefits remaining in your account, or you may pay by cash.

If you have an overpayment that is not paid back, it will be referred for collection, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any SNAP benefits expunged from your EBT account will be used to reduce current overpayments. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

Consent – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for SNAP benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a SNAP Quality Control Review.

I understand that by signing this application/certification, I consent to an investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company's low-income programs. I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance, the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

Consent for Release of Confidential Unemployment Insurance (UI) Information – I authorize the New York State Department of Labor (DOL) to release any confidential information, maintained by DOL for Unemployment Insurance (UI) purposes, to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with State and local agency employees working in local social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of SNAP applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

New York City Housing Authority Resident Consent to Share Information – If you are applying for assistance in New York City, this consent will allow the New York City Housing Authority (NYCHA) to share information about you with the New York City Human Resources Administration/Department of Social Services (HRA) to help you and your household apply for assistance under the Supplemental Nutrition Assistance Program (SNAP), and/or for HRA cash assistance, which may include payment of rental arrears.

If you sign this application below, NYCHA may share with HRA information relevant to your eligibility for, or level of, SNAP and/or cash assistance benefits including your name, address, date of birth, and rent and utility payment information (such as monthly rent amount, rent payment history, rent balance, and appliance fees). Additionally, by signing this application below, you represent that you have the authority to consent on behalf of minor children listed in this application and you authorize NYCHA to share that child's name, address, and date of birth with HRA.

HRA will keep confidential any information that NYCHA hares any may only share information with the local, state, and federal agencies that oversee HRA's SNAP and cash assistance benefits programs.

RELEASE OF EDUCATIONAL RECORDS – I give permission to the New York City social services district to obtain the educational records of myself and/or my minor child(ren) for the following purposes: 1) verifying my eligibility for SNAP; 2) conducting reviews or investigations that result from conflicting information provided as part of the eligibility process and; 3) providing the appropriate federal government agency access to this information for the sole purpose of audit.

Release of Information to Service Providers – I give permission to the social services district and New York State to share information regarding Supplemental Nutrition Assistance Program benefits that I or any member of my household for whom I can legally give authorization have received, for purposes of verifying my eligibility for services and payment related to program administration provided by a State or local contractor. Such services may include, but are not limited to, job placement or training services provided to help me or my household members obtain and retain employment.

SUA (Standard Utility Alowance) Information – I understand that SNAP recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I have not received a HEAP benefit of greater than $20 in the current month or previous 12 months, or other similar energy assistance program benefits, I must pay separately for a heating, air conditioning or utility expense in order to receive a Standard Utility Allowance.

Changes – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, able-bodied adult without dependents (ABAWD) status including if my hours of work fall below 80 hours per month, pregnancy status or address to the best of my knowledge or belief in accordance with my reporting requirements.

Requirement to Report/Verify Household Expenses – I understand that my household must report child care and utility expenses in order to get a SNAP deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a SNAP deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for SNAP or may increase my SNAP benefits. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of SNAP in future months in accordance with the rules for change reporting and processing changes.

In applying for SNAP, I understand that the social services district will request and use information available through the Income and Eligibility Verification System to investigate my application, and may verify this information through collateral contacts if discrepancies are found. I also understand that such information may affect my eligibility for SNAP and/or level of SNAP benefits I receive.

Privacy Act Statement – Collection and Use of Social Security Number (SSN) – The collection of SSN's is authorized for each household member with respect to SNAP pursuant to the Food and Nutrition Act of 2008. The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. The information will be used to check identity and to verify earned and unearned income.

If a SNAP claim arises against your household, the information on this application, including all SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Anyone applying for SNAP must provide a SSN. SSN's of ineligible members will also be used and disclosed in the manner above. If you or anyone applying/recertifying does not have a SSN, a SSN must be applied for with the Social Security Administration (SSA.gov).

Besides using the information you give us in this way the State also uses the information to prepare statistics about all the people receiving benefits from the Home Energy Assistance Program. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors.

Citizenship/Immigration Status – I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of myself and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for SNAP may be checked for authenticity with the United States Citizenship and Immigration Services.

***For SNAP*,** citizenship must be documented **only if questionable**.

Remember to sign your application.

County Address
Street
City, NY ZIP

ESAP RECERTIFICATION INTERVIEW REQUIRED

Date:

Case Number:
Telephone Number:

Client Name
Address
Address
City, State Zip

We recently told you that you must re-apply to continue getting SNAP benefits as part of the Elderly Simplified Application Project (ESAP). An interview is not usually required for ESAP households at recertification. However, due to changes that you listed on your application form, you must be interviewed to determine if you can still get SNAP benefits.

We will attempt to phone you at the number(s) you provided to conduct your recertification interview at the following date and time:

Date: Time:

You must be interviewed or your SNAP case will be CLOSED.

Please call the general phone number at the top of this notice to make arrangements for another interview if you will not be available at the time and date indicated. Thank you.

This decision is based on Regulation 18 NYCRR 387.7.

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

Case Name: Case Number:

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

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

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

SECTION 1

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

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

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

Other (describe)

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

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

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

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

☐ Yes ☐ No

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

Homeowners Insurance? $

SECTION 2

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

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

☐ Yes ☐ No

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

   ☐ Kerosene ☐ Propane or Bottled Gas

   Other (describe):

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

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

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

5. What is your heating company's name?

6. What is your heating company's address?

Address: City/Town: State: Zip Code:

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

SECTION 3

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

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

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

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

   ☐ Yes ☐ No

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

5. What is your utility company's name?

6. What is your utility company's address?

Address: City/Town: State: Zip Code:

SECTION 4

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

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

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

Applicants Signature: Date Signed:

IMPORTANT INFORMATION SECTION

YOU MAY BE ENTITLED TO HIGHER BENEFITS

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

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

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

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

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

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

Print Authorized Representatives Name: Auth. Rep. Phone Number

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

SIGNATURE SECTION – Make sure to do the following:

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

Print the Recipients Name:

Recipient/Authorized Representatives Signature Date Signed

NYSCAP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report

Please fill out this form right away and return it to the address listed above. If you don't send the form back, your SNAP benefits will stop.

We've sent this form because we must update your NYSCAP SNAP benefits case. Please answer the questions below about your shelter, heat, and utility costs and unreimbursed medical expenses. These expenses affect how much you can get in SNAP. If you never told us about these costs, or if they have changed, we might be able to give you more SNAP. Please send us current proof of these expenses if you never told us about them or if they have changed.

Even if you have no changes to report, you must send the form back or your SNAP benefits will stop. Please sign and date the form and return it to us no later than the 10th day of next month.

Section 1

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

   Your new address (include Apartment number): City/Town State: Zip Code:

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

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

   2b. If you rent, is your rent subsidized? ☐ Yes ☐ No If 'Yes', what is your share of the rent? $

   2c. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment?
   ☐ Yes ☐ No

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

   Homeowners Insurance? $

   2e. Has anyone new moved into or out of your household? ☐ Yes ☐ No

   If 'Yes', provide their name and relationship to you:

Section 2

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

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? ☐ Yes ☐ No
2. What is your main source of heat? ☐ Fuel Oil ☐ Electric Heat ☐ Natural Gas ☐ Coal or Wood ☐ Kerosene ☐ Propane or Bottled Gas ☐ Other (describe):
3. Is the heating bill in your name? ☐ Yes ☐ No If 'No', name on the bill?
4. What is your heating account number (if you have one)?
5. What is your heating company's name?
6. What is your heating company's address?

Address: City/Town State: Zip Code:

Section 3

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

1. Do you pay a separate monthly charge to your landlord for air conditioning? ☐ Yes ☐ No
2. Do you pay an electric bill and use an air conditioner? ☐ Yes ☐ No
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? ☐ Yes ☐ No
4. Is the utility bill in your name? ☐ Yes ☐ No If 'No', name on the bill?
5. What is your utility account number?
6. What is your utility company's name?
7. What is your utility company's address?

Address: City/Town State: Zip Code:

Section 4

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

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

Applicants Signature **Date Signed**

X

Important Information

You may be entitled to higher benefits.

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

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

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

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

Make sure to return this report and verification to the address listed on the front of this notice.

Authorized Representative Section – If you are an Authorized Representative, fill out this section.

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

Print Authorized Representative's Name: Auth. Rep. Phone Number:

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

Signature Section – Make sure to do the following:

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

Print the Recipients Name:

Recipient/Authorized Representative Signature: Date Signed:

We are pleased that you participate in the SNAP and would like for you to continue to participate.

NYSCAP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC)

Notice Date:

Due Date:

Case Number:

Please fill out this form right away and return it to the address listed above. If you don't send the form back, your SNAP benefits will stop.

We've sent this form because we must update your NYSCAP SNAP benefits case. Please answer the questions below about your shelter, heat, utility costs and unreimbursed medical expenses. These expenses affect how much you can get in SNAP. If you never told us about these costs, or if they have changed, we might be able to give you more SNAP. Please send us current proof of these expenses if you never told us about them or if they have changed.

Even if you have no changes to report, you must send the form back or your SNAP benefits will stop.

Section 1

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

   Your new address (include Apartment number): City/Town State: Zip Code:

2. Do you: ☐ Own your home? ☐ Live in Public housing ☐ Have no permanent residence or are homeless?
   Other:

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

   2c. If you rent, is your rent subsidized? ☐ Yes ☐ No If 'Yes", what is your share of rent? $

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

   ☐ Yes ☐ No

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

   Homeowners Insurance? $

   2f. Has anyone new moved into or out of your household? ☐ Yes ☐ No

   If Yes, provide their name and relationship to you:

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

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? ☐ Yes ☐ No
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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.

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2. Do you pay an electric bill and use an air conditioner? ☐ Yes ☐ No
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6. What is your utility company's name?
7. What is your utility company's address?

Address: City/Town State: Zip Code:

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

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

Applicants Signature **Date Signed**

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Important Information

You may be entitled to higher benefits.

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

Signature Section – Make sure to do the following:

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

Print the Recipients Name:

Recipient/Authorized Representative Signature: Date Signed:

We are pleased that you participate in the SNAP and would like for you to continue to participate.

SNAP for Senior & Disabled Households

The Supplemental Nutrition Assistance Program (SNAP—formerly Food Stamps) is our nation's most important anti-hunger program, providing monthly benefits to purchase food at grocery stores, bodegas, and farmers' markets for individuals and families.



New York provides multiple pathways to SNAP participation for seniors (age 60+) and people with disabilities.

Elderly Simplified Application Project (ESAP) and **NYS Combined Application Project (NYSCAP)**

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

Seniors and people with disabilities who have no earned income and live in households where all adults are 60 and over and/or disabled can qualify for ESAP. Participants receiving SNAP under ESAP benefit from a simplified application, a longer certification period, and fewer recertification requirements.

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

Seniors who are ineligible for ESAP and NYSCAP may still qualify for SNAP. SNAP rules include special provisions that expand access and maximize benefits for seniors and people with disabilities, including expanded categorical eligibility, medical deductions and, in some cases, a higher resource test.

This chart (over) compares rules, requirements, and benefits for these different SNAP projects, along with SNAP rules for those not meeting ESAP or NYSCAP criteria.

HUNGER SOLUTIONS NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

HungerSolutionsNY.org

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

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

Budgeting and Estimating SNAP Benefits

In this section:

SNAP Standards & Deductions Reference Sheet **1**

Overview of Budgeting **3**

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Categorical Eligibility Desk Guide

SNAP Medical Deduction Desk Guide and Worksheet

LDSS-5158 SNAP Self-Employment Income Request Form

SNAP Standards & Deductions Reference Sheet

All effective 10/1/26 through 9/30/27

Federal Poverty Limit (FPL) Monthly Gross Income Test by Household Size

Household Size	200% FPL	150% FPL	130% FPL	165% FPL	100% FPL
1	$2,660	$1,995	$1,729	$2,195	$1,330
2	$3,607	$2,705	$2,345	$2,976	$1,804
3	$4,553	$3,415	$2,960	$3,757	$2,277
4	$5,500	$4,125	$3,575	$4,538	$2,750
5	$6,447	$4,835	$4,191	$5,319	$3,224
6	$7,393	$5,545	$4,806	$6,100	$3,697
7	$8,340	$6,255	$5,421	$6,881	$4,170
8	$9,287	$6,965	$6,037	$7,662	$4,644
Each Additional Person	+$947	+$710	+$616	+$781	+$474

200% FPL: Households with elderly/disabled members or out-of-pocket dependent care costs

150% FPL: Households with earned income that do not meet 200% criteria

130% FPL: Households not meeting criteria for 200% or 150%

165% FPL: Only for severely disabled and elderly people with disabilities living with others and unable to purchase and prepare their own food

100% FPL: Households that are not categorically eligible must meet a net income test

Standard Deductions

Household Size	Amount
1-3	$217
4	$229
5	$268
6+	$308

Maximum SNAP Benefit Amounts (Thrifty Food Plan)

Household Size	Maximum Benefit
1	$306
2	$562
3	$808
4	$1,023
5	$1,217
6	$1,463
7	$1,616
8	$1,841
Each Additional Person*	+$225

*The maximum benefit is capped at $3,887

Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3
New York City	$1,100	$434	$33
Nassau & Suffolk Counties	$1,023	$402	$33
Rest of State	$908	$368	$33

Other

Homeless Shelter Deduction: $205.66
Maximum Shelter Deduction: $769.00
Minumum SNAP Benefit for One & Two Person Households: $25.00
Resource Limits: $4,750 for Hh with senior/disabled member, $3,000 for all other households

Budgeting and Estimating SNAP Benefits

Overview of Budgeting

SNAPSB SECTIONS 11, 12, & 13

GIS 14 TA/DC011

GIS 14 TA/DC018

GIS14TA/DC023

14-INF-10

GIS16TA/DC011

GIS17TA/DC040

25DC023

25DC061

26DC047

SNAP budgeting is more complex than budgeting for other means-tested programs. This is the result of an effort to carefully target benefits to the neediest households. This section is intended to guide advocates through the process of estimating the SNAP benefit for which a household might be eligible.

Budget Calculations Are Estimates

All budget calculations should be considered estimates. Many factors can affect each aspect of the budget, and there are an equal number of opportunities for inaccuracies. In particular, reported income used in the calculation may change or may be the applicant's estimate. Therefore, it is important to emphasize to the applicant that you are providing them with an estimate of the SNAP benefits for which the household may be eligible.

If the allotment ultimately granted by the SNAP office is significantly different, the applicant or advocate should read the budget explanation in the notice of decision carefully to determine where the difference occurred. If the SNAP office has made an error, it should be corrected.

The SNAP budgeting section explains how to determine an estimated SNAP budget using our SNAP Budget Worksheet—including line-by-line instructions for filling it out.

Hunger Solutions New York's digital SNAP Prescreening Guide has a SNAP Benefits Estimator. Unlike the paper budget worksheet, this tool does the math for you. Go to SNAPGuideNY.org/estimator to use the benefits estimator.

Actions To Take Before Calculating a SNAP Budget

Several determinations must be made in the SNAP budgeting process before a budget can be calculated:

1. Determine which household members are included/excluded in the SNAP case (non-citizens, students, etc.).
2. Determine household composition (mandatory household members, i.e., who purchases and prepares food together).
3. Add up all income from earned and unearned sources to determine the household's gross income.
4. Determine if the household is categorically eligible, and if so, which gross income test must be applied.
5. Test the income against the correct percentage of poverty for household size. If the household income is below the amount listed, you can start the budgeting process.

Overview of Budgeting, cont.

To accurately calculate the household's SNAP budget, you will need the following information:

- Age of household members
- Disability status of household members
- Amount and source of income
- Dependent care costs
- Child support paid
- Medical expenses for elderly or disabled household members
- Shelter costs
- Type of shelter
- Types of utilities (e.g., costs)

Common Sources of Income

This list is not exhaustive.

Earned Income

- Gross wages from work (including income from part-time work of high school/GED students who are age 18 or over)
- Self-employment earnings (minus the cost of doing business)
- Gross income from rental property (minus the cost of doing business) in which a household member is engaged in management for at least 20 hours a week
- Payments from boarders/lodgers (excluding related costs incurred)
- Youth Opportunity Program payments
- Earnings from the Workforce Investment Act (WIA) for household members age 19 and over
- Training allowances, to the extent they are not a reimbursement from Temporary Assistance (TA) or SNAP
- VISTA income (however, if the household was on SNAP or TA when they entered VISTA, then the VISTA income is not counted)
- Wages earned by a household member that are garnished or diverted by an employer (except court-ordered child support)
- Wages paid in virtual currency, including cryptocurrency (see GIS26DC047)*

** See How to Calculate the Value of Virtual Currency later in this section*

Unearned Income

- Adoption subsidy
- Alimony payments
- Annuities
- Any portion of Veterans Administration scholarships for general living expenses (the remainder is excluded)
- Child support payments received (including any TA "pass-through")
- FEMA payments to homeless in absence of major disaster
- Foster care subsidy if child is included in the household
- Monies and dividends paid from trusts, interest, and royalties
- Pensions
- Receiving money from trading or selling virtual currency, including cryptocurrency (see GIS26DC047)*
- Short-term disability payments
- Social security retirement, survivors' benefits, SSI, SSD
- Strike benefits
- Temporary assistance payments (TANF)
- Veterans' benefits, including VA Aid and Assistance
- Workers' compensation and unemployment benefits
- Any other direct money payment that represents a gain or benefit not falling under an exemption

These Do Not Count As Income for SNAP

This list is not exhaustive.

- Allowances, earnings, or payments to WIA program participants
- Annual school and daycare clothing allowances, regardless of method of payment
- AmeriCorps State and National programs under the National Civilian Community Corps
- Child support collected and not passed through to household by Child Support
- Cost of producing self-employment income
- Crowdfunding accounts*
- Earned Income Tax Credits (EITCs) and all other tax credits–federal and state (13-ADM-02)
- Earnings from On-the-Job Training (OJT) if under age 19
- Earnings of child under 18 who attends high school or GED program
- Educational loans, grants, scholarships for tuition, and mandatory fees
- Home Energy Assistance Program (HEAP) payments
- H.U.D. housing subsidies (e.g., Section 8 vouchers, Housing Authority unit subsidies)
- Housing provided to employee by employer
- Income of persons who are not members of the SNAP household
- Income tax refunds, rebates, and credits—federal and state
- Income under Title V of the Older Americans Act
- Individual Development Account (IDA) contributions
- In-kind income (things of value that are not cash)
- Insurance policy dividends
- Interest from funeral agreements or funds
- Irregular or infrequent income less than $20 per month
- Legally obligated child support paid on behalf of child(ren) not living in the household
- Loans (including educational)
- Lump sum or one-time payments
- Medicaid Advantage supplemental benefits (GIS 25DC023)
- Military combat pay
- Monies for care and maintenance of third-party beneficiary who is not in the household
- Non-cash benefits from other federal programs, such as WIC or school meals
- New York Achieving a Better Life Experience Accounts (ABLE)
- Payments made on behalf of a household member to a third party (vendor payment), except payments made as part of a cash assistance grant, including Jiggetts payments
- Payments specifically exempted by federal law (i.e., to Hmong refugees, Aleuts, World War II-related payments, etc.)
- Payments to relocate
- Payments to volunteers under Title II of the Domestic Volunteers Services Act (i.e., RSVP, Foster Grandparents, Senior Companion, and senior health aide programs)
- Private charity income under $300 in three months
- Public Assistance Restaurant Allowances by voucher or direct to vendor
- Reimbursements for other-than-normal non-living expenses, e.g., medical, special work clothes, car use for work
- Reimbursements for training-related expenses
- Reverse mortgage income
- SSI PASS account income
- Work-study income funded through the Higher Education Act
- VISTA income, but only if the household was on TA or SNAP when they entered VISTA (GIS 17 TA/DC 040)

**This is true even if the funds in the crowdfunding account are used only to pay a deductible expense like medical bills or shelter costs. In such a case, the SNAP office would deduct the allowable expense as part of the regular SNAP budget process.*

Expanded Categorical Eligibility/Resources

SNAPSB SECTION 17

08-ADM-09

09-ADM-06

10-INF-07

16-ADM-06

GIS 16 TA/DC011

Helpful resource at the back of this section:

Categorical Eligibility Desk Guide

Expanded categorical eligibility is granted to most households applying for SNAP. Households granted categorical eligibility will be budgeted differently. These families:

- May be able to use higher gross income levels for eligibility, depending on the household type.
- Do not need to pass a resource test,
- Do not need to pass a net income test.

Under Expanded Categorical Eligibility Rules, NYS allows families to use the following Gross Incomes for SNAP:

200% FPL for households containing a senior or disabled member or that have out-of-pocket dependent care costs;

150% FPL for households that have earned income, and do not meet the 200% FPL criteria; and

130% FPL for households that do not meet the 200% or 150% FPL criteria.

See the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section for the full FPL chart.

Households with Dependent Care Costs

Categorically eligible households with out-of-pocket dependent care costs can use 200% FPL when testing gross income. Households are eligible to deduct out-of-pocket daycare expenses when all adult members are:

- Working or needing daycare to continue work,
- Looking for work,
- Attending employment training programs—not limited to SNAP E&T or Unemployment Insurance Benefit (UIB) job search, or
- Pursuing education that is preparatory to employment.

Households with Earned Income

Categorically eligible households with earned income can use 150% of the FPL when applying for SNAP.

All Other Households

All other households can be found categorically eligible for SNAP at 130% of FPL if they do not meet the criteria for using 200% or 150% of the FPL as explained above.

Expanded Categorical Eligibility/Resources, cont.

Households that Are Not Categorically Eligible

Most households that are income-eligible for SNAP are also categorically eligible. However, there are still a small number of households that cannot be considered categorically eligible and must have their resources and net income considered as part of the application process. These include:

- Households with members who have been disqualified from SNAP due to an Intentional Program Violation (IPV) or other sanction;
- Households with a senior or disabled member whose gross income is above 200% of the FPL per household size.

Senior/Disabled households may still qualify under regular SNAP rules if they meet the following conditions:

- Resources are considered;
- Senior/disabled households do not need to meet a gross income test (GIT);
- Net income must be at or below 100% of the FPL for household size.

Resource Limitations for Households That Are Not Categorically Eligible

Resources are everything owned by the people in a household, including cash, bank accounts, stocks and bonds, lump-sum payments received, and real estate. Money raised through online "crowd-funding" is also countable as a resource if it is accessible to the SNAP household.

The resource limit for non-categorically eligible households is:

- **$3,000** for those ***with no*** elderly or disabled household members.
- **$4,750** for those ***with*** an elderly or disabled household member.

Any resource owned by a non-categorically eligible household counts toward the household's resource limit, unless it is exempt. There are many exemptions from the resource rules. The most common ones are:

- One licensed vehicle for each adult household member (additional licensed vehicles used by children under 18 to attend school, training, or work are also exempt)
- One house (if the household lives in it)
- Life insurance
- One burial plot per person
- Earned Income Tax Credits (EITCs)
- New York Achieving a Better Life Experience Accounts (ABLE)
- "Tax Preferred" Retirement Accounts such as Keogh Plans, IRAs, Simplified Employer Plans, Profit Sharing Plans, and Cash Balance Plans
- "Tax Preferred" educational accounts, like 529s and Coverdell educational savings accounts
- Inaccessible resources

Calculating Income in SNAP Budgeting

SNAPSB SECTION 13

Earned vs. Unearned Income

It is important to know if income is earned or unearned, since a 20% deduction from the earned income will be taken during the SNAP budgeting process. This deduction makes a big difference in the final SNAP allotment amount. If income is incorrectly classified, the resulting budget will be wrong. Under categorical eligibility rules, most households with earned income are allowed to use 150% of the FPL when determining income eligibility.

How To Calculate Monthly Income

SNAP budgets are calculated based on monthly figures for income and deductions. SNAP defines one month as 4.333333 weeks. Calculate monthly income as follows:

If income is received:

Weekly: multiply by **4.333333** (work income, UIB)

Every other week: multiply by **2.166666**

Twice per month: multiply by **2** (work income, TANF)

26DC047

How To Calculate Virtual Currency

The SNAP Office must determine the value of virtual currency when calculating SNAP income (both earned and unearned). This should be done during the SNAP interview process or when a household reports that it traded or sold virtual currency or began receiving wages in virtual currency.

This policy applies only to virtual currency that has comparable value in real currency, or acts as a substitute for real currency, and can be converted into U.S. dollars. Cryptocurrency, including Bitcoin, is a common type of virtual currency that can be stored in a digital wallet and used for peer-to-peer transactions.

SNAP offices must determine the value of the virtual currency by converting it into U.S. dollars in a reasonable and consistent manner. USDA recommends that SNAP offices value the virtual currency using the exchange rate listed on the exchange where the virtual currency is stored. For example, if Bitcoin is purchased or held on the Coinbase exchange, the district should use Coinbase's listed exchange rate.

SNAPSB SECTION 13: PG. 272

Income of Non-household Members

The income of people who are not part of the SNAP household does not count. However, income may still count if it is earned by people who live in the household but are ineligible for SNAP:

- Ineligible students—income does not count
- Sanctioned individuals—income is counted
- Ineligible non-citizens—income is prorated

See *Advanced Budgeting* later in this section for more details. See the list of some of the most common sources of income earlier in this section.

The SNAP Budget Worksheet

SNAPSB SECTION 12 & 13
02 ADM 07

Use this worksheet (instructions follow) to calculate a household's estimated SNAP benefit. Have the ***SNAP Standards & Deductions Reference Sheet*** handy.

INCOME	1	**Gross monthly earned income**	
	2	**Monthly unearned income**	
	3	**Gross income:** add Lines 1 and 2	
	4	**Child support paid**	
	5	Adjusted gross income: Line 3 minus Line 4 *Cannot exceed correct gross income test**	
DEDUCTIONS	6	**Earned income deduction:** Line 1 multiplied by 20%	
	7	**Enter standard deduction***	
	8	**Dependent care:** use actual costs	
	9	**Homeless deduction***	
	10	**Medical expenses over $35/month** *Available **only** to elderly/disabled household members*	
	11	**Total deductions:** add Lines 6 through 10	
	12	**Adjusted income:** Line 5 minus Line 11 If the amount is a negative number, enter $0.	
	13	**Rent/mortgage**	
	14	**Standard Utility Allowance (SUA)***	
	15	**Other shelter** (taxes, etc)	
	16	**Total shelter expenses:** add Lines 13 through 15	
	17	**Divide adjusted income (Line 12) by 2**	
	17a	**Shelter excess:** Line 16 minus Line 17. If the amount is greater than $769, enter $769. If there are elderly/disabled household members, enter the full dollar amount. If the amount is a negative number, enter $0.	
BENEFIT	18	**Net income:** Line 12 minus Line 17a. If the amount is a negative number, enter $0. ***Only** for households that are **not** categorically eligible*	
	19	**Maximum SNAP benefit amount***	
	20	**Net income (Line 18) multiplied by 30%**	
	21	**Estimated benefit:** Line 19 minus Line 20	

**See SNAP Standards & Deductions Reference Sheet at the beginning of this section*

The SNAP Budget Worksheet, cont.

Income

Line 1. Gross monthly earned income—income from earned sources before any deductions, such as taxes, FICA, health benefits, or union dues are taken out. All earned income received by every member of the SNAP household counts unless it is specifically exempt. This includes the income of children unless the child is under 18 and a student. More details about how to fill out Line 1 can be found in the *Self-Employment Income* section of this guide.

Only earned income goes on Line 1.

Line 2. Gross monthly unearned income—Monthly unearned income is the total household income from unearned sources.

Line 3. Gross income—Add Lines 1 and 2. This is the household's monthly gross income, earned and unearned combined.

Line 4. Child support paid—Enter the monthly amount of any legally obligated child support paid by a household member. Legally obligated health insurance payments for children and court-ordered arrears can be included. Use the same methodology described in the earned/unearned income section to convert weekly payments into a monthly total. (02 ADM 07)

Line 5. Adjusted gross income—Subtract Line 4 from Line 3. This is the household's countable monthly gross income. See the FPL Monthly Gross Income Test chart on the *SNAP Standards & Deductions Reference Sheet* at the beginning of this section.

Households *without an elderly or disabled member* that have an adjusted gross income that exceeds the correct Gross Income Test (GIT) are **not** eligible for SNAP.

Households with at least one elderly (age 60+) or disabled member who exceeds 200% GIT, or who is not categorically eligible, do not have to meet a GIT. *Do not apply this limit to these households; continue with the budgeting process.*

SNAPSB SECTION 12

08-ADM-09

Deductions

Line 6. Earned Income Deduction—Multiply Line 1 (earned income) x .2. The earned income expense deduction is 20 percent of the gross earned wages, salary, or self-employment income.

Line 7. Standard Deduction—Enter the amount from the Standard Deduction chart on the *SNAP Standards & Deductions Reference Sheet* at the beginning of this section. The Standard Deduction is based on the number of eligible SNAP household members.

Line 8. Child/Dependent Care—The actual cost for care of each child/dependent household member, due to work (including households looking for work or attending employment and training programs) or school responsibilities, can be deducted. This deduction can be applied to the care of a disabled adult household member if necessary. (08-ADM-09)

The SNAP Budget Worksheet, cont.

Line 9. Homeless Household Shelter Deduction—SNAP households that have no fixed or permanent address can take a monthly deduction of $205.66 per household instead of actual shelter costs. See the section on *Advanced Budgeting* for more information.

Line 10. Medical Expense Deductions for Elderly and Disabled Applicants Only—All non-reimbursable medical expenses incurred by elderly or disabled household members can be deducted, except for the first $35 per month. Medical expenses of other household members cannot be included. For details about medical expenses that can be included as deductions, see the *SNAP Medical Deduction Desk Guide and Worksheet* in the resources at the end of this section.

Line 11. Add Lines 6 through 10 to determine the total non-shelter deduction.

Line 12. Subtract Line 11 (deductions) from Line 5 (adjusted gross monthly income) to determine the money assumed to be available for shelter costs and food.

SNAPSB SECTION 12
GIS 14 TA/DC 018
GIS 14 TA/DC023
16-ADM-07
GIS 18 TA/DC012
25DC055
25DC061

Shelter Expenses

Line 13. Actual Rent or Mortgage—This is the actual monthly rent or mortgage payment incurred by the household for the home in which it lives.

