

FOOD STAMPS IN NEW YORK STATE: An Eligibility Prescreening Guide



October 2011 edition

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HUNGER SOLUTIONS
NEW YORK UNITING POLICIES AND
PROGRAMS TO END HUNGER

ABOUT HUNGER SOLUTIONS NEW YORK, INC

Hunger Solutions New York is a statewide non-profit organization dedicated to alleviating hunger. Formed in 1985 as the Nutrition Consortium of New York State, Hunger Solutions New York is a caring and informed voice for hungry New Yorkers. We promote:

- Awareness of hunger in your community;
- 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; and
- 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.

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INTRODUCTION

This guide is designed for human service agencies, advocates and volunteers working with low-income households who wish to:

- (1) Determine which households may qualify for food stamp benefits as well as their estimated FS benefit allotment; and
- (2) Assist potentially eligible households through the food stamp application process.

It therefore is focused on the application process and establishing eligibility, with very little information about maintaining eligibility once it has been established. This manual does not address remedies for incorrect actions, other than encouraging advocates to try to resolve problems by communicating with local officials.

The Food Stamp Program, now known at the federal level as the Supplemental Nutrition Assistance Program or SNAP*, is a state-administered federal nutrition assistance program. Federal law governs the criteria for eligibility and levels of benefits. Each state is responsible for determining and documenting eligibility, issuing benefits, and maintaining records.

The United States Department of Agriculture (USDA) administers the program at the national level. In New York State, the Office of Temporary and Disability Assistance (OTDA) oversees the local administration of the Food Stamp Program. Most administrative functions are delegated to counties through local departments of social services (LDSS). In New York City, the Human Resources Administration (HRA) administers the Food Stamp Program. (See the detailed organizational chart in Appendix B of this guide).

New York State policy is explained in detail in the [Food Stamp Source Book](#) (FSSB). The sourcebook includes New York State's instructions to the local districts on administration of the Food Stamp Program. It is essential to anyone working with the Food Stamp Program in New York State. Recent policy changes, issued through administrative directives (ADMs), informational letters (INFs), local commissioner memoranda (LCMs) and General Information Messages (GIS), can be found at OTDA's website.

This manual only briefly addresses food stamp work rules. [The New York State Temporary Assistance and Food Stamp Employment Policy Manual](#) provides a comprehensive explanation of the Food Stamp Program's employment and training requirements,

Please note that our guide is updated annually to reflect the October 1 FSP standards/deductions adjustments, as well as policy changes that occurred throughout the year. This current edition of the guide is valid from October 1, 2011 through September 30, 2012, but does not take into account any policy changes that may have been instituted after September 2011.

*In 2008, the Food Stamp Program was renamed Supplemental Nutrition Assistance Program (SNAP) at the federal level. New York State's Food Stamp Program will be renamed SNAP in the near future; however, at publication time, the name Food Stamp Program is still used in New York State.

THE APPLICATION PROCESS (FSSB Section 3 & 4)

The application process begins with getting an application, filling it out and filing the form with the local department of social services office (LDSS).¹ The applicant must then attend an interview, provide information about the circumstances of those applying, and provide verification of the criteria necessary to determine eligibility. Unfortunately, this involves a lot of paperwork, and navigating a system that can be intimidating to many. However, if all the paperwork is submitted and the applicant(s) is found eligible, food stamps can make the difference between going hungry and having food on the table.

THE APPLICATION FORM (FSSB Section 3: p. 6, Section 4: p. 29; 03- ADM-03; 10-INF-22; Appendix C and D)

Applicants apply for food stamps by filing an application form. Anyone can get an application form by contacting *any* social services office. If an individual goes to the office and asks for an application, *the office must give them an application*. If a person asks a social services office to mail an application form, the office must mail the application on the same day. Many human service agencies keep a supply of food stamp applications on hand.

Please see Appendix C for simple “How To” instructions for ordering food stamp applications and other brochures from OTDA. This appendix also includes the necessary order form.

New York State has two application forms – the 16-page common application form, sometimes referred to as the “joint application,” and a 6-page simplified food stamp application (Appendix D). Those wanting to apply for food stamps can use either of these forms. The 6-page form is simpler and easier to fill out, but should not be used by anyone who wishes to apply for multiple assistance programs, since it is a food stamp-only application.

New food stamp applications should contain the OTDA “Helping Hands” brochure. Receipt of this brochure is to confer ‘categorical eligibility’ for food stamps (see 07-ADM -09 and Appendix J for more information).

Households applying for multiple assistance programs (Temporary Assistance, food stamps, Medicaid and/or child care assistance) should utilize the joint application form. Anyone applying for Temporary Assistance is also considered to be a food stamp applicant, even though eligibility guidelines and definitions of household composition vary. There are boxes on the form where the applicant can check off the programs for which they want to apply. If the applicant is found eligible for food stamps but not Temporary Assistance², the food stamp application should be accepted and opened as a

¹ In New York City, the Human Resources Administration (HRA) is the LDSS.

² The terms “Public Assistance” (PA), “cash assistance”, and “Temporary Assistance” (TA) are generally used interchangeably to refer to state and federal programs providing cash assistance to needy households. In this document, unless otherwise specified, “Temporary Assistance” or TA is used to refer to these programs, including TANF and New York State’s Safety Net Assistance (SNA) program.

FS-only case. In most districts, the case will be transferred to an “NPA (non-public assistance)” unit or office.

Anyone has a right to submit an application to any social services office and the office must forward the application to the correct office. However, this isn't always a smooth process. Therefore it is best to be clear about your county's procedures and direct applicants to the appropriate office.

NYS “myBenefits” Screening Tool and “myBenefits” Online Food Stamp Application

[“myBenefits”](#) is a single portal for NYS families and community partners to connect with benefits, services and work supports.

This tool allows individuals and families to learn about and apply for an array of work supports customized to fit their unique circumstances, by answering a simple set of online questions.

Currently the tool covers the following benefit programs:

- Child Health Plus
- Child and Dependant Care Tax Credit
- Food Stamp Program
- EPIC
- HEAP
- Earned Income Tax Credit
- Eat Smart NY
- Family Health Plus
- Healthy New York
- Medicaid
- Non Custodial Parent Tax Credit
- Prescription Saver
- School Meals
- Temporary Assistance
- Veteran Affairs
- WIC
- Programs continue to be added

If you are using the “myBenefits” screening tool with clients, remember that [Nutrition Outreach and Education Program \(NOEP\) Coordinators](#) can do in-depth prescreenings and also help potentially eligible families through the application process. [Click](#) for NOEP contact information.

Currently 29 upstate counties are now participating in collaboration with community-based organizations (CBOs) that can help clients submit a food stamp application using a secure Internet connection at their [community sites](#). Households in these counties can apply for food stamps online at one of the participating CBOs.

In NYC, there are more than 50 community sites that assist families with online applications in collaboration with the Human Resource Administration (HRA). These sites receive referrals from other agencies across NYC that participate in FS prescreening activities.

All upstate counties and HRA in NYC now offer an online application process. Meaning households in these counties can apply for the Food Stamp Program from any computer that has the Internet without the need for assistance from a community representative.

FILING THE APPLICATION (FSSB Section 4: pp. 19, 24, 30; 10-INF-22)

Applicants should *turn in their application form right away*. The date the application is turned in is called the filing date. The filing date is very important because when the application is approved, food stamp benefits are issued as of that date. For example, if you turn in the application on the 10th day of the month, you will get one third less food stamp benefits for that month than you would if you applied on the first of the month.

The form does not have to be completely filled out to turn it in. Applications can be turned in as long as applicants fill in their name and address, and sign and date the form. They will have to provide more information later, but this is all that they must fill out to file the application. Applicants do *not* have to wait for a caseworker to see them before they turn in their applications. They can file the application and come back for the interview at a later date.

The LDSS must let people apply for food stamps on the first day they contact the LDSS anytime during regular working hours. They cannot limit applications to certain hours or accept a limited number of applications each day.

Applications can be turned in by mail, in person, or by a third party, such as a friend, relative, or community agency representative. Some LDSSs seem to have trouble with mailed applications, either because they do not understand that they must accept applications by mail or simply due to logistical problems. If an LDSS does not accept applications by mail, this requirement should be brought to their attention.

HRA in NYC has a Mail-In Application and Referral Unit (MARU). MARU allows households citywide who call the city's 311 info line to request an application package by mail. Community Based Organizations assisting households with food stamp applications can also use MARU by ordering MARU Business Reply Envelopes (form # W90A) directly from the MARU Unit.

Counties are also required to accept faxed applications if they have the capability. With new initiatives that waive the face-to-face interview for many households more and more counties are accepting faxed applications. This includes NYC HRA, which is currently implementing a fax system for their new Mail-In Application and Referral Unit (MARU).

Note: If everyone in a household is applying for or receiving Supplemental Security Income (SSI) benefits, which are administered by the Social Security Administration (SSA), the household can file their food stamp application at SSA. An SSA representative will forward the food stamp application to the proper LDSS office for processing. Single SSI live-alone recipients are now automatically enrolled in the Food Stamp Program through a special project called the New York State Nutrition Improvement Project (NYSNIP); see page 51 for more information.

APPLYING FOR FOOD STAMPS WHEN YOU ARE NOT APPLYING FOR CASH ASSISTANCE BENEFITS (FSSB Section 4: p. 19, 25)

Sometimes LDSS offices keep people from applying for cash assistance, either by giving them a one-time payment to help meet immediate needs or by providing various services. This is called “diversion.” Even if an applicant is diverted from applying for cash assistance, the law requires that they be encouraged to continue with the food stamp application. In New York the common application form is used for food stamp and cash assistance programs, so this usually only means that the application might need to be transferred to a different office. This should not cause any delay in processing the application.

Every LDSS is structured differently. In some counties, the food stamp-only, or non-public assistance food stamp (NPA-FS) application, is handled by a different office. In other counties, the same office might handle the initial application, and transfer the case to a different office after eligibility has been determined. It is best to find out what the practice is in your county so you can help families understand the process of applying.

TIMELINESS: PROMPT ACTION FRAMES	
ACTION	TIME FRAME
Providing application forms to households	Same days the request is received
Accepting an identifiable application	Same day as received
Expedited service screening	Same day that an application is received
Application interview	As soon as possible after receipt of an application <i>(Households eligible for expedited service should be interviewed within 5 days of their application date.)</i>
Application processing/eligibility determination and issuance of benefits	As soon as possible and always within 30 days of application

TIMELINESS (FSSB Section 3: p. 4; section 4: pp. 24, 31-34)

Once the LDSS receives an application, *it has no more than 30 days to act on the application and issue food stamp benefits if the household is eligible.* The LDSS must make a timely decision on the food stamp application even if the application for cash assistance is withdrawn or deferred. The LDSS has five calendar days to issue expedited food stamps to eligible households. Many LDSSs, including HRA, make expedited food stamp benefits available on the same day.

If the LDSS does not make a decision on an application within the normal 30 days, it may be possible to get them to move more quickly by talking to a supervisor or manager.

Delays are usually the result of problems getting necessary documentation, although they are sometimes caused by administrative or workload problems within the agency.

LDSS offices must give applicants at least 10 days to submit all the necessary documentation. If a family is having difficulty securing the required documents, the LDSS is supposed to assist them in obtaining the verification.

Delays caused by the applicant(s)

If the applying family does not turn in the required documents within the time period allotted by the LDSS, and does not have good reason, the FS application can be denied. HOWEVER, if they subsequently submit the missing documents within the initial 30-day application period, and are eligible for food stamps, the LDSS must open the case and provide benefits back to the application date. No new application is required.

Similarly, if the family submits the missing documents *after* the initial 30-day period, but within 60 days of the application date, the LDSS must open the case, but benefits will not be provided back to the date of application; instead the case will be opened as of the month following the application month (the second 30-day period).

If an applicant tries to submit any missing documents later than 60 days after their initial application date, they must file a new application.

Delays caused by the local district

If the applying family has submitted all its documents and is eligible for food stamps, but the LDSS still hasn't opened the case within 30 days, the LDSS must provide food stamp benefits back to the day the application was first handed in. This is true even if the LDSS does not decide on the families' application until more than 60 days after they first applied.

EXPEDITED FOOD STAMPS (05 ADM-13; FSSB Section 4: p. 35; Section 5: pp. 128, 133-136; section 15: pp. 316-317; Appendix E)

People with very low income and few resources may qualify for "**expedited service**" under the federal rules and regulations for the program. Everyone who applies for food stamps must be screened for eligibility for expedited service on the day they apply. New York has a standard screening form for this ([LDSS-3938](#)). Some food stamp offices may not always screen for expedited service when they should. Therefore, applicants should always ask to be screened for expedited service.

People eligible for expedited service will get their food stamps within five calendar days of the filing date. Many districts, including HRA, have a practice of making benefits available on the day of application.

Expedited Food Stamps is not a separate program, but instead a right to get food stamps more quickly. This service is provided while the ongoing food stamp application is being processed, for those meeting the expedited criteria. A person is still eligible to apply for and receive expedited service, even if they have an authorized representative, such as a friend or relative, apply for them. They may also be able to have a phone interview or an interview in their home if they are unable to get to the LDSS office.

ELIGIBILITY FOR EXPEDITED FOOD STAMPS

A household is eligible for expedited service if:

1. Their liquid resources do not exceed \$100 and they have received less than \$150 in gross income during the calendar month in which they are applying for food stamps; **OR**
2. The household's shelter costs for the month – rent or mortgage, plus utility expenses (the Standard Utility Allowance) – are greater than the combination of the household's liquid resources and gross income for the calendar month in which they are applying; **OR**
3. They are a migrant or seasonal farm worker household who have liquid resources of \$100 or less and meet the FSP requirements for being destitute.

After determining that a household meets any one of the above three conditions, the LDSS must interview the household and obtain proof of the applicant's identity so that expedited benefits can be issued. No other verification is required for expedited food stamp purposes. Identity can be verified through a driver's license, a voter registration card or any other document that proves who the household members are. If the applicant does not have any ID, the LDSS must try to call someone (such as a friend, a relative, or a worker at a shelter or other agency) to verify their identity.

The LDSS must also assess whether the applicant has ever gotten expedited food stamps in the past. Families who received expedited food stamps 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 food stamps. These applicants must submit either:

- (1) the missing verification from their last application **OR**
- (2) *all* verification required with their new application*

in order to be processed for expedited benefits. The LDSS must give the family at least 10 days to gather paperwork. Once the applicant has submitted all the necessary documents, the LDSS must provide food stamp benefits within the expedited time frame (5 days).

*Technically, these households are not eligible for expedited food stamps under federal rules. However, if they submit all their current verification, New York State's policy as outlined in 05 ADM-13 directs local districts to issue ongoing food stamps using the expedited time frame of 5 days, rather than making the household wait up to 30 days.

If the applicant qualifies for expedited service, they must get their food stamps within five calendar days. For example, if a person applies on a Monday and qualifies for expedited service, the LDSS must provide food stamps by the following Saturday. Even if the office is closed on Saturday, it must get the EBT (Electronic Benefit Transfer) card to the family and have the benefits authorized by Saturday.

FACE-TO-FACE INTERVIEWS and AUTHORIZED REPRESENTATIVES (GIS 06 TA/DC 010; GIS 08 TA/DC018; FSSB Section 4: pp. 21, 25; Appendix N)

Food Stamp rules require that every applicant household must be interviewed. The interviews are often held at the LDSS office with an adult member of the family (“face-to-face”), either at the time of the application or a later date. Many new NYS FSP Initiatives are now providing avenues for most applicants to be interviewed by telephone at application. For more information see additional sections below.

Any adult member of the applying household can attend the face-to-face interview, and they may bring with them anyone they want, including an attorney or other advocate.

Notice of Missed Interview Rules At Application

Local districts must comply with the federal regulations for sending a Notice of Missed Interview (NOMI) during the food stamp application and recertification process.

[NYS policy reminds](#) districts that they *must* follow these regulations during the application process:

1. The local district must interview all FS applicants on the day they submit their application. If the local district cannot interview the household on the day it is submitting the application, then the LDSS must provide a *scheduled date and time* for the interview.
2. For new FS applicants that have missed their interview, local districts must mail a “*Notice of Missed Interview*” letter (NOMI). This *required* notice informs the household that it is now the household’s responsibility to reschedule the eligibility interview.
3. If the new FS applicant household fails to appear for its scheduled interview AND does not contact the local district upon receiving the NOMI, the district will deny the household’s case for failure to comply with the eligibility interview requirement. The district must allow 30 days from the filing date before sending this denial notice. (The district will send the household two notices: 1. the NOMI and 2. denial letter).
4. The local district must reschedule the eligibility interview for all households that respond to the missed interview notice or NOMI.

There are exceptions to the requirement that the applicant must attend a face-to-face interview. Authorized representatives can attend the interview in place of the applicant, the LDSS can grant an interview waiver, and now many new NYS FSP initiatives (like the [Working Families Food Stamp Initiative](#)) allow eligible households the choice of having a phone interview.

Authorized Representatives (Appendix N)

An applicant can designate an authorized representative to attend the interview for them. 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 LDSS all the information it needs to determine eligibility, including the household's documentation. Also, if an applicant wants someone to act as an authorized representative, an adult member of the household must provide a written notice to the LDSS giving the person permission to act as their authorized representative. *The LDSS cannot force a household to use an authorized representative.*

OTDA has created a new form ([LDSS-4942](#)) specifically for households wishing to designate an authorized representative. This form is available in both [English](#) and [Spanish](#) and is recommended but cannot be required by the LDSS. The form was developed for use with the new electronic application, but is available statewide for use with any applicant household. A copy of the form is provided in Appendix N.

Interview Waivers (08 INF 07)

Applicants who do not have an authorized representative, or do not wish to use one, may be eligible for a waiver of the face-to-face requirement. Waiving the face-to-face interview does not mean that there is no interview at all – rather, the interview is done by telephone or home visit instead of requiring the household to travel to the LDSS office. Many households are now automatically granted a phone interview based on their eligibility. Other households have to request an interview waiver.

Requesting a Waiver

Households with hardship situations (who don't qualify for an automatic waiver – see section below) are eligible for waivers on a case-by-case basis. Although the LDSS has discretion in determining what constitutes a hardship, OTDA has indicated that hardship exists if the household cannot get to the LDSS because of reasons that include:

- Transportation difficulties
- Prolonged severe weather
- Illness
- Work hours with conflict with LDSS business hours.
- Care of a household member

Also, it is important to remember that waiving the face-to-face interview does not automatically exempt the applicant from the finger-imaging requirement.

*The LDSS **MUST** waive the in-office interview, when requested, if all adults are elderly or disabled and there is no earned income in the household.* The LDSS can choose whether to do a telephone interview or send a worker to the home for the interview. If they do a home visit, it must be scheduled in advance – they cannot show up without notice.

Initiatives That Grant Automatic Waivers

There are several initiatives that most often grant an automatic telephone interview at application. These include:

1. *Electronic Application* submission of a food stamp application.
2. *Mail-In Application and Referral Unit (MARU)* – an initiative in NYC allows households to apply by mail or fax, at community agencies, or through the 311 hotline. Applying through MARU grants a waiver for most families.
3. *Working Families Food Stamp Initiative (WFFSI)* for households meeting the guidelines.

FINGER IMAGING (11 INF-06; 04 LCM-11; FSSB Section 5: pp. 102-103)

As part of its anti-fraud measures, New York State has implemented a finger-imaging requirement. The finger image is a computer fingerprint that can be stored and matched with other images in the computer. The idea is to prevent one person from receiving benefits in two cases at one time.

Every household member over 18 years old must be finger-imaged as part of the verification of identity. If any adult household member does not get finger-imaged, and the adult has not been granted an exemption from the finger-imaging requirement, the entire case will be denied.

Each county has the option to exempt any group of people from the finger-imaging requirement. For instance, many counties exempt elderly, disabled, working and/or homebound applicants from the requirement, and most counties exempt households who have been granted a waiver of their face-to-face interview. *Households with earnings may also be eligible for an exemption as part of the Working Families Food Stamp Initiative (see next section).* If you are unsure whether an applicant is subject to finger imaging, it is best to check with your LDSS office.