- Multiple mortgages and other loans for which the home was used as collateral, such as home equity loans, can all be included.
- Homes in foreclosure and households facing eviction proceedings continue to have an allowable shelter deduction as long as the cost is incurred. Mortgage costs, homeowner's insurance, property taxes, and rent remain as allowable shelter expenses even if they are not being paid, including during foreclosure and eviction processes.
- If non-household members are living with the SNAP household, use the share of the rent or mortgage actually paid by the SNAP household. Do not include the non-household member's share. For example, if two families share a house and each family pays half the rent, the applying household can only deduct their half of the rent as a shelter cost.
- Shared living arrangements: Some households take in roomers to help cover their rent or mortgage expenses. SNAP offices should generally treat these situations as "shared living" arrangements, meaning that the roomer's share of the rent would not count as income to the household—even if the roomer is paying their share of the rent or mortgage directly to the household. However, the roomer's share of rent would not be included in the household's shelter deduction. (SNAPSB Section 5, p. 52, 55)

Line 14. Standard Utility Allowance (SUA)—SNAP households may receive one of three possible SUAs, depending on their type of housing and where they live in NYS. In all cases, the standardized allowance is used, rather than the household's actual utility expense—even if the household's actual expenses are higher than the standard.

The SUA is never prorated. Households in shared living situations and households with ineligible members can still receive a full SUA.

Using the wrong SUA can result in a substantially miscalculated benefit estimate.

The SNAP Budget Worksheet, cont.

Level 1. Combined Heating/Cooling, Utility, and Phone Allowance.
Households are eligible for Level 1 if they meet one of the following:

- Own their own home (including co-op apartments and condominiums)
- Do not own their own home, but are responsible for separately paying for heating and/or cooling costs either to a utility provider or landlord. This includes households that are not currently paying or are unable to pay the separate cost or bill, regardless of whether or not the bill for the separate expense is in their name.

The following apply ***only*** to households that include a senior or disabled member:

- Received a HEAP benefit greater than $20 in the current month or the previous 12 months. These are households that have heating costs included in their rent.
- Receive a $21 HEAP Heating/Cooling SUA (HCSUA). These are households that live in government subsidized housing or a group home setting with heat included in their rent.

  The $21 HEAP benefit is issued to SNAP applicants throughout the year, including the months in which the normal "HEAP season" is closed. SNAP applicants receive this $21 payment on the cash side of their EBT card. This benefit can be withdrawn and spent by the household.

Other things to note:

- The change to the $21 HEAP benefit was part of H.R.1, passed by Congress in July 2025.
- New SNAP applications filed on or after July 4, 2025, which have not been approved for ongoing SNAP benefits, must be evaluated for the HCSUA using this new policy.
- For households with recertification dates of July 31, 2025, or after, their SUA will be evaluated under this new policy at their next recertification.
- SNAP offices are not allowed to change a household's SUA during the certification period solely based on information that the household does not include a senior or disabled member.
- This includes the periodic report: the HCSUA should only be removed during the Periodic Reporting interval if the household reports and verifies a change in their shelter arrangement with no separate heating or cooling expense.
- Households that voluntarily report (outside of required points of contact) and verify a move with no separate heating or cooling expenses will have the HCSUA removed, and their SNAP benefit will be adjusted.
- If a household with a senior or disabled member splits into multiple households, the SNAP office must evaluate each separate household under this new HCSUA policy.
- Under this policy, households that do not have a heating expense, but that claim a cooling expense and provide documentation of an electric bill, have no further responsibility to prove they have an air conditioner.
- Advanced HEAP benefits cannot be issued for expedited or single issuances of SNAP benefits, unless a recurring SNAP benefit has also been authorized.

The SNAP Budget Worksheet, cont.

If a household is not eligible for Level 1 SUA, follow-up questions are needed to determine the correct SUA level from below.

> **Level 2. Combined Utility and Phone Allowance.** Any household that is not eligible for Level 1 but can show some non-heat utility cost (like electricity not used for heating or cooling, water, sewage, or trash collection) is eligible for Level 2.
>
> **Level 3. Phone Allowance Only.** This is for households that have no other utility costs but do have a telephone. This allowance is automatically provided to households not eligible for Levels 1 or 2, except for homeless households receiving the standard homeless deduction. They cannot receive a separate SUA.

See the SUA chart on the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section.

Line 15. Other Shelter Expenses—Other expenses related to shelter can be deducted here, including:

- Taxes
- Homeowners insurance—use a standard figure of 55% of the homeowners insurance premium unless you can determine the portion of the premium cost attributable to insurance on the structure of the home.
- Condo fees

Expenses that cannot be included:

- Insurance costs for insuring furniture or personal belongings
- Routine home maintenance
- Home repairs, unless damage was the result of a disaster (such as fire or flood)

Line 16. Total Shelter Costs—Add Lines 13, 14, and 15 to get the total shelter cost.

Excess Shelter Deduction

The concept of "excess shelter costs" is unique to SNAP. It assumes that a certain percentage of the household's income should be allocated to pay shelter costs. Households with particularly high shelter costs relative to their income (excess shelter costs) are assumed not to have as much money left for food, and so are allowed to deduct the "excess" portion of their shelter costs. However, the amount that can be deducted is capped at $769.

This "excess shelter cap" does not apply to households with an elderly or disabled member. These households can deduct the entire excess shelter cost, which typically results in significantly higher benefit amounts.

Calculating the Excess Shelter Deduction:

Line 17. Divide Line 12 (income available after other deductions) by 2. Half of the income left after the other deductions is considered to be theoretically available to cover housing costs.

The SNAP Budget Worksheet, cont.

Line 17a. Calculate the Excess Shelter Deduction. Subtract Line 17 (amount theoretically available for housing) from Line 16 (total shelter cost). The result is the excess shelter cost. If it is a negative number, enter zero. For elderly/disabled households, enter the full amount of the excess shelter cost. For all other households, if Line 17a exceeds $769, enter $769 (the amount of the Excess Shelter Cap); otherwise, enter the actual amount.

Calculating the SNAP Benefit Allotment

Line 18. Net SNAP Income—Subtract Line 17a (excess shelter deduction) from Line 12 (income after other deductions). Categorically eligible households do not have to pass the net income test, although you still input the income information and continue through the budget worksheet process. Although the net income test doesn't apply to categorically eligible households, not all categorically eligible households will be able to receive SNAP. See Line 21 below for more information.

For households that are not categorically eligible for SNAP, the net income amount must be under 100% of the FPL for the household to be SNAP-eligible. If this amount is over 100% of the FPL, the remainder of the calculation will result in an allotment of zero. If the amount is negative, the net SNAP income is $0.

See the Gross Income Test chart on the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section.

Line 19. Thrifty Food Plan Amount (Maximum SNAP Allotment for Household size)—The maximum benefit allotment is based on the Thrifty Food Plan, a theoretical idea of the costs of feeding a household. See the Monthly Maximum SNAP Allotment chart on the *SNAP Standards and Deductions Reference Sheet* at the beginning of this section. Enter the maximum allotment on this line. Do not include ineligible members, such as ineligible non-citizens or sanctioned household members.

Line 20. SNAP Budget Income—Multiply Line 18 (Net Income) x .3. Thirty percent of the household's net income is assumed to be available for food purchases, and is deducted from the maximum SNAP allotment.

Line 21. Estimated SNAP Benefit—Subtract Line 20 (30% of net income) from Line 19 (maximum allotment). This is the estimated SNAP benefit for the household. The minimum SNAP benefit issued to all eligible one- and two-person households is $25. If the estimated SNAP benefit for a one- and two-person household falls between $1 and $25, the household will be eligible for $25 per month.

If the estimated benefit is zero or a negative number:

- One- and two-person households will get the $25 minimum benefit.
- Households of three or more will not be eligible for any SNAP benefits.

Helpful online resource:

SNAPGuideNY.org has an online SNAP Benefits Estimator to estimate benefits for households with ineligible members.

SNAPSB SECTION 13: PP. 221, 267 - 271

03-INF-14

Income of Ineligible Household Members

Some members of a household may be ineligible for SNAP because of their immigration status, sanctions related to prior participation in the program, or because they are students or are participating in a job action. In most cases, though, some or all of the income of household members ineligible for SNAP is counted in the SNAP budgeting process.

Budgeting for Non-citizens

The income of people ineligible due to immigration status is prorated proportionately to the number of people included in the SNAP case. Thus, if there are three people in the household and two are eligible to receive SNAP, two-thirds of the ineligible person's income would count as income for the SNAP household.

Thus, to determine the amount of income to be budgeted:

1. Divide the income by the number of people in the household.
2. Multiply the result by the number of people in the SNAP case. (See the formula below.)

$$\left(\frac{\text{Income}}{\text{Household members}}\right) \text{ \# of people in the SNAP case}$$

The result is budgeted as income to the SNAP household, with earned income receiving the earned income deduction.

However, if an eligible household member earns the household's income, the full amount is budgeted. There is no prorating to allow for the presence of the ineligible household member. Resources of ineligible non-citizens are counted in their entirety—not prorated.

Deductions for Households with Ineligible Non-citizens

The shelter and dependent care expenses billed to or paid by the ineligible household member are prorated in the same manner as income. The amount of actual expenses paid by the eligible household members can be deducted. The household receives a full SUA.

Budgeting Rules for SNAP-eligible Sponsored Non-citizens

Sponsor Deeming

If a sponsored non-citizen is eligible for SNAP, the income of a non-household member who sponsored a non-citizen may be counted. This "sponsor deeming" applies only to sponsor agreements entered into since December 1997.

Advanced Budgeting, cont.

Very few non-citizens should be subject to sponsor deeming. Sponsor deeming does not apply to:

- Refugees
- Asylees
- People with deportation withheld
- LPRs with 40 qualifying quarters, or
- LPRs who are indigent (whose gross income, including any income provided by the sponsor, is below 130% of the federal poverty level)

Additionally, sponsor deeming does not apply if:

- The sponsor is a part of the SNAP household
- The sponsor is ineligible for SNAP based on immigration status, or
- The sponsored non-citizen is a battered spouse or dependent

Sponsor Liability

In addition to the sponsor deeming requirement, there is also a "sponsor liability" rule for non-citizens whose sponsors entered into a sponsor agreement since December 1997. Under the sponsor liability rule, the sponsor may be held liable for—and asked to repay—the value of any SNAP benefits issued to the sponsored non-citizen. However, in New York State, even though the SNAP office may request reimbursement from sponsors, OTDA has indicated that no legal action will be pursued against sponsors for repayment.

Budgeting Shelter Costs for Homeless People

Homeless Shelter Deduction

The Homeless Shelter Deduction can be applied to families who are not living in a shelter or receiving free shelter for the entire month. These households are assumed to be incurring a shelter cost and the applicant does not need to prove actual shelter expenses to receive this deduction.

If the Homeless Shelter Deduction is used in budgeting, the household is not eligible to receive a SUA of any level.

If actual shelter costs can be verified and they are more than the standard Homeless Shelter Deduction ($205.66), the regular shelter deduction is used.

Regular Shelter Deduction

If the family is incurring any actual shelter costs that they can document (e.g., paying to stay with family/friends) and these expenses are greater than the Homeless Shelter Deduction ($205.66), then the actual shelter costs will be deducted.

If a homeless household is living in their car and making a car payment that is more than the standard Homeless Shelter Deduction ($205.66), then this would be considered the household's actual shelter deduction.

Advanced Budgeting, cont.

When using a regular shelter deduction, families and individuals would be eligible for at least a Level 3 SUA ($33), possibly more, depending on what their financial contributions to the dwelling are.

Other Deductions

- Child support
- Medical expenses for elderly/disabled households
- Daycare costs for most families

Budgeting Rules for Other Groups

SNAPSB SECTION 13
PG. 296

Boarders

After calculating the income received from boarders, an exclusion must be taken prior to the GIT for these households. This exclusion is the cost of doing business and is called the Boarder/Lodger Exclusion.

The Boarder/Lodger Exclusion must equal one of the following:

- The Thrifty Food Plan (TFP) maximum benefit amounts for a household size equal to the number of boarders. Ex.: 1 boarder = $306 or 2 boarders = $562.
- The actual cost of providing room and meals, if the actual cost exceeds the appropriate TFP amount.

Sanctioned People

The full income of a person sanctioned due to work rule violations or disqualified due to IPV is budgeted, and all deductions may be taken. Therefore, the budget is calculated as if the sanctioned person were participating, except that the household size is reduced in determining income eligibility and SNAP allotment amounts. Resources of sanctioned people are counted in their entirety.

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Self-Employment Income

Self-Employment Income: the earnings an individual generates from operating a trade, business, or independent profession for profit, rather than working as an employee for a traditional employer.

Some examples include:

- Managing rental property:
  - 20 hours or more each week is counted as earned income
  - Less than 20 hours a week is counted as unearned income
- In-home daycare provider
- Running own business

Advanced Budgeting, cont.

Determining Gross Monthly Self-Employment Income

To determine self-employment income, individuals should use the LDSS-5158 SNAP Self-Employment Income Request Form, available in the resources section.

The form requires the last three months of gross income; the months must be complete, back-to-back, and uninterrupted.

The form explains that you must take the gross income for each month and deduct any new inventory purchases for that month from the gross sales to determine gross income. This must be done for each of the three months.

The form provides a place for individuals to list their business expenses (deductions). See the form for the list of expenses.

If self-employment income is meant to support the household throughout the year, average the income over a 12-month period, even if the income is received during a shorter period of time and/or the household receives income from additional sources.

If self-employment income only represents a portion of the household's yearly income, average the income over the time period it is intended to cover.

Example: If a person runs an ice cream stand each summer, but has a regular job during the rest of the year, the income from the ice cream stand can be averaged over the months that it is in operation.

In-home child care providers can exclude:

- A standard deduction of $5 per day per child in care (not including their own children), or
- The amount they receive from the Child and Adult Care Food Program (CACFP).
- Actual costs if they exceed the $5 standard expense (these must be verified).

Self-employed Farmers

There are special rules for self-employed farmers. See the SNAPSB Section 13, pp. 286-295, for details on countable vs. excludable income and additional allowable business costs for farmers.

Military Families

Figuring out what military pay and allowance must be counted as income for SNAP for families with members in the armed forces can be difficult. Here are examples of how military pay and allowances are counted in SNAP budgeting:

When the **service member lives with the rest of the family:**

- Count all military pay as income for SNAP purposes.
- Count the living allowances that military personnel get in addition to their base pay.

Advanced Budgeting, cont.

There are two allowances:

- BAS (Basic Allowance for Subsistence). This pays for meals for a military person living off-post and meals for dependents of a military person.
- BAH (Basic Allowance for Housing). The BAH is a single payment that varies by locality and is based on local costs for civilians at similar pay levels. This allowance replaces the older BAQ (Basic Allowance for Quarters) and the VHA (Variable Housing Allowance).

Some military personnel living on-post get free housing. Free housing is an in-kind benefit that is not counted as income.

When the **service member is deployed away from the family:**

- Count only the money that is available to the family. Do not count money that the service member keeps.
- Do not count the portion of the family's income that is hazardous duty pay.

When the service member's family **also receives nutrition assistance from the Department of Defense (DoD):**

- The family may be eligible for both the DoD's program and regular SNAP benefits.
- Families receiving both benefits will have to count the DoD assistance as income when computing the family's SNAP benefit.

Resources for This Section

On the following pages, you will find these resources:

Categorical Eligibility Desk Guide

SNAP Medical Deduction Desk Guide and Worksheet

LDSS-5158 SNAP Self-Employment Income Request Form

Expanded Categorical Eligibility Desk Guide

	Senior or disabled member	Senior or disabled Hh does not pass the 200% GIT	Dependent care costs	Earned income used in SNAP budget	All other households
Gross Income Test*	200%	N/A	200%	150%	130%
Categorically Eligible	YES	NO	YES	YES	YES
Must meet resource limit	NO	YES	NO	NO	NO
Must meet 100% Net Income Test	NO	YES	NO	NO	NO

Note: if someone in the household has been disqualified from SNAP due to an intentional program violation or other sanction, the household is not categorically eligible for SNAP and must instead be evaluated under regular SNAP eligibility rules.

**Court ordered child support paid by a household member is always deducted from the household's gross income before applying the gross income test.*

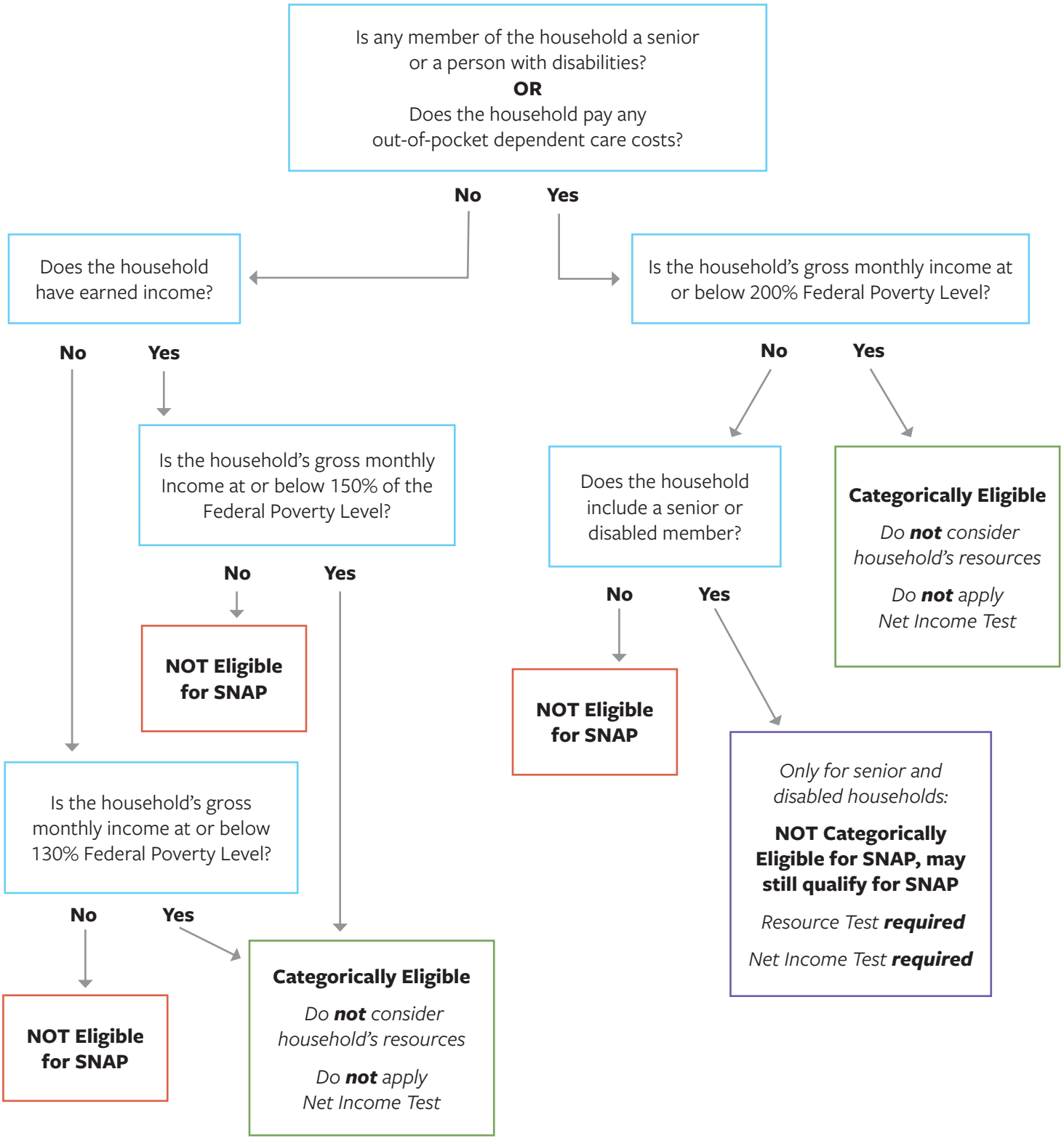
Poverty Guidelines Chart

effective 10/1/26 - 9/30/27

Family Size	200% of Poverty Monthly GROSS Income	150% of Poverty Monthly GROSS Income	130% of Poverty Monthly GROSS Income
1	$2,660	$1,995	$1,729
2	$3,607	$2,705	$2,345
3	$4,553	$3,415	$2,960
4	$5,500	$4,125	$3,575
5	$6,447	$4,835	$4,191
6	$7,393	$5,545	$4,806
7	$8,340	$6,255	$5,421
8	$9,287	$6,965	$6,037
Each Additional Person	+$947	+$710	+$616

Determining a Household's Categorical Eligibility for SNAP

Any household with a member who is currently disqualified from SNAP due to an Intentional Program Violation (IPV) or sanction is not categorically eligible for SNAP. These households may still qualify for SNAP under regular SNAP budgeting rules.



HUNGER SOLUTIONS NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

HungerSolutionsNY.org

9/2026. This material was funded, in part, by the USDA's Supplemental Nutrition Assistance Program – SNAP. This institution is an equal opportunity provider.

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 at 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 that costs her $1,800. She divides the amount of the procedure by the number of months* she will be certified for SNAP:
>
> **$1800 ÷ 36 months = $50/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 participating in the Elderly Simplified Application Project (ESAP) or the New York State Combined Application Project (NYSCAP) are certified for 36 months, while households participating in regular SNAP are certified for 12 months. For more information, see hungersolutionsny.org/federal-nutrition-programs/snap/snap-and-seniors/*

HUNGER SOLUTIONS NEW YORK
UNITING POLICIES AND PROGRAMS TO END HUNGER

HungerSolutionsNY.org

4/2026. This material was funded, in part, by the USDA's Supplemental Nutrition Assistance Program – SNAP. This institution is an equal opportunity provider.

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. (*Note: The costs of special diets are not allowed as a medical deduction*)	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 *prescription* 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	$
	Subtract $35	–$35.00
	Monthly Medical Expense Deduction	**$**

LDSS-5158 (Rev. 8/19)

SNAP SELF-EMPLOYMENT INCOME REQUEST FORM

APPLICANT'S NAME (FIRST) (M.I.) (LAST)	BUSINESS NAME/TYPE OF BUSINESS
APPLICANT'S ADDRESS (STREET/CITY/STATE/ZIP CODE)	BUSINESS ADDRESS
APPLICANT'S TELEPHONE NO. ( ) AREA CODE	BUSINESS TELEPHONE NO. ( ) AREA CODE

FINANCIAL STATUS (FARM OR BUSINESS) FOR LAST 3 COMPLETE, CONSECUTIVE MONTHS

I. BUSINESS INCOME	MONTH ONE	MONTH TWO	MONTH THREE
	GROSS INCOME	GROSS INCOME	GROSS INCOME
1. Gross Business Income	$	$	$
2. Inventory Purchases			
3. Gross Income (line 1minus line 2)	*3a*	*3b*	*3c*
II. BUSINESS EXPENSES	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
4. Telephone			
5. Supplies			
6. Heat/Utilities			
7. Advertising			
8. Interest			
9. Insurance			
10. Bank Charges			
11. Repairs			
12. Business Taxes			
13. Business Vehicle Expenses			
14. Business Rent			
A. Property			
B. Equipment			
15. Other Expenses (Specify) *Depreciation and losses from previous years are NOT deductible.			
III. INCOME SUMMARY	SUMMARY	SUMMARY	SUMMARY
16. TOTAL Business Expense (lines 4 thru 15)	16a	16b	16c
17. NET INCOME (line 3 minus line 16)	17a	17b	17c

IV. I CERTIFY THAT THE INFORMATION IN THIS WORKSHEET IS TRUE AND ACCURATE.

Average Number of Hours Worked per Week/Month	APPLICANT'S SIGNATURE	DATE SIGNED

TO BE COMPLETED BY WORKER:

THREE-MONTH TOTAL NET INCOME (line 17a + line 17b + 17c)	THREE-MONTH AVERAGE NET INCOME (three month total ÷ 3)
MONTH ONE (17a) $_____ MONTH TWO (17b) $_____ MONTH THREE (17c) $_____ THREE MONTH TOTAL $_____	THREE-MONTH TOTAL = _____ 3 THREE MONTH AVERAGE

LDSS-5158 (Rev. 8/19)

INSTRUCTIONS ON HOW TO COMPLETE THE SELF-EMPLOYMENT WORKSHEET

TO BE COMPLETED BY ALL SELF-EMPLOYED APPLICANTS/RECIPIENTS

APPLICANT INFORMATION

ENTER:

- Name
- Business Name/Type of Business
- Address
- Business Address
- Telephone
- Business Telephone

FINANCIAL STATUS (FARM or BUSINESS)

I. BUSINESS INCOME/FOR LAST THREE COMPLETE, CONSECUTIVE MONTHS

- Gross business income for each month
- New inventory purchases
- Deduct new inventory purchases from gross sales to determine gross income.

II. BUSINESS-RELATED EXPENSES ONLY

- If **telephone** is not used exclusively for business, documentation should be produced to determine how much is business related.
- **Supplies** (specify) required to conduct self-employment.
- If **heat/utilities** are residential accounts, records such as Schedule C from last year's income taxes should be provided to determine how much is business related.
- If **advertising** contract is for more than three months, produce contract or other proof to determine percent of cost for one, two or three-month period.
- Provide statement or other proof to determine amount of **Interest** paid for one, two or three-month period.
- Provide contract or other proof to determine amount of **Insurance** for one, two or three-month period.
- Provide bank statements indicating amount of **bank charges** incurred for one, two or three-month period.
- Provide **paid repair** bills associated with repairs of required equipment incurred for one, two or three-month period.
- Provide tax bills required to be paid to determine pro-rated expense for one, two or three-month period. **
- Provide required **business vehicle** log book to determine monthly expenses. **
- Provide contract or other proof to determine amount of rental charges required to be paid which were incurred for one, two or three-month period.
- Provide appropriate documentation to justify any other miscellaneous (***specify***) monthly expenses. **

**** Net losses from previous periods; federal, State, and local income taxes; money set aside for retirement purposes and other work-related personal expenses (such as transportation to and from work (these expenses are accounted for by the 20% earned income deduction); depreciation; and any amount that exceeds the payment a household receives from a boarder for lodging and meals are NOT allowable costs of doing business. 7CFR 273.11(b)(2)**

III. INCOME SUMMARY

- **Total** lines 4-15 for each month to determine total monthly business deductions.
- To determine **net income** for each month, deduct 16a from 3a, 16b from 3b and 16c from 3c

IV. SIGNATURE AND HOURS WORKED

- Complete the hours worked per week/month field.
- Sign and date the form.

TO BE COMPLETED BY DSS

THREE MONTH TOTAL NET INCOME

Add month one, month two and month three to determine three-month total net income.

THREE MONTH AVERAGE NET INCOME

Divide three-month total by three to determine three-month average.

Applying for SNAP

In this section:

The Application Form **1**

NYS "myBenefits" Screening Tool and Online SNAP Application 2

Electronic Signatures 2

Accessing the Application **2**

Accommodations for Special Populations **3**

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Filing the Application **5**

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Authorized Representatives 11

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Documents Provided by Applicants 13

Collateral Contacts 13

Home Visits 14

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Verification of Questionable Information 16
Front End Detection Systems 16
Households Without Social Security Numbers (SSN) 17
Households With Undocumented Non-Citizens 18

Notification of Acceptance or Denial 18
Notice of Pending Application 19

RESOURCES FOR THIS SECTION 20

LDSS-4826 SNAP Application Form and LDSS-4826A How to Complete Booklet

Instructions for Ordering SNAP Applications & OTDA Order Form 876 EL

LDSS-3938/LDSS 3938 NYC SNAP Application Expedited Processing Summary Sheet

LDSS-4942 Authorized Representative Request Form

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/Verification Desk Guide

NYDocSubmit Quick Reference Card

Applying for SNAP

SNAPSB SECTION 3 & 4

10-INF-22

Helpful resource:

SNAP Navigators provide prescreening and application assistance to households throughout New York State. Find a SNAP Navigator at FoodHelpNY.org

The first steps in the SNAP application process are:

- Obtain an application
- Complete it
- Submit (file) it to the local Department of Social Services office (LDSS) or the Human Resources Administration (HRA) in New York City

The applicant must then:

- Be interviewed,
- Provide information about the circumstances of those applying, and
- Provide verification of the criteria necessary to determine eligibility.

The application process is paperwork intensive and can be complicated, but getting SNAP benefits can make the difference between going hungry and having food on the table.

The Application Form

SNAPSB SECTION 3: PG. 6; SECTION 4: PG. 17

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16-ADM-08

20-ADM-14

Helpful resource at the back of this section:

LDSS-4826 SNAP Application Form and LDSS-4826A How to Complete Booklet

OTDA order form for SNAP applications and brochures

SNAP applicants must file an application, which can be found online or obtained from any SNAP office. Many human service agencies also keep SNAP applications on hand.

SNAP offices are required to mail an application form the same day it is requested.

Anyone has a right to submit an application to any SNAP office in NYS. That office must forward the application to the correct SNAP office, based on the applicant's county of residence. However, that is not always a smooth process. Therefore, it is best to be clear about a county's SNAP application procedures and direct applicants to the SNAP office in their county of residence. For a listing of all county SNAP offices, visit OTDA's website: otda.ny.gov/workingfamilies/dss.asp

New York State has three application forms:

- 2-page simplified SNAP-only application for people 60 and older or those with a disability with no earned income. Known as the Elderly Simplified Application Project (ESAP), this application is part of a larger effort to increase participation among these vulnerable populations by simplifying the SNAP application/recertification process.
- 6-page simplified SNAP-only application (at the back of this section)
- 16-page common application form—also known as the joint application—used by anyone who wishes to apply for multiple assistance programs, including:
  - SNAP
  - Medicaid
  - Child care assistance
  - Temporary Assistance (TANF)

The Application Form, cont.

20-ADM-12

26-LCM-11

NYS "myBenefits" Screening Tool and Online SNAP Application

myBenefits is an online tool available to all NYS residents that educates and connects households with an array of benefits, services, and work supports customized to fit their unique circumstances.

myBenefits is a portal to the online SNAP Application LDSS E-2921, which mirrors the 16-page common application form and can be used to apply for:

- Public Assistance (PA)
- SNAP
- Medicaid (MA)
- And other MA and PA services.