WORKING FAMILIES FOOD STAMP INITIATIVE (WFFSI) (07 ADM-10; 08 INF 07; Appendix P, LDSS 4921)

The Working Families Food Stamp Initiative (WFFSI) simplifies the food stamp application process for working families. This initiative is designed to help increase the food stamp participation rate of eligible working families in New York State.

Any NTA (non-temporary assistance) food stamp applicant is eligible for WFFSI if it contains at least:

one adult member working 30 hours or more per week or earning an average weekly income equal to, or greater than, the federal minimum wage times 30 hours per week.

Or

two adults each working 20 hours per week or earning an average weekly income equal to, or greater than, the federal minimum wage times 20 hours per week.

Families meeting the above guidelines can take advantage of the simplified application procedures that WFFSI provides:

- (1) Removing the finger imaging requirement outside of NYC; and
- (2) Waiving of face-to-face interview at application and recertification;

Districts now have the option to automatically waive face-to-face interviews and schedule telephone interviews for all WFFSI households.

WFFSI households in participating counties will be granted phone interviews, unless they request a face-to-face appointment. LDSS staff no longer needs to assess or document individual hardship in order to waive the face-to-face interview for WFFSI households.

THE INTERVIEW (FSSB Section 4: pp. 25-28)

At the interview, the worker will review the information in the application. S/he will ask questions to clarify any confusing information or to fill in anything that was left blank. The worker may ask additional questions about the income, resources and expenses of the people applying.

Most offices provide a list of documents for applicants to bring to the interview. If an applicant does not have a necessary document, the LDSS can ask for a different document or can get verification a different way. Usually, the worker will give the applicant a list of any missing documents with a date when the documents are due. The LDSS must give the applicant a minimum of 10 days to turn in any missing documents.

VERIFICATION and DOCUMENTATION (FSSB Section 5: pp. 114-127; Appendix F and Appendix G)

All eligibility criteria must be verified before the worker can determine that the household is eligible to receive a food stamp benefit. The LDSS gains verification from documents, usually provided by the applicant(s), "collateral contacts" (people outside the applying household that the worker contacts), home visits, and computer information. Every piece of information that is used to determine eligibility and a budget must be verified. Even if the worker is sure the information is true, s/he still must have some kind of verification for the file. If the applicant has receipts for their rent or mortgage payments, telephone

and utility bills, and child care expenses, as well as pay stubs and verification of identity and address, they should take these documents to the interview.

The **documentation requirements checklist** ([LDSS-2642](#) – see Appendix F) 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. To help LDSS staff distinguish between TA and FS verification requirements, OTDA has issued a desk guide (LDSS-3666 – see appendix G) highlighting which eligibility factors are needed for cash assistance and which are needed for food stamps.

An applicant can be denied food stamps for “refusing” to cooperate, but not for simply failing. A family has not *refused* to cooperate if attempts to cooperate have been unsuccessful. A family can be denied food stamps if they *refuse* to give the LDSS what it asks for. A mental impairment that prevents an applicant from cooperating fully with the food stamp office may excuse their failure to provide a complete, consistent explanation of their circumstances and may show that they are not guilty of refusing to cooperate.

If the applicant has tried to get the 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 some other way to verify the eligibility criteria. Collateral contacts are almost always possible; even identity can be verified this way.

COLLATERAL CONTACTS (FSSB Section 5: pp. 121-122)

When documentation is unavailable, the LDSS will use a collateral contact. Collateral contacts are people outside the applicant’s household that the LDSS calls directly for information to support what the household has reported. For example, the LDSS might call the landlord or neighbors to confirm the applicant’s address and household composition. Collateral contacts substitute for written verification.

The worker is responsible for obtaining the information from the acceptable collateral contacts that have been provided by the applicant. The food stamp office can get information in writing, over the telephone or in person. If the LDSS wants to call someone, it should ask the applicant whom it could contact. If the applicant does not give the LDSS an acceptable contact person, the LDSS will decide whom to contact.

When the LDSS makes a collateral contact it is letting that person know that the applicant household is trying to get food stamps, so the LDSS must get the applicant’s permission to disclose household information. Therefore, if the family does not want a person selected by the LDSS contacted, they should be given the chance to verify information in some other way, or to withdraw their application. The food stamp office should only call collateral contacts when other verification is unavailable or inadequate.

The LDSS 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 LDSS can deny the application if it cannot verify the household's eligibility.

The LDSS also can get information from computer systems of other public benefit programs, the Internal Revenue Service (IRS), Social Security Administration, some banks, NYS Department of Motor Vehicles, tax collectors, or other agencies and organizations. The LDSS may want information from these agencies' computers because they have records about people's wages, their benefit checks, their addresses and sometimes other things that affect whether they qualify for food stamps. The LDSS usually will not tell the applicant when it is checking information in this way. If the LDSS gets information from computer records that affects the food stamp case, it will usually either contact the household to verify the information or refer the case to an internal investigation unit.

NECESSARY VERIFICATION (FSSB Section 5: pp. 114-117)

Food stamp rules require that the food stamp worker get proof of the following:

1. **Identity.** If an authorized representative applies for a household, the LDSS must verify both the identity of the authorized representative and the head of the household.
2. **Household composition/size.**
3. **Immigration status** of anyone in the household who is applying for food stamps and is not a U.S. citizen. The food stamp office will verify the claimed legal status and any immigration documents submitted with the U.S. Citizenship and Immigration Services (USCIS, formerly known as INS or the Immigration and Naturalization Service). The LDSS will only verify USCIS status for those household members who submit proof of their immigration status. Any immigrant household members who do not submit proof of their immigration status (such as undocumented aliens) will be excluded from the household for food stamp purposes, but the rest of the household can still receive food stamp benefits.
4. **Social security numbers** (SSNs) of everyone in the household. 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 LDSS does not match the SSA's records or cannot be verified. Household members who do not already have a SSN (or do not know their SSN) must apply for a number before they can start receiving food stamp benefits, unless they have good cause for not applying. Failure or refusal to apply will mean that person is excluded from the household for food stamp purposes. That person will be treated as an ineligible immigrant for budgeting purposes.
5. **Income and resources.**
6. **Residence** in the county. The LDSS does not have to verify where you live if it is not reasonably possible to get verification. For example, it does not have to verify where you live if you just came to the area, if you are homeless, or if you are a migrant farm worker and cannot get verification easily.

The following documents are used for budgeting ONLY:

7. **Shelter and utility costs.**
8. **Childcare and child support costs** being deducted in the budgeting process.
9. **Medical expenses**, for elderly and disabled applicants.
10. **Disability** if the applicant wants to use the special budgeting rules applicable to disabled people or needs to be exempted from work activities.

Note: If verification of an item used only for budgeting a deduction (#'s 7– 10 above) is not available, the case can still be opened and budgeted without the deduction, but the household may get a smaller benefit than it would have if the item had been verified.

When the verification is provided, the worker will re-budget and may increase the amount of food stamps the household receives. For 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 based on the new budget with the deduction taken. The last four items on this list of necessary verification are used for budgeting purposes only, not eligibility determinations.

The LDSS cannot limit which forms of verification it will accept -- for example, the LDSS should not require that each applicant submit a birth certificate as proof of identity. Anything listed on the documentation checklist must be accepted. Also, any other form of credible documentation should be accepted. As a practical matter, it is easiest to get an application accepted promptly if the usual forms of documentation are provided.

If an applicant cannot provide verification of an eligibility criterion, the LDSS has an obligation to assist. This includes paying fees when necessary. LDSSs are sometimes able to obtain copies of official documents, like birth certificates, without paying a fee. However, if a fee is required, the LDSS must either pay it or find another way of verifying the eligibility criterion.

The food stamp office should only ask a household to verify their present circumstances, not things in the past that do not affect whether the household is eligible now.

VERIFICATION OF QUESTIONABLE INFORMATION (FSSB Section 5: pp. 119-120)

The LDSS also will ask for verification of any information that it finds questionable. To be considered questionable, the information on the application must be inconsistent with statements made by the applicant, inconsistent with other information on the application or previous applications, or inconsistent with information received by the worker. These requests, and the guidelines upon which they are based, must not discriminate based on race, religion, ethnic background, or national origin.

The applicant(s) should be ready to verify as many facts as possible. If there is anything unusual about the household's circumstances, the applicant should try to explain it

completely in the initial interview, rather than hope the worker will not notice. When food stamp workers ask for more information, they should give the applicant a written notice listing what information they need, along with the date by which the household should provide the information.

FRONT END DETECTION SYSTEMS (05 ADM-08)

Another anti-fraud measure allowed by New York State is the Front End Detection System (FEDS) program. FEDS conducts investigations of applications which appear to have questionable circumstances.

All counties are required to operate a FEDS program for cash assistance purposes, but it is optional for food stamp-only cases. New York City does not have a FS-only FEDS plan; about two-thirds of counties throughout the state do. All local FEDS plans must be approved by OTDA.

Caseworkers are supposed to refer only those cases which 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. [05 ADM-08](#) lists the type of criteria – called “indicators” – that can trigger a FEDS referral.

Typically, a FEDS referral results in an LDSS investigator visiting the applicant at their home, or asking the household to appear for an in-office interview. *However, for food stamp purposes there is no obligation on the part of the household to meet with the investigator.* A food stamp application cannot be denied due to a household's failure to attend a FEDS interview. In this situation, the investigation should continue without the household's cooperation and forward his/her 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. FEDS should not delay the normal application process.

SOCIAL SECURITY NUMBERS (FSSB Section 5: pp. 95-97)

Every person in a household applying for food stamps must provide the food stamp office with their social security number. If a household member does not have a social security number, they must apply for one before they can receive food stamp benefits unless they have "good cause." "Good cause" means that they have tried to apply for a social security number but cannot get it yet. For example, they may have good cause if the social security office will not take the application because they are waiting for a replacement copy of a lost birth certificate.

If an applicant applies for a social security number, the receipt from the SSA showing that they have applied for the social security number satisfies the requirement.

Applicants who do not give the LDSS their SSN, proof that they have applied for one, or do not have good cause for not applying, cannot receive food stamp benefits. However, the household can go ahead with the application without that household member. The

excluded household member will be treated as an ineligible immigrant for budgeting purposes. As soon as the household member qualifies (i.e. provides proof they have applied for a SSN), they will be added to the household's food stamp case.

HOUSEHOLDS WITH UNDOCUMENTED IMMIGRANTS (03 INF 14; FSSB Section 5: pp. 69 - 89)

Non-citizens who cannot verify their immigration status (often referred to as “undocumented”) are not eligible for food stamp benefits. When a household contains a member who cannot provide immigration verification, the local district must continue to process the application for the remaining household members. The local districts are not supposed to report to USCIS unless they are presented with proof that the person is illegally in the country (deportation orders). If a local district threatens to contact USCIS to verify immigration status, this would be a violation of the immigrant's civil rights and should not be tolerated.

If the ineligible immigrant is someone who would otherwise have to be part of the food stamp household, for example the parent of minor children in the household, his/her income must be reported because a pro-rata portion will count in determining the amount of food stamp benefits for which the rest of the family is eligible. More information on budgeting for this type of household can be found in the [Advanced Budgeting](#) section of this guide.

PEOPLE WHO DO NOT SPEAK ENGLISH (06 ADM 05)

People who do not speak English or have limited English proficiency (LEP) often have an especially difficult time navigating the food stamp application process. They cannot, and should not, be denied access to the Food Stamp Program because of LEP issues.

In New York State, the food stamp application form is available in [English](#), [Spanish](#), [Arabic](#), [Chinese](#), [Haitian Creole](#), [Korean](#) and [Russian](#). Districts should have applications on hand in all seven languages.

Districts must have an Interpreter Services Poster in their waiting areas. This poster has information in many different languages about the availability of translation services to LEP individuals.

Additionally, LDSS offices must provide translators or interpreters to any applicant who needs one. If the LDSS 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, as part of a class action lawsuit settlement, *Ramirez v. Giuliani*.

ACCOMMODATING PERSONS WITH DISABILITIES (06 ADM 05)

The Food Stamp Program is subject to the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, which protect people who have a physical or mental disability. The ADA and the Rehabilitation Act are not limited to people who are "disabled" under food stamp regulations. Therefore, the LDSS must provide the accommodations required by these laws, even if the applicant is not considered disabled for food stamp purposes.

OTDA issued a [comprehensive policy directive](#) clarifying local districts' obligations to provide equal access to persons with disabilities.

NOTIFICATION OF ACCEPTANCE OR DENIAL (FSSB Section 8)

Whether a food stamp application is accepted or denied, the LDSS must send a notice telling the applicant its decision within 30 calendar days of the application filing date. If the LDSS decides that the household qualifies for food stamps, the notice must state how much the household's food stamp benefit will be and the start and end dates of the certification period. If the food stamp office denies the application, this notice must explain the reason for the denial. Whatever the LDSS decides, the notice must provide the phone number of the food stamp office and, if possible, the name of someone at the LDSS the applicant can call with questions. The notice must also include information about the right to a fair hearing, and how to get free legal aid.

New York State uses an automated computer notice system for most notices. These computer-generated notices are very long and include a lot of information. If read carefully, the notices provide a lot of information about how the budget was calculated, so if there are any mistakes, the applicant should be able to understand and correct them.

STATUS-BASED LIMITATIONS

Special rules limit the eligibility of certain groups of people. The main groups are: students, people on strike, non-citizens and employable adults. When dealing with a household that contains a person with a status based limitation it is important to evaluate each individual's eligibility, since some people in a household might be eligible, even if others are not. For example, a citizen child would still be eligible even if his/her non-citizen parent were not eligible. Special budgeting rules also apply in these cases.

STUDENTS (FSSB Section 5: pp. 91-92; 11-INF-06; 09-ADM-08; Appendix L)

STUDENT: A student is any person who is:

- 18 thru 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 which 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

Colleges and Universities that offer degree programs regardless of whether a high school diploma is required are also considered Institutions of Higher Education.

Students enrolled at least half-time in higher education cannot get food stamps unless they meet at least **one** of the following exceptions:

- ✓ Employed an **average** of 20 hours a week (*new policy May 2009*)
- ✓ If self employed, be working an **average** of 20 hours a week and make an average income equal to the federal minimum wage multiplied by 20 hours
- ✓ Participating in Work Study, even if it is less than 20 hours a week
- ✓ Under 17 years of age or over 50
- ✓ Physically or mentally unable to work (see work rules)
- ✓ TANF recipient (complying with the TANF work rules)
- ✓ A single parent enrolled full-time who is responsible for the care of child under the age of 12
- ✓ Responsible for the care of a household member who is under age 6 or is incapacitated*
- ✓ Responsible for the care of household member between the ages of 6 and 11, if no

*If the student is sharing responsibility for the household member's care, the student must be the primary caretaker.

adequate child care is available that would make it possible to work *and* go to school*

- ✓ Required to attend school by the food stamp employment and training program, or a similar program operated by a state or local government. (this includes students receiving UIB)

****Students receiving 50% or more of their meals from a college meal plan cannot get FS as they are considered to be living in an institution.*

Students who do not meet one of these exceptions are excluded from the food stamp household and neither the income nor 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.

For help in determining if a student meets any of these exceptions see the **Student Eligibility Checklist** provided in this guide under Appendix L.

STRIKERS (FSSB Section 5: p. 131)

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 the FSP unless it was 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 he/she was still working. In this case, other household members **cannot** simply exclude the striker to establish a separate case. A household cannot get more food stamps because its income goes down during the strike. If the striker leaves the household, the remaining household members become eligible again.

The following people are NOT considered to be 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 (other than those exempt because they are working)
- Strikers who have been permanently replaced

NON-CITIZEN ELIGIBILITY (03 INF 14; 06 INF 23; Appendix H)

Among the most complicated rules in the food stamp program are those applied to non-citizens. Although this is commonly referred to as immigrant eligibility, it is important to remember that it applies only to non-citizens who are legally present in the country.

*If the student is sharing responsibility for the household member's care, the student must be the primary caretaker.

Naturalized citizens (immigrants who become citizens) receive the same benefits as all other citizens. On the other hand, undocumented aliens – those who cannot prove that they are legally present in this country – are never eligible for food stamps.

The rules can be confusing! The desk guide prepared by OTDA (see Appendix H) is very helpful – it lists the categories of immigrants who are eligible for food stamps (as well as cash assistance and Medicaid) along with what documents can be used to verify immigration status.

The guiding principle is that in order for an immigrant to be able to receive food stamps, the immigrant must:

1. Have “qualified alien” status *AND*
2. Meet a condition that allows qualified aliens to get food stamps.

Qualified Alien Status

Which immigrants have qualified alien status?

- ✓ lawful permanent residents (LPRs or “green card” holders)
- ✓ refugees
- ✓ asylees
- ✓ persons whose deportation or removal has been withheld
- ✓ persons paroled for at least 1 year
- ✓ Cuban Haitian entrants
- ✓ Amerasian immigrants
- ✓ conditional entrants
- ✓ certain domestic violence survivors

Which qualified aliens can get food stamps?

- ✓ Children under 18 with qualified alien status
- ✓ Disabled individuals with qualified alien status
- ✓ Adults who have held qualified alien status *for at least 5 years*
- ✓ Refugees (now includes Afghan and Iraqi Special Immigrants)
- ✓ Asylees
- ✓ Persons whose deportation or removal has been withheld
- ✓ Cuban Haitian entrants
- ✓ Amerasian immigrants
- ✓ LPRs with substantial work history in the U.S. (“40 quarters” test)³
- ✓ LPRs on active military duty or with honorable discharge status, as well as their spouses and children under 18

³ LPRs who can be credited with 40 qualifying quarters of work history. One quarter is the equivalent of a 3-month period. To count as a qualifying quarter, a worker must have earned a minimum salary during that quarter. Quarters of work history 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 before the child was born). The LDSS will get the Social Security records of any workers’ quarters claimed by an applicant.

Qualified aliens who came to the U.S. for humanitarian reasons – including refugees, asylees, and those with withholding of deportation – continue to be eligible for food stamps even if they adjust their status to LPR.

In addition, North American Indians born in Canada and members of certain Hmong and Laotian tribes are eligible for food stamps on the same basis as U.S. citizens.

Ineligible Immigrants

Households containing ineligible immigrants can still get food stamps if someone in the household is an eligible immigrant or a U.S. citizen. Even undocumented parents can apply for food stamps on behalf of their citizen children.

There is an immigration-reporting requirement in the Food Stamp Law that makes some families with undocumented members reluctant to apply. The law requires the State food stamp agency to report “aliens it knows to be unlawfully present” to USCIS. However, LDSSs have been instructed to report only those individuals who present evidence of a USCIS determination that they are not here lawfully. **Practically speaking, this means the LDSS has no duty to report someone unless the person shows the LDSS that s/he has a final Order of Deportation or has submitted falsified immigration documents.** It is also important to note that the LDSS is not to make the report directly to USCIS, but is simply required to give the name of the person with the Order of Deportation to OTDA.

Households with immigrants are often needlessly concerned that if they get food stamps, the immigrant member won’t be able to adjust their immigration status (apply for permanent residence or citizenship) because they will be considered a “public charge.” **This should not be a problem. USCIS has made it clear that receiving food stamp benefits does not make a person a public charge.**

[To view the USCIS Public Charge Fact Sheet click here.](#)

Although the law has been very favorably interpreted concerning how food stamp households with non-citizen members should be treated, no one can ever guarantee that proper procedures will always be followed. It cannot be stressed highly enough, though, that LDSS employees only have authorization to report the names and addresses of immigrants who have final deportation orders and those with falsified immigration documents. However, even in these circumstances, any reporting would be made to OTDA, not to USCIS. **There is no authority for LDSS workers to contact immigration directly except to verify immigration documents that are presented by the applicant to support the applicant's eligibility for benefits.** If an eligibility worker threatens to report an immigrant member of an applicant household to USCIS in order to get them to withdraw their application, this is a violation of the Civil Rights Law and should be brought to the attention of the supervisor, the Commissioner, or OTDA.

VOLUNTARY QUIT (NYS Temporary Assistance and Food Stamp Employment Manual, Section 13; Appendix I)

The “voluntary quit” rule is an attempt to prevent people from deliberately making themselves poor so they can get food stamps. The rule disqualifies such people from receiving food stamps for a specified length of time (called a sanction period) of two months or longer. In reality, this usually arises when someone quits their job for some other reason, such as a decision to relocate, and immediately applies for food stamps.