Individuals can also submit electronic recertifications for the programs listed above.

Electronic Signatures

New York State's Electronic Signature and Records Act (ESRA) permits and promotes the use of electronic signatures and records by providing that electronic signatures bearing certain features are the legal counterpart of signatures written by hand. In addition, the ESRA authorizes the use of electronic means to create and manage records and establishes that electronic records have the same legal force and effect as non-electronic records.

ESRA defines an "electronic signature" as: "an electronic sound, symbol, or process, attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the record."

SNAP Offices outside of NYC must accept and process the E-2921 as they would a paper copy of the LDSS-2921. The E-2921 requires an e-signature for all applications and recertifications prior to submission. While SNAP rules mandate only one signature on the application, usually the head of household, the E-2921 allows up to four household members to electronically sign applications and recertifications.

Accessing the Application

10-INF-22

When distributing or accepting a SNAP application, the SNAP/HRA office must follow these federal and state regulations:

A. All people must be allowed to receive an application and/or apply for SNAP benefits at any time during the regular business hours of the local office.

B. SNAP offices must **not** establish any of the following:

- Periodic daily quotas on application submissions;
- Limits on application pickup or submission times during normal office business hours;
- Limits on daily submissions based on the number of available interview slots;

- Zip code or alphabetic restrictions that limit when a person may request or submit an application during a local district's business hours; or
- Accessibility limits due to an individual or household's:
  - National origin
  - Citizenship status
  - Any other factor.

Accommodations for Special Populations

06-ADM-05

SNAP is subject to the Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act (RA) of 1973, which protect people who have a physical or mental disability. The ADA and the RA are not limited to people who are "disabled" under SNAP regulations. Therefore, the SNAP office must provide the accommodations required by these laws, even if the applicant is not considered disabled for SNAP purposes. OTDA issued a comprehensive policy directive (06-ADM-05) clarifying local districts' obligations to provide equal access to persons with disabilities.

16-ADM-08
06-ADM-05
GIS 15 TA/DC023

Application in Alternative Format for Those with Disabilities

SNAP offices must provide the SNAP application in alternative formats when requested to accommodate people with disabilities.

SNAP offices cannot decide that a SNAP applicant should receive an alternate format application. Requests for alternative format applications must come directly from the individual, either verbally or in writing, and must be documented in the case record.

Individuals are not allowed to request combinations of alternative format notices, but they may change the type of alternative format they are receiving at any time.

SNAP offices must:

- Provide alternative format applications upon request without requiring medical documentation, and cannot deny a request for them.
- Make both the alternative and non-alternative application available to consumers requesting an alternative format version.
- Advise individuals requesting notices in alternative formats that these are provided in addition to the non-alternative format notice, and not in place of it. In cases where there is a designated authorized representative, both the head of the household and the authorized representative will receive the primary notice and the alternative format notice.
- Provide reasonable accommodations to assist the individual when requested. For example, a SNAP office may allow the information to be provided orally to a SNAP office employee or designee, who then puts the information into the non-alternative application format.

Accommodations for Special Populations, cont.

Most alternative formats are for informational purposes only. Individuals using an alternative format deemed for informational purposes only must complete and submit their SNAP application using a non-alternative format application.

The following alternative formats **cannot** be submitted as an application for SNAP benefits:

- Audio disc—an audio transcription of the form
- Large print—18-point font
- Braille

The only alternative format SNAP application that can be submitted to apply for SNAP benefits, and must be accepted by SNAP offices, is:

- Data disc, an audio transcription of the form, available in a "fillable" format. For it to be an acceptable written application, the applicant must:
  - Complete it
  - Print it
  - Sign it

Note: Fillable format applications cannot be submitted or signed electronically.

All OTDA-generated notices using the Client Notice System include a banner advising SNAP recipients of the availability of alternative format notices and other written materials. For a complete list of materials available in alternative formats, see pages 5 and 6 of 16-ADM-08 or view and download the materials at otda.ny.gov/programs/applications/alternative-formats.asp

06-ADM-05
17-INF-14
GIS 19 TA/DC026

People Who Do Not Speak English

People who do not speak English or have limited English proficiency (LEP) often have difficulty navigating the SNAP application process. They cannot be denied access to SNAP because of that.

All SNAP offices should have an assigned LEP contact responsible for monitoring, investigating, and resolving LEP applicants' complaints.

In New York State, the SNAP application form is available in:

- English
- Arabic
- Spanish
- Traditional Chinese
- Russian
- Haitian-Creole
- Korean
- Bengali
- French
- Italian
- Polish
- Urdu
- Yiddish

SNAP offices should have applications on hand in all thirteen languages.

SNAP offices must:

- Have an "Interpreter Services" poster in their waiting areas, which has information in many different languages about the availability of translation services.
- Provide a translator or interpreter to any applicant who needs one.

If the SNAP office does not have an interpreter or bilingual worker on staff, they should make other arrangements to provide translation services. Households can bring their own interpreter, but only if they wish to do so. New York City has special requirements to ensure that LEP households have access to translation services.

22TA/DC027

Gender Identity and Pronouns Use for Applicants

To foster respectful and appropriate customer services for individuals applying for SNAP in NYS, there have been computer upgrades to document gender identity other than male or female, and to collect an applicant's or recipient's (A/Rs) pronoun.

Pronouns include "he," "she," "they," or any other pronoun indicated by the A/R. The SNAP worker must ask A/Rs what pronouns they prefer and enter this into the case file. This includes using multiple pronouns.

Filing the Application

SNAPSB SECTION 4:
PG. 3, 9, 19, 27

13-INF-05

18-INF-13

LDSS-4995

26-LCM-15

Applicants should turn in a completed application form as soon as possible.

The form *does not* have to be completely filled out to be turned in, but it is best to provide as much information as possible. At a minimum, the form must include the applicant's:

- Name
- Address
- Signature, and
- The date

Applicants do not have to wait for a caseworker to see them before they turn in their application at their county SNAP office. They can drop off (file) the application and have their interview by phone at a later date. Applicants will have to provide more information during the interview.

More information on interviews can be found later in this section.

Filing the Application, cont.

Applications can be turned in:

- Online at myBenefits (all of NYS) or AccessHRA (NYC)
- On a mobile application
- By a third party (friend, relative, or community agency representative)
- In person
- By mail
- By fax

Mediating on behalf of SNAP applicants may be necessary at SNAP offices that will not accept applications by mail/fax.

All SNAP offices must post the LDSS-4995 "Right to File" poster, which provides information concerning the rights of individuals to file a SNAP application.

Filing Date

The date the application is turned in is called the filing date. SNAP benefits are issued based on the filing date, not the date the application is approved.

26-LCM-15

Telephonic Signature

SNAP offices may choose to allow the recording of telephonic signatures for SNAP-only applications filed over the telephone or for paper applications submitted without a signature, allowing for more flexibility when assisting households that require telephone-based assistance.

SNAP offices that use telephonic signatures must capture an audio recording of the household's verbal agreement and keep it in the case record. They are also allowed to document the household's verbal consent in the case record when a signature is missing or cannot be easily obtained.

All telephone applicants must be given a completed copy of their application, along with instructions for a simple process to correct any errors or omissions.

SNAP offices must continue to accept paper applications with signatures and online applications with electronic signatures.

Households with SSI Benefits

If everyone in a household is applying for or receiving Supplemental Security Income (SSI) benefits, the household can file their SNAP application at the Social Security Administration (SSA), and it will be forwarded to the proper SNAP office for processing.

Single SSI live-alone recipients are automatically enrolled in SNAP through the New York State Combined Application Program (NYSCAP); see *NYSCAP* in *Programs to Help Seniors and Disabled Applicants Access SNAP* for more information.

Filing the Application, cont.

SNAPSB SECTION 4: PG. 3, 12

Applying for SNAP When Not Applying for Cash Assistance Benefits

If a SNAP applicant submits a joint application for TANF and SNAP and is determined not eligible for TANF, the SNAP office must continue to process their SNAP eligibility based on the original joint application. The applicant does not need to submit a new application.

This should not cause any delay in processing the SNAP application.

SNAPSB SECTION 3: PG. 4; SECTION 4: PG. 9, 20-23

14-INF-16

Timeliness

SNAP application processing time is mandated by federal regulations and should be adhered to by SNAP offices.

Once the SNAP office receives an application, it has no more than 30 days to act on the application and issue SNAP benefits if the household is eligible.

SNAP offices must give applicants at least 10 days to submit all documentation. If the applicant is having difficulty securing the required documents, the SNAP office must assist them in obtaining the verification.

If the SNAP office does not make a determination on an application within the normal 30 days, contact a SNAP supervisor or manager to discuss the situation.

Timeliness: Prompt Action Time Frames

Action	Timeframe
Providing application forms to households	Same day the request is received
Accepting an identifiable application	Same day as received
Expedited service screening	Same day that application is received
Application interview	As soon as possible after receipt of an application. Households eligible for expedited service should be interviewed within seven days of their application date.
Application processing/eligibility determination and issuance of benefits	As soon as possible and always within 30 days of application

Delays Caused by the Applicant(s)

If the applicant does not turn in the required documents within the time period allotted by the SNAP office and does not have a good reason, the SNAP application can be denied. There is some flexibility in the timeframe for submitting documents.

If a SNAP applicant submits the missing documents within the initial 30-day application period, their case must be opened, if eligible, and they must be provided SNAP benefits back to the application date. No new application is required.

If an applicant submits the missing documents after the initial 30-day period but within 60 days of the application date, their case must be opened, if eligible, but benefits will be provided in the month following the application month (the second 30-day period).

If an applicant submits the missing documents later than 60 days after their initial application date, they must file a new SNAP application.

Delays Caused by the SNAP Office

If the applicant has submitted all of their documents and is eligible for SNAP, but the SNAP office hasn't provided the applicant with SNAP benefits within the allotted 30 days, the SNAP office must provide SNAP benefits back to the day the application was first handed in (the filing date). This is true even if the SNAP office does not decide on the application until more than 60 days after it was submitted.

When a household submits a SNAP application that is not processed within the 30-day period and the SNAP office causes the delay, the household will receive a notice that the SNAP application is "pending." The application will be completed in as timely a manner as possible, and SNAP benefits will be provided back to the day the application was submitted.

SNAP Expedited Service

SNAPSB SECTION 4: PG. 24-25; SECTION 5: PG. 128, 133-136; SECTION 15: PG. 316-317; SECTION 20: PG. 381

05-ADM-13

Helpful resource at the back of this section:

LDSS-3938 SNAP Application Expedited Processing Summary Sheet

People with very low income and few resources may qualify for expedited service. Those eligible will get their SNAP benefits within seven calendar days after the day they hand in their application. For example, if a person applies on a Friday and qualifies for expedited service, the SNAP office must provide SNAP benefits by Friday of the following week.

Expedited SNAP benefits are not administered as a separate program. Every SNAP applicant must be screened for expedited service eligibility on the day they apply. New York has a standard screening form for this: LDSS-3938, which can be found at the back of this section.

An applicant is eligible for screening and to receive expedited service even if they have an authorized representative, such as a friend or relative, apply for them. They may also be screened during a phone interview or an interview in their home if they are unable to get to the SNAP office.

SNAP Expedited Service, cont.

GIS16TA/DC011

26DC047

Eligibility for Expedited SNAP Benefits

A household is eligible for expedited service if:

- Their liquid resources (cash or readily available savings, online crowdfunding accounts,* or virtual currency) do not exceed $100 and they have received less than $150 in gross income during the calendar month in which they are applying for SNAP; *or*
- The household's shelter costs for the month—rent or mortgage, plus utility expenses (the Standard Utility Allowance—SUA)—are greater than the combination of the household's liquid resources and gross income for the calendar month in which they are applying; *or*
- They are a migrant or seasonal farmworker household that has liquid resources of $100 or less and meet SNAP requirements for being destitute.

After determining that a household meets any one of those three conditions, the SNAP office must interview the household and obtain proof of the applicant's identity. If verification of identity is impossible, benefits cannot be issued.

Expedited processing should not be delayed due to a lack of verification for anything other than identity.

Identity can be verified through:

- A driver's license *or*
- A voter registration card *or*
- Any other document that proves the applicant's identity

If the applicant does not have any ID, the SNAP office must try to call someone (such as a friend, relative, or worker at a shelter or other agency) to verify their identity.

The office must also assess whether the applicant has ever received expedited SNAP benefits in the past. Families who received expedited SNAP benefits the last time they applied but were not certified for ongoing benefits because they didn't follow through with the verification process have to meet certain additional criteria the next time they apply in order to receive expedited SNAP benefits. These applicants must submit either:

- The missing verification from their last application or
- All verification required with their new application

Once the applicant has submitted all necessary documents and is found eligible, the SNAP office must provide SNAP benefits within the expedited time frame.

**This is true even if the funds in the online account are used only to pay a deductible expense like medical bills or shelter costs. In such a case, the SNAP office would deduct the allowable expense as part of the regular SNAP budget process.*

Documentation Requirements for Ongoing SNAP

The SNAP office must give the household at least 10 days to submit the additional paperwork needed to qualify for ongoing benefits. This 10-day timeframe is the minimum window allowed when required verification has been postponed and ensures there is no delay or interruption in ongoing benefits for those determined eligible for ongoing SNAP.

The maximum time frame for households to submit verification that was postponed and receive continued ongoing benefits without interruption is the end of the month following the last month of the expedited payment period. This could delay receipt of the ongoing benefit until the needed verification has been provided.

For example:

> A household applied on May 16th, qualified for expedited processing, is found eligible for ongoing SNAP—with required documentation pending—and is issued benefits for the initial expedited payment period of May 16th through June 30th. If the household does not provide the required documentation by June 30th, no further benefits will be provided until they submit the outstanding documentation. The household must submit the outstanding documents by July 31st to receive full ongoing benefits for the month of July and beyond.

The SNAP Interview

SNAPSB SECTION 4: PG. 5, 11

GIS 06 TA/DC 010

GIS 08 TA/DC018

All SNAP applicants must be interviewed in a timely manner, either in person or over the phone, at the time of application submission or a later date. Applicants can request an in-person interview and can bring with them whomever they choose, including legal representation.

Applicants eligible for expedited processing must be interviewed within seven days of submitting the application.

The SNAP worker will do the following in the interview:

- Review the application
- Clarify any incomplete or confusing information
- Ask additional questions as needed
- Provide a list of any missing documentation
- Give the applicant at least 10 days to turn in any needed information

07-ADM-10

08-INF-07

LDSS-4921

Phone Interviews

Many SNAP applicants are automatically granted a phone interview instead of an in-office one.

The SNAP Interview, cont.

Phone interviews are granted for:

- **Working families:** Non-temporary assistance SNAP applicants get an automatic phone interview when one of the following conditions is met:
  - One adult on the application is working 30 hours or more per week or earning an average of at least the federal minimum wage ($7.25/hour) multiplied by 30 hours per week. Ultimately, the adult on the application would need to average $217.50 gross per week.
  - Two adults on the application are each working 20 hours per week or earning at least the federal minimum wage ($7.25/hour) multiplied by 20 hours per week. In this instance, each adult would need to earn $145 gross per week, for a total of $290 per week.
- **Applicants submitting online:** ex. myBenefits or AccessHRA
- **NYC on-demand interviews:** After returning their application, new SNAP applicants in NYC can call HRA at 718-SNAP-NOW (718-762-7669) between 8:30 AM and 5:00 PM, Monday through Friday, for an "on-demand" interview.
- **Disabled/senior applicants:** Special rules apply to households composed of all elderly and/or disabled adults with no earned income. See *Seniors and People with a Disability* in the *Eligibility Rules* section for details.
- **Others by request:** Other applicants who demonstrate a hardship can request a phone interview on a case-by-case basis. Hardships can include transportation difficulties, illness, prolonged severe weather, care of a household member, or work hours that conflict with the SNAP office hours.

Helpful resource at the back of this section:

LDSS-4942 Authorized Representative Request Form

Authorized Representatives

SNAP applicants can appoint an "authorized representative" who can apply on their behalf, attend the interview, and use the EBT card to make purchases, if approved.

The authorized representative can be a friend, a relative, someone who works for an agency, or anyone else the applicant chooses.

This person cannot be part of the applicant's household but must be able to provide the SNAP office with all the information it needs to determine eligibility, including the household's documentation.

If an applicant wants someone to act as an authorized representative, an adult member of the household must provide a written notice to the SNAP office giving the person permission to act as their authorized representative. It is recommended to use the OTDA form (LDSS-4942), provided at the back of this section. The form is available in both English and Spanish, and is specifically for households wishing to designate an authorized representative. Use of this form **cannot be required** by the SNAP office, but it is recommended. The form is developed for use with the electronic application, but is available statewide for use with any applicant household.

The SNAP office cannot force an applicant to use an authorized representative.

GIS 08 TA/DC018

Notice of Missed Interview Rules at Application

SNAP offices must comply with federal regulations for sending a Notice of Missed Interview (NOMI) during the SNAP application and recertification process.

SNAP offices must follow these regulations during the application process:

- The office must provide a date and time for the interview or provide the client with information about its on-demand system.
- If a new applicant misses their interview, the SNAP office must mail a NOMI letter informing the household that it is now the household's responsibility to reschedule the eligibility interview.
- The SNAP office must reschedule the eligibility interview for any applicant who responds to the missed interview notice.
- If the SNAP applicant does not contact the local district upon receiving the NOMI, the district will deny the case for failure to comply with the eligibility interview requirement, and a denial notice will be sent. The SNAP office must allow 30 days from the filing date before sending the notice.

Verification and Documentation

SNAPSB SECTION 5: PG. 114-127

12-INF-06

19-ADM-07

GIS19 TA/DC048

GIS 25DC004

GIS 25DC062

All eligibility criteria must be verified before the household is determined to be eligible to receive a SNAP benefit. Even if the SNAP worker is sure the information is true, they must obtain verification for the file.

The SNAP office should only ask a household to verify their present circumstances and should only use verification to assess if the household is currently eligible.

The SNAP office can gain verification from:

- Documents provided by the applicant(s)
- Collateral contact: a person outside the applicant's household who provides verbal confirmation of the household's circumstances
- Computer matches
- Home visits

Helpful resource at the back of this section:

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/ Verification Desk Guide

NYDocSubmit Quick Reference Card

The documentation requirements checklist (LDSS-2642—at the back of this section) includes each eligibility criterion and acceptable forms of verification. One document may serve as verification for more than one eligibility criterion. For example, a birth certificate can serve as verification of identity, date of birth, and citizenship. They are divided into primary and secondary verification categories, but SNAP does not differentiate between primary and secondary verification, so any form of acceptable verification in OTDA's list is acceptable for SNAP. It is easiest to get an application accepted promptly if the most common forms of documentation are provided.

If an applicant has tried to get a form of documentation and is unable to, then the caseworker is obligated to assist, including paying necessary fees. If the needed documentation is simply unavailable, the worker must find another way to verify the eligibility criteria.

Verification and Documentation, cont.

02-INF-33

21TA/DC088

GIS23DC045

25DC062

Documents Provided by Applicants

Any reasonable form of documentation must be accepted, and acceptable verification is not limited to any single type of document. Applicants should provide the SNAP office with the following: rent or mortgage payment receipts, telephone and utility bills, child care expense receipts, pay stubs, and verification of identity and address.

Households can upload documentation to the SNAP office using:

- myBenefits website
- NYC AccessHRA website
- NYC Access HRA mobile application—for NYC applicants/recipients
- NYDocSubmit mobile application—for upstate applicants/recipients

Visit otda.ny.gov/programs/nydocsubmit/ for a list of counties using NYDocSubmit, as well as other resources and information. The NYDocSubmit Quick Reference Card (at the end of this section) includes information about submitting document images, available languages, types of documents that can be submitted and more.

SNAP offices outside NYC must accept LDSS forms containing signatures of applicants, recipients, or other required third parties that are uploaded through NYDocSubmit. NYDocSubmit warns users that it is not designed to accept periodic reports or applications for services and benefits. However, if a user uploads an application for TA, SNAP, HEAP, or Medical Assistance, the SNAP office must process that application following the same rules and regulations that apply to applications submitted online or in person. This is also true if a user uploads a periodic report. Applications for any other programs or services that are uploaded in NYDocSubmit must be securely transmitted to the appropriate agency/area for action.

SNAP offices should issue documentation receipts to all SNAP applicants and recipients when they deliver documents in person to the SNAP office. This is true even if the SNAP office has a drop box. The LDSS-4847 is provided to SNAP offices as a template receipt, and OTDA has provided a list of items that should appear on any receipt for documentation provided by a SNAP office.

SNAPSB SECTION 5: PG. 121-122

12-INF-06

Collateral Contacts

Collateral Contact: a person outside the applicant's household who provides verbal confirmation of the household's circumstances.

The SNAP office will use a collateral contact as a substitute for written verification only in instances when written documentation is unavailable or inadequate. The office will call the collateral contact directly for information to support what the household has reported. For example, the SNAP office might call the landlord or neighbors to confirm the applicant's address and household composition.

The SNAP worker must:

- Obtain the information in writing, over the telephone, or in person from acceptable collateral contacts provided by the applicant. If the applicant does not give the SNAP office an acceptable contact person, the SNAP office will identify a person to contact.

Verification and Documentation, cont.

- Obtain the applicant's permission to disclose household information to a collateral contact. When the SNAP office makes collateral contact, it is inadvertently letting that person know that the applicant's household is applying for some type of benefit.
- Give the applicant a chance to verify information in some other way or to withdraw their application if they do not want a person selected by the SNAP office contacted.

Home Visits

The SNAP office should conduct a home visit only if it cannot verify household eligibility criteria through documentation or collateral contacts. Applicants do not have to let workers visit their homes, but the SNAP office can deny the application if it cannot verify the household's eligibility.

Computer Matches for Verification

The SNAP office can obtain information from:

12-INF-06

- Other public benefit programs
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Some banks
- NYS Department of Motor Vehicles (DMV)
- Tax collectors
- Other agencies and organizations that may have records about people's wages, benefit checks, addresses, and other factors that affect SNAP eligibility

The SNAP office usually will not tell the applicant when it is checking information in this way. If the office gets information that affects the SNAP case, it will typically contact the household to verify the information or refer the case to an internal investigation unit.

GIS 20DC/TA69 NYC ONLY

Computer Matches Involving NYC Veterans Only

OTDA matches a quarterly Public Assistance Reporting Information System (PARIS) file from the United States Department of Veterans Affairs (VA) against NYC HRA clients and applicants in WMS. This match is done to identify veterans who may be eligible for, but unaware of, veteran-related healthcare, counseling and employment services. When appropriate, eligible veterans and their families will be referred to those services in place of receiving TANF, SNAP or other public benefits.

Verification and Documentation, cont.

SNAPSB SECTION 5: PG. 114-117

12-INF-06

GIS 13 TA/DC043

Helpful resource at the back of this section:

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/ Verification Desk Guide

Necessary Verification

SNAP rules require that the SNAP worker get proof of the following:

- **Identity of applicant**—If an authorized representative applies in place of an applicant, the SNAP office must verify both the identity of the authorized representative and the applicant. Identity is the only necessary verification for households eligible for expedited processing.
- **Household size**—Verification can be obtained from a collateral contact, such as a landlord or other people not related to the family. Other readily available documentation is also acceptable, including: school district reports, Housing Authority Section 8 information, or any other documents that can be used to prove the size of the family applying for SNAP.
- **Age**—The household must provide the date of birth for all applying household members. The household has until the next recertification to provide verification of dates of birth. Acceptable means of documentation include: birth certificates, school records, or social security number (SSN) validation.
- **Non-citizenship status** (also referred to as Alien Status by OTDA)—Anyone in the household who is applying for SNAP and is not a U.S. citizen must provide proof of their immigration status. The SNAP office verifies the claimed legal status and any immigration documents submitted to the U.S. Citizenship and Immigration Services (USCIS). The SNAP office will only verify USCIS status for household members who submit proof of their immigration status. Non-citizen household members who do not submit proof of their immigration status (such as undocumented non-citizens) are excluded from the household for SNAP purposes, but the rest of the household can still receive SNAP benefits.
- **Social security numbers (SSNs)**—Everyone in the household must provide the SNAP office with a social security number. In New York State, eligibility workers verify SSNs directly with the Social Security Administration (SSA). Therefore, individuals do not have to provide proof of their SSN unless the number they provide to the SNAP office does not match the SSA's records or cannot be verified.
- **Income and resources**—Applicants must provide pay stubs and bank records to the SNAP office to verify their earned/unearned income and resources, if applicable.
- **Residence in the county**—The SNAP office does not have to verify where the applicant lives if it is not reasonably possible to get verification. For example, the applicant recently moved to the area, is homeless, or is a migrant farm worker and cannot get verification easily.

  Homeless SNAP applicants are exempt from the residency verification. They do not need a permanent address to apply, and can use the address of an authorized representative, a community organization (ex, shelter, soup kitchen), or the local SNAP office as an acceptable mailing address. See GIS 13TA/DC043 for more information on documentation requirements for homeless youth.

Verification and Documentation, cont.

The following documents are used for budgeting only, not eligibility determinations:

- **Shelter and utility costs**
- **Child care and child support costs** being deducted in the budgeting process
- **Medical expenses for elderly** (60 years of age and older) and applicants who meet the SNAP definition for disabled
- **Disability**—for special budgeting rules applicable to disabled people or those who are exempt from work activities due to a disability

Note: If verification of an item used *only for budgeting* a deduction is not available, the case can still be opened and budgeted without the deduction; however, the household may get a smaller benefit than it would have if the item had been verified.

Case Example: If the household does not have verification of child care costs, the budget can be calculated without the child care deduction. When the household provides documentation for the child care expense, they might get an increase in their SNAP benefit based on the new budget with the deduction.

SNAPSB SECTION 5: PG. 119-120

12-INF-06

25-INF-03

Verification of Questionable Information

Questionable information: any information on the application that is inconsistent with:

- Statements made by the applicant
- Other information on the present application or previous ones
- Information received by the caseworker

SNAP applicants should be prepared to verify as many facts as possible and to explain any unusual household circumstances in the initial interview. The SNAP office will ask for verification of any information that it finds questionable. These requests, provided in writing, should list all required information and the date by which the household should provide that information. Such requests, and the guidelines upon which they are based, must not discriminate based on race, religion, ethnic background, or national origin.

The following items shall only be verified if questionable:

- Citizenship
- Household composition
- Whether household members purchase and prepare meals together or separately

05-ADM-08

Front End Detection Systems

Front End Detection System (FEDS) program: an anti-fraud measure utilized by New York State that conducts investigations of applications that appear to have questionable circumstances. All local FEDS plans must be approved by OTDA.

For cash assistance purposes, all counties are required to operate a FEDS program.

Verification and Documentation, cont.

For SNAP-only cases: The program is optional. New York City does not have a SNAP-only FEDS plan; about two-thirds of counties throughout the state do.

Caseworkers may only refer those cases that meet specific criteria spelled out in the county's FEDS plan, and only after the household has first been given an opportunity to explain their situation.

What happens when there is a FEDS referral:

Typically, an LDSS investigator visits the applicant at their home or asks the household to appear for an in-office interview. However, for SNAP purposes, there is no obligation on the part of the household to meet with the investigator.

If a household fails to attend a FEDS interview:

That absence can not be used as a reason to deny the SNAP application and should not delay the normal application process. The investigator should continue without the household's cooperation and forward their report to the eligibility worker. The worker will then consider the information in the FEDS report before making a final decision on the household's application.

See 05-ADM-08 for a list of criteria, called indicators, that can trigger a FEDS referral.

SNAPSB SECTION 5: PG. 95-97

Households Without Social Security Numbers (SSN)

Every person in a household applying for SNAP must provide the SNAP office with their SSN. If a household member does not have an SSN, they must apply for one before they can receive SNAP benefits unless they have "good cause."

Good Cause: an applicant has tried to apply for a social security number but has not yet received it. For example, an applicant may have good cause if the Social Security Office will not accept the application because the applicant is waiting for a replacement copy of a lost birth certificate.

If an applicant applies for an SSN, the receipt from the SSA showing that they have applied satisfies the requirement.

Applicants who do not give the SNAP office their SSN or provide proof that they applied for one, or do not have good cause for not applying for an SSN, cannot receive SNAP benefits. However, the rest of the household members can proceed with the application without that household member. The excluded household member will be treated as an ineligible non-citizen for budgeting purposes.

As soon as the household member qualifies (i.e., provides proof they have applied for an SSN), they will be added as a member of that SNAP case.

SNAPSB SECTION 5:
PG. 69-89

03-INF-14

Households With Undocumented Non-Citizens

Undocumented non-citizens: individuals who cannot verify their immigration status. Undocumented non-citizens are **not** eligible for SNAP benefits.

When a household contains a member who cannot provide immigration verification, the SNAP office:

- Must continue to process the application for the remaining household members;
- Must not report anyone to USCIS. A threat by the SNAP office to contact USCIS to verify immigration status is a violation of the non-citizen's civil rights;
- Can report a non-citizen to OTDA if presented with proof that the person is illegally in the country (deportation orders).

If the ineligible non-citizen is someone who would otherwise have to be part of the SNAP household (for example, the parent of minor children in the household), their income must be reported because a pro-rata portion will count in determining the amount of SNAP benefits for which the rest of the family is eligible.

Find more information about budgeting for this type of household under *Advanced Budgeting* in the *Budgeting and Estimating SNAP Benefits* section of this guide.

Notification of Acceptance or Denial

SNAPSB SECTION 8

14-INF-16

Whether a SNAP application is accepted or denied, the SNAP office must send a notice informing the applicant of its decision within 30 calendar days of the application filing date.

If the SNAP office decides that the applicant qualifies for SNAP, the notice of acceptance must:

- State how much the household's SNAP benefit will be
- Include the start and end dates of the certification period

If the SNAP office denies the application, the notice of denial must explain the reason for the denial.