This rule should not be a major problem, although LDSS frequently question the reasons for leaving the job. All the applicant has to show is that there was some valid reason for leaving the job. This will prove “good cause” for leaving the job and satisfy the rule. Applicants who were fired did not quit for food stamp purposes -- it does not matter why they were fired. **The NYS Temporary Assistance and Food Stamp Employment Policy Manual states that, “provoked discharge”, termination situations in which an employee causes him/herself to be fired, are not subject to a voluntary quit disqualification.** The voluntary quit rule is frequently misapplied, because the cash assistance program rule is different.

Those without a valid reason for quitting their job may or may not be subject to a voluntary quit sanction. **It is important to remember that there are many people who are exempt from the voluntary quit rule.** See the FS work rules desk guide (Appendix I) for further details on the voluntary quit rules.

WORK REQUIREMENTS (NYS Temporary Assistance and Food Stamp Employment Manual, section 3; Appendix I)

The Food Stamp Program has an employment and training component. Unless they are exempt, adults must participate in some type of work or training activity to receive food stamps. However, there are many people who are exempt and have no further obligation to participate in work activities. A food stamp participant is exempt if he or she is:

- ✓ under 16
- ✓ 60 and over
- ✓ age 16 or 17 and not the head of the household
- ✓ attending school, training or college on at least a half-time basis.
Note: college students between the ages of 18 and 50 must also meet the student eligibility criteria listed on p. 18.
- ✓ physically or mentally unable to work (less documentation is required than for being disabled - generally doctor’s or other health care provider certification is sufficient)
- ✓ working at least 30 hours/week or earning weekly pay of at least 30 times the federal minimum wage (currently \$217.50/week gross)
- ✓ a migrant or seasonal farm worker under contract to begin work within the next 30 days
- ✓ meeting TANF work requirements
- ✓ receiving unemployment benefits
- ✓ participating in a drug or alcohol treatment program
- ✓ taking care of a child under 6 or an incapacitated person
- ✓ jointly applying for food stamps and SSI and awaiting an SSI eligibility determination

IN NYC the following are included in HRA's list of issues that may exclude an individual:

- Pregnancy; and
- Participating in a Refugee training program at least ½ time

Anyone who is not exempt must comply with the local district's work requirements once they are receiving food stamps. This usually involves attending an evaluation appointment with an employment office at the LDSS, providing information about education and work history, and then participating in an assigned work program. Work programs typically include workfare, job search, "job clubs", GED programs, and occasionally, training or other educational activities. If the local district does not assign a work activity, the participant is still eligible to receive food stamps.

Individuals who must comply with work requirements cannot be required by their LDSS to spend more than 120 hours per month participating in employment and training activities. This includes job search, classes, work programs, workfare, paid work, and any work the individual is doing for something other than money (such as work they do in exchange for free housing or free meals). Workfare cannot exceed the value of the food stamps (and cash assistance for people receiving both) divided by the minimum wage.

If a participant fails to comply with work requirements, voluntarily quits a job without good cause, or fails to meet cash assistance work requirements they can be "sanctioned," or made ineligible to participate for a period of time. *The sanction disqualifies only the individual, not the whole household.* If there are other people in the household who are still eligible, the food stamp case will stay open and the sanctioned person should request to be restored to the case at the end of the sanction period. If there are no other eligible participating household members, the sanctioned person will have to reapply for benefits the month before the sanction ends in order to receive food stamps benefits again.

**ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)
(NYS Temporary Assistance and Food Stamp Employment Policy Manual, Section 3;
GIS 09 TA/DC 014)**

Some employable adults without children – called Able-Bodied Adults Without Dependents (ABAWDs) – may have to meet even stricter requirements than the "regular" food stamp employment and training rules.

An ABAWD is a person between 18 and 49 years old who is not disabled and who lives in a food stamp household without any children under 18.

The general rule is that ABAWDs can receive food stamps for only three months in three years, unless they meet certain work-related criteria. *However, most districts exempt ABAWDs from the time-limit rules through use of waivers and exclusions.*

USDA has provided NYS with a waiver of the ABAWD requirements until after September 30, 2012. USDA granted waivers to states based on their eligibility for extended unemployment benefits. Only NYC continues to apply ABAWD requirements. ABAWDs outside of NYC are now treated the same as all other food stamp participants.

In NYC where ABAWD rules are still enforced, ABAWDs who meet the work-related criteria may continue to receive food stamps for more than three months. In order to meet the requirement, the ABAWD must participate in an approved work activity for 80 hours in each calendar month. The work activity can be volunteer work, if the local district has approved the volunteer placement. If the ABAWD is engaged in workfare, it may be less than 80 hours per month.

However, every month in which the ABAWD does not meet the work requirement is counted toward the three-months-in-three-years limit. For example, if the ABAWD did not meet the work requirement for the first 2 months s/he received food stamps, then gets into workfare, s/he can continue getting food stamps indefinitely. If the workfare ends for some reason and the individual does not get into another work activity for 2 more months, he or she will lose food stamp benefits in the second month of not doing a work activity, since the 3 months of eligibility has been used.

Local districts (currently only NYC) that do not grant exemptions or waive the ABAWD requirements MUST provide a qualified work activity to any ABAWD who requests it, so that the ABAWD can continue receiving food stamps for longer than 3 months.

Evaluating Eligibility for ABAWDs

1. Is the participant under 18 or over 49? OR
2. Is there a child under 18 living in the FS household? OR
3. Is the participant pregnant? OR
4. Is the participant otherwise exempt from FS work rules (see p. 22)? OR
5. Does the participant live in a district with an ABAWD waiver? OR
6. Does the participant qualify for an exemption under the LDSS waiver policy?

IF YES to 1, 2, 3, 4, 5 OR 6, ABAWD rules do not apply.

IF NO, go to 7.

7. Is the participant meeting ABAWD work requirements?
 - a. If yes, the participant may receive food stamps.
 - b. If no, the month counts toward the 3 months of eligibility, and the participant may receive food stamps **ONLY** IF s/he has not already received food stamps for 3 months of the last 36 months. *If the person has exhausted their 3-month period, the local district must provide a work activity, if the ABAWD requests it, to allow the ABAWD to continue receiving FS.*

Other Disqualifications -- Work Sanctions, Intentional Program Violations, Fleeing Felons, and Probation Violators (GIS 10 TA/DC026)

People who do not comply with work requirements, or who are found to have committed an Intentional Program Violation (IPV), will be removed from the household food stamp case for a period of time specified by the LDSS. Also, people who have felony warrants pending against them (fleeing felons), and people in violation of probation, may be

identified by computer matches and denied food stamps. However, in all these cases, other household members may continue to be eligible for food stamps and special budgeting rules apply.

OTDA recently clarified with counties that they must not discontinue FS benefits for anyone with a warrant based on an alleged probation or parole violation. For these types of warrants do not constitute a determination of a violation but, instead, are allegations of a violation. For more information on the [OTDA website](#).

The FS work rules desk guide (Appendix I) has a summary of food stamp employment and training rules.

HOUSEHOLD COMPOSITION

(FSSB Section 5: pp. 48-52; Appendix M, LDSS-3414)

Generally, a food stamp household is defined as people who live together and purchase and prepare meals together. It is important to know who is included in the “food stamp household”, since those are the people whose income and resources count in determining eligibility and calculating the budget. If a person living in the same house or apartment with an applicant is not a member of the applicant’s food stamp household, that person’s income and resources are completely ignored. On the other hand, people who are not living together are not part of the same food stamp household, even if they are married or have other legal relationships to each other. See the Household Composition Guide on the next page for a step-by-step guide to determining household composition.

Some people are “mandatory” household members. This means that if they are living in the same house, they **MUST BE INCLUDED IN THE FOOD STAMP HOUSEHOLD, EVEN IF THEY ARE NOT PURCHASING AND PREPARING MEALS TOGETHER.**

Mandatory household members include:

- Spouses;
- Parents (natural, adoptive or step-parent) and their children under 22; AND
- Children under 18 under parental control of a person other than a parent. (see chart on next page for additional details)

Other people can apply for food stamps as their own household, as long as they are purchasing and preparing their meals separately.

Boarders and foster care children may be either included or excluded in the food stamp household of the landlord or foster parents at the household’s option. It is important to note that all *foster care income is counted as income for the FS household. See income chart on p. 34 of this guide.*

Special rules for severely disabled people living with others

A disabled individual who lives with others might not be able to purchase and prepare his or her own meals because of a severe medical condition. However, this person may still be able to establish separate household status if s/he fits into one of two groups:

1. The person’s food is being purchased and prepared separately from the people they live with.
2. The food is not being 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.

For 10/01/11 – 9/30/12

H.H. Size	1	2	3	4	5	6	7	8	<i>Each Add- itional Person</i>
165% of FPL	\$1,498	\$2,023	\$2,548	\$3,074	\$3,599	\$4,124	\$4,649	\$5,175	+\$526

HOUSEHOLD COMPOSITION GUIDE

To determine who is included in a Food Stamp Household, ask the following questions:

1. Are all of the people living in the same apartment/house?

YES - Go to #2

NO - You are a separate food stamp household

2. Do you usually purchase and prepare food together?

YES - You are all one household

NO - Go to #3

3. Are the other people in your home, who do not purchase and prepare food with you, family relations? (Example: spouse, children, parents, and sisters/brothers)

YES - Go to #4

NO - They are not part of your Food Stamp Household (they may apply for Food Stamps separately).

4. Relatives have to be part of your household for food stamp purposes if they are:

- Spouses living together
- Parents and children under age 22 who live together **even if the child has their own minor child(ren) and/or spouse living with them.**
- Children under age 18 living with and under the “parental control” of an adult other than their parent/stepparent, and who does not have a spouse or minor child(ren) living with them. (*For information on how “parental control” is determined see 07-INF-14 Child Only Questions and Answers pg. 11.*)

OTHER RELATIVES WHO MAY BE SEPARATE FOOD STAMP HOUSEHOLDS

(If they purchase/prepare food separately):

- Adult brothers & sisters living together.
- Adult children, 22 or older, living with parents.
- Cousins, uncles/aunts, and other distant relatives.

**In cases where there is a joint custody situation see the FSSB section 5 p. 48.

RESOURCES

(FSSB Section 16; 07 ADM 09; 08 INF 03; 08 ADM 09; 02 ADM 06; Appendix J)

For most households, resources are no longer counted for food stamp purposes. This is because OTDA has implemented a policy called “expanded categorical eligibility.”

The resources of any household which is categorically eligible are not counted during the food stamp application process.

Most households who are income eligible for food stamps are also categorically eligible. However, there is still a small number of households which cannot be considered categorically eligible and must have their resources considered as part of the application process.

Categorically eligible Households:

Household are considered categorically eligible if they meet the following guidelines:

- ✓ **For households with out-of-pocket dependent care costs:** Monthly gross income at or below 200% of the federal poverty level (see poverty chart) In order to be eligible all the adults in the households must be:
 - Working or needing daycare to continue work
 - Looking for work
 - Attending an employment-training program
 - Pursuing education that is preparatory to employment

This language can be found in the Food Stamp Sourcebook (FSSB) Section 11: Standards and Deductions pg. 251 to view this language [click here](#).

- ✓ **For households *with* an elderly/disabled household member:** Monthly gross income at or below 200% of the federal poverty level (see poverty chart on next page).
- ✓ **For all other households meeting cat el guidelines:** Monthly gross income at or below 130% of the federal poverty level.

Households that ARE NOT categorically eligible:

Households with members who have been disqualified from the FSP due to:

- an IPV,
- or other sanction

are not considered categorically eligible. These households can still qualify for the FSP, but their resources must be counted.

Poverty Guidelines Chart

<u>Family Size</u>	130% of Poverty Monthly Income Oct. 1, 2010 – Sept. 30 2011	200% of Poverty Monthly Income Oct. 1, 2010 – Sept. 30, 2011
1	\$1,180	\$1,815
2	\$1,594	\$2,452
3	\$2008	\$3,088
4	\$2,422	\$3,725
5	\$2,836	\$4,362
6	\$3,249	\$4,998
7	\$3,663	\$5,635
8	\$4,077	\$6,272
Each Additional Person	+\$414	+\$637

Although senior/disabled households with gross income above 200% of poverty are not categorically eligible, they may still qualify under regular food stamp rules. Their net income would need to fall at or below 100% of poverty (see net income section) and their resources would need to be considered.

More about expanded categorical eligibility

Households applying, or recertifying, for food stamps are now given a special brochure entitled “Helping Hands.” Technically, a household must be in receipt of this brochure in order to be considered categorically eligible. However, OTDA has instructed local districts to assume that each new household applying for food stamps after January 1, 2008, has received this brochure, since it is included in all the application and recertification packets.

Households that are categorically eligible for the FSP do not have to meet ***a resource limit or the net income test***. Resources **NO** longer need to be considered when assessing the eligibility of all income-eligible households. Therefore, LDSS caseworkers ***do not need to verify resource information*** for almost all income-eligible households.

Appendix J of this guide is the “Expanded Categorical Eligibility Desk Guide” which aids in determining whether a household is categorically eligible for the Food Stamp Program.

What resources count if a household is not categorically eligible?

Households who are not categorically eligible have a \$2,000 resource limit if no one is elderly or disabled, and \$3,000 if there is an elderly or disabled household member.

Resources are everything owned by the people in the household. This includes cash, bank accounts, stocks and bonds, boats, and real estate. Things the household has on hand, but does not own, do not count.

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 commonly used exemptions 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)
- Inaccessible resources

For a complete list of exempt resources, see [FSSB Section 16](#). Remember, resources are not counted at all if the household is categorically eligible.

“Tax Preferred” Retirement Accounts such as Keogh Plans, IRAs, Simplified Employer Plans, Profit Sharing Plans and Cash Balance Plans are excluded from countable resources for any household subject to the resource limits. “Tax Preferred” educational accounts such as 529s and Coverdell educational savings accounts are also excluded from countable resources for any household subject to the resource limits. See OTDA's [08 ADM 09](#) for more details about the policy changes contained in the 2008 Farm Bill.

CALCULATING A BUDGET (FSSB Sections 11, 12 & 13; Appendix K)

OVERVIEW OF BUDGETING

Food stamp budgeting is quite complicated when compared to budgeting for other needs tested programs. This is the result of an effort to carefully target the benefits to the neediest households. This section is intended to guide advocates through the process of estimating the food stamp benefit for which a household might be eligible. If it appears that the household may be eligible for benefits, the household should be referred to their Local Department of Social Services (LDSS) to apply for food stamps. The line numbers in the following narrative correspond to the budget worksheet in Appendix K.

It is important to remember that factors other than income may affect a household's eligibility for food stamps, such as resources, immigration status, and problems with work rules. Those factors may be referred to, but are not addressed in this budgeting section of the guide. The food stamp budgeting section is simply intended to help advocates understand how to determine a food stamp budget using the attached worksheet (Appendix K). Please note that Hunger Solutions New York web site has [Food Stamp Budget Estimator Tools](#) that you can download and use. Unlike the paper budget worksheet, these tools do some of the math for you.

The first step in the food stamp budgeting process is to determine which household members are eligible for food stamps. Then, add up all income from earned and unearned sources. You will also need to determine if the household is categorically eligible and if so which gross income test needs to be applied. If the household is categorically eligible for the FSP they will not need to meet the net income test, but you still need to determine the net income for budgeting purposes. This involves subtracting certain deductible expenses, calculating the "excess shelter cost" and deducting it from the household's gross income. The net income is then used in a formula that results in the food stamp allotment for the household.

All budget calculations should be considered estimates. As there are many factors that can affect each aspect of the budget, there are an equal number of opportunities for inaccuracies. In particular, reported income used in the calculation may fluctuate or may be the applicant's own estimate. Therefore, it is important to emphasize to the applicant that you are providing them with an estimate of the food stamps benefits for which the household may be eligible. If the allotment ultimately granted by the LDSS is significantly different, the applicant or advocate should read the budget explanation in the notice carefully to determine where the difference occurred. If the LDSS has made an error, it should be corrected.

Household Information

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

- ✓ Household composition
- ✓ Age of household members
- ✓ Disability status of household members
- ✓ Amount and source of Income
- ✓ Day care costs
- ✓ Child support paid
- ✓ Medical expenses for elderly or disabled household members
- ✓ Shelter costs
- ✓ Type of shelter
- ✓ Utility costs

To calculate the food stamp budget, you need to know how many people are in the food stamp household, their relationship to one another, and whether any of them are elderly or disabled.

For food stamp purposes, "elderly" means 60 or older. "Disabled" means receiving a federally related disability benefit such as Supplemental Security Income (SSI), Social Security Disability (SSD), or disability-related Medicaid. For details see the [Food Stamp Source Book](#) section 5, pp. 56-67.

Do not assume that a person with disabilities meets the food stamp definition of disabled for budgeting purposes. For example, a household member applying for SSI is not considered disabled (unless s/he is also receiving some other disability benefit such as disability-related Medicaid), but a household member receiving SSI is considered disabled.

For households with an elderly or disabled person, the total gross income amount must not exceed the gross income limit of 200% of the federal poverty level. If the household passes the gross income test they are categorically eligible for the FSP. If the household exceeds this income test they can also be determined eligible by using the following method: They would not have to pass the gross income test, would be allowed to have more resources, and more of their expenses taken into consideration in the budgeting process, including medical expenses.

See the section on [Expanded Categorical Eligibility](#) and Appendix J for more information.

USING THE FOOD STAMP BUDGET WORKSHEET

Earned vs. Unearned Income (FSSB Section 13)

It is important to know whether income is earned or unearned, since a 20% deduction from the earned income will be taken on line 6. This deduction makes a big difference in the final allotment amount. If income is incorrectly classified, the resulting budget will be wrong.

Income of Non-Household Members (FSSB Section 13: p. 272)

The income of people who are not part of the food stamp household does not count. However, the income of people in the household who are not included in the household because they are ineligible for food stamps, may count. Income of ineligible students does not count, while the income of sanctioned individuals is counted. Income of ineligible immigrant household members is prorated. See the [Advanced Budgeting](#) chapter for more details.

These are some of the most 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 over 18 (if under 19, the earnings are not counted)
- Training allowances, to the extent they are not a reimbursement from the TA or Food Stamp programs
- VISTA income (however, if the household was on FS 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)

Unearned Income

- Adoption subsidy
- Annuities
- Any portion of Veterans Administration scholarships, educational grants, and fellowship grants earmarked for general living expenses (the remainder is excluded) – all other higher education scholarships, loans and grants are excluded including work study income
- 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
- Social security retirement, survivors’ benefits, SSI, SSD
- Strike benefits
- Temporary assistance payments (TANF, Safety Net)
- Veterans’ benefits
- Worker's compensation and unemployment benefits
- Any other direct money payment that represents a gain or benefit not falling under an exemption

WHAT DOES NOT COUNT AS INCOME FOR FOOD STAMPS?

(These are some common sources NOT countable as income -- this list is NOT exhaustive)

- Allowances, earnings or payments to Workforce Investment Act program participants
- Annual school and daycare clothing allowances, regardless of method of payment
- Child support collected and not-passed through to household by Child Support
- Cost of producing self-employment income
- Earned Income Tax Credits (EITC) -- Federal and State
- 2008 Economic Stimulus Payment
- Earnings from On the Job Training (OJT) training if under 19 years old
- Earnings of child under 18 who attends high school or GED
- Educational loans, grants, scholarships for tuition, and mandatory fees (except portion of Veterans Administration scholarships, educational grants, and fellowship grants earmarked for general living expenses – these are treated as unearned income)
- 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 from reverse mortgages (unless there is a cash-out option)
- Income of persons who are not members of the food stamp household
- 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
- Loans (including educational)
- Lump sum or one-time payments
- Military combat pay
- Monies for care and maintenance of third-party beneficiary who is not in the household
- National Community Services Act income (Americorps)
- Non-cash benefits from other Federal programs such as WIC, or School Meals
- 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 (ie, 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
- SSI PASS Account Income
- Work Study Income funded through the Higher Education Act
- Veterans Administration (VA) aid & attendance and housebound benefits
- VISTA income, but only if the household had been on TA or FS when they entered VISTA

NOTE: Legally obligated child support paid on behalf of child(ren) not living in the household is excluded (subtracted from gross income) during the budgeting process (Budget Worksheet Line 4)

BUDGET WORKSHEET (See Appendix K):

INCOME (FSSB Section 12 & 13)

The Food Stamp Program defines one month as 4.33 weeks. Calculate monthly income as follows:

- If income is received weekly, multiply by 4.33 (e.g., work income, UIB)
- If income is received every other week, multiply by 2.17
- If income is received twice per month, multiply by 2 (work income, PA)

Line 1. Gross monthly-earned income - Gross monthly income is your income from earned sources before any deductions, such as taxes, FICA, health benefits or union dues are taken out. All the income received by every member of the food stamp household counts, unless it is specifically exempt. (FSSB Section XII-G and H) This includes the income of children, unless the child is under 18 AND a student.