All notices must also include the following information:

- Phone number of the SNAP office
- The name of someone at the SNAP office that the applicant can call with questions, if possible
- Information about the right to a conference and/or a fair hearing
- How to get free legal aid

New York State uses an automated computer notice system for most notices. These notices include information about how the budget was calculated, so if there are any mistakes, they can be identified and mediated with the SNAP office.

Notice of Pending Application

When an application is delayed beyond 30 days and the fault lies with the SNAP office, a "Notice of Pending Application" will be created and sent to inform applicants that there has been a delay in application processing and that the application is still pending. Applications cannot be denied when the pending application is beyond 30 days and it is due to the fault of the SNAP office.

See *Timeliness* earlier in this section for further details.

Resources for This Section

On the following pages, you will find these resources:

LDSS-4826 SNAP Application Form and LDSS-4826A How to Complete Booklet

Instructions for Ordering SNAP Applications & OTDA Order Form 876 EL

LDSS-3938/LDSS 3938 NYC SNAP Application Expedited Processing Summary Sheet

LDSS-4942 Authorized Representative Request Form

LDSS-2642 Documentation Requirements Checklist

LDSS-3666 TA/SNAP Documentation/Verification Desk Guide

NYDocSubmit Quick Reference Card

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION

This application can <u>ONLY</u> be used to apply or recertify for SNAP

If you are blind or seriously visually impaired and need this application in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available and how you can request an application in an alternative format, see the instruction book (LDSS-4826A), or www.otda.ny.gov.

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.

If you are only applying or recertifying for SNAP you can use this application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

<u>When You Are Applying For SNAP</u>

- 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 7 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

When You Are Recertifying for SNAP

- You must submit the signed recertification application before the interview.
- If you miss the interview it is your responsibility to contact the social services district to reschedule.

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 on-line at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed to or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009.**

If you live in **New York City** and you are **not** also applying for Temporary Assistance, you can apply on-line at https://www.nyc.gov/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.**

SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.

NON-DISCRIMINATION NOTICE – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audio tape, American Sign Language), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a form AD-3027 USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistance Secretary for Civil Rights (ASCR) about the nature and ate of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SNAP APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	☐ Apply ☐ Recertify	Lang

Legal Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.# ____ City _____, NY Zip Code _____

Mailing Address (if different) _____ Apt.# ____ City _____, NY Zip Code _____

Known by Any Other Name: _____ Are You: ☐ Applying **or** ☐ Recertifying Do you want to receive notices in: ☐ Spanish **and** English **or** ☐ English **Only**

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →	APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED

List everyone who lives with you even if they are not applying. List yourself first.

LN	First Name	MI	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M, F Or X	Is this person applying? Yes	Is this person applying? No	Relationship to you	Do you buy and/or prepare food with this person? Yes	Do you buy and/or prepare food with this person? No	Hispanic or Latino? Yes	Hispanic or Latino? No	Enter Y (Yes) or N (No) for each race* (Codes Defined Below) I	A	B	P	W
1								✓		**self**	✓								
2																			
3																			
4																			
5																			
6																			
7																			
8																			

*Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** - Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

Are you and is everyone living with you a US citizen? ☐ Yes ☐ No If No, who is not a citizen? _____

Are you or is anyone in your household applying for or receiving SNAP or Temporary Assistance in another place? ☐ Yes ☐ No

Are you or is anyone living with you a veteran? ☐ Yes ☐ No If Yes, who _____

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? ☐ Yes ☐ No

If you are recertifying for SNAP, list on Page 9 what has changed since your last application or recertification *(such as moved, had a baby, someone moved in or out of your household).*

You may use page 9 if you need more room or there is other information that you think we might need.

Go to Page 3

INCOME

List ***ALL*** your income and the income of everyone living with you. This includes, but is not limited to **wages, income from self-employment minus the cost of producing self-employment (for example: babysitting, cleaning, income from a roomer or boarder), child support, pensions, veteran's benefits, disability, social security or SSI, grants or scholarships for rent or food, Temporary Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? *(for example, weekly, bi-weekly, monthly)*	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training? ☐ Yes ☐ No *If Yes, who* _____ .

Amount paid $ _____. How often paid *(e.g., weekly, monthly)* _____.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? ☐ Yes ☐ No

Do you or does anyone living with you have any potential income that has not yet been received? ☐ Yes ☐ No If *Yes, explain on Page 9.*

Are you or is anyone living with you participating in a strike? ☐ Yes ☐ No If Yes, who _____ .

Were you or anyone living with you in foster care on your 18th birthday? ☐ Yes ☐ No

Are you or is anyone living with you a boarder, foster child, or foster adult? ☐ Yes ☐ No

If *Yes, check B for boarder or F for foster and write their name.* ☐ *B* ☐ *F* Name: _____ .

RESOURCES

Resources do not affect the eligibility of most households applying for SNAP. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? *(For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts)*
$_____ Belongs to _____ .

Other financial assets? *(For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates)* ☐ Yes ☐ No

If Yes, amount $_____ *Type* _____ *Owner* _____.

How many cars, trucks or other vehicles do you or anyone in your household have?

___ **#1** *Year* _____ *Make* _____ *Model* _____ *Owner* _____

___ **#2** *Year* _____ *Make* _____ *Model* _____ *Owner* _____

Do you or anyone applying own any property including your own home? ☐ Yes ☐ No If yes, *list property*_____ *Owner* _____

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for SNAP? ☐ Yes ☐ No

EDUCATION/TRAINING AND LANGUAGE

Enter the name of each applying person in the household aged 16 or older, including yourself. For each person, put an "X" in the box in the "Highest Level of Education" section, using the education and training codes shown below. Check only one box per person. If you enter an "X" in the "0" column for a person, (indicating they do not have a high school diploma or a high school equivalency diploma), enter their highest school grade completed in the "Highest School Grade Completed" box (example – if a person is in 10th grade, put "9" in the "Highest School Grade Completed" box). Leave the "Highest School Grade Completed" box blank if the "0" column is not checked for a person in high school or obtaining a high school equivalency diploma.

Additionally, please identify the primary language spoken for each individual in the SNAP household that is age 16 or older. The primary language is the language the individual speaks most often.

Name (First and Last)	Highest Level of Education* (Codes Defined Below)							Highest School Grade Completed (see information below)	What is the Individual's primary language spoken?
	0	1	2	3	4	5	8		

* Education and Training Codes: **0** – Less than a high school diploma or equivalency; **1** – High school diploma or high school equivalency diploma; **2** – Associates Degree (2-year college degree); **3** – Bachelor's degree (4-year college degree); **4** – Graduate degree (Master's or higher); **5** – Completion of an Individualized Education Plan (IEP); **8** – Unknown

NOTE: The provision of information regarding highest level of education, highest school grade and primary language spoken is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to meet federal reporting requirements.

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

☐ Own home or paying for home ☐ Renting ☐ Migrant/seasonal farmworker ☐ No permanent residence ☐ Live with relatives or friends

List expenses:

Monthly rent or mortgage payment $ _____ Tax on home per year $ _____ Insurance on home per year $ _____.

Pay separately for Heat? ☐ Yes ☐ No If yes, specify type of heating: ☐ Gas ☐ Electric ☐ Oil ☐ Wood ☐ Coal ☐ Propane ☐ Other *(list)* _____

Heat Co. Name _____ Heat Co. Acct. No. _____

Pay for air conditioning, either in your electric bill or as a separate fee? ☐ Yes ☐ No

Pay separately for utilities *(other than heating/cooling)?* ☐ Yes ☐ No *(for example, lights, cooking gas, garbage/trash, water, initial installation of utilities)*.

Does anyone else pay any of these expenses for you *(some examples are Section 8 or other subsidy program)*?

☐ Yes ☐ No *If yes, who pays what?* _____ .

Are you or is anyone living with you paying legally obligated child support? ☐ Yes ☐ No *If yes, who* _____

Name(s) of child(ren) support is being paid for _____

Payment amount $_____ Frequency of payments *(for example, weekly, bi-weekly, monthly)* _____

Are you, and/or anyone living with you, disabled or at least age 60? ☐ Yes ☐ No *If yes, who* _____

If so, does such person have medical bills? ☐ Yes ☐ No If yes, list on page 9 what they are for, how much and who is responsible for payment.

LIVING ARRANGEMENTS AND EXPENSES (cont'd)

Are you, and/or anyone living with you, on Medicaid with a spenddown? ☐ Yes ☐ No *If yes, who* _____ Amount $_____

Are you or anyone living with you (16 or 17 years of age) enrolled in school or training? ☐ Yes ☐ No *If yes, who* _____ Name of School/Training Program _____

Are you or anyone living with you, between the ages of 18 and 49 years of age, attending a school or training program (above High School)? ☐ Yes ☐ No *If yes, who?* _____

Name of School/Training program _____ *Full Time (FT)* ☐ Yes ☐ No Income ☐ Yes ☐ No Expenses ☐ Yes ☐ No

Are there adults in the household age 16 and older (including the applicant) who:

Are pregnant? ☐ Yes ☐ No If yes, who _____

Have any medical conditions that limit their ability to work or the type of work that they can perform? ☐ Yes ☐ No If yes, who _____

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Answer these questions:

Are you or is anyone living with you violating a condition of probation or parole or fleeing to avoid prosecution, custody or confinement for a felony and actively being pursued by law enforcement? ☐ Yes ☐ No *If yes, who* _____

Are you or is anyone living with you in violation of probation or parole according to a court? ☐ Yes ☐ No *If yes, who* _____

Have you or has anyone living with you ever been disqualified from receiving SNAP because of fraud or intentional program violation? ☐ Yes ☐ No *If yes, who* _____

Have you or has anyone living with you been convicted of trading SNAP benefits for firearms, ammunition or explosives, or drugs after September 22, 1996? ☐ Yes ☐ No

If yes, who _____

Have you or has anyone living with you been convicted of buying or selling SNAP benefits for a combined amount of $500 or more, after September 22, 1996? ☐ Yes ☐ No

If yes, who _____

Have you or has anyone living with you been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996? ☐ Yes ☐ No

If yes, who _____

You may use page 9 if you need more room or there is other information that you think we might need.

READ THE IMPORTANT INFORMATION BELOW

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

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- **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.

READ THE IMPORTANT INFORMATION BELOW (cont'd)

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.**

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.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

NEW YORK CITY HOUSING AUTHORITY RESIDENT CONSENT TO SHARE INFORMATION – If you are applying for assistance in New York City, this consent will allow the New York City Housing Authority (NYCHA) to share information about you wit the New York City Human Resources Administration/Department of Social Services (HRA) to help you and our household apply for assistance under the Supplemental Nutrition Assistance Program (SNAP), and/or for HRA cash assistance, which may include payment of rental arrears.

If you sign this application below, NYCHA may share with HRA information relevant to your eligibility for, level of , SNAP and/or cash assistance benefits including your name, address, date of birth, and rent and utility payment information (such as monthly rent amount, rent payment history, rent balance, and appliance fees). Additionally, by signing this application below, you represent that you have the authority to consent on behalf of minor children listed in this application and you authorize NYCHA to share that child's name, address, and date of birth with HRA.

HRA will keep confidential any information that NYCHA shares and may only share the information with the local, state, and federal agencies that oversee HRA's SNAP and cash assistance benefit programs.

RELASE OF EDUCATIONAL RECORDS – I give permission to the New York City social services district to obtain the educational records of myself and/or my minor child(ren) for the following purposes: 1) verifying my eligibility for SNAP, 2) conducting reviews or investigations that result from conflicting information provided as part of the eligibility process and, 3) proving the appropriate federal government agency access to this information for the sole purpose of audit.

RELEASE OF INFORMATION TO SERVICE PROVIDERS - I give permission to the social services district and New York State to share information regarding Supplemental Nutrition Assistance Program benefits that I or any member of my household for whom I can legally give authorization have received, for purposes of verifying my eligibility for services and payment related to program administration provided by a State or local contractor. Such services may include, but are not limited to, job placement or training services provided to help me or my household members obtain and retain employment.

SUA (STANDARD UTILITY 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.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

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**.

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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.

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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.**

CERTIFICATION: I have read and understand the notices above. I understand and agree to the terms, authorizations and consents above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct. Your signature is required below to complete the application process.

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APPLICANT SIGNATURE (or Responsible Adult Household Member) X	DATE SIGNED
Authorized Representative SIGNATURE X	DATE SIGNED

IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name _____ Address _____ Phone _____

Use this area for additional information:

Who: _____ *Explanation:*

Who: _____ *Explanation:*

12

Who: _____ *Explanation:*

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE	DATE
13	

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Reason _____/_____/_____ ☐ Withdrawal ☐ Denial ☐ Recert. Closing

Eligibility Approved by _____ Date _____

SNAP Authorization Period: From _____ To _____

☐ **IN-PERSON INTERVIEW** ☐ **TELEPHONE INTERVIEW**

Comments:

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- ☐ **NO** because I choose not to register ***OR***
- ☐ I am already registered at my current address ***OR***
- ☐ I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature _____ Date ___/___/___

Please Print Name _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, I need an application for an Absentee Ballot

Please print or type in blue or black ink

☐ Yes, I would like to be an Election Day worker

1 **Are you a U.S. citizen?** ☐ **YES** ☐ **NO**
If you answered **NO**, do not complete this form

2 **A) Will you be 18 years old on or before election day?** ☐ **YES** ☐ **NO**

B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? ☐ **YES** ☐ **NO**
If you answered **NO** to both of the prior questions, you cannot register to vote.

For Board Use Only

3 Last Name | First Name | Middle Initial | Suffix

4 Address where you live (do not give P.O. box) | Apt. No. | City/Town/Village | Zip Code | County

5 Address where you get your mail (if different than above) | P.O. Box, Star Route, etc. | Post Office | Zip Code

6 Date of Birth | **7** Gender (optional) | **8** Telephone (optional) | Email (optional)

10 The last year you voted | Your address was (give house number, street and city)
In county/state | Under the name (if different from your name now)

9 **ID Number** (Check the applicable box and provide your number)
- ☐ New York State DMV number — — — — — — — — —
- ☐ Last four digits of your Social Security number — — — —
- ☐ I do not have a New York State DMV or Social Security number

11 **Political Party**

I wish to enroll in a political party
- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Working Families party
- ☐ Other _____

I do not wish to enroll in any political party and wish to be an independent voter
- ☐ No party

12 **Affidavit: I swear or affirm that**
- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I will meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Signature or Mark in ink _____ Date ___/___/___

(Optional) Register to donate your organs and tissues

Last Name

First Name | Middle Initial | Suffix

Address

Apt Number | City/Town/Village | Zip Code

Birth Date | Gender ☐ M ☐ F

Eye Color | Height Ft. In.

Email | DMV or ID NYC Number

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.

DONATE LIFE New York State

Signature _____ Date ___/___/___

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP

The LDSS-4826 Supplemental Nutrition Assistance Program (SNAP)

Application/Recertification can ONLY be used to apply or recertify for SNAP

If you are blind or seriously visually impaired and need an application or these instructions in an alternative format, you may request them from your social services district (SSD). The following alternative formats are available:

- Large print;
- Data format (a screen reader-accessible electronic file);
- Audio format (an audio transcription of the instructions or application questions); and
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

Applications and instructions are also available for download in large print, data format and audio format from www.otda.ny.gov. Please note that applications are available in audio format and Braille solely for informational purposes. In order to apply, you must submit an application in written, non-alternative format.

If you have any disabilities that prevent you from completing this application and/or from waiting to be interviewed, please notify your SSD. The SSD will make every effort to provide a reasonable accommodation to address your needs.

If you require another accommodation, or need other help completing this application, please contact your SSD. We are committed to assisting and supporting you in a professional and respectful manner.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP (LDSS-4826)

The LDSS-4826 application can ONLY be used to apply or recertify for SNAP

If you are only applying or recertifying for SNAP you can use the LDSS-4826 application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

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 8 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

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 on-line at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed to or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009.**

If you live in **New York City** and you are **not** also applying for Temporary Assistance, you can apply on-line at http://www.nyc.gov/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.**

SNAP Interviews

SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.

When You Are Recertifying For SNAP

- You must submit the signed recertification application before the interview.
- If you miss your interview, it is your responsibility to contact the social services district to reschedule the interview and avoid having your case closed.

INSTRUCTIONS ON HOW TO COMPLETE THE SNAP APPLICATION/RECERTIFICATION

Be sure to complete each section by PRINTING clearly in blue or black ink.

Do **NOT** print in the shaded areas.

If you are applying as someone's representative, please print information about that person, not yourself.

ALTERNATIVE FORMATS: Check "YES" or "NO" to indicate whether you are blind or seriously visually impaired and would like to receive written notices in an alternative format. If "Yes," check the type of format you would like. Alternative formats are available in large print, data CD, audio CD, or Braille, if you assert that none of the other alternative formats are equally effective for you. If you require another accommodation, or need other help completing this application, please contact your SSD.

SECTION 1: APPLICANT INFORMATION

NAME: PRINT your legal name including your first name, middle initial and last name.

TELEPHONE NUMBER: PRINT your home phone number.

OTHER PHONE: PRINT another phone number where you can be reached, if you have one.

RESIDENCE ADDRESS: PRINT the street, avenue, road, etc., where you now live. PRINT the city you live in. PRINT your zip code.

MAILING ADDRESS: PRINT your mailing address if it is different from your residence.

OTHER NAME: **PRINT** any maiden names, names from a previous marriage, or other names that any person listed has been known by or now uses.

Check (✓) whether you are applying or recertifying for SNAP.
Check (✓) if you wish to receive notices in Spanish **and** English or just English.

SECTION 2: Sign your name, date, and provide your address (if you have one) **ONLY** if you want to submit your application without completing the next page at this time to establish your application filing date. You must complete the application process, including the interview and sign on page 8 for us to determine your eligibility.

SECTION 3: HOUSEHOLD MEMBERS INFORMATION:

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.
PRINT your full name first. Then **PRINT** the names of the other people who live with you:

PRINT the Social Security Number (if the individual does not have a SSN, enter "none"), date of birth, marital status and sex for each person applying.

Check (✓) Yes or No to tell us who is applying.

For **each** person in the household, PRINT how they are related to you (for example: wife, son, friend, etc.).

Check (✓) Yes or No if that person buys and/or prepares food with you.

Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino.

Enter Y (Yes) or N (No) for each race *.

Race/Ethnic codes: **I –** Native American or Alaskan Native, **A –** Asian, **B –** Black or African American, **P –** Native Hawaiian or Pacific Islander**, W –** White
The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

SECTION 4: Answer all questions in section 4. Be sure to provide the names of individuals who are not U.S. citizens.

SECTION 5: INCOME: List all your income and the income of everyone living with you. PRINT the name of the person receiving the income, the source of income and how often it is received. Income can include: Regular job (wages), income before strike, on-the-job-training, military reserves, national guard, work study, alimony, child support, educational assistance (grants, scholarships, etc.), friends or relatives (other than loans), temporary assistance, pensions or retirement, Supplemental Security Income (SSI), Social Security benefits, veterans benefits, unemployment benefits, worker's compensation, babysitting, taxi driving, cleaning homes or other buildings, farming/ranching, income from a roomer, income from a boarder or arts and crafts.

NOTE: Foster Care Payments and SNAP – You may choose to include the foster care child or adult in the SNAP household. If you do, any associated foster care payments will be counted as income. All other income or resources of the foster care child also will be counted. If you have any questions about this, make sure to ask your worker.

Be sure to answer all other questions in section 5.

SECTION 6: RESOURCES: Resources do not affect the eligibility of most households applying for SNAP. However, some resource information is used to determine if you qualify for expedited processing of your application.

Answer all the questions in Section 6 for yourself and everyone who is applying for SNAP. List the dollar ($) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings with non-household members**. Resources may include any of the following: cash on hand, cash held by others, checking or savings account, savings bonds, individual retirement account, pension plan, individual development account, stocks/bonds, mutual funds, trust fund, money market certificates, buildings, land, rental property, vacation or recreational property or house other than home.

SECTION 7: EDUCATION/TRAINING AND LANGUAGE: Enter the name of each applying person in the household aged 16 or older, including yourself. For each person, put an "X" in the box in the "Highest Level of Education" section, using the education and training codes shown on the SNAP Application (LDSS-4826). Check only one box per person. If you enter an "X" in the "0" column for a person, (indicating they do not have a high school diploma or a high school equivalency diploma), enter their highest school grade completed in the "Highest School Grade Completed" box). Leave the "Highest School Grade Completed" box blank if the "0" column is not checked for a person in high school or obtaining a high school equivalency diploma. Please identify the primary language spoken for each individual in the SNAP household that is age 16 or older. The primary language is the language the individual speaks most often.

NOTE: The provision of information regarding highest level of education, highest school grade and primary languages spoken is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The information is requested to meet federal reporting requirements.

SECTION 8: LIVING ARRANGEMENTS AND EXPENSES:

PRINT the amount you pay for rent, mortgage, room and board or other housing. List the dollar ($) amount that you pay for your property taxes and homeowner's insurance.

If you pay for your heat separately, check (✓) what type of heat you have and fill in the name of the heating company and your account number.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have air conditioning costs and if you do, who pays the separate expense?
- anyone pays legally obligated child support and if so, who, how much, the frequency of payments, and the name of the child(ren) support is being paid for?
- anyone in household applying, who is disabled or at least age 60 has any medical bills such as in-home nursing service, dentures, hearing aid, eyeglasses, seeing eye dog or service animal, health insurance and medical payments, hospital or nursing care, medical or dental services, prescription drugs or medical transportation?
- anyone in your household is on Medicaid with a spenddown and if so, who and how much?
- anyone in your household is enrolled in school or in a training program and if so, who and where, and enrollment status?
- If you or anyone who lives with you age 16 or older who is applying is pregnant, select "Yes" and print your/their name in the space provided following this question.
- If you or anyone who lives with you age 16 or older has any condition that keeps you/them from working or from doing certain kinds of work, select "Yes" and print your/their name in the space provided following this question.

Be sure to answer all other questions in section 8.

SECTION 9: LEGAL STATEMENTS, RESPONSIBILITIES AND PENALTIES: Read this section carefully or have someone read it to you.

Note: NY State Law provides for fine or jail, or both, for a person found guilty of obtaining SNAP by hiding the facts or not telling the truth.

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 costs, 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.

NON-DISCRIMINATION NOTICE – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audio tape, American Sign Language, 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.

To file a program discrimination complaint, a complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: http://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistance Secretary for Civil Rights (ASCR) about the nature and date of alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

SECTION 10: SNAP AUTHORIZED REPRESENTATIVE: If you want someone from outside your household to apply for SNAP benefits or get an authorized representative EBT card to buy the food for you, PRINT their name, address and phone number, unless the authorized representative has been otherwise designated by the household in writing.

SECTION 11: SIGNATURES: Sign your name. If you are an Authorized Representative, both you and a responsible adult household member must sign and date the signature sections on page 8 of the Application/Recertification.

When an Authorized Representative is applying on behalf of a SNAP Household that does not reside in an institution, **both the** Authorized Representative and the Head of Household or another responsible adult member of the household must sign and date the signature sections on Page 8 of the Application/Recertification.

SECTION 12: ADDITIONAL INFORMATION: Use this section to let us know additional information that you think we might need to know.

SECTION 13: CONSENT TO WITHDRAW: If you decide you no longer wish to apply for SNAP, sign your name and enter date. You may reapply at any time.

Note: **The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect your eligibility or the amount of assistance that you will be given by this agency.**

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services Programs and to deter fraud.

READ THE IMPORTANT INFORMATION BELOW
APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP

Additional information regarding your rights and responsibilities is contained in the Client Information Books (LDSS-4148A; LDSS-4148B and LDSS-4148C). These books can be obtained at your social services district, and on-line.

YOU HAVE *RIGHTS*:

- As an Applicant/Recipient of SNAP you must be interviewed as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
- SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.
- You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one at no cost to you. You cannot be denied access to services because you are not fluent in English or hearing or speech impaired. Social Services districts may utilize the TTY/TTD relay systems to gain access to services for hearing or speech impaired applicants/recipients. If you have any special needs you can request special accommodations from your social services district.
- If you have a disability, you have the same right to access and be interviewed for SNAP as someone who does not have a disability.
- Within 30 days of the date you filed your completed application and interview for SNAP, you must be told if your application is approved or denied. If you are eligible for expedited processing you must be told within 7 days after the date you turned in your application if you are qualified for SNAP and/or advised if additional documentation is needed.
- You must be given a written notice telling you if your application for SNAP is approved or denied:
  - -- If your Application is approved, this notice will tell you the amount of SNAP benefits you will get;
  - -- If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

WHAT IS A FAIR HEARING

A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the social services district's decision about your case was wrong. After the Fair Hearing, the State will issue a written decision which will state whether the social services district's decision was right or wrong. The written decision may order the social services district to correct your case.

TIME LIMITS TO ASK FOR A FAIR HEARING

If you want to ask for a Fair Hearing for SNAP, call **right away** because there are time limits. If you wait too long, you may not be able to get a Fair Hearing. **If you get a notice about your case** and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. **Be sure to read all of the notice carefully**. **If your notice tells you that your SNAP benefits have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within 90 days from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough SNAP benefits at any time within the certification period**.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

HOW TO ASK FOR A FAIR HEARING

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing Request to: 518-473-6735

Online: Complete online request form at http://otda.ny.gov/hearings/

In writing: If you received a notice, fill in the supplied space and send a copy of the notice, **or** write to:
Fair Hearing Section
NYS Office of Temporary and Disability Assistance
Fair Hearings
P.O. Box 1930
Albany, New York 12201-1930 *Please keep a copy of any notice for yourself*

Walk-In: If you live in New York City you may also make your request in person by walking into the **Office of Administrative Hearings, Office of Temporary & Disability Assistance, 14 Boerum Place, Brooklyn, New York**

EMERGENCY - If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.

NOTE: For New York City emergency fair hearings only – Call 800-205-0110. Do not use this telephone number for anything except emergencies. Requests that do not involve emergencies will not be taken at this number.

INTERPRETERS – You have the right to an interpreter at no cost to you, if English is not your primary language, or if you are hearing or speech impaired.

AID CONTINUING - If you get a notice telling you that your benefits will be stopped or reduced, and you ask for a Fair Hearing before the **effective date** on your notice, your SNAP benefits will, in most instances, stay the same **("aid continuing")** until the Fair Hearing decision is made. If you do not get a notice about your case, and your benefits are stopped or reduced, at the same time that you ask for a Fair Hearing, you can ask that your SNAP benefits be restored **("aid continuing")** until the Fair Hearing decision is made.

However, if you get **"aid continuing"** and you lose the Fair Hearing, you may have to pay back any benefits that you received as "aid continuing" while waiting for the Fair Hearing decision. If you **do not** want the SNAP benefits you have been getting to stay the same until the Fair Hearing decision is made, you must tell this to the New York State Office of Temporary and Disability Assistance when you call or write for a Fair Hearing.

HOW TO PREPARE FOR A FAIR HEARING

The New York State Office of Temporary and Disability Assistance will send you a notice, which tells you when and where the Fair Hearing will be held. To help you get ready for the Fair Hearing, you have the right to look at your case record and get free copies of the forms and papers which will be given to the Administrative Law Judge at the Fair Hearing. You can also get free copies of any other papers in your case record which you think you may need for the Fair Hearing. Usually, you can get these papers before the hearing or at the hearing at the latest. If you ask for any papers related to your hearing, and the social services district does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it.

You should also bring to the Fair Hearing any witnesses who can help you and any information you have such as: **Pay stubs, Bills, Receipts, Leases, Doctor's statements,** to help you explain why you think the social services district's decision is wrong.

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a social services district's decision about your case is wrong. If you think you need a lawyer to help you with your Fair Hearing, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services Office. For the names of other lawyers, call your local Bar Association.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

Someone from the social services district will also be at the Fair Hearing to explain the social services district's decision about your case. You or your representative will be able to question this person and any witnesses from the social services district.

If you cannot go to the Fair Hearing, you can send someone else in your place. If you are sending someone who is not a lawyer to the Fair Hearing, you must give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that you want this person to take your place at the Fair Hearing. If the Administrative Law Judge decides that your presence is required, and your testimony is necessary, the hearing may be re-scheduled for another day for you to appear. You will be notified of the new day by mail.

NOTE: If you ask, you will be able to get back the money you had to pay for public transportation, child care and other necessary expenses to go to the fair hearing. If no public transportation is available, you may be able to get back the money you had to pay for another type of transportation. If you are unable to use public transportation because of a medical problem, you may be able to get back the money you had to pay for another type of transportation. However, you may be asked to provide medical verification.

TO LOOK AT YOUR CASE AND COMPUTER RECORDS:

Once you apply for SNAP or other help, case records and computer records are kept about your case. Usually, you have the right to look at those records. However, you may **not** be able to look at all of the records. Your worker can explain the rules to you.

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, send you your records; **or** tell you why they will not give you your records; **or** tell you they have your request and they will determine if you are allowed to get your records within five working days of when they get your request letter.

AN APPLICANT/RECIPIENT OF SNAP HAS SEVERAL *RESPONSIBILITIES*:

Employment Requirements for SNAP Applicants and Recipients

Unless an individual documents to the satisfaction of the social services district that the individual is exempt (not required to participate) from SNAP work requirements (as described below), the individual must:

- Accept a job or a referral to a job opening;
- Not quit a job or choose to work less than 30 hours each week without having a good reason;
- Provide information regarding their employment status and availability for work; and
- Participate in work activities as assigned by the social services district

An individual is exempt from SNAP work requirements if documentation is provided to the satisfaction of the social services official that the individual is:

- Younger than 16 years of age or 60 years of age or older.
- Mentally or physically disabled, incapacitated or ill and unable to engage in work activities.
- Responsible for the care of a dependent child under the age of six. If you are participating in work experience under a federally-funded Temporary Assistance program, this exemption from SNAP work requirements does not apply.
- Subject to and complying with a work requirement under a federally funded Temporary Assistance program.
- Responsible for the care of an incapacitated person.
- An applicant for or recipient of Unemployment Insurance Benefits.
- A regular participant in a drug or alcohol treatment program.
- A student enrolled at least half-time in a recognized school, training program or institution of higher education
- Employed at least 30 hours a week or earning at least the equivalent of 30 times the federal minimum wage per week
- An applicant for Supplemental Security Income (SSI) and SNAP benefits under the joint processing provisions; or
- A 16 or 17 year old individual who is not the head of household or who is attending school or an employment program at least half-time

If an individual fails or refuses to comply with a SNAP work assignment or quits a job, the individual may become ineligible for SNAP benefits. The length of time that the individual is ineligible for SNAP benefits depends on the number of times the individual has been sanctioned for not complying with a work requirement.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

Additional Eligibility Requirements for SNAP Recipients who are Able-Bodied Adults without Dependents (ABAWDs)

An individual who is required to comply with SNAP work requirements, must meet additional SNAP eligibility requirements unless the individual is:

- Homeless;
- 24 years of age or younger and who was in foster care on their 18th birthday;
- Under 18 years of age or 53 years of age or older;
- Living in a SNAP household that includes a member who is under 18 years of age;
- A Veteran;
- A recipient of disability benefits from a public or private source, such as NYS disability benefits;
- Pregnant; or
- Unable to work at least 80 hours a month due to a physical or mental limitation.