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 amount of any legally obligated child support paid by a household member. Court-ordered arrears can be included. Use the same methodology described in the earned income section (Line 1) to convert weekly payments into a monthly total. ([02 ADM 07](#))

Line 5. Adjusted gross income -- Subtract Line 4 from Line 3. Categorically eligible households have already passed an income test and therefore are not held to this gross income test although you still input the income information and continue through the budget worksheet process.

For all other households this is their countable monthly gross income. The Maximum Gross Monthly Income limit is set at 130% of the federal poverty level for households with no elderly or disabled members. Households without an elderly or disabled member whose adjusted gross income exceeds these guidelines are NOT eligible for food stamps.

**Household Size and Gross Monthly Maximum Incomes
(October 1, 2011 - September 30, 2012):**

H.H. Size	1	2	3	4	5	6	7	8	<i>Each Additional Person</i>
130% of FPL	\$1,180	\$1,594	\$2,008	\$2,422	\$2,836	\$3,249	\$3,663	\$4,077	+\$414

There is no gross income test for households with at least one elderly (age 60+) or disabled member and who are not categorically eligible for food stamps. Do not apply this limit to these households.

DEDUCTIONS (FSSB Section 12)

Line 6. Earned Income Deduction -- Multiply Line 1 (earned income) x .2.

The earned income expense deduction is twenty percent (20%) of the gross wages, salary or self-employment income.

Line 7. Standard deduction – Enter amount from chart below.

**Standard deduction amounts
(October 1, 2011 - September 30, 2012):**

Household size	<u>1-3 people</u>	<u>4 people</u>	<u>5 people</u>	<u>6 or more people</u>
	\$147	\$155	\$181	\$208

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 care of a disabled adult household member if necessary. ([08 ADM 09](#))

Line 9. Homeless Household Shelter Deduction -- Food stamp households that have no fixed and permanent address can take a deduction of \$143 per household, in lieu of actual shelter costs.

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/mo. This includes cost of transportation to medical appointments, over the counter medications purchased pursuant to the instructions of a medical professional, prescriptions not covered by insurance, and co-pays. Unpaid medical bills can be included. Medical expenses of other household members cannot be included. For more details about what types of medical expenses can be included as deductions, see the worksheet on the next page.

FOOD STAMP MEDICAL EXPENSE DEDUCTION WORKSHEET

Food Stamp law permits people who are elderly (age 60+) or disabled to deduct from their income all out-of-pocket medical costs greater than \$35 per month – the first \$35 is not deductible.

Below: Enter monthly estimated, anticipated non-reimbursable out-of-pocket medical expenses for each household member who is elderly (60+) or medically disabled.

\$ ___ Medical and Dental care, including psychotherapy and rehabilitation services.

\$ ___ Hospitalization or Outpatient treatments, nursing care and nursing home care.

\$ ___ Prescription drugs, over-the-counter medications approved by a licensed practitioner, costs of medical supplies, sickroom or other prescribed equipment. Unfortunately, the costs of special diets are not allowed as a medical deduction.

\$ ___ Health and Hospital insurance policy premiums, including Medicare, Medicaid and private Medical Insurance premiums, co-payments and deductibility. This includes, but is not limited to, "spend-down" expenses incurred by Medicaid recipients

\$ ___ Payments to maintain an attendant, home health aid, child care service or housekeeper necessary due to age or illness, (includes reasonable cost of food eaten in the home by caretaker).

\$ ___ Costs of transportation and lodging to obtain medical treatment and services. (use the IRS medical mileage rate - currently 23.5cents per mile - or the LDSS mileage reimbursement rate, *whichever is higher*, if the person drives his/her own vehicle).

\$ ___ Medical supplies and equipment, including eyeglasses, dentures, hearing aids and prosthetics.

\$ ___ Cost of securing & maintaining a Seeing Eye, hearing or service dog (including food costs for dog).

\$ ___ Unpaid medical bills

\$ ___ Subtract \$35 = \$ _____ **Monthly Medical Expense Deduction**

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 get the money assumed to be available for shelter costs and food.
SHELTER EXPENSES (FSSB Section 12)

Line 13. Actual Rent or Mortgage – this is the actual monthly rent or mortgage payment made by the household for the home in which it lives. If the household has multiple mortgages, or other loans for which the home was used as collateral, such as home equity loans, they can all be included.

If there are non-household members living with the FS household, use the share of the rent or mortgage actually paid by the FS 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.

Some households take in roomers to help cover their rent or mortgage expense. Local districts should generally treat these situations as “shared living” arrangements, meaning that the roomer's share of rent would not count as income to the household – even if the roomer is paying his 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. (FSSB section 5, p. 55; section 12, p. 296)

Line 14. Standard Utility Allowance (SUA)

Using the correct Standard Utility Allowance (SUA) deduction in Food Stamp budgeting is perhaps the most complex, and least intuitive, determination in calculating any household's Food Stamp benefit. However, using the wrong SUA can result in dramatically miscalculating a household's benefits.

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

Food Stamp Households living in New York may receive *one* of three possible Standard Utility Allowances depending on their type of housing and region. 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.

All Households receive THE LEVEL 1 SUA AUTOMATICALLY except ...

- ✓ Households in domestic violence or homeless shelters (they get level 3)
- ✓ Households with zero rent (level 3 unless they incur other utility costs)
- ✓ Undomiciled (households getting the homeless deduction – they're not eligible for a SUA)

LEVEL 1. Combined Heat, Utility and Phone Allowance. Anyone who pays his or her own heating or cooling costs is eligible for the Level 1 deduction.

*In New York State anyone potentially eligible for the Home Energy Assistance Program (HEAP) is considered to be living in “HEAP eligible housing”. These households **will***

automatically receive a Level 1 SUA allowance. Including residents of public and subsidized housing as these households receive a \$1 HEAP benefit each HEAP season that allows them to be eligible for the Level 1 SUA.

Most Food Stamp households are eligible for Level 1.

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) is eligible for level 2.

LEVEL 3. Phone Allowance Only of \$33 per month. 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).*

Standard Utility Allowances for NYS		
(Effective 10/1/11)		
	<u>Level 1</u>	<u>Level 2</u>
New York City	\$736	\$291
Nassau & Suffolk Counties	\$685	\$269
Rest of State	\$608	\$246
Level 3 (Telephone SUA for all Counties) -- \$33		

Line 15. Other Shelter Expenses – other expenses related to shelter can be deducted here. This includes taxes, homeowners’ insurance, and condo fees. (You should use a standard figure of 55% of the homeowner’s insurance premium, unless you can determine the portion of the premium cost attributable to insurance on structure of the home.) Routine home maintenance cannot be deducted, and repairs can be deducted only if the 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 the FSP. It assumes that certain percentages 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 of excess shelter cost that can be deducted is capped at \$459.

This “excess shelter cap” does not apply to households with an elderly or disabled member. Any household including an elderly or disabled person can deduct the entire

excess shelter cost. This is a very important difference, which results in significantly higher benefit amounts for most households categorized as elderly or disabled.

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.

Line 17a. Calculate the Excess Shelter Deduction. Subtract Line 17 (total shelter cost) from line 16 (amount theoretically available for housing). The result is the excess shelter cost. If it is a negative number, enter zero here. For elderly/disabled households, enter the actual amount on Line 17a. For all other households, if Line 17a exceeds **\$459**, enter **\$459** (the amount of the Excess Shelter Cap) otherwise enter the actual amount.

CALCULATING THE FOOD STAMP BENEFIT ALLOTMENT

Line 18. Net Food Stamp 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 food stamps. See Line 21 below for more information.

For households who are not categorically eligible for the FSP the net income amount must be under 100% of poverty in order for the household to be food stamp eligible. If this amount is over 100% of poverty, the remainder of the calculation will result in an allotment of zero. If the amount is a negative number, the net food stamp income is \$0.

Household Size and Net Monthly Maximum Incomes (October 1, 2011 - September 30, 2012):

H.H. Size	1	2	3	4	5	6	7	8	<i>Each Additional Person</i>
100% of FPL	\$908	\$1,226	\$1,545	\$1,863	\$2,181	\$2,500	\$2,818	\$3,136	+\$319

These income limits do not apply to categorically eligible households

Line 19. Thrifty Food Plan amount (Maximum Food Stamp Allotment for HH size) -- The maximum benefit allotment is based on the Thrifty Food Plan, a theoretical idea of the costs of feeding a household. Determine the maximum allotment for the eligible household members by looking at the chart below. Enter the maximum allotment on this line. Do not include ineligible members, such as ineligible aliens or sanctioned household members.

**MAXIMUM FOOD STAMP (Thrifty Food Plan) ALLOTMENTS, by household size
(April 1, 2009 - September 30, 2012):**

H.H. Size	1	2	3	4	5	6	7	8	<i>Each Additional Person</i>
Maximum Allotment	\$200	\$367	\$526	\$668	\$793	\$952	\$1052	\$1202	+\$150

Line 20. Budgetable 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 food stamp allotment.

Line 21. Estimated Food Stamp Benefit -- Subtract Line 20 (30% of net income) from Line 19 (maximum allotment) -- This is the estimated food stamp benefit for the household.

The minimum food stamp benefit issued to all eligible one and two person households is \$16. If the estimated food stamp benefit falls between \$1-15, the household should be eligible for \$16/month.

If the estimated benefit is zero or a negative number:

One- and two-person households will get the \$16 minimum benefit;
Households of 3 or more will not be eligible for any FS benefits.