NOTE: *Only the individual who meets one or more of the conditions listed above would be exempt from ABAWD requirements. Other ABAWDs in the SNAP household would still be required to comply with ABAWD requirements in order to continue to receive SNAP benefits for more than 3 months in a 36-month period.*

Individuals who are not exempt from the Additional Eligibility Requirement listed above are an ABAWD and are only eligible to receive SNAP benefits for three months in a 36 month period unless that individual:

- Works (including "in-kind" work and volunteer work) for at least 80 hours per month;
- Participates in an employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs;
- Participates in a qualifying work/training program approved by the social services district for at least 80 hours per month;
- Complies with a Work Experience Program (WEP) assignment for the number of hours per month equal to their household's SNAP benefit divided by the higher of the federal or State minimum wage;
- Participates in a program under the Workforce Innovation and Opportunity Act which may include job search, job readiness, occupational skills training and education activities, or the Trade Act of 1974 for at least 80 hours per month; or,
- Participates in a combination of work or qualifying work programs for at least 80 hours per month.

NOTE: *The federal ABAWD requirements listed above apply to <u>each</u> ABAWD in the SNAP household.*

If the ABAWD is meeting any of the requirements listed above, but has not notified the social services district, the individual should immediately contact the social services district and provide documentation of their participation to avoid becoming ineligible for SNAP benefits after receiving SNAP benefits for 3 months in a 36-month period. If the ABAWD is not participating in work or qualifying activities for at least 80 hours per month and wants to receive SNAP benefits beyond the 3 month limit and is unable to secure paid employment of at least 80 hours a month, the ABAWD should <u>immediately</u> contact the social services district to discuss the work or work programs that are available to permit the ABAWD to meet their federal ABAWD requirement.

In addition, the ABAWD must provide documentation of participation in unpaid work activities on a monthly basis and report to the social services district within 10 days after the end of the month if the ABAWD's work hours go below 80 hours a month. Failure to comply with these requirements without good cause may result in the ABAWD being ineligible for SNAP benefits.

GOOD CAUSE

An individual may also have a good cause reason that prevented the individual from complying with work requirements, working ore participating in ABAWD qualifying activities for at least 80 hours in the month. Good cause is an event or circumstance beyond an individual's control that prevents an individual from meeting the work requirements including the ABAWD requirement during the month. Good cause examples may include but are not limited to: a temporary illness or a household emergency. An individual is required to provide proof of any good cause or exemption from the work requirements including the ABAWD work rules, when requested by the social services district. Proof of good cause or exemption could include a statement from a medical professional providing the individual's care.

If an individual believes that they have good cause for not meeting the work requirements including the ABAWD requirements or the individual believes that they should be exempt from the requirements because they meet one of the conditions identified above or live in an area with an approved ABAWD waiver, the individual should immediately contact the social services district and provide supporting documentation. If an ABAWD does not meet the federal ABAWD requirements and loses eligibility for SNAP as a result, the individual may be able to receive SNAP again, if otherwise eligible, and should immediately contact the social services district to discuss what they need to do to regain SNAP eligibility.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

IF YOU ARE SUSPECTED OF FRAUD

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:

As an Applicant/Recipient of SNAP, you are responsible to reschedule a missed interview before the 30th day after the date you applied to avoid losing SNAP.

RESPONSIBILITY TO PROVIDE PROOF

When you are applying for SNAP, you will be asked to provide proof of certain things. Your worker will advise you of what is needed. Document requirements may vary for different assistance programs. If the social services district already has proof of certain things that do not change such as social security number, you do not need to prove it again.

By having proof of identity and other important documents when you first apply for assistance, you may be able to get help sooner.

If you are dropping off documents at your social services office, ask for a receipt which should include the district name, your name, the date, time, list of each specific document being left, and the name of the worker giving you the receipt.

You must provide the proof that your worker tells you is needed to have your eligibility for SNAP determined. If you have trouble getting the requested proof, make it known to your worker.

NON-CITIZEN ELIGIBILITY INFORMATION

Many non-citizens are qualified non-citizens who are eligible for SNAP. Even if you are not, your children may be eligible. SNAP should not affect your immigration status with respect to any USCIS decision regarding your immigration matter.

You may be eligible for SNAP if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swains Island), or a qualified alien. A qualified non-citizen for SNAP eligibility is:

1. An American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA); or
2. A member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act; or
3. A non-citizen admitted as a Hmong or Highland Laotian, including the spouse (or un-remarried surviving spouse) or unmarried dependent child; or
4. A refugee admitted under section 207 of the INA; or
5. A non-citizen granted asylum under section 208 of the INA; or
6. A non-citizen whose deportation has been withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA; or
7. A non-citizen admitted as a Cuban or Haitian entrant under section 501(e) of the Refugee Education Assistance Act of 1980; or
8. A non-citizen who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act of 2000; or
9. A lawfully residing alien who is on active duty in the U.S. Armed Forces, an honorably discharged veteran whose discharge is not because of immigration status, his or her spouse, unmarried dependent children, or un-remarried surviving spouse; or
10. A non-citizen admitted as an Amerasian; or
11. A non-citizen lawfully admitted for permanent residence under the INA and who has 5 years in status; or
12. A non-citizen paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status; or
13. A battered spouse or child, parent of a battered child or child of a battered parent with a petition pending or approved under 8 USC 1641(c) who entered before 8/22/96 or has 5 years in status; or
14. Non-citizens also may be eligible for SNAP if:
    - They are lawfully admitted for permanent residence and have earned, or can be credited with 40 quarters of work; or
    - They are in a qualified status listed above and receive certain disability or blindness benefits; or
    - They are in a qualified status listed above and are under 18 years old; or
    - They are lawfully in the U.S. on August 22, 1996 and are blind, disabled or 60 years of age or older; or
    - They are Iraqi or Afghani nationals granted special immigration status under section 101(a)(27) of the INA or have been granted conditional entry under section 203(a)(7) of the INA as in effect before 4/1/80.

Ordering Blank SNAP Applications from OTDA

Hard copies of SNAP applications and other related publications from OTDA are available free of charge. To order copies of these documents in large quantities, visit otda.ny.gov/programs/publications/order/ or fill out OTDA Form 876 and mail the completed form to the address below. Please allow three weeks for processing of order. Form 867 can be found on the next page.

NYS Office of Temporary and Disability Assistance
Document Services
PO Box 1990
Albany, NY 12201

Fax: 518-402-0084

Email: Forms.Orders@otda.ny.gov

This information can be found at otda.ny.gov/programs/publications/order/

Instructions for filling out the form:

- For SNAP-only applications, use document number 4826
- For document title, use "SNAP Benefits Application/Recertification"
- Make sure to specify language(s) you would like:
  - English
  - Spanish
  - Arabic
  - Chinese
  - Haitian-Creole
  - Korean
  - Russian

Note:

- Requests for the same items are limited to **twice** per year.
- Remember to order a sufficient supply at least two months in advance.

Document Services
(518) 474-9489

Request for Documents or Publications

Submit Completed Form to: **Forms.Orders@Otda.ny.gov**
Social Service Districts May Also Order Online: **http://formorders/**

Receiver's Name

Business Name

Street Address *(We cannot ship to PO Boxes)*

Suite, Apt, Floor, Etc.

City

State

ZIP

We recommend that you establish a re-order point to ensure sufficient quantities are on hand to meet your needs. Please order documents in numerical sequence and specify quantities in number of forms NOT number of boxes. Allow 3 weeks for processing and shipping of your order.

Form Number	Form Title	Quantity Requested *(Number of Forms)*

Agency/Program Submitting Request

Requestor Name

Email Address *(Required)*

Phone Number

Date Submitted

Notes

LDSS-3938 (Rev.06/26)

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

1. Screen all applicants for expedited application processing on the day of application.
2. 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.
3. 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 pended 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?

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

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

COMPLETE PART FOUR

☐ **NO -** IF NO, CONTINUE WITH PART TWO

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.

COMPLETE PART FOUR

☐ **NO –** IF NO, CONTINUE WITH SECTION B.

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.

COMPLETE PART FOUR

☐ **NO**

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

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?	☐ **YES** **IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,**	☐ **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: _____**

DATE ELIGIBILITY INTERVIEW:	WORKER NAME:

LDSS-3938-NYC (Rev. 04/26)

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
DATE OF SCREENING	MONTH	DAY	YEAR

CASE NAME	CASE NUMBER	SCREENED BY

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing on the day of application.
2. 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.
3. 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 pended 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?

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

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

COMPLETE PART FOUR

☐ **NO -** IF NO, CONTINUE WITH PART TWO

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.

COMPLETE PART FOUR

☐ **NO –** IF NO, CONTINUE WITH SECTION B.

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.

COMPLETE PART FOUR

☐ **NO**

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

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 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 15th of month; zero benefit due to proration) ☐ ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full second month's benefit) ☐ ELIGIBLE (Applied after 15th 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:

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
AUTHORIZED REPRESENTATIVE REQUEST FORM

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

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.

Applicant/Recipient Name:	Applicant Address:
Applicant/Recipient Case Number:	

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP benefits for you. You can also authorize someone to use your SNAP benefit card to buy food for you. If you would like to authorize someone for either of these purposes, you must do so in writing. You may do so by printing the person's name, address and phone number below and signing the next page of this form.

Authorized Representative Name:	Authorized Representative Address:
Authorized Representative Telephone Number:	

I authorize the above designated individual to act as my representative until I revoke this authorization for the purposes checked below. I understand that if I do not check any of the boxes below, my authorized representative will be authorized to perform all of the functions listed next to the boxes. I understand that I may revoke all or part of this authorization at any time by notifying my local district in writing.

Please Check the Appropriate Box(es)

- ☐ Application for SNAP benefits
- ☐ Recertification for SNAP benefits
- ☐ To use my SNAP benefit (EBT card) to purchase food for me
- ☐ All of the above

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.

SNAP PENALTY WARNING (continued)

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 to have made a fraudulent 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 participating 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 a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required);
- All third SNAP 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 any 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.

Note: Both the applicant and/or authorized representative are subject to the above penalties.

Applicant Signature:	**Date:**

As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	**Date:**

PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP)
FORMULARIO DE PETICIÓN DE REPRESENTANTE AUTORIZADO

Si usted es una persona ciega o tiene un impedimento visual grave y necesita esta solicitud / formulario en un formato alternativo, lo puede solicitar de su distrito de servicios sociales. Si desea información adicional sobre los tipos de formatos disponibles, comuníquese con su distrito de servicios sociales o ingrese a www.otda.ny.gov.

Si usted es una persona ciega o tiene un impedimento visual grave, ¿Le gustaría recibir notificaciones en un formato alternativo?____ Sí ____ No

Si contestó «Sí», marque el tipo de formato que desea: ___ Letra Grande ___ CD de Datos ___ CD Audio ___ Braille, si usted determina que ninguno de los otros formatos alternativos le serán de igual utilidad a usted.

Si usted necesita otra modificación, favor de comunicarse con su distrito de servicios sociales.

Nombre del solicitante o beneficiario:	Domicilio del solicitante:
Número de caso del solicitante o beneficiario:	

REPRESENTANTE AUTORIZADO – Usted puede autorizar a otra persona que conozca las circunstancias de su hogar para que **solicite** el subsidio SNAP por usted. Usted también puede autorizar a otra persona a utilizar su tarjeta de subsidio SNAP para que dicha persona compre los alimentos por usted. Si desea autorizar a otra persona para que realice uno de esos propósitos, debe hacerlo por escrito. También puede hacerlo escribiendo, a continuación, el nombre, domicilio y número de teléfono de dicha persona y firmando al pie de este formulario.

Nombre de Representante Autorizado:	Domicilio de Representante Autorizado:
Número de Teléfono de Representante Autorizado:	

Autorizo a la persona arriba mencionada a que actúe en mi representación para el propósito marcado a continuación, hasta que yo revoque mi autorización. Entiendo que si no marco ninguno de los casilleros a continuación, mi representante autorizado estará autorizado a realizar todas las funciones listadas en los casilleros. Entiendo que puedo revocar parcial o enteramente esta autorización cuando lo decida notificando al respecto y por escrito, al distrito local.

Sírvase marcar el/los casillero(s) pertinente(s)

- ☐ Solicitud de subsidio SNAP
- ☐ Revalidación de subsidio SNAP
- ☐ Usar mi subsidio SNAP (Tarjeta EBT) para comprar los alimentos por mí .
- ☐ Todas las anteriores

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP – Toda información que usted suministre en relación con su solicitud de subsidio SNAP estará sujeta a verificación por autoridades federales, estatales y locales. De encontrarse información inexacta, se le podrá negar el subsidio SNAP. Se le someterá a enjuiciamientos penales por proporcionar, a sabiendas, información incorrecta que afecte su habilitación para recibir beneficios, o afecte el monto de los mismos. Toda persona que esté en violación de una de las reglas de libertad condicional («probation») o libertad bajo palabra («parole») o que esté huyendo para evitar un juicio, custodia o prisión por un delito grave, y actualmente es un prófugo de la ley, no es apto para recibir los subsidios SNAP.

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP (continuación)

Si un integrante del grupo familiar beneficiario de SNAP es declarado culpable de Violación Intencional del Programa (IPV), esa persona no podrá recibir los subsidios de SNAP por un período de:

- 12 meses por la primera Violación Intencional del Programa SNAP (SNAP-IPV);
- 24 meses por la segunda Violación Intencional del Programa SNAP;
- 24 meses por la primera SNAP-IPV, si un tribunal de justicia lo declara culpable de haber utilizado o recibido subsidios de SNAP en una transacción de venta de una sustancia controlada. (Drogas ilegales o ciertas drogas para las cuales se requiere una receta médica).
- Por 120 meses, si se le declara culpable de haber hecho una declaración falsa sobre su identidad o su domicilio, con el fin de obtener múltiples subsidios SNAP simultáneamente, a menos que sea inhabilitado permanentemente por una tercera IPV.

Además, un tribunal de justicia también podrá impedir que una persona reciba subsidios de SNAP por un período adicional de 18 meses.

La inhabilitación permanente de un individuo por:

- La primera SNAP-IPV, si un tribunal de justicia lo declara culpable de haber utilizado o recibido beneficios de SNAP en una transacción para vender u obtener armas de fuego, municiones o explosivos;
- La primera SNAP-IPV, si un tribunal de justicia lo declara culpable de traficar beneficios de SNAP por un valor de $500 o más. (El tráfico incluye uso, transferencia, obtención, alteración o posesión ilegal de fondos de SNAP, tarjetas de autorización o dispositivos de acceso);
- Por la segunda SNAP-IPV, según la decisión de un tribunal de justicia que lo declara culpable de haber recibido subsidios de SNAP en una transacción de venta de sustancias controladas. (Drogas ilegales o ciertas drogas para las cuales se requiere una receta médica).
- Todas las terceras Violaciones Intencionales del Programa SNAP.

Toda persona culpable de un delito grave por (a sabiendas) usar, transferir, adquirir, alterar o poseer fondos de SNAP, tarjetas de autorización o dispositivos de acceso, se le podrá imponer una multa de hasta $250,000; una pena de prisión de hasta 20 años, o ambas sanciones. El individuo también podrá estar sujeto a enjuiciamiento penal conforme las leyes federales y estatales vigentes.

Se le podría declarar inhabilitado para recibir SNAP o declarado culpable de una Violación Intencional del Programa (IPV) si usted:

- Hace una declaración falsa o engañosa o hace una representación falsa, oculta o retiene hechos con el fin de habilitar para recibir subsidios o recibir más subsidios; o
- Comprar un producto con subsidios SNAP con el fin de obtener dinero en efectivo desechando intencionalmente el producto y devolviendo el envase por el monto del depósito; o
- Comete o intenta cometer un acto que constituye una violación de una ley federal o estatal con el objeto de usar, presentar, transferir, adquirir, recibir, poseer o traficar subsidios de SNAP, tarjetas de autorización o documentos reusables utilizados como parte del sistema de Transferencia Electrónica de Beneficios (EBT).

Además, no está permitido lo siguiente y se le puede inhabilitar para recibir el subsidio SNAP o estará sujeto a sanciones por las siguientes acciones:

- Usar o tener posesión de tarjetas EBT que no le pertenecen a usted sin el consentimiento del propietario de la tarjeta; o
- Usar el subsidio SNAP para comprar artículos no comestibles, tales como alcohol y cigarrillos, o pagar por comida previamente adquirida a crédito; o
- Permitir que otra persona use su tarjeta de transferencia electrónica de beneficios (EBT), a cambio de dinero en efectivo, armas de fuego, municiones, explosivos, o drogas; o comprar alimentos para personas que no forman parte del grupo familiar beneficiario de SNAP.

Nota: tanto el solicitante como el representante autorizado estarán sujetos a las sanciones anteriores.

Firma del Solicitante:	**Fecha:**

Como representante autorizado, doy fe de lo anterior.

Firma del Representante Autorizado:	**Fecha:**

LDSS-2642 (Rev. 8/12)

DOCUMENTATION REQUIREMENTS

Applicant/Recipient Name	Case Name
Date Time of Interview	Case Number

LOCAL DISTRICT NAME AND ADDRESS:

You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____. If your worker does not receive this proof, your application may be denied or your assistance may be discontinued. (If you cannot obtain these items by the above date, call _____ to find out what other forms may be used to verify your eligibility.) If you ask, we will help you get the proof as long as you are cooperating with us.

Eligibility Factor	To prove this factor, provide: ✓ ONE of the following OR	✓ TWO of the following (If you are applying for SNAP Benefits or Medical Assistance **only,** you need to bring **only** one form for each eligibility factor checked.)
☐ **Identity** You must prove who you are.	Photo I.D. Driver's license U.S. passport Naturalization Certificate Hospital/Doctor's Records Adoption paper	Statement from another person Validated Social Security Number Birth/Baptismal Certificate
☐ **Marital Status** You must prove if you are married, divorced, separated, or widowed.	Marriage/Death certificates Separation agreement Divorce decree Social Security records VA records	Statement from clergy Census records Newspaper notice Statement from another person
☐ **Residence** You must prove where you live.	Statement from landlord Current rent receipt or lease Mortgage records	Statement from another person Current mail School records
☐ **Household Composition/Size** You must prove who is living with you.	Statement from non-relative Landlord School records	Statements from other persons
☐ **Age** You must prove the age of each person applying for assistance, where appropriate.	Birth certificate Baptismal certificate Hospital records Adoption records Naturalization certificate Driver's license	Insurance policy Census records School records Statement from another person Physician statement Official correspondence from SSA
☐ **Absent Parent** If the parent of any child in your home is not living with you, you must prove this	Death certificate Survivor's benefits Hospital records VA or military records Divorce papers Proof of remarriage	Newspaper notice Insurance company records Institutional records Agency case records and burial payment files Statement from another person
☐ **Absent Parent Information** You must provide any information you have: name, address, Social Security Number, birth date, employment	Pay Stubs Tax returns Social Security or VA records Monetary determination letters ID. cards (health insurance) Driver's license or registration	

Eligibility Factor	To prove this factor, provide one of the following:
☐ **Social Security Number** (For Temporary Assistance, SNAP Benefits and Medical Assistance-**only**, you do **not** have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA'S records or cannot be verified by the agency.)	Social Security Card Official correspondence from SSA A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.
☐ **Citizenship or Current Alien Status -** US citizens are eligible for Temporary Assistance, SNAP and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, SNAP or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.	Birth certificate Baptismal certificate Hospital records U.S. passport Military service records Naturalization certificate USCIS documentation Evidence of continuous U.S. residence since prior to 1/1/72.
☐ **Earned Income** From employer	Current wage stubs Pay envelopes On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new and employer's phone number Contact with employer Business records Tax records Records and related materials concerning self-employment earnings and expenses Current income tax return
☐ From self-employment	Current contribution check Statement from roomer, boarder, tenant Income tax records
☐ Income from rent or room/board	
☐ **Unearned Income** Child support	Statement from Family Court Statement from person paying support
☐ Unemployment Insurance benefits (UIB)	Check stubs Current award certificate Current benefit check Official correspondence with NYS Dept. of Labor
☐ Social Security benefits (including SSI)	Current award certificate Current benefit check Official correspondence from SSA
☐ Veteran's benefits	Current award certificate Current benefit check Official correspondence from VA

Eligibility Factor	To prove this factor, provide one of the following:
☐ **Unearned Income (con't)**	
☐ Workers' Compensation	Award Letter Check stub
☐ Education grants and loans	Statement from school Statement from bank Award letter
☐ Interest/dividends/royalties	Statement from bank or credit union Statement from broker/agent
☐ Private pension/annuity	
☐ Other	Current award letter Current benefit check Official correspondence from source of income
☐ **Resources**	Statement from household Statement from nursing home
☐ Bank accounts: checking, savings, retirement (IRA and Keogh)	Current bank records Current credit union records
☐ Stocks, bonds, certificates	Stock certificate Bonds Statement from financial institution
☐ Life Insurance	Insurance policy Statement from insurance company
☐ Burial trust or fund burial plot or funeral agreement	Bank records Burial agreement Burial plot deed Statement from funeral director
☐ Income tax refund or earned income tax credit (EITC)	Tax Refund Statement from tax office
☐ Real estate other than Residence	Deed Statement from real estate broker Appraisal/estimate of current value by broker
☐ Motor Vehicle	Registration (older models) Title of ownership Appraisal of current value by dealer Financing data
☐ Lump sum payment	Statement from source of payment

Eligibility Factor	To prove this factor, provide one of the following:
☐ Other _____	
☐ **Shelter Expenses** You must prove how much it costs you to live where you do (You may need to provide separate documentation for **each** item of shelter expense.) **Medical Assistance does not require documentation of shelter expenses.**	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
☐ **Medical Bills**	Copies of medical bills (paid and unpaid)
☐ **Health Insurance** If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	Insurance policy Insurance card Statement from provider of coverage **Medicare** card
☐ **Disabled/Incapacitated /Pregnant** If you or anyone living with you is sick or pregnant, you must provide proof.	Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness
☐ **Unpaid Bills** Rent, utility	Copy of each bill showing amount owed, period of services and provider
☐ **Referral** Drug/Alcohol Treatment Program ☐ Employment Service	Statement from provider of Treatment Statement from employment service
☐ **Other Expenses/ Dependent Care Cost** You must provide proof if you **pay** court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts
☐ **School Attendance** You must prove who is in school	School records (current report card) Statement from school/ or Higher Education Institution
☐ **Other:**	

WORKER NAME DATE TELEPHONE NUMBER ( )

APPLICANT/ RECIPIENT SIGNATURE DATE TELEPHONE NUMBER ( )

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	SECONDARY
M	M	**Identity**	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers **For SNAP –** Identity is only mandatory for the person making the application.	Statement from Another Person Social Security Number Birth/Baptismal Certificate SOLQ **For SNAP** - In the case of an authorized representative, both the auth rep and applicant must verify Identity.
M	N	**Marital Status**	Marriage/Death Certificates Separation Agreement Divorce Decree Social Security Records VA Records	Statement from Clergy Census Records Newspaper Notice Statement from Another Person
M	M*	**Residence**	Statement from Landlord Current Rent Receipt or Lease Mortgage Records **For SNAP**- Residence is verified at a household level	Statement from Another Person Current Mail School Records Fuel/Utility bill
M	Q*	**Household Composition/Size**	Statement from Non-relative Landlord	Statement from Other Persons
M	M*	**Age**	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License **For SNAP Only,** DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA
M	N	**Absent Parent**	Death Certificate Survivor's Benefits Hospital Records VA or Military Records Divorce Papers Proof of Remarriage	Newspaper Notice/News Media Outlet Insurance Company Records Institutional Records Agency Case Records and Burial Payment Lines Statement from a Non-Relative
M	N	**Absent Parent Information**	Pay Stubs Tax Returns Social Security or VA Records Unemployment (UIB) Book ID Cards (Health Insurance) Driver's License or Registration	
M	M*	**Social Security Number**	Social Security Card Official Correspondence from SSA **For TA and SNAP,** provided or apply for # at certification; must verify at first recertification unless validated by WMS SOLQ	
M M	Q M	**Citizenship Non-Citizen Status**	Birth/Baptismal Certificate Hospital Records US Passport Military Service Records Naturalization Certificate USCIS Documentation Evidence of Continuous US Residence since Prior to 1/1/72 **For TA and SNAP**, non-citizen status is verified on an individual basis **For SNAP Only**, citizenship is verified only if questionable and is only required for household members who are applying for SNAP	
M	M*	**Earned Income**	Current Wage Stubs and Statement of Tips Pay Envelopes Contact with Employer Business Records Records and Related Materials Concerning Self-Employment Earnings and Expenses Current Income Tax Return Statement from Roomer, Boarder, Tenant Income Tax Records	
M	M*	**Unearned Income**	Statement from Family Court Statement from Person Paying Statement from School Statement from Bank or Credit Union Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check Official Correspondence with NYS Dept. of Labor Official Correspondence from SSA Official Correspondence from VA Official Correspondence from source of income Award Letter	

LEGEND:
M = Mandatory Documentation/Verification required for Certification
O = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)
***** = Verification can be pended under SNAP Expedited Processing
N = No Documentation/Verification required
Q = Verification is Only Necessary if Questionable

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK AID

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M*	**Resources**	Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Burial agreement Burial plot deed Statement from funeral director Refund or EITC check Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Title of ownership Registration (older models) Appraisal of current value by dealer Financing data Statement from source of payment
M	O*	**Health Insurance**	Insurance policy Insurance card Statement from provider of coverage Medicare card
M	O*	**Disabled/ Incapacitated/ Pregnant**	Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness
M	M*	**Able-Bodied Adult Without Dependents (ABAWD) Eligibility**	For non-waiver areas and non-excluded ABAWD individuals Proof of working and/or work program participation for at least 80 hours per month Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement
M	O*	**Referral**	Statement from provider of treatment Statement from employment service
O	O*	**School Attendance**	School records (current report card) Statement from school **For SNAP**, affects work registration and earnings of children under 18

EXPENSES
THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
O	O*	**Shelter Expenses**	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
O	O*	**Medical Bills**	Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card **For SNAP**, for A/D individuals only
O	O*	**Unpaid Bills** Rent, Utility	Copy of each bill showing amount owed, period of services and provider
O	O*	**Other Expenses Dependent Care Cost**	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts

*LEGEND:
- **M** = Mandatory Documentation/Verification required for Certification
- **N** = No Documentation/Verification required
- **O** = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)
- **Q** = Verification is only necessary if questionable
- ***** = Verification can be pended under SNAP Expedited Processing

NYDocSubmit

What is NYDocSubmit?

NYDocSubmit is a mobile application that allows certain applicants and recipients in participating social service districts (districts) to take pictures of their documents and/or select documents from a mobile device or photos saved in the photo gallery and submit them to their local district office using their Apple iOS or Android device. There is no need for the individual to take time off from work or travel to the district office to drop off documents.

Note: NYDocSubmit is not monitored for emergencies and is not to be used to submit an initial application for SNAP, HEAP, TA, or MA; to submit a SNAP Interim Report, SNAP Change Report Form, or SNAP Periodic Report; or to submit a recertification application for SNAP, HEAP, or TA. NYDocSubmit may be used to submit a Medicaid Recertification.

Which social service programs does NYDocSubmit support?

- Supplemental Nutritional Assistance Program (SNAP)
- Home Energy Assistance Program (HEAP)
- Temporary Assistance (TA)
- Medicaid

Note: If an application for OCFS Services or documents for programs other than those listed above are received through NYDocSubmit, the district must follow existing procedures for applications and rerouting documents.

What types of documents can be submitted using NYDocSubmit?

- Age/Identity
- Income
- Proof of Who Lives with You
- Resources
- Social Security Number/Proof of SSN Application
- Citizenship/Immigration Status
- Medical Documentation
- Residence/Home Address
- Housing/Utility Expenses
- Other

What file formats can be submitted through NYDocSubmit?

- JPG, JPEG, PNG, and PDF

What type of documents should not be submitted using NYDocSubmit?

NYDocSubmit should not be used to submit sensitive information, such as:

- Child Protective Services (CPS) case information or to report suspected child abuse or maltreatment.
- Documents that contain HIV information.
- Domestic violence information.
- Addresses that must remain confidential to safeguard any member of an applicant's or recipient's household.

NYDocSubmit

What is needed for an applicant or recipient to use NYDocSubmit?

1. An Apple iOS or Android phone or tablet with data or wi-fi connectivity. In order to take and upload a photo through the app, the device must have a working camera.
2. Go to the Apple App Store or Google Play Store.
3. Search for "NYDocSubmit" (one word).
4. Click on Get or Install.
5. An existing or new NY.gov ID from https://my.ny.gov.

Note: The Application requires individuals to use the latest version of the Application to successfully upload document images.

What languages are available in NYDocSubmit?

• English	• Chinese (Traditional)	• Spanish
• Korean	• Arabic	• Russian
• Bengali	• Haitian Creole	• Yiddish
• Italian	• Polish	• French
• Urdu		

How to submit documents using NYDocSubmit

Note: Please advise applicants and recipients to review the submission details for accuracy before submitting a document.

1. Select preferred language.
2. Search and select the district to submit documents.
3. Select one Program Area.
4. Select Document Category.
5. Take a picture of a document or select a document from the mobile device or photos saved in the photo gallery. Images are subject to review and validation by the district.
6. Enter the identifying and contact information (Name, Phone)
7. Enter submission details (at least one field is required):
    - Social Security Number (SSN)
    - Client Identification Number (CIN)
    - Case Number
    - Date of Birth
8. Confirm or edit the information and submission details.
9. Submit the document.
10. A confirmation screen, with tracking number, will appear following a successful upload. Note: No "receipt" will be sent, however a history of document uploads submitted under that NY.gov ID will be available in the application for 60 days after the date of image upload.
11. Wait to receive the confirmation screen before submitting another document or closing the application.

What technology support is available for NYDocSubmit?

The Office of Information Technology (OITS) Service Desk supports NYDocSubmit. You may contact the Service Desk by:

Phone: 844-891-1786 E-mail: fixit@its.ny.gov

Note: Questions regarding program requirements or acceptable documentation should be directed to your supervisor.

Maintaining SNAP Benefits and Recertification

In this section:

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Good Cause Under General Work Rules 2
Voluntary Quit 2
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LDSS-3151 Change Report Form

25-INF-05 ABAWD Medical Statement

25-ADM-03 ABAWD Qualifying Work Programs

Pub-5050 You are an ABAWD. Now What?

Pub-5012 Keep Your SNAP Benefits Fact Sheet

Maintaining SNAP Benefits and Recertification

General SNAP Work Rules

EMPLOYMENT AND TRAINING REQUIREMENTS NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT MANUAL

GIS 12 TA/DC035

19-ADM-02

20 TA/DC105

20-ADM-15

21 TA/DC014

21-ADM-05

22-ADM-01

22-ADM 08

23-ADM-09

25-LCM-14

Helpful resource at the back of this section:

LDSS-5193 Important Information About SNAP Work Rules

SNAP requires certain participants to meet work requirements to keep their benefits, unless they qualify for an exemption. There are three categories of SNAP work requirements: General SNAP Work Rules (including "Voluntary Quit"), Employment and Training (E&T), and Able-Bodied Adults Without Dependents (ABAWD).

SNAP participants who are subject to SNAP General Work Rules are required to:

- Accept any job offer received unless there is a good reason not to.
- Not quit their job, if they have one, or work fewer than 30 hours a week without having a good reason. See *Voluntary Quit* section for details.
- Tell the SNAP office about their job and how many hours they are working.
- Participate in SNAP E&T work activities, if assigned by the SNAP office or district. ***Note: SNAP offices are not currently assigning E&T activities.***

Exemptions from General SNAP Work Rules

SNAP participants are **not** required to follow SNAP general work rules if they are:

- Under age 16 or age 60 and over
  - Although they are exempt from general work rules, individuals aged 60 to 64 must comply with the ABAWD time limit rule or document an exemption.
- Age 16 or 17 and not the head of the household
- Attending high school, training, or college at least half-time
  - College students between the ages of 18 and 49 must meet the student eligibility criteria listed in the *Eligibility Rules* section to receive SNAP.
- Working at least 30 hours a week or earning $217.50 or more per week
- Meeting TANF work requirements
- Receiving or applying for unemployment benefits
- Participating in a drug or alcohol treatment program
- Taking care of a child under six
- Taking care of an incapacitated person
- An SSI applicant/recipient (see 26-INF-03 pages 5-6)
- Physically or mentally unable to work (less documentation is required than for a disability; doctor or other health care provider certification is sufficient)

General SNAP Work Rules, cont.

SNAP offices are required to provide a written notice (LDSS-5193) informing SNAP households about work requirements. If anyone in the household meets any of the above exemptions, they should contact their SNAP office and provide the necessary information and documentation.

If a SNAP household member is exempt from SNAP general work rules, they are also exempt from voluntary quit and ABAWD rules, with the exception of people aged 60 to 64, who are exempt from the general work rules but must meet the ABAWD time limit rule unless they qualify for an exemption.

Good Cause Under General Work Rules

SNAP applicants/recipients may have a "good cause" reason for not following the general work rules. These reasons are usually outside the individual's control.

Good Cause can include, but is not limited to:

- Being sick/injured
- Facing a household emergency
- Not having childcare for children younger than 12
- Working in unreasonable conditions
- Transportation issues

If a SNAP applicant/recipient thinks they have a "good cause" reason for not following the general work rules, they must let the SNAP office know right away and provide proof of the reason. For example, the district might request a statement from the person's doctor or documents showing that the individual has good cause for not following the rule or needs to be excused.

NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT MANUAL, SECTION 13

18-ADM-08

Voluntary Quit

The voluntary quit rule was instituted to prevent people from deliberately reducing their income to get SNAP benefits. The rule disqualifies such people from receiving SNAP benefits for a specified length of time, called a sanction period. This rule often comes into play when someone quits their job for some other reason, such as a decision to relocate, and immediately applies for SNAP.

SNAP offices may ask questions about the reasons for leaving a job during the application process. In these cases, the applicant must show a valid reason for leaving a job to prove good cause and avoid a voluntary quit sanction.

Applicants who were fired for any reason are never assumed to have left their jobs to obtain SNAP benefits. The NYS Temporary Assistance and SNAP Employment Policy Manual states that "provoked discharge" termination situations, in which employees cause themselves to be fired, are not subject to a voluntary quit disqualification.

Those without a valid reason for quitting their job will likely be subject to a voluntary quit sanction.

General SNAP Work Rules, cont.

Exemptions from Voluntary Quit Sanctions

Individuals in the following situations are exempt from voluntary quit sanctions:

- Exempt from the work rules at the time of job quit
- Laid off or fired for any reason
- Worked less than 30 hours/week before quitting, unless the person earned more than $217.50/week gross
- Worked less than 30 hours/week prior to reducing their hours
- Reduced work hours below 30 hours/week, but still earns at least $217.50/week gross
- Had been self-employed
- Resigned at the employer's demand

See the NYS OTDA Employment Policy Manual for specific rules and policies: otda.ny.gov/resources/employment-manual/

Who Can be Sanctioned for a Voluntary Quit

Anyone who is:

- Working 30 or more hours/week ***or*** earning at least $217.50/week who quits a job without good cause, or
- Working 30 or more hours/week who voluntarily reduces their work hours without good cause, if the person's earnings fall below $217.50/week

Voluntary quit sanctions begin at the SNAP application date. The look-back period for voluntary quit extends to 30 days before the application.

- For the first instance, ineligibility applies for a period of at least 30 days
- For the second instance, ineligibility applies for a period of at least 90 days
- For the third and all additional instances, ineligibility applies for a period of at least 180 days.

See 18-ADM-08 for more information on voluntary quit sanction time frames.

Employment and Training (E&T)

EMPLOYMENT AND TRAINING REQUIREMENTS NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT MANUAL

22-ADM-01

25-LCM-14

The SNAP E&T program helps SNAP households gain skills, training, or work experience that will increase their ability to enter or move ahead in the workforce. Currently, SNAP offices in New York are not assigning E&T activities to SNAP participants who are required to follow general work rules. If a SNAP office reaches out concerning a work activity, the SNAP participant should immediately respond to the SNAP office listed on their notice.

Employment & Training, cont.

The following activities and services are available on a **voluntary** basis to adults receiving SNAP:

- Financial literacy or personal finance instruction, including career advice, credit counseling, using savings/checking accounts, and cash management techniques
- Job skills training and educational work activities directly related to employment and training
- Job readiness classes
- Subsidized employment and apprenticeships, including internships, customized training, transitional jobs, and on-the-job training, as defined under the Workforce Innovation and Opportunity Act
- Educational and or vocational training programs, including but not limited to a two-year post-secondary degree program
- Vocational education

23-ADM-09

Post-Secondary Education as an E&T Activity

Post-secondary education: any formal learning that takes place after high school or earning a High School Equivalency (HSE). It can include a variety of options, such as colleges, universities, trade schools, vocational schools, and continuing education programs.

The New York State 2023-24 Enacted State Budget included an amendment of social services law to require SNAP offices to approve participation in an educational and/or vocational training program, which includes, but is not limited to, a two-year post-secondary education program as a work activity under E&T rules for both SNAP and TANF participants.

Previously, SNAP offices were authorized to approve employment plans for those seeking to participate in educational and/or vocational training programs. Under the new law, the SNAP office **must approve** such plans for those seeking to participate in educational and/or vocational training programs. Additionally, the educational and/or vocational program must be necessary for the participant to:

- Obtain their individual employment goal, and
- Achieve a degree or certificate in sustained employment.

Educational and/or vocational training programs under this provision include, but are not limited to:

- Post-secondary credential-bearing programs up to a four-year degree.
- Post-secondary educational providers, including:
  - Community colleges
  - Public and private colleges
  - Business, technical, trade, or vocational schools

Employment & Training, cont.

Implementing Post Secondary and/or Vocational Placements

SNAP offices are now encouraged to provide information about, recommend participation in, and make referrals to appropriate and available educational and/or vocational training programs.

SNAP offices must be aware of which education providers offer services in their county and provide information to participants about scholarships, tuition support, and academic advising services for low-income students, adult learners, or workforce development. This includes referrals to:

- One-stop career centers
- On-campus advising services
- Workforce development services

E&T Requirements for SNAP Offices

Under SNAP E&T rules, each district is required to:

1. Coordinate their SNAP E&T components and services with available community resources, including job training and related employment services available through the local WIOA partners.
2. Coordinate with NYS Career Center System partners to align and improve access to local employment, training, and supportive services, thus ensuring SNAP recipients benefit from the Career Center System's full array of services.
3. Inform SNAP applicants and recipients about work requirements and available employment and training services.

Advising Households of Available E&T Services

At recertification, SNAP offices must advise adult SNAP recipients in households without elderly or disabled members and with no earned income of the availability of employment and training services within the district or region. This is not limited to SNAP E&T and should include E&T opportunities provided by:

- Local career centers
- Community-based organizations
- Local education providers

SNAP offices must, at a minimum, provide a list of available employment and training services electronically or in print.

Able-Bodied Adults Without Dependents (ABAWD)

NYS TEMPORARY ASSISTANCE AND SNAP EMPLOYMENT POLICY MANUAL, SECTION 3
GIS 16 TA/DC044
GIS 18 TA/DC020
20-INF-07
21-ADM-05
25DC055
25-ADM-03-P
25-INF-05
25-INF-08
25-LCM-14
26-ADM-02
26DC037
26-INF-03
26-ADM-06

The federal Able-Bodied Adults Without Dependents (ABAWD) time limit rule limits how long some adults can receive SNAP benefits if they are not working. Under this rule, unemployed, non-disabled adults ages 18 to 64 living in households without a child under age 14 can only receive SNAP benefits for a total of three full months in a 36-month period unless they live in an area with a waiver, meet an exemption, are granted an exclusion, or meet work requirements.

The current 36-month period began on October 1, 2026, and ends on September 30, 2029. NYS uses a "fixed statewide clock," meaning the 36-month period has the same start and end dates across all counties. See the *ABAWD Time Clock Reset section* below and 26-ADM-06 for more details.

Congress Made Changes to the ABAWD Rules

Passed as part of H.R.1, these changes:

- Limit waivers that allow states to waive work-reporting requirements in areas with insufficient jobs, restricting them to areas with an unemployment rate of over 10%.
- End exemptions for veterans, people experiencing homelessness, and youth aging out of foster care.
- Expand ABAWD time limits to new populations, including seniors ages 55 to 64, and parents with children ages 14 and older.

26DC012

Waived Areas in NYS

USDA approved NYS's request to waive two Reservations within the state.

Helpful online resources:

OTDA SNAP WORK RULES: otda.ny.gov/abawd

HUNGER SOLUTIONS NEW YORK ABAWD PAGE: HungerSolutionsNY.org/abawd

The waiver runs from March 1, 2026, through February 28, 2027. During this period, the ABAWD rule does **not** apply to individuals who reside in the following areas:

- Tuscarora Nation Reservation in Niagara County/Buffalo area
  - The Tuscarora Nation Reservation is primarily served by the 14092 (Lewiston/Stella Niagara) and 14132 (Sanborn) ZIP codes.
- Poospatuck (State) Reservation in Suffolk County
  - The Poospatuck Reservation is in Mastic, New York, and is primarily associated with the ZIP code 11950.

25-ADM-03-P
25-INF-05
25-INF-08
26-INF-03

Exemptions from the ABAWD Rule

Individuals who are exempt from the general SNAP work rules (except for those ages 60-64—see full list in *General SNAP Work Rules*), live in a waived area, or are granted an exclusion from the SNAP office do not have to follow the ABAWD rule.

ABAWD, cont.

Exemptions from the ABAWD rule include:

- Younger than age 18, or age 65 or older
- Household includes a child younger than 14 years old
- Pregnant
- Medically certified as physically or mentally unfit for employment for one of the following reasons:
  - Receives disability benefits from a public or private source (Veteran Affairs or NYS disability benefits)
  - Unable to work 80 hours a month due to physical or mental health reasons
  - Obviously mentally or physically unfit for employment
- An Indian, Urban Indian, California Indian, or other Indian eligible for the Indian Health Services

Visit otda.ny.gov/abawd for an ABAWD medical statement template.

Visit HungerSolutionsNY.org/abawd for a checklist that provides more information on each of the above exemptions.

25-ADM-03-P
25-INF-08
25-LCM-14
26-ADM-02
26-INF-03

Screening for Exemptions

SNAP offices must screen adults applying for or participating in SNAP for exemptions from the general work rules and the ABAWD time limit, in accordance with federal law. SNAP offices do not need to screen every adult in the household individually. A screening only needs to be completed by one adult household member or the household's authorized representative for all adult members.

OTDA mandated the use of a tool, the LDSS-5062A, to screen SNAP applicants and recipients at application, recertification, and when changes are reported, if applicable. In NYC, the screening is automated and integrated into HRA's online system.

To strengthen the screening process at SNAP offices outside of NYC, OTDA developed a list of questions to help assess whether a person may be exempt from the ABAWD work rules under the "obviously mentally or physically unfit for employment" exemption. This exemption includes a broad range of circumstances that limit an individual's ability to work beyond mental or physical unwellness, such as housing instability, language barriers, or difficulty accessing public transit.

The questions are outlined in 26-ADM-02 and are included in the LDSS-5062A.

26-INF-03

Changes During a Certification Period and Screening

SNAP offices have limited authority to require information from a household during the certification period. Although households can report/verify information voluntarily, the SNAP office must review each case before assigning an ABAWD status to an individual.

ABAWD, cont.

Changes reported during a periodic report:

- If the periodic report indicates that an individual may no longer qualify for an ABAWD exemption, the SNAP office must attempt to re-screen the individual.
- If the SNAP office is unable to reach an individual during the certification period, a screening must be completed at the next required contact (for example, recertification). If a SNAP office attempts to screen an individual and is not successful, it must not assign countable months until a screening is conducted.
- If an individual reports a change that would result in a loss of exempt status due to changes in circumstances that are *not* subject to the reporting rules, the individual must be re-screened for ABAWD exemptions at the next recertification.

Changes reported during the certification period that may result in an exemption:

- Once the SNAP office receives information that an individual may be exempt and determines it is not questionable, it must promptly apply the exemption.
- If the information is questionable, the SNAP office must promptly request verification.
- Once the exemption is verified, the SNAP office must apply the exemption to the individual's case and may not assign additional countable months while the exemption is in effect.

Examples:

- Household reports pregnancy during the certification period, and the information is clear; the SNAP office must exempt the individual from the ABAWD time limit in the month the change was reported.
- SNAP office becomes aware that an individual has turned 56 years old, and therefore no longer qualifies for an age exemption under the ABAWD time limit rule based on changes from H.R.1, the district may not apply the ABAWD time limit rule or assign countable months to the individual until they are screened at the next recertification or periodic report.

For more information on screening, see 25-ADM-03-P Able-Bodied Adult Without Dependents (ABAWD) Time Limit Policy Update and Guidance, pages 4–6, and 26-INF-03, pages 1-4.

26-INF-03

Changes During a Recertification and Screening

When a household reports a change in circumstances at the recertification interview, that results in an individual becoming subject to the ABAWD work rules:

- The SNAP office should screen the individual for additional exemptions from the work rules during the recertification interview.
- If they do not qualify for any exemptions, the individual will be subject to the work rules beginning in the month after the change is reported.

Example: A SNAP household completes a recertification interview on April 12 for a June 1 recertification and reports that the only child on the SNAP case is moving out of the household at the end of April, resulting in the adult having to comply with the ABAWD rule. This individual would then be subject to the work rules on May 1.

ABAWD, cont.

Verification of Exemptions from the ABAWD Time Limit

26-INF-03

Individuals who meet an exemption from the ABAWD time limit should tell their SNAP office right away. SNAP offices must accept an individual's self-attestation that they or another household member meets an exemption from the ABAWD rule, unless the information is questionable.

For questionable information, the SNAP offices must review each case individually and use all available information, including data from other public assistance programs, before requiring proof to qualify for an ABAWD exemption. Recipients have at least 10 days to provide verification, if needed.

For more information on acceptable verification for exemptions, visit HungerSolutionsNY.org/abawd for our ABAWD Time Limit Checklist.

Meeting the ABAWD Work Requirement

25-ADM-03-P
25-INF-05
26-DC-037
26-INF-03

To meet the ABAWD work requirements, an individual must do one of the following. *Note:* The 80-hour-a-month work requirement allows flexibility in the number of hours worked per week. Individuals can have hours equaling less or more than 20 hours in a week, as long as the result equals 80 hours a month. This is true for all types of work activities.

- **Paid or unpaid work for at least 80 hours a month** (20 hours/week), including:
  - Having a job for at least 20 hours a week, or earning at least $217.50 per week, even if working fewer than 20 hours.
  - Doing in-kind work by exchanging services for something other than money. Example: cleaning apartments in exchange for a reduction in monthly rent. See 26-DC-037 for more information on in-kind work.
- **Job skills for 80 hours a month** (20 hours a week), including:
  - Job searches, resume writing, or other training approved by the SNAP office. Some activities can be done online at the NYSDOL Job Zone website.
  - Job skills training programs and/or educational activities, including college courses, certifications, or credentialed programs that help prepare people for work, including English language instruction.
- **Volunteer or Comply with a Work Experience Program**
  - Volunteer with a community service program.
    - Individuals may self-initiate a volunteer placement in a community service program.
    - Volunteer placements should be at community service program sites serving a useful community purpose in the field of health, social service, environmental protection, education, urban and rural development, recreation, public facilities, public safety, childcare, and other fields.
  - For volunteering, the number of hours needed to fulfill the work requirement is the SNAP benefit divided by the minimum wage.
    - Example: Mary receives $298 in SNAP benefits. Where Mary lives, the state minimum wage is $17.00/hour; Mary must complete 17 hours of community service or volunteer work each month. 298 ÷ 17 = 17 hours (Number of hours needed are rounded down to the nearest whole hour.)
  - Comply with a Work Experience Program (WEP) assignment.

ABAWD, cont.

SNAP applicants/participants who must follow the ABAWD rule should contact their SNAP office immediately if they are currently doing any of these activities.

For more information on meeting work requirements, see 25-ADM-03-P Able-Bodied Adult Without Dependents Time Limit Policy Update and Guidance, pages 12–14, Attachment 2 ABAWD Qualifying Work Programs Chart, and 25-INF-05, introducing work activity documents and forms for SNAP offices, CBOs, and individuals to use.

25-ADM-03-P

Good Cause Under the ABAWD Rule

Earlier in this section, we reviewed good cause under SNAP's general work rules. The same concepts apply here.

If a SNAP applicant/recipient has a "good cause" reason for not following the ABAWD work requirements, they must tell the SNAP office right away and may need to provide proof.

Under the ABAWD work requirements, good cause must be determined on a case-by-case basis. The month in which good cause is applied does not count toward the 3-month time limit, even though the individual did not meet the monthly 80-hour work requirement.

Requirement to Offer and Provide an ABAWD Qualifying Activity

SNAP offices must help SNAP applicants/participants identified as ABAWDs who are not engaged in work, training, or volunteering. This includes offering a slot in a qualifying ABAWD work activity at certification, recertification, and at any time during the certification period when an individual's ABAWD status changes and they become subject to the rule.

SNAP offices must issue the LDSS-5127 ABAWD Work Activity Letter or a locally developed equivalent approved by OTDA. This notice provides those determined to be an ABAWD with a scheduled appointment to meet with an employment provider who will offer opportunities to engage in a qualifying work activity assignment. This may be in a group or individual setting, and may occur via telephone or through a virtual format. If an individual requests an in-person or phone appointment instead of a virtual meeting, the district must accommodate the request.

By attending the appointment, an individual can:

- Explore local jobs that offer better pay
- Find out about opportunities to learn new skills
- Get help finding work

Following through with the work activity letter is not mandatory, and failure to attend the appointment will not result in any negative action.

ABAWD, cont.

GIS 18 TA/DC020

25-ADM-03-P

Countable Months

SNAP offices must track the monthly work activities of adults who are required to comply with the ABAWD work rules.

Countable Month: a calendar month in which an adult found to be an ABAWD does not complete 80 hours of work. Each month in which the adult does not comply is counted toward the 3-month time limit.

A month is not considered countable under the following conditions:

- A month in which the household did not receive SNAP benefits for the full month, including the month of application (unless the SNAP application was filed on the first of the month)
- A month in which the individual is exempted from the ABAWD work requirements for the entire month or any part of a month
- A month in which an individual is granted an exclusion from the work rules by the SNAP office
- A month where there is a provider determination (individual is not a good fit for a work activity)
- A month in which the individual has good cause for temporarily missing work or work assignment hours, and in which the individual keeps their job and intends to return to the ABAWD qualifying work activity

When determining countable months during the 36-month period, SNAP offices must verify whether or not the individual has received SNAP benefits in another county in New York or in any other state.

Upon applying for SNAP benefits, if there is proof that the individual has received SNAP in another state, the SNAP office must verify the number of countable months applied to the individual and document them in the case file. If an adult receives a countable month(s) in another state (during New York's 36-month period), the month(s) will be counted toward their three-month limit in New York.

25-ADM-03-P

ABAWD Exclusions

Federal law requires that each state be granted individual exemptions equal to a percentage of its annual SNAP caseload, subject to the ABAWD time limit. While these individual exemptions are called discretionary exemptions at the federal level, they are called ABAWD exclusions in New York.

OTDA is responsible for distributing the ABAWD exclusions granted to New York to all counties without an ABAWD waiver at the start of each federal fiscal year, which begins on October 1.

An ABAWD exclusion allows the SNAP office to exclude an individual from the ABAWD work requirements for one calendar month. The SNAP office can also exclude a portion of its non-exempted ABAWD population from the ABAWD work requirements as long as it has enough exclusions available. The total number of exclusions used by a county can not exceed the number granted by OTDA each year.

ABAWD, cont.

All counties must have a developed exclusion policy and criteria for granting ABAWD exclusions to individuals. The criteria selected by the county must be applied equally across the ABAWD caseload and must not exceed the limited number of exclusions granted for the year. The SNAP office can limit the number of months an individual is eligible for under the exclusion policy, but that limit must be uniformly enforced. It is recommended that SNAP offices base their exclusion policies on the unique characteristics of their ABAWD caseload.

To guide SNAP offices in developing effective local exclusion policies to maximize use, OTDA provides a recommended statewide exclusion criterion, as outlined below. The recommended statewide exclusion criteria include:

- Special circumstances
  - Lack of a high school diploma or GED;
  - Limited English proficiency;
  - Ongoing transportation barriers;
  - Current or past involvement in the justice system.
- Making an effort to comply with the work requirements
  - This exclusion is granted to anyone who makes an effort to meet the work requirements but falls short of the required hours. For example, someone working 10–14 hours per week might be granted an exclusion.
- Age Exclusion
  - If an adult subject to the time limit is close to no longer being considered an ABAWD (due to age), they may be granted an exclusion. For example, an individual may be excluded during the month(s) before their 65th birthday.

25-ADM-03-P
25-LCM-14
26-INF-03

Tracking Compliance with the ABAWD Work Requirements

SNAP offices must track individuals who must meet the work requirements every month to confirm they have completed 80 hours of work or work activities, and take timely action when an individual has three countable months.

The SNAP office must send a Notice of Adverse Action (NOAA) when an individual has reached three countable months in the 36-month period (LDSS-5085/LDSS-5085-NYC: Notice of Intent to Change Benefits for Non-Compliance with ABAWD Work Requirements).

The notice must be issued at least 10 days before the end of the third month to inform the household that an individual is now ineligible for SNAP because they did not comply with the ABAWD work requirements. The notice must be sent before the fourth month of SNAP benefits are issued to the individual.

Adults determined to be ABAWDs must follow specific reporting requirements when their work hours fall below 80 hours a month:

- Notify the SNAP office and provide documentation within 10 days after the end of the month in which the change took place.
- Provide a reason why the individual was not able to meet the work requirements, including changes in the individual's circumstances (good cause or newly exempt).

ABAWD, cont.

If the individual takes any of the following actions before the end of their third countable month, the SNAP office may need to reevaluate the individual's eligibility for SNAP and issue benefits for the following month. These actions may include:

- Verifying that the individual meets an exemption
- Providing proof that the individual is meeting the ABAWD work requirements
- Requesting a fair hearing and continuation of benefits (pending the decision)

If the information or necessary documentation is provided after the SNAP case is closed for not following the ABAWD work rules, the individual must reapply for SNAP benefits, unless they meet the requirements for the case to be reactivated (see *Case Reactivation Waiver* later in this section).

25-INF-05
26-INF-03

Resources for Tracking Work Activities

SNAP offices must track an individual's monthly participation in work activities, such as education, training, work experience, or a combination of these. Often, the SNAP office receives this information directly from the activity provider/worksite supervisor, but not always.

OTDA has templates to help track participation in qualifying work activities:

- WIOA Job Search Activity Record
- Education and Training Participation Record
- Volunteer Participation Record

These forms can be found at otda.ny.gov/abawd

25-ADM-03-P

Restoring Eligibility for SNAP Benefits Under ABAWD Rules

An individual subject to the ABAWD time limit who has not fulfilled the work requirements and has used all three of their countable months may restore their SNAP eligibility in several ways. There is no limit on the number of times an individual can regain eligibility under these provisions.

- Applicant Prospective Compliance—Eligibility is restored if the individual who lost SNAP reapplies and verifies that they will meet the ABAWD work requirement within the 30 calendar days following the application.
  - Example: An individual who lost eligibility due to not meeting the ABAWD work requirements has started a new job and is applying for SNAP again. If the individual can verify that they will work enough hours in the 30 days following application to meet the ABAWD work requirements, eligibility will be restored.
- 80 Hours of Participation—Eligibility is restored by participating in one or more ABAWD qualifying activities for at least 80 hours within any consecutive 30-day period since losing SNAP benefits.
  - Example: An individual who lost eligibility nine months ago for not meeting the ABAWD work requirements begins volunteering at a local food pantry for 80 hours per month and reapplies for SNAP. By verifying that they have volunteered for 30 days or more before reapplying, eligibility will be restored.

ABAWD, cont.

- 30 Day Job Search/Work Experience—SNAP offices can allow an individual to participate in 30 days of job search/supervised job search, followed by a work experience placement if the individual does not find a job by the end of the 30 days.
  - The individual is required to complete a job search or supervised job search for a minimum of 12 hours during the 30-day period. No other work activity can be substituted for work experience under this option.
- Recipient Prospective Compliance—Eligibility is restored if, before the end of the third countable month, the individual provides proof to the SNAP office that they will meet the ABAWD work requirement in the following 30 days.

If a NOAA (LDSS-5085) has already been issued, the SNAP office must rescind the notice upon verification from the individual that they are enrolled in a qualifying work program, work experience activity, or a volunteer slot for the number of hours required under ABAWD rules.

Additionally, individuals who lose their SNAP eligibility for not meeting the ABAWD work requirement and who later become exempt from the general SNAP work rules or the ABAWD work requirements can have their SNAP benefits restored, provided they are otherwise eligible for SNAP.

When a case is closed, or an individual is removed from a SNAP case for not following the ABAWD work requirement and eligibility is being restored due to one of the above, the following applies:

- A household of one must file a new application.
- A multi-person household must request that the member be added back to the SNAP case. The household member should then be added to the SNAP case on the first day of the month following the month the change was reported.

25-ADM-03-P

ABAWD Grace Period

A grace period is when the SNAP office provides an individual with three additional consecutive months of SNAP benefits, after the original three countable months in the 36-month period have been used.

To receive a grace period, an individual must have:

- Used their three countable months in the 36-month period, and
- Re-established eligibility by meeting the ABAWD work requirements for 30 consecutive days or more, and then stopped participating.

Granting of a "grace period" has strict limitations, including:

- Must be granted consecutively; they cannot be split up throughout the 36-month period, even if the ABAWD becomes exempt or starts to meet the work requirement during the three months.
- Only available once during the 36-month period.

ABAWD, cont.

26-ADM-06

ABAWD Time Clock Reset

A new 36-month ABAWD period began on October 1, 2026, clearing all countable months from the previous period and allowing anyone subject to the ABAWD rule to receive up to three countable months during the new 36-month period.

Beginning in October 2026, each month an ABAWD receives a full month of SNAP benefits and does not meet the ABAWD work rules, without good cause, will be tracked as a countable month in the new 36-month period.

Regaining Benefits under the Clock Reset

For people who used three countable months before September 30, 2026, the October 1 clock reset provides an opportunity to receive SNAP again.

Households with a member removed from SNAP during the previous ABAWD period may submit a change report on or after October 1, 2026, requesting that the excluded member be added back. If the household does not submit a change report, the SNAP office will review the person's eligibility at the household's next recertification.

Individuals in one-person households who lost eligibility during the previous period can reapply after October 1, 2026.

People who return to SNAP in either of these ways will be screened for exemptions from the ABAWD time limit. Individuals subject to the ABAWD time limit must meet work requirements to keep their benefits for more than three months.

25-ADM-03-P

26-INF-03

Supportive Services for Training-Related Expense

SNAP offices must provide supportive services to individuals participating in an ABAWD-qualifying activity as part of the SNAP E&T program (both voluntary and mandatory). The cost must be reasonably necessary and directly related to participation in the E&T program.

Supportive services include, but are not limited to:

- Dependent care costs,
- Transportation, or
- Other work, training, or education-related expenses, such as uniforms, personal safety items, and books and training materials.

Case management services must be offered remotely and in person. Time spent in case management, including completing an employment assessment, and time spent with a case manager counts towards the participant's work hours.

Intentional Program Violations

GIS 13 TA/DC005
GIS 13 TA/DC048
14-ADM-06
18-ADM-08

People who commit an Intentional Program Violation (IPV) will be removed from the household's SNAP case for a period specified by the SNAP office. The duration of the sanction is based on the circumstances of the individual client.

Recertification and Reporting Requirements

SNAPSB SECTIONS 6 AND 14
04-INF-25
07-ADM-05
GIS 08 TA/DC018
08-ADM-09
11-INF-07
13-ADM-04

A household is only 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 LDSS authorizes a new certification period.

6-month certification period:

- Households with income that changes frequently

12-month certification period:

- Most households with income
- Households with no income
- Homebound individuals
- Group home residents receiving SSI/SSD
- People who are homeless

36-month certification period:

- Elderly Simplified Application Program (ESAP) households where all members are seniors or disabled and there is no earned income
- NYS Combined Application Project (NYSCAP) households—SSI recipients with live-alone status who receive SNAP automatically

Before the end of the certification period, the household will receive a recertification packet with documents to be submitted and information on their recertification interview. If the household does not send back the updated recertification packet and complete an interview in the time frame designated, the case will close at the end of the certification period.

Telephone Recertification

During the recertification process, existing SNAP participants must complete an additional interview to determine continued eligibility. The interview can be by phone, or the participant can request to have it in person. Households should return their completed recertification application as soon as possible. The SNAP office will not make contact or go through with the scheduled interview if the household has not sent in their signed recertification form.

Recertification and Reporting Requirements, cont.

The interview time is included with the recertification packet; however, the SNAP office may attempt to call up to three times to try to complete the interview before the scheduled date.

In New York City, SNAP households can call 1-800-SNAPNOW (or 718-762-7669) to access an on-demand telephone recertification interview without needing a scheduled interview time.

If the household sends in their recertification form, but the SNAP office cannot reach them for their interview, a "notice of missed interview" will be mailed. This notice advises the household to contact the SNAP office immediately to reschedule their interview if they wish to have their recertification application processed. See *Notice of Missed Interview* in the *Applying for SNAP* section.

4-INF-25
11-INF-07
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Changes Between Certification Periods

In addition to participating in the recertification process, SNAP households must follow detailed reporting rules.

Helpful resource at the back of this section:

LDSS-3151 Change Report Form

Any failure to report required information may result in an overpayment. The SNAP office will try to recoup the overpayment from future benefits or through a claims process, which can result in the overpaid amount being taken from tax refunds.

Reporting Rules

Households with Six-Month Reporting Rules:

The only thing these households must report during the six-month period is a change in income that causes the household to be over 130% of the FPL. If this happens, they must report it immediately.

Households with Certification Periods Longer than Six Months:

- Will receive a change report form to be filled out at the six-month point of their SNAP certification; the change report form is mailed at the end of the fifth month of certification.
- Must complete the form and return it to the local SNAP office to continue receiving benefits.

These households must do the following under reporting rules:

- Return the six-month report form.
- Report any change in household income above 130% of poverty.

These households do not have to report any other changes in circumstances until their next SNAP recertification interview.

07-ADM-05

Households that Are 10-Day Reporters:

Some households are required to report almost all changes in household information by the tenth day of the month following the month of the change.

Recertification and Reporting Requirements, cont.

Ten-day reporting households include:

- Households with unearned income where all the adults are elderly or disabled
- Group home residents receiving SSI/SSD
- Households with no income
- Migrant workers
- Homeless households
- Households with a certification period of less than four months

These households do not have to report certain changes between certification periods. For example, it is not necessary for elderly households to inform the SNAP office when their Social Security benefits increase each January, as long as the increase is less than $50 per month.

04-INF-25 is a helpful source of information on reporting rules.

13-ADM-04

Case Reactivation Waiver

This waiver enables SNAP offices to reinstate SNAP benefits during the certification period for households that reestablish their eligibility. Households can do that by:

- Reporting and verifying any change in circumstances, and/or
- Complying with an unfulfilled program requirement within 30 days of the date their SNAP case was closed.

Households that reestablish their eligibility in such a manner are not required to file a new SNAP application or to complete an eligibility interview.

A common situation where case reactivation is used: a household's SNAP case is closed for failure to submit or complete a periodic report, but the household then provides the needed information.

How Households Can Be Reinstated Under the Case Reactivation Waiver

Affected households must do the following within 30 days of their case closing:

- Report and verify all changes in circumstances that have occurred,
- Provide any outstanding information that may be missing, and
- Continue to meet SNAP eligibility rules.

Upstate Counties: households should have at least three full months remaining in their certification period following the date of fulfilling all the above requirements for reactivation.

NYC: households should have at least four full months remaining in their certification period following the date of fulfilling all the above requirements for reactivation.

These time frames are necessary due to the requirements districts must follow for generating timely recertification notices and scheduling and completing recertification interviews.

Recertification and Reporting Requirements, cont.

OTDA reserves the right to permit exceptions to that last requirement and permit reactivation during the last three or four months of the certification period if case circumstances merit the exception.

When the Case Reactivation Waiver Cannot Be Used

Case reactivations are not re-applications for SNAP. Therefore:

- Consideration for expedited processing is not part of the reactivation process.
- Households that provide missing information or comply with eligibility requirements 30 days or more after their SNAP certification end date must file a new SNAP application.

Transitional Benefits

02 ADM-07

09-ADM-22

Most households that leave TANF are now automatically eligible for transitional SNAP benefits, called the Transitional Benefits Alternative (TBA).

Households that are **eligible for TBA**:

- Newly employed households
- SNAP households with children who leave TANF or Safety Net Assistance (SNA). For more information on this policy change, see 09-ADM-22.

Households that are **not eligible for TBA**:

- Temporary assistance households without children who leave SNA. These households may be eligible for regular SNAP benefits.
- Households that miss their TANF/SNAP recertification interview.
- Households that have their SNAP case closed due to a violation.

When the TANF case is closed, if a household is eligible for TBA, the caseworker will:

- Authorize TBA for five months—even if a household had less than five months left in its SNAP certification period.
- Freeze the TBA benefit at the SNAP benefit level issued prior to the TANF case closing. There is no income "cap" for TBA; even households with gross incomes above 130% of poverty are eligible.

The household is not obligated to report any change in income, resources, or household composition during the TBA period.

Before the TBA period expires, households are sent a recertification notice to allow them to certify for ongoing SNAP benefits.

To "unfreeze" the SNAP benefits during the five-month TBA period—for example, if a household's income dramatically decreases or a new member joins the household—the household would have to undergo early recertification.

Resources for This Section

On the following pages, you will find these resources:

LDSS-5193 Important Information About SNAP Work Rules (General, Mandatory E&T, and ABAWD)

LDSS-3151 Change Report Form

25-INF-05 ABAWD Medical Statement

25-ADM-03 ABAWD Qualifying Work Programs

Pub-5050 You are an ABAWD. Now What?

Pub-5012 Keep Your SNAP Benefits Fact Sheet

LDSS-5193 (Rev. 10/26)

Important Information About SNAP Work Rules (General, Mandatory E&T, and ABAWD)

Date:

Case No:

District Contact No:

This letter is to tell you about work rules for the Supplemental Nutrition Assistance Program (SNAP). **If you do not follow these rules, your SNAP benefits may go down or stop.** Different people in your household may need to follow different work rules.

Listed below are the people in your household who must follow the **General SNAP Work Rules:**

First and Last Name	First and Last Name	First and Last Name

Listed below are the people in your household who must participate in a **SNAP Employment and Training (E&T) Assignment:**

First and Last Name	First and Last Name	First and Last Name

Listed below are the people in your household who must follow the **Able-Bodied Adults without Dependents (ABAWD) Rules:**

First and Last Name	First and Last Name	First and Last Name

General SNAP Work Rules

What do you need to do?

You **must** follow these **General SNAP Work Rules** to keep your SNAP benefits:

1. Accept any job offer you receive, unless there is a good reason you cannot.

2. If you have a job, do not quit your job or choose to work less than 30 hours each week without having a good reason, such as getting sick, being discriminated against, or not getting paid. **Note: You will not lose your SNAP benefits if your hours fall below 30 hours a week and you are still earning $217.50 per week (30 times the federal minimum wage).**

3. Tell us about your job and how much you are working.

4. Participate in SNAP E&T work activities if assigned by the district.

Does everyone need to follow these General SNAP Work Rules?

No. You **may not** have to follow these rules if you are:

- Younger than age 16, or age 60 years or older (Please read the important note below about people aged 60-64),
- A 16 or 17- year-old who is not the head of household **or** who is in school or in an employment program at least half-time,
- Unable to work because of a mental or physical health reason,
- Taking care of a child younger than age 6,
- Taking care of an incapacitated person,
- Meeting the work rules under the Temporary Assistance for Needy Families (TANF) program,
- Receiving or applying for unemployment benefits,
- Participating in a drug or alcohol addiction treatment program,
- Enrolled in a school, training program, or college at least half-time (students may be subject to other eligibility rules),
- Already working at least 30 hours a week,
- Already earning $217.50 (30 times the federal minimum wage) or more a week, **or**
- An SSI applicant or recipient
  Note: The SNAP caretaker of a child under 6 who is already receiving TANF and fails to comply with a work experience assignment may be subject to a SNAP work sanction.

A person aged 60 to 64 is not required to follow the general SNAP work rules. However, they must comply with the ABAWD work rules unless they qualify for another exemption that is not based on their age.

What should you do if you think one of these reasons applies to you?

Call the District Contact Number on the first page of this letter as soon as possible if you think one of these reasons applies to you or someone in your household.

What are SNAP E&T assignments?

The SNAP E&T program can help you and people in your household gain skills and find work. People assigned to SNAP E&T may be required to participate in supervised job search, job readiness activities, work experience, job skills training, vocational training, educational training, apprenticeships, or other work activities. SNAP E&T participants receive case management services which may include assessments, personalized employment plans, progress monitoring, and coordination with other service providers.

If the district assigns you or someone in your household to participate in SNAP E&T, they cannot ask you to participate in work activities and/or employment to meet the SNAP work requirements for more than 30 hours per week (no more than 120 hours per month). A person may choose to participate in work activities for more than 30 hours per week but cannot be required to do so.

Note: People who are also receiving Temporary Assistance (TA) benefits may be required to participate in work activities for up to 40 hours per week. The assigned work activity for these people is generally a combined TA and SNAP work assignment. A person who receives TA and SNAP and does not comply with assigned work activities willfully and without a good cause reason may be subject to a TA work sanction.

However, if the person participates in the assigned work activities for at least 30 hours per week (120 hours per month), the household's SNAP benefits will not be affected.

What if you have costs from doing the program?

The district must pay costs for you or people in your household that are necessary and reasonable to participate in a SNAP E&T activity. These costs may include:

- Transportation
- Childcare
- Personal safety items or equipment
- Other reasonable required costs such as tools, books, and uniforms

If the district cannot pay a person's costs to participate in a SNAP E&T assignment, the person will be excused from participating in that assignment. If available, the district will assign the person to another activity where the person's costs to participate can be covered. If no such program exists, the person will be excused from participating in E&T until an assignment becomes available or their costs for participation go down.

If the district tells you or someone in your household that you must participate in a SNAP E&T work activity, the person must participate. If the person does not participate in the SNAP E&T assignment or quits a job willfully and without a good cause reason, they may lose their SNAP benefits.

What if you have good cause for not following these rules?

Good cause reasons for not following the rules include issues that a person cannot control such as getting sick, facing a household emergency, or not having childcare. These are some examples of good cause reasons but there are others, too. A person must provide proof of any good cause reason when asked by the district. A person who believes they should be excused from following the SNAP work rules must also provide proof, if requested by the district. For example, the district might ask for a statement from the person's doctor or other documents showing the person had a good cause for not following the rules or should be excused.

A person who believes they have a good cause reason or believes they should be excused from following the General SNAP Work Rules should call the District Contact Number on the first page of this letter to discuss this information.

What happens if you do not follow these General SNAP Work Rules?

You may lose your SNAP benefits if you do not follow these work rules or do not complete a mandatory SNAP E&T assignment and you do not have a good cause reason.

If a person does not follow the General SNAP Work Rules or does not participate in a SNAP E&T assignment, they will be sent a Conciliation Notification. The person will be offered a meeting with the district to explain why they did not follow the rules.

A person who receives a Conciliation Notification must contact the district by the date on the Conciliation Notification to explain why they did not follow the work rules. If the district decides the person had a good cause reason, the household's SNAP benefits will stay the same. If the person did not have a good cause reason, the district will offer the person a chance to participate in the same activity they did not complete in order to not lose SNAP benefits. If the district decides that the same activity is not available or is not a good fit for the person any longer, the person may be asked to complete another activity. If the person does not complete the activity or prove they had a good cause reason, their household's SNAP benefits may go down or stop.

How long will you lose SNAP benefits if you do not follow these General SNAP Work Rules or do not complete a mandatory SNAP E&T assignment?

- The first time a person does not follow these rules or does not participate in a SNAP E&T assignment; they cannot get SNAP benefits for 1 month.
- The second time a person does not follow the General SNAP Work Rules or does not participate in a SNAP E&T assignment they cannot get SNAP benefits for 3 months.
- The third time, and any additional time after that, a person does not follow the General SNAP Work Rules or does not participate in a mandatory SNAP E&T assignment, they cannot get SNAP benefits for 6 months.
- And the person must follow these work rules before they can get SNAP benefits again.

A person who loses their SNAP benefits because they did not follow the General SNAP work rules or did not complete a mandatory SNAP E&T assignment, must be allowed to start receiving SNAP benefits before the end of the time period noted above if they prove they should be excused from following the General SNAP Work Rules.

What is a Fair Hearing?

If your SNAP application is denied, or your SNAP benefits are reduced or stopped because you or another person in your household did not follow the General SNAP Work Rules and you disagree with the decision, you have the right to ask for a fair hearing. You may appeal the district's actions to reduce or stop your SNAP benefits if you or another person in your household did not follow the General SNAP Work Rules or did not comply with a mandatory SNAP E&T assignment because they believe they should be excused from the work rules, or the district did not make a finding of good cause. Information on how to ask for a fair hearing is available on all notices about changes to your benefits or eligibility for SNAP.

What are the rules for Able-Bodied Adults Without Dependents (ABAWDs) who receive SNAP?

A person who is aged 18 to 64, does not live with a child under 14 in the SNAP household, and is considered physically and mentally able to work must follow the rules for ABAWDs. If the person does not follow these rules, they can receive SNAP benefits for only 3 months in a 3-year period.

What do you have to do?

You must follow these ABAWD Rules to keep your SNAP benefits:

1. Spend **at least 80 hours every month** doing one or more of the following activities:

- Working (including "in-kind" work),
- Participating in a qualifying work/training program approved by the district,
- Participating in an employment and training program- for veterans operated by the Department of Labor or the Department of Veterans Affairs,
- Participating in a program under the Workforce Innovation and Opportunity Act (WIOA) or Trade Act which may include job search, job readiness, occupational skills training, and educational activities,

Or

2. Participate in a Work Experience Program (WEP) or volunteer in a community service program for the number of hours per month equal to the household's SNAP benefit divided by the higher of the federal or State minimum wage.

Please tell us if you are already doing one of these things. Call the District Contact Number on the first page of this letter.

If your work hours drop below 80 hours a month, you must call the District Contact Number on the first page of this letter within 10 days after the end of the month.

Does everyone need to follow these ABAWD Rules?

No. You might not have to follow the ABAWD Rules, if you are excused from the General SNAP Work Rules, live in an area that has an ABAWD waiver, or receive an exclusion from the ABAWD Rules. In addition, you may not have to follow the ABAWD Rules if:

- You are younger than age 18, or age 65 or older,
- Someone in your household is younger than age 14,
- You are a recipient of disability benefits from a public or private source, such as Veterans Affairs or New York State disability benefits,
- You are pregnant,
- You are unable to work at least 80 hours a month because of a physical or mental health reason,
- You are an Indian, Urban Indian, California Indian, or other Indian eligible for the Indian Health Services, or
- You are excused from the General SNAP Work Rules (see page 2 of this letter to find out who is excused from following the General SNAP Work Rules.)

Call the District Contact Number on the first page of this letter as soon as possible if you think one of these reasons applies to you or someone in your household.

What happens if you do not follow these ABAWD Rules?

If you do not follow these rules without a good cause reason, you may lose your SNAP benefits. If you are already doing one of these things, but have not told the district, you should call the District Contact Number on the first page of this letter to avoid losing your SNAP benefits. We will count each full month that you receive SNAP benefits but do not meet the ABAWD Rules without a good cause reason. Once we have counted 3 full months, you will lose your benefits until October 1, 2029. Other people in the household may still get SNAP. To learn how you can regain your SNAP benefits before October 1, 2029, you should call the District Contact Number on the first page of this letter. The district will explain what you need to do to start getting SNAP benefits again. If you think you did not get SNAP for at least three months without meeting the ABAWD work rules or want more information on which three months are counted, you can contact the district. The district must offer you help in meeting the ABAWD Rules so you can start receiving SNAP benefits again.

You must tell us if your hours of work go below 80 hours monthly. You must report these changes within 10 days after the end of the month and will be asked to provide proof.

If you are not following the ABAWD Rules and you want to continue getting SNAP beyond the 3-month time limit, you should call the District Contact Number on the first page of this letter for help. The district must offer you help in meeting the ABAWD Rules so you can avoid losing your SNAP benefits.

What if you have a good cause reason for not following these ABAWD Rules?

You may receive SNAP benefits beyond the 3-month time limit if you have a good cause reason for not following the ABAWD Rules or you prove that you should be excused from following the ABAWD Rules because you meet one or more of the conditions above or live in an area with an ABAWD waiver. To check if you live in a waived area, visit https://otda.ny.gov/programs/snap/qanda.asp#why-abawd.

Good cause reasons for not following the rules include issues that a person cannot control such as getting sick or having a household emergency. These are some examples of good cause reasons but there are others, too. If you claim to have a good cause reason for not following the ABAWD Rules or believe you should be excused from following the rules you must provide proof if the district asks you to do so.

If you believe that you have a good cause reason for not following the ABAWD Rules, that you should be excused, or that you live in an area with an approved ABAWD waiver, you should call the District Contact Number on the first page of this letter to provide proof.

If you lose your SNAP benefits, how can you get them back?

If you lose your SNAP benefits, because you did not follow the ABAWD Rules, you should call the District Contact Number on the first page of this letter. The district will explain what you need to do to start getting SNAP benefits again. The district must offer you help in meeting the ABAWD Rules so you can start receiving SNAP benefits again.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, 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: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334, Alexandria, VA 22314; or (2) email: FNACIVILRIGHTSCOMPLAINTS@usda.gov.

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New York State Office of Temporary and Disability Assistance

Supplemental Nutrition Assistance Program (SNAP) Change Report Form

(Please Print Clearly)

Case Number

You Must Report Any Changes in Your Circumstances According To the Rules Listed Below.

Date: _____

To: _____

Address: _____

_____

_____

Complete This Form And Mail To:

Local District Name, Address And Telephone Number:

Your Responsibility To Report Changes

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance Program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

Are You A "Simplified Reporter" (6 Month) or A "Change Reporter"? You May Answer These Questions to Find Out Whether You Are A "Simplified Reporter" Or A "Change Reporter".

1. Do you receive transitional SNAP benefits (TBA)?	☐ **Yes – Go to "TBA" on page 3** (Skip questions 2 through 8)	☐ **No –** Go to Question #2, below
2. Do you receive New York State Combined Application Project (NYSCAP) benefits? Do you receive Elderly Simplified Application Project (ESAP) benefits?	☐ **Yes – Go to "NYSCAP" on page 3** (Skip questions 3 through 8) ☐ **Yes – Go to "ESAP" on page 3** (Skip questions 3 through 8)	☐ **No –** Go to Question #3, below
3. Are you certified for SNAP benefits for three months or less at a time?	☐ **Yes –Go to "Change Reporting" on page 2** (Skip questions 4 through 8)	☐ **No –** Go to Question #4, below
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	☐ **Yes –Go to "Simplified Reporting" on page 2** (Skip questions 5 through 8)	☐ **No –** Go to Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	☐ **Yes –Go to "Change Reporting" on page 2** (Skip questions 6 through 8)	☐ **No –** Go to Question #6, below
6. Does your household receive $0 income (including $0 Temporary Assistance)	☐ **Yes –Go to "Change Reporting" on page 2** (Skip questions 7 and 8)	☐ **No –** Go to Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	☐ **Yes – Go to "Change Reporting" on page 2** (Skip question 8)	☐ **N0 –** Go to Question #8, below
8. You answered "NO" to all 7 questions above	☐ **Go to "Simplified Reporting" on the top of page 2**	

Simplified Reporting Rules: As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household's gross monthly income exceeds 130% of the poverty level, you must report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level**. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

   If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a Periodic Report form that you **must** return within ten days after you receive the form. If your household has any of the changes listed below, you **must** report them on the report form that is sent to you at the six-month checkpoint.

   List of Changes you must report at the six-month checkpoint:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than $150 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than $150 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than $150 a month
- Changes in the amount of legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than $3,000 (more than $4,750 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6

3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), the ABAWD MUST tell the district if their work hours go below 80 hours each month within 10 days after the end of that month. The district will offer and provide the ABAWD a qualifying work activity to help them meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, the ABAWD should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes they should be exempt from the ABAWD requirement.

Change Reporting Rules:

As a SNAP household under the "Change Reporting" rules, you **must** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than $150 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than $150 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than $150 a month
- Changes in the amount of legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank or savings institution** if the total cash and savings of all household members now amounts to more than $3,000 for a household **without** an elderly or permanently disabled household member **or** $4,750 for a household **with** an elderly or permanently disabled household member.
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), the ABAWD MUST tell the district if their work hours go below 80 hours each month within 10 days after the end of that month. The district will offer and provide the ABAWD a qualifying work activity to help them meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, the ABAWD should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes they should be exempt from the ABAWD requirement.
- Any changes in your household that would result in a penalty as described on page 6

Simplified Reporters and Change Reporter households:

- Must report if any household member receives substantial lottery/gambling winnings of $4,750 or more won as a cash prize in a single game before taxes or withholding

TBA Change Reporting for household in receipt of transitional benefits:

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

NYSCAP Change Reporting for participants in NYSCAP:

- About halfway through your certification in NYSCAP, you will receive an "Interim Contact" form that you must complete and return.
- You must report substantial lottery or gambling winnings of $4,750 or more as a cash prize in a single game, before taxes or other withholding.
- Other than the interim contact letter, and the lottery/gambling winnings described above, you are not required to report changes during your certification period. You may voluntarily report increases in your medical expenses, shelter expenses, heat/air-conditioning costs, or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

ESAP Change Reporting for participants in ESAP:

- ESAP households are considered Simplified Reporters but MUST also report the following changes within 10 days after the end of the month in which the change happened:
  - Changes in who lives with you
  - If anyone in the household begins receiving earned income
  - If any household member receives substantial lottery/gambling winnings of $4,750 or more won as a cash prize in a single game before taxes or other withholdings.
- You will receive a contact letter 18 months after beginning ESAP. You are **not** required to return this contact letter, but may do so voluntarily, and must document any changes prior to having your SNAP benefits increased.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on TA Eligibility Questionnaires and at recertification.

When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), the ABAWD MUST tell the district if their work hours go below 80 hours each month within 10 days after the end of that month. The district will offer and provide the ABAWD a qualifying work activity to help them meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, the ABAWD should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes they should be exempt from the ABAWD requirement.

This form should be mailed, faxed or brought to the agency listed above. If for some reason you can't mail, fax or bring in this form, you can also report the changes on-line through myBenefits.ny.gov or by calling us at the telephone number listed on Page 1 of this form.

Withdraw From SNAP - If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X_____

If You Withhold Information About Changes in Your Household That You Are Required To Report, You Will Owe Us The Value Of Any Extra Snap Benefits You Receive as a Result. If You Intentionally Withhold Information When You Are Required To Report It, You May Also Be Disqualified from SNAP and Could Be Subject to Criminal Prosecution (See Attached "SNAP Penalty Warning" On Page 6).

Use the Form Below to Report Changes

Change In Income Or Source Of Income – If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2. If you are a Change Reporter, your reporting rules are also explained on Page 2.

Name Of Person Receiving Income	Name Of Employer Or Source Of Income	New Amount	Total Number Of Hours Worked **Per Week**, If Working	How Often Received
1.		$		
2.		$		
3.		$		

Change In Household - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.

Name	Date Of Birth	Relationship	Change (Check One)	Date	How Often Received (Weekly, Bi-Weekly, Monthly)	Total Number Of Hours Worked **Per Week**, If Working	Source Of Income
1.			☐ CAME INTO HOUSEHOLD ☐ LEFT HOUSEHOLD		$		
2.			☐ CAME INTO HOUSEHOLD ☐ LEFT HOUSEHOLD		$		
3.			☐ CAME INTO HOUSEHOLD ☐ LEFT HOUSEHOLD		$		
4.			☐ CAME INTO HOUSEHOLD ☐ LEFT HOUSEHOLD		$		

Change Of Address

New Mailing Address	City	State	Zip Code

If You Don't Have A Street Address, Give Directions To Your Home (If You Are Homeless, Leave Blank)	Telephone Number Where You Can Be Reached ( ) Area Code

Change In Housing Costs - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.

Are you a roomer or boarder? ☐ Yes ☐ No If Yes, are meals ☐ Included ☐ Not Included

Rent	Yes	No	If Yes, Give Monthly Amount	Change (Check One)
Do you pay **rent?**	☐	☐	$	☐ Same ☐ More ☐ Less
Do you pay for the following **separate** from your **rent?**	YES	NO		
• Heat and/or air conditioning	☐	☐		
• Utilities (electricity, cooking gas, garbage, etc.)	☐	☐		
Mortgage Payment	Yes	No	If Yes, Give Monthly Amount	Change (Check One)
Do you have a **mortgage** payment?	☐	☐	$	☐ Same ☐ More ☐ Less
Do you pay for the following **separate** from your **mortgage:**	Yes	No	If Yes, Give Monthly Amount	Change (Check One)
• Property taxes	☐	☐	$	☐ Same ☐ More ☐ Less
• House Insurance	☐	☐	$	☐ Same ☐More ☐ Less
• Heat and/or air conditioning	☐	☐		
• Utilities (electricity, cooking gas, garbage, etc.)	☐	☐		

Are you living in section 8 or other subsidized housing? ☐ YES ☐ NO

Are you living in public housing? ☐ YES ☐ NO

Change In Number Of Cars or Vehicles - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

Make	Model	Year	If Sold, Amount Received
1.			$
2.			$
3.			$

MAINTAINING SNAP BENEFITS & RECERTIFICATION

Change in Savings - List the **total** amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have **increased** to more than $3,000 (more than $4,750 if anyone in your household is 60 years old or older or been determined to be disabled).	**$**

Change In Child Care, Dependent Care Costs Or The Amount Of Child Support Paid - Have your childcare or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

Change (Check One)	For Whom?	Whom Do You Pay?	New Amount	How Often Do You Pay?
1. ☐ No Longer Have Cost ☐ Have Cost			**$**	
2. ☐ No Longer Have Cost ☐ Have Cost			**$**	
3. ☐ No Longer Have Cost ☐ Have Cost			**$**	

CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.) – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

Name	Type Of Cost	Amount	How Often Is Each Payment Due?
		$	
		$	
		$	
		$	

Do You Expect The Changes You Have Reported To Continue Next Month?	☐ Yes ☐ No

If **"No"** Explain**:**

Check Here If You Have <u>No Changes To Report</u> About Your Snap Household	☐ No Changes

Change Of Benefits

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

Be Sure To Read And Sign Page 6 ➔

Supplemental Nutrition Assistance Program (SNAP) Penalty Warning

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 of 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 to have made a fraudulent 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 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 any 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 or explosives, or drugs or to purchase food for individuals who are not members of the SNAP household.

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 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 to 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.

Certification

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE **X**	DATE

ABAWD Medical Statement

Client/Patient Information

Client/Patient Name:

Address:

Case #: CIN: DOB:

The person named above requests verification of their health condition or program participation. Please fill out this form.You or the person should send the completed form to the local Department of Social Services at the address listed below.

Client/Patient Authorization

I authorize the release of medical information and/or documentation of participation in a substance use rehabilitation program requested to the Department of Social Services. I understand that this information will be treated as confidential.

Client Signature: Date:

Please answer any of the questions below that apply. Please sign and date this form. Include your profession or position in your organization.*

1) Is this person pregnant?

☐ Yes ☐ No ☐ Unknown ☐ NA

If yes, due date:

2) Is this person participating in a substance use treatment, rehabilitation, or counseling program?

☐ Yes ☐ No

If yes, what is the expected program end date:

3) Does this person have a temporary or permanent mental and/or physical health condition, which limits their ability to work 20 or more hours each week (80 hours monthly)?

☐ Yes ☐ No

If yes, please state the time frame the person will not be able to work 20 or more hours a week (80 hours monthly) because of this condition:

☐ less than 30 days ☐ 1-3 months ☐ 4-6 months

☐ 6-12 months ☐ more than 12 months/or indefinitely

I certify that the information provided above is true and accurate.

Name (please print)

Title/profession*

Date form signed

Signature

Address

Phone

*This form may be signed by any of the following: physician, physician's assistant, nurse practitioner, osteopath, licensed or certified psychologist, substance use counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying a person's participation in a rehab or counseling program (Question #2), the director of the program or the individual's counselor may also sign this statement.

Please forward the completed form to the Department of Social Services:

Contact: **Phone #:**

Address:

Health Care Professionals:

You can help adults who have low income keep their Supplemental Nutrition Assistance Program (SNAP) benefits

SNAP benefits (formerly food stamps) allow people with low incomes to buy the food they need. Many SNAP recipients aged 18 to 64 who do not live with a child under 14 in the SNAP household are at risk of losing their SNAP benefits due to a SNAP rule referred to as Able-Bodied Adult Without Dependents (ABAWD) time limit. This rule restricts SNAP

eligibility to three months unless the person is working or participating in certain work activities for at least 20 hours per week.

With just a few minutes of your time, you can easily help.

A person who cannot work 20 or more hours a week because of a physical or mental health issue is not considered an ABAWD.

Frequently Asked Questions

What is the definition of someone who is physically or mentally "unfit for work" under the ABAWD rule?

Being determined physically or mentally unfit for work is a broader exemption than being disabled. A person is considered physically or mentally unfit for work if they have an illness, injury, or some other mental or physical limitation, whether temporary or permanent, that does not allow them to work at least 20 hours per week as required pursuant to federal ABAWD time limit rules. Some patients have mental or physical health conditions that prevent them from working altogether; others have conditions that allow them to work but they may not be able to work full time, or even 20 hours per week. This standard is much less strict than the Social Security standard for disability and does not require a specific diagnosis.

How do I verify that my patient is "physically or mentally unfit for work" based on their condition?

Fill out the one-page ABAWD Medical Statement Form. Include the expected time frame of the condition and your signature. **A variety of healthcare professionals can sign this form** including: a doctor, doctor's assistant, a nurse, nurse practitioner, licensed or certified psychologist or social worker.

ABAWD Qualifying Work Programs

Workforce Innovation and Opportunity Act (WIOA) Title I Programs
Description: Programs and activities that support job training and related services to unemployed and underemployed individuals including WIOA Adult, Youth, and Dislocated Worker programs. Participation in job search and job readiness training delivered through WIOA counts fully toward meeting the ABAWD work requirements and is not limited to less than one-half of the total monthly hours. WIOA Title I services offered through local Career Centers are a particularly important resource for ABAWDs as participation in workforce programs under WIOA Title I is considered a qualifying activity for the purposes of helping ABAWDs maintain SNAP eligibility. Additionally, expanding SNAP participants' access to employment and training services offered under WIOA Title I is critical to helping them gain access to good jobs and greater economic security in the long term. **Hours Required:** 80 hours per month, alone or combined with other work program or work hours, including paid and unpaid work. **Funding:** Department of Labor.
Programs Under Section 236 of the Trade Act of 1974
Description: Training programs for workers who lose their jobs or whose hours of work and wages are reduced because of increased imports. Training under Trade Adjustment Assistance (TAA) can include a variety of benefits and reemployment services to help unemployed workers prepare for and obtain suitable employment. Workers may be eligible for training, job search and relocation allowances, income support, and other reemployment services. **Hours Required:** 80 hours per month, alone or combined with other work program or work hours, including paid and unpaid work. **Funding:** Department of Labor.
Veteran Programs
Description: Any employment and training program serving veterans and other eligible persons offered by the Department of Labor or the Department of Veterans Affairs. New York State Department of Labor (NYSDOL) offers priority of service to veterans and their eligible spouses. Among other benefits, this includes receiving first priority for jobs and training for which they are eligible and qualified. For more information on NYSDOL services available to veterans and other eligible persons, please visit: Services for Veterans | Department of Labor. **Hours Required:** 80 hours per month, alone or combined with other work program or work hours, including paid and unpaid work. **Funding:** Department of Labor or Department of Veterans Affairs.

Qualifying Work or Training Program Assigned by the District Including a SNAP E&T Program

Description: SNAP E&T work activity components include supervised job search, job readiness training, work experience, education, and work-based learning programs including pre-apprenticeships, apprenticeships, on-the-job training, and transitional jobs. Job search activities and/or job readiness training delivered through PA or SNAP E&T must be less than half of the required hours to count toward meeting the ABAWD work requirements. SNAP E&T work activities must be approved by the district. Individuals participating in SNAP E&T must receive case management and necessary supportive services directly related to their engagement in work activities.

Various E&T components may be combined along with hours worked in paid employment to comply with the 80 hours per month requirement. For example, an individual could meet the ABAWD work requirements by working 52 hours per month in paid employment and participating in a qualifying E&T activity 28 hours per month.

Districts may consider implementing third-party partnerships to expand the array of employment and training services available to ABAWDs. For more information on third-party partnerships, please see 24-ADM-08 - Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Third-Party Partnerships.

Hours Required:

- **E&T Work Activity Components Other than Work Experience:** 80 hours per month, alone or combined with other activities (please note the limitations related to participation in supervised job search and job readiness training outlined above).
- **Work Experience:** Hours equal to the result obtained by dividing a household's SNAP allotment by the higher of the applicable federal or State minimum wage.

Funding: State funds, Local funds, SNAP E&T funds, etc.

Volunteering in a Community Service Program

Description: Volunteering in a community service program is one of the ways an ABAWD can meet the ABAWD work requirements. ABAWDs may self-initiate a volunteer placement in a community service program. Volunteering provides participants with opportunities to develop basic work habits, practice skills, and demonstrate the ability to learn new skills to a prospective employer. Volunteer placements should be at community service program sites that are serving a useful community purpose in the field of health, social service, environmental protection, education, urban and rural development, recreation, public facilities, public safety, childcare, and others.

Hours Required: Hours equal to the result obtained by dividing a household's SNAP allotment by the higher of the applicable federal or State minimum wage.

Funding: SNAP E&T funds cannot be used to pay for self-initiated volunteer placements in community service programs. Self-initiated volunteer placements are not considered a SNAP E&T program activity component. As a result, districts cannot use SNAP E&T administrative funds to supervise these activities or pay for participant supportive services. Similarly, districts cannot use SNAP E&T administrative funds for case management services when a SNAP E&T participant is only volunteering through a self-initiated placement.

You're an ABAWD. Now what?

ABAWD stands for Able-Bodied Adult Without Dependents. An ABAWD is a person between 18 to 64 years old who can work and who doesn't live with any children under age 14. Your local social services district will tell you if you are an ABAWD.

If you are an ABAWD, you can only get SNAP benefits for 3 months unless you meet the federal ABAWD work rules.

If you think you should be exempt from the federal ABAWD work rules, talk to your social services district.

Are You Exempt?

You may not need to meet the ABAWD work rules if you are:

- Younger than age 18, or age 65 or older
- Living with a child under 14
- A recipient of disability benefits from a public or private source, such as New York State disability benefits
- Pregnant
- Someone with a physical or mental health condition that limits your ability to work
- Taking care of an incapacitated person
- Meeting the work rules under the Temporary Assistance for Needy Families (TANF) program
- Receiving or applying for unemployment benefits
- Participating in a drug or alcohol addiction treatment program
- Going to school, college, or a training program at least half time (students may be subject to other eligibility rules)
- Already working at least 30 hours a week
- Already earning $217.50 (30 times the federal minimum wage) or more a week
- Receiving or applying for SSI
- An Indian, Urban Indian, California Indian, and/or other Indian who is eligible for the Indian Health Services

*** Please let your worker know if any of these exemptions apply to you.**

Don't Lose Your SNAP Benefits!

To keep getting SNAP beyond 3 months, you must:

1. **Work (paid or unpaid)** and/or do an approved **Employment and Training (E&T) activity** for 20 hours per week (80 hours per month);

OR

2. **Volunteer** or do a **Work Experience Program (WEP)** at a non-profit or public organization. The number of hours you must do per month depends on your monthly SNAP benefit amount and the local minimum wage.*
3. **Submit proof** of how many hours you are working, volunteering, or doing an approved E&T activity. Talk to your local social services district to make sure you know what kind of proof to show and where you should submit it.

*Example: If you get $155 per month in SNAP and you live upstate where the minimum wage is $15.50, then you must do 10 hours of volunteering or WEP each month.

Scan QR code
to go to otda.ny.gov/ABAWD

Keep Your SNAP Benefits

If you are between 18 and 64 years old and do not live with a child under age 14, you will lose your SNAP benefits unless you meet new rules from the Federal government. These new work requirements apply to "Able-Bodied Adults Without Dependents" (ABAWDs).

If you do not meet these work rules, you will only be able to receive Supplemental Nutrition Assistance Program (SNAP) benefits for three months in a three-year period. We want to help you continue to receive your SNAP. You can act to keep your SNAP by doing one of three items listed below.

Three Ways to Meet the ABAWD Work Rules and Keep Your SNAP Benefits:

1. **Paid or unpaid work for at least 20 hours per week (80 hours per month)**

   Examples include:

   - Having a job where you work at least 20 hours per week or earn at least $217.50 per week, even if you work less than 20 hours a week.
   - Doing in-kind work by exchanging your services for something other than money for at least 80 hours a month (for example, doing building maintenance in exchange for a reduction in rent).

2. **Learn job skills for 20 hours per week (80 hours per month) that can help you earn more money.**

   Examples include:

   - Doing job searches, workshops on resumé writing, or other training approved by your local social services district. Some of these activities can be done online at websites like JobZone.labor.ny.gov and dol.ny.gov/virtual-career-center-ind.
   - Participate in job skills training programs and/or educational activities including college courses, certifications, or credential programs that help you prepare for work and English language instruction.

3. **Community Service/Volunteer**

   - The number of hours you would need to participate in community service or volunteer work is based on your SNAP benefit divided by the state minimum wage. For example, if you get $300

in SNAP and the state minimum wage in your area is $16.50, then you have to complete 18 hours of community service or volunteer work each month. ($300 ÷ $16.50 = 18 hours).
- Volunteer or do a Work Experience Program (WEP) assignment with local nonprofit or public service organizations, such as food pantries, parks, or libraries.

*** Please let your worker know if you are doing any of these activities, and they will tell you how to report your activities each month to help you keep your SNAP benefits.**

Are You Exempt?

You may not need to meet the ABAWD work rules if you are:

- Younger than age 18, or age 65 or older
- Living with a child under 14
- A recipient of disability benefits from a public or private source, such as New York State disability benefits
- Pregnant
- Someone with a physical or mental health condition that limits your ability to work
- Taking care of an incapacitated person
- Meeting the work rules under the Temporary Assistance for Needy Families (TANF) program
- Receiving or applying for unemployment benefits
- Participating in a drug or alcohol addiction treatment program
- Going to school, college, or a training program at least half time (students may be subject to other eligibility rules)
- Already working at least 30 hours a week
- Already earning $217.50 (30 times the federal minimum wage) or more a week,
- Receiving or applying for SSI
- An Indian, Urban Indian, California Indian, and/or other Indian who is eligible for the Indian Health Services

*** Please let your worker know if any of these exemptions apply to you.**

Additional Resources:

Find your Local Department of Social Services by visiting: https://otda.ny.gov/workingfamilies/dss.asp

Find the Career Center nearest you by visiting: dol.ny.gov/career-centers

Scan QR code
to go to otda.ny.gov/ABAWD

Using SNAP Benefits

In this section:

Monthly Benefits Issuance Schedule 1

The EBT Card 1

- How to Use the EBT Card 1
- Paying a Portion of the Bill From the SNAP Account 2
- Purchases Above the Available Benefit Amount 2
- Non-SNAP Purchases 2
- Requesting a Second EBT Card 2
- Repeated EBT Card Requests 3

Eligible Food Items 3

- SNAP Benefits Are Used for Food Only 4

Using SNAP to Purchase Food Online 4

Restaurant Meals Program (RMP) 4

Appointing an Authorized Representative 5

Unspent SNAP Balances 5

RESOURCES FOR THIS SECTION 6

LDSS-4217 ID Card Update Form

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	1st of the month
2	2nd of the month
3	3rd of the month
4	4th of the month
5	5th of the month
6	6th of the month
7	7th of the month
8	8th of the month
9	9th 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

Requesting a Second EBT Card

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

Helpful resource at the back of this section:

LDSS-4217 ID Card Update Form

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/FNA for a complete list of SNAP-eligible food items: fna.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 fna.usda.gov/snap/online

Restaurant Meals Program (RMP)

GIS 23DC085

LDSS-5230

GIS 24DC037

GIS 25DC12

OTDA'S RMP WEBPAGE

The Restaurant Meals Program (RMP) allows SNAP clients who may be unable to prepare meals for themselves or who lack permanent housing for storing and preparing food to purchase prepared meals at restaurants with their SNAP benefits.

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 next to the message "Account is RMP Eligible" for those 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 home-bound, 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 household's EBT account for 274 days. The only exception is in 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-4217 (Rev. 4/08)

ID CARD UPDATE FORM

CASE NUMBER:	CASE NAME:	DATE:

WIDMNU (ID CARD MENU)

Section **1**	**Function**: (check one) ☐ 1 ID Card Update, Case Update ☐ 3 Auth Rep Card Request ☐ 11 EBT PIN Mailer Request (☐ Client ☐ Auth Rep.) ☐ 4 Plastic Only Request CIN _____ App Reg # _____ Line # _____ Card Number 600486 _____ Case Number _____

WIDUPD/WIDARP

Section **2**	**REASON CODE:** (check one) ☐01 Lost ☐04 Mutilated ☐09 Other/New ☐02 Stolen/Never Received ☐06 Surrendered ☐03 Defective MAG Strip ☐07 Tempcard Lost-Stolen **REVISE MAILING ADDRESS** Street_____ For requested card: City/Town _____ State _____ Zip Code_____ **PHOTO ID:** (Check One) ☐Yes ☐ NO Auth Rep Name _____ _____ _____ *First* *MI* *Last*
Section **2A**	**ADD OR DELETE** (check one) ☐ ADD ☐DELETE Individual as PA/FS Payee for Case Case #_____
Section **2B**	**ADD A VAULT CARD OR DELETE A CARD** (check one) ☐ADD A VALUT CARD 600486 2_____00 ☐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

LDSS-4217 (Rev. 4/08)

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.

SNAP Benefits During Disasters, Misfortunes, & Theft

In this section:

Disaster SNAP **3**

Replacement SNAP Benefits in a Misfortune **3**

Examples of Household Misfortune 3

SNAP Benefits Stolen Through Electronic Theft **4**

What is Electronic Benefit Theft? 4

What Should Clients Do if their SNAP Benefits are Stolen? 4

How to Protect SNAP Benefits 5

EBT Card Freezing Features 5

Other Security Features of the ebtEDGE Mobile App and Web Portal 5

Chip-enabled EBT Cards Are Coming 5

RESOURCES FOR THIS SECTION **6**

LDSS-2291 Request for Replacement SNAP with Hunger Solutions New York cover sheet

Pub-5261 Safeguard Your Card—New EBT Freeze Card Feature Flyer (English/Spanish)

SNAP Benefits During Disasters, Misfortunes, & Theft

Disaster SNAP

THE FRAC ADVOCATE'S GUIDE TO D-SNAP

In the event of a large-scale disaster, states may request permission from USDA to operate a Disaster SNAP program (D-SNAP). D-SNAP has special income rules and a very simple application process. It provides SNAP benefits quickly to households that would not ordinarily qualify for them, but that suddenly need food assistance due to a disaster situation. D-SNAP may also include special provisions for existing recipients.

Replacement SNAP Benefits in a Misfortune

GIS 08 TA/DC 031

GIS 11 TA/DC018

Helpful resource at the back of this section:

LDSS-2291 Request for Replacement SNAP

SNAP recipients who experience a household misfortune that causes their food to spoil or be destroyed can receive a replacement benefit. The loss of food can be due to a situation such as a storm or a flood, which affects large areas, or can be specific to a single household, such as a fire. The amount of the replacement benefit cannot be higher than the household's usual monthly allotment.

Examples of Household Misfortune

- Extended power outage (four hours or more)
- Flood
- Fire
- Equipment failure (refrigerator/freezer)
- Failure to pay a utility bill

SNAP recipients who lose food in a household misfortune can obtain replacement benefits if the household:

- Reports the loss within 10 days of the misfortune either verbally (by phone or in person) or in writing to their SNAP office, and
- Returns a signed and completed LDSS-2291 within 10 days of the date of the reported loss to the SNAP office, either by mail or in person.
    - If the 10th day falls on a weekend or holiday, a form received the day after the weekend or holiday will be accepted by the SNAP office.
- Uses LDSS-2291 to fulfill the requirements of both reporting the loss *and* submitting the form, instead of doing these two things separately. In this case, the form must be submitted within 10 days of the loss.

Other Things to Note:

- The SNAP office should always issue replacement benefits if a household requests them and has experienced a power outage/shutoff of four hours or longer.
- The SNAP office should not require the household to bring in spoiled food to verify need for reasons of health and administrative impracticality.
- A household may not be denied replacement SNAP benefits because it has applied for replacement issuances in the past.

Replacement SNAP Benefits in a Misfortune, cont.

- Replacement benefit amounts depend on the household's food loss.
- The later in the month the misfortune occurs, the lower the replacement amount will be. This is because a family would be eating the food they bought with their SNAP benefits throughout the month.

When Requesting Replacement Benefits:

- Be aware that Form 2291 is a legal statement indicating a loss of food due to a household misfortune and the cost of the food lost.
- The SNAP office/HRA center may use available information regarding power outages and flooding to confirm the accuracy of the statement.
- When SNAP recipients fill out Form 2291, make sure that they complete the form and that their writing is legible.

SNAP Benefits Stolen Through Electronic Theft

23-ADM-07
24DC005
24DC064
24DC075
24DC82
25DC058

Helpful resource at the back of this section:

Pub-5261 Safeguard Your Card—New EBT Freeze Card Feature Flyer (English/Spanish)

Congress ended the federal authority to replace electronically stolen SNAP benefits in December 2024. As a result, SNAP offices are unable to accept requests for replacement benefits.

What is Electronic Benefit Theft?

Electronic benefit theft (also known as "skimming," "phishing" or "card cloning") is a type of theft that occurs electronically, even if the EBT card is never physically lost.

Skimming devices are placed on a store's card-swiping machine to copy EBT, credit, and debit card information. Card information is then used to make fake cards (called "clones") to steal money from accounts. Skimming can happen anywhere EBT cards are swiped. SNAP participants impacted by skimming often find out when they attempt to make a new purchase or check their EBT balance.

Phishing is a different type of fraud where people are tricked into clicking on a link, usually sent through text or email, that looks legitimate. These links often direct the SNAP recipient to a third-party website or attempt to coax the person into providing their EBT card number and PIN, enabling scammers to create a point of access to steal the victim's SNAP benefits. NYSOTDA and SNAP Offices will never ask for SNAP EBT account information by phone or email.

What Should Clients Do if their SNAP Benefits are Stolen?

Immediately contact the EBT Customer Service Helpline to report the theft and request a replacement EBT card by:

- Calling 1-888-328-6399
- Visiting ebtEDGE.com or using the ebtEDGE mobile app

The helpline is available 24 hours per day, 7 days per week, and assists Arabic, Chinese, English, Haitian-Creole, Italian, Korean, Russian, and Spanish speakers.

Electronic Theft, cont.

How to Protect SNAP Benefits

USDA and OTDA encourage cardholders to safeguard their EBT cards and take the following actions to help prevent theft of SNAP benefits:

- Keep the SNAP EBT PIN a secret. Cardholders should not share their PIN with anyone outside of their household. Cover the keypad when entering the PIN on a machine.
- Lock the EBT card. Cardholders can use the freeze/unfreeze card feature to help secure their EBT card and protect benefits from scam-related theft. See below for a "how to".
- Check the SNAP EBT account regularly for authorized charges. Change the EBT PIN immediately to stop the thief from making any new purchases. By changing the PIN, anyone attempting to gain access to the EBT account via a duplicate card will be restricted.
- Check card reading machines to make sure there's nothing suspicious attached to the card swiper or keypad. Skimming devices can be difficult to detect, but are often bigger than the original machine and may hide parts of the machine.

EBT Card Freezing Features

Cardholders can freeze their EBT card when it is not in use and then unfreeze the card to make a purchase. Follow these four simple steps to freeze an EBT card:

1. Visit ebtEDGE.com or download the ebtEDGE app on your mobile device.
2. Securely log in to your account.
3. Tap the new "Freeze/Unfreeze Card" icon on the home screen.
4. Select "Freeze My Card Everywhere" and click "OK".

Other Security Features of the ebtEDGE Mobile App and Web Portal

Once clients set up their account, these security features can help them prevent scam-related electronic benefit theft and keep their benefits safe:

- Check transactions and deposits
- Block internet and out-of-state transactions
- Change PIN (if needed)
- Request a replacement card if lost, stolen, or damaged

Chip-enabled EBT Cards Are Coming

New York State will transition to more secure EBT cards with both chip and tap-to-pay functionality, with distribution scheduled for early 2027. This upgrade aims to protect SNAP benefits from theft due to illegal skimming devices.

Resources for this Section

On the following pages, you will find these resources:

LDSS-2291 Request for Replacement SNAP with Hunger Solutions New York cover sheet

Pub-5261 Safeguard Your Card—New EBT Freeze Card Feature Flyer (English/Spanish)

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

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.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME				COUNTY
CASE NUMBER	SSN			DATE OF BIRTH
ADDRESS *(including house and Apt number)*	CITY	STATE	ZIP	PHONE NUMBER

I _____, am the head of household or an adult household member for the above named case and wish to report the following to the agency representative:

My household experienced a loss in the amount of $ _____ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

☐A power outage ☐A flood
☐A fire ☐Other disaster Describe: _____

_____

Worker Comments: _____

_____

_____

Client Comments: _____

_____

CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I am aware that offering a false instrument for filing as described in Article 175 of the Penal Law is a crime that may have a maximum penalty of four (4) year's imprisonment. If I do so, I will be subject to prosecution under the Civil and Criminal Laws of the United States and New York State and under the regulations of the New York State Office of Temporary and Disability Assistance.

I understand I have a right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

I understand that if I do not sign and return this statement to the agency within ten (10) days of the date the loss was reported, the agency will not replace the SNAP benefits.

Signature	**Date**

***Please return this completed form to your local County Social Service Department (SSD) or for NYC residents visit the HRA website for a list of the local center closest to you.**

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

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.

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NEW YORK STATE — OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME				COUNTY
CASE NUMBER	SSN			DATE OF BIRTH
ADDRESS *(including house and Apt number)*	CITY	STATE	ZIP	PHONE NUMBER

I _____, am the head of household or an adult household member for the above named case and wish to report the following to the agency representative:

My household experienced a loss in the amount of $ _____ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

☐A power outage
☐A fire
☐A flood
☐Other disaster Describe: _____

_____

Worker Comments: _____

_____

_____

Client Comments: _____

_____

CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I am aware that offering a false instrument for filing as described in Article 175 of the Penal Law is a crime that may have a maximum penalty of four (4) year's imprisonment. If I do so, I will be subject to prosecution under the Civil and Criminal Laws of the United States and New York State and under the regulations of the New York State Office of Temporary and Disability Assistance.

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I understand that if I do not sign and return this statement to the agency within ten (10) days of the date the loss was reported, the agency will not replace the SNAP benefits.

Signature	**Date**

Have you lost food due to an emergency?

Do you buy groceries with SNAP? You may be able to get some of your SNAP dollars added back to your EBT card.

What you need to know:

- If you receive SNAP benefits and have lost food due to a household misfortune, you can request replacement SNAP benefits.
- The loss can be due to a situation that affects **large areas**, such as a storm or a flood, **or can be specific to a single household**, such as a fire.
- Household misfortunes can include:
  Storms
  Flooding
  Fire
  Extended power outages
  Equipment failure (refrigerator or freezer)
  Failure to pay a utility bill

Note: power must be out for four hours or more to be eligible for SNAP replacement.

What you need to do:

- Submit a replacement form to your local SNAP/HRA office **within 10 days of the loss**. You can do this by mail or in person.
- If you are unable to submit the form within 10 days, call the SNAP/HRA office right away to report the loss. You will then have 10 days to return the form after you report.
- **SNAP Navigators** can help you report the loss and submit the form. Navigators provide one-on-one help with SNAP. The service is free and confidential.

To find a SNAP Navigator near you, visit FoodHelpNY.org

HUNGER SOLUTIONS NEW YORK
UNITING POLICIES AND PROGRAMS TO END HUNGER

HungerSolutionsNY.org

10/2026. This material was funded, in part, by the USDA's Supplemental Nutrition Assistance Program – SNAP.
This institution is an equal opportunity provider.

Safeguard Your Card

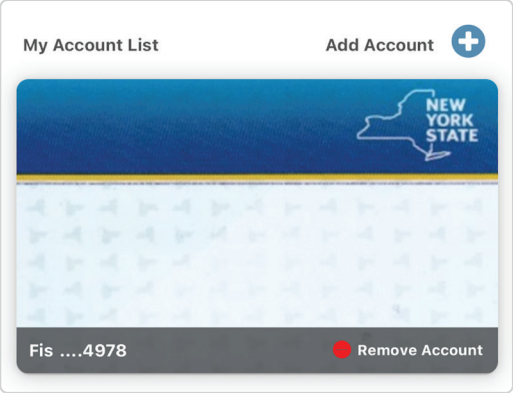
New EBT Freeze Card Feature is Available

Use the new freeze card feature to help secure your Electronic Benefit Transfer (EBT) card and protect your benefits from scam-related theft. You can freeze your EBT card when it is not in use and then unfreeze the card to make a purchase. Freezing your card is easy. Follow these four simple steps:

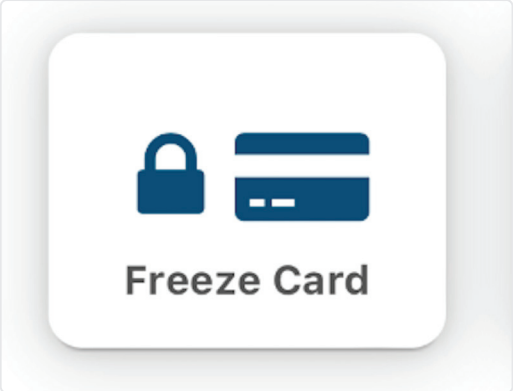
1. Download or open the **ebtEDGE** app on your mobile device or go to the cardholder portal on **ebtEDGE.com**.



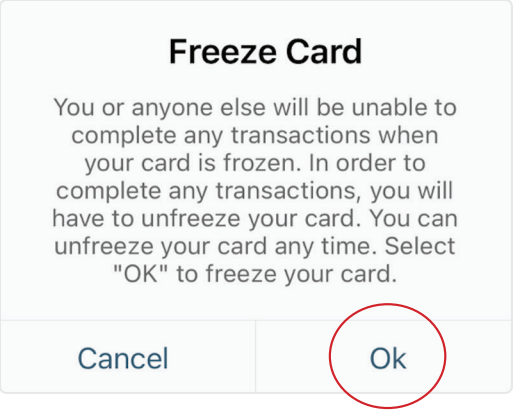
2. Securely log in to your account and tap "**Freeze Card**" under "**Account Services**."



3. Select "**Freeze Card**."



4. A Freeze Card confirmation message will appear. Select "**OK**" to confirm.



Freezing your EBT card will block all purchases, balance inquiries, and transactions. Whenever you go shopping, use the ebtEDGE app to unfreeze your card and freeze it again after you check out. You can also use the ebtEDGE app, or go to **ebtEDGE.com**, to block online or out-of-state transactions.

For more ways to protect your benefits, visit:
otda.ny.gov/ebtscam

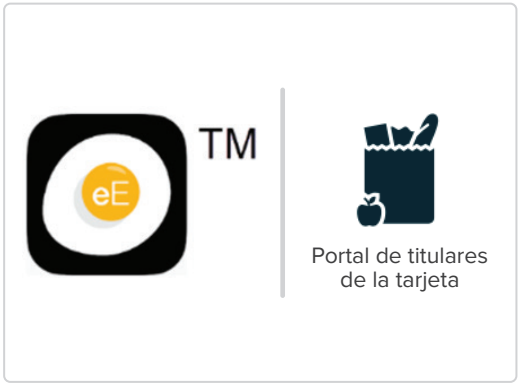
NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

Pub-5261 • REV (08/24)

Proteja su tarjeta
Está disponible la nueva función para congelar la tarjeta EBT

Utilice la nueva función que le permite congelar la tarjeta de Transferencia Electrónica de Beneficios (EBT, por sus siglas en inglés) y proteger sus beneficios contra estafas por medios electrónicos. Puede congelar la tarjeta EBT cuando no la usa y luego descongelarla para hacer compras. Es fácil congelar la tarjeta. Siga estos cuatro sencillos pasos:

1 Descargue o abra la aplicación **ebtEDGE** en su dispositivo móvil o ingrese al portal de titulares de tarjetas en **ebtEDGE.com**.



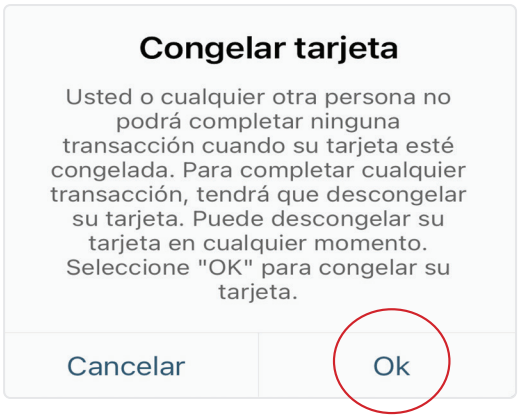
2 Inicie sesión de forma segura en su cuenta y pulse **Freeze Card** (Congelar tarjeta) en **Account Services** (Servicios de la cuenta).



3 Seleccione **Freeze Card** (Congelar tarjeta).



4 Aparecerá un mensaje pidiéndole que confirme si desea congelar la tarjeta. Seleccione **OK**.



Cuando congela la tarjeta EBT, se bloquean todas las compras, consultas de saldo y transacciones. Cuando vaya a comprar, utilice la aplicación ebtEDGE para descongelar la tarjeta y vuelva a congelarla una vez que haya pagado. También puede usar la aplicación ebtEDGE o ingresar a **ebtEDGE.com** para bloquear las transacciones en Internet o en otros estados.

Para consultar otras formas de proteger sus beneficios, visite: **es.otda.ny.gov/ebtscam**

NEW YORK STATE OF OPPORTUNITY. | **Office of Temporary and Disability Assistance**

Pub-5261 SP • REV (07/24)