ADVANCED BUDGETING

INCOME OF INELIGIBLE HOUSEHOLD MEMBERS

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

Hunger Solutions New York has [Food Stamp Benefit Estimator tools](#) available for downloading on our web site. These tools are designed to help estimate the food stamp allotment for households with ineligible members. Unlike the paper budget worksheet (found in appendix K of this guide), these tools do the math for you including prorating for ineligible members.

BUDGETING FOR IMMIGRANTS (FSSB Section 13: p. 267 - 271; 03 INF-14)

Budgeting Income for households with ineligible non-citizen member(s)

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

The result is budgeted as income to the food stamp 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 members. *Resources* of ineligible immigrants are counted in their entirety – not prorated.

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

Very few immigrants 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 food stamp household, if the sponsor is ineligible for food stamps based on immigration status, or if the sponsored immigrant is a battered spouse or dependent.

In addition to the sponsor deeming requirement, there is also a "sponsor liability" rule for immigrants 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 food stamps issued to the sponsored immigrant. However, in New York State, even though local districts may request reimbursement from sponsors, OTDA has indicated that no legal action will be pursued against sponsors for repayment.

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 standard utility allowance (SUA).

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 was participating, except that the household size is reduced in determining income eligibility and food stamp allotment amounts. *Resources* of sanctioned people are counted in their entirety.

STUDENTS

Ineligible students are invisible to the food stamp case. Their income and resources do not count.

SELF-EMPLOYMENT INCOME

To calculate a household's monthly self-employment income, add the gross self-employment income (including capital gains) and then subtract out the cost of producing the self-employment income. The resulting figure is the household's net monthly self-employment income. (Note: the household is still entitled to the 20% earned income deduction during the net income test.)

If a self-employed household's income is meant to support the household on a year-round basis, the income is averaged over a 12-month period – even if the income is received during a short period of time or there is other income in the household.

Rental income payments are counted as earned income if a household member manages the property for at least 20 hours per week. Rental property managed less than 20 hours per week is treated as unearned income, although the household can still deduct business-related costs.

In-home day care providers receive a standard deduction of \$5 per day per child; households can verify actual costs if they exceed the \$5 standard expense.

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

KEEPING AND USING BENEFITS

USING FOOD STAMP BENEFITS (EBT Brochure Pub-4596)

New York State uses an Electronic Benefits Transfer (EBT) system to issue food stamp benefits. Participants use their EBT cards in the machines at checkout counters, just like ATM and credit cards. PA/TANF recipients also use an EBT card to retrieve their cash benefits, and the card serves as a Medicaid health insurance card for Medicaid recipients.

To use the food stamp benefits on the EBT card, food stamp recipients shop and take their purchases to the cash register. They swipe the card through the machine and enter their PIN. The system will take the amount spent on food purchases out of the food stamp account. It is also possible to pay only a portion of the bill from the food stamp account and pay the remainder with cash. The machine will ask how much the participant wants to pay from their EBT food stamp account, and the participant can enter any amount up to the amount of benefits that are available in their account. The grocery store receipt will tell them how much is left. Any non-food stamp eligible purchases can be paid for with cash. 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.

For people receiving cash assistance, some stores will give cash back from the cash account. Participants can also get cash from ATM machines. However, they can never get cash from their food stamp benefits.

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. It 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 cash.

If the machine at the cash register does not give the customer a choice between cash and food stamps, they should make sure the cashier enters the correct one. Cashiers sometimes mistakenly deduct food purchases from the cash account.

Unspent food stamp balances stay in the account for **365** days. The only time benefits should be expunged (removed from the account by the LDSS) earlier than **365** days is in certain NYSNIP cases, when a new NYSNIP participant hasn't accessed any food stamps within the first 90 days of case opening – in these cases, the benefits are expunged after the first 90 days (See pg. 53 for more details about NYSNIP).

Food stamp participants can check their account balances at any time by calling the customer service number at 1-888-328-6399. Many larger stores also have machines available at the customer service desk where participants can check their balances before shopping.

OTDA has introduced an updated/revised household informational booklet (PUB-4596) entitled [Electronic Benefits Transfer \(EBT\) --How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits](#), which is provided to households as an insert with their food stamp approval notice.

The booklet includes a fairly detailed section on how to prevent theft of benefits (someone improperly gaining access to your account) AND what to do when theft of benefits occurs.

The [brochure is available in 10 different languages](#).

Individuals who have difficulty accessing their EBT benefits, such as the homebound, can choose someone to be their authorized representative. The authorized representative should be a person that the household trusts, such as a home attendant or family member. Once appointed by the household, the authorized representative can get a separate benefit ID card and PIN, and use these to do grocery shopping for the food stamp household.

Eligible food items

Food stamps can be used to buy almost all foods, as well as seeds and plants that produce food for a household to eat.

Households CANNOT buy the following items with food stamps:

- × 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 which will be eaten in the store (prepared cold foods to be eaten *at home* are allowed)

For a complete listing of SNAP eligible food items from USDA/FNS [click here](#).

RECERTIFICATION AND REPORTING REQUIREMENTS (FSSB Sections 6 and 14; 07-ADM-05; 08 ADM 09; GIS 08 TA/DC018)

Unlike other benefits programs, the Food Stamp Program only authorizes a case for a certain, limited period of time, called the certification period. At the end of that time, the case is automatically closed unless the case examiner enters a new certification period. The certification period can be any period up to 12 months and, for elderly and disabled households, may be as long as 24 months. The certification period is usually six months

for households with income that changes frequently and 12 months for others, such as people who live on Social Security income.

Before the end of the certification period, the participant will receive a notice asking them to come in for a recertification interview. If they do not come in for this interview, the case will close at the end of the certification period. At the recertification interview, the participant will be asked to bring in documentation of information that changes, such as income and housing costs.

NOTICE OF MISSED INTERVIEW AT RECERTIFICATION

OTDA's [GIS 08 TA/DC018](#) was released to make sure that local districts are complying with the federal regulations for sending a Notice of Missed Interview during the food stamp application and recertification process.

Districts are reminded that they *must* follow these regulations at recertification:

1. At recertification, the local district must give all FS households a *scheduled date and time* for the recertification eligibility interview.
2. For recertifying households that have missed their interview, local districts must mail a “*Notice of Missed Interview*” letter (NOMI). This *required* notice informs the household that it is now the household’s responsibility to reschedule the eligibility interview.
3. Recertifying households that **do submit** their recertification application but miss their scheduled eligibility interview are mailed a NOMI.
4. Recertifying households that **do not submit** their recertification application and miss their scheduled eligibility interview are NOT mailed a NOMI.
5. The local district must reschedule the eligibility interview for all households that respond to the missed interview notice or NOMI.

TELEPHONE RECERTIFICATION IN NYS

All food stamp offices both upstate and in NYC can now choose to conduct telephone interviews at recertification for all non-temporary assistance food stamp households, rather than requiring households to appear in person at the food stamp office for their interview.

TELEPHONE RECERTIFICATION PROCESS

- ✓ Household is mailed a “notice of recertification.”
- ✓ Notice includes an application/recertification form for the household to complete.
- ✓ Notice includes a *telephone* interview date and time. It also has a call time request form for the household to request alternative dates that are more convenient for them.

- ✓ Household is instructed to *mail in* their completed recertification form, the call time request form, and any necessary documentation as soon as possible.
- ✓ District receives completed recertification form and reviews it.
- ✓ District calls household up to 4 times prior to the scheduled interview date. If they reach the household BEFORE the interview date, the district will either:
 - confirm the interview date/time OR
 - go through with the entire interview (see next step).

If the district cannot reach the household ahead of time, they will call the household at the originally scheduled date and time.

- ✓ District conducts *phone* interview. (Worker reviewed completed recertification form before calling the household.)
- ✓ District advises household what, if any, outstanding documentation is needed.
- ✓ Household submits necessary verification.
- ✓ District approves (or denies) recertification.

What happens if the household does not turn in their recertification form or have their interview?

The food stamp case will be closed if the household does not complete the recertification process.

The local district will not contact a household or go through with the scheduled interview if the household has not sent in their signed recertification form. It is very important that households return their completed recertification application as soon as possible.

If the household sends in their recertification form, but the district cannot reach them for their interview, a “notice of missed interview” will be mailed. This notice advises the household to contact the local district immediately to reschedule their interview if they wish to have their recertification application processed.

Other important points...

- Households still retain the right upon request to have the interview in person, rather than over the telephone.

CHANGES BETWEEN CERTIFICATION PERIODS

Many households are only required to report one change during a 6-month certification period. The only thing they must report during the 6-month period is a change in income that causes the household to be over 130% of the Federal Poverty Level. If that happens, they must report it immediately. (ABAWDs who are subject to the ABAWD rules must also report if their work hours fall below 80 hours per month.)

If the household is certified for longer than 6 months, the LDSS will send a change report form, also known as a 6-month reporter. The change report form is mailed at the end of the fifth month. The household should complete the form and return it to the LDSS in order to continue receiving benefits. Other than returning the 6-month reporter, reporting any change in household income above 130% of poverty, and reporting a drop in ABAWD work hours (below 80), households do not have to report any other changes until their next recertification interview.

In certain limited instances, the caseworker may request information during the certification period with a "Request for Contact" (RFC) form. The household must respond to that form, and could get a discontinuance notice if they fail to respond. A clarification from USDA concerning action on returned mail for six month reporters ([GIS 09 TA/DC019](#)) states that under simplified reporting rules local districts should not send a RFC or act on the returned mail, but instead would follow up with the household at the next contact or recertification.

[07 ADM 05](#) was released to advise local social services districts of a federal approved waiver to allow food stamp households in NYS that were subject to the 10-day change reporting requirement to now have an extended time to report changes defined as by the 10th day of the month following the month of the change.

Some households cannot take advantage of the generous 6-month reporting rules. Instead, these households are required to report almost all changes in household information within a 10-day time period. These households are called "10 day" or "change" reporters. Under the terms of this waiver, effective October 3, 2007, the 10-day time frame under which these food stamp households have to report changes is now extended to the 10th day of the month following the month of the change. Change reporting households include:

- Unearned income households in which 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 4 months

Even these households, the "change reporters," are excused from reporting certain changes in between certification periods. *Neither change reporters nor 6-month reporters are obligated to report changes in unearned income from a public source of less than \$50/month or changes of under \$100/month in earned income or in unearned income from a private source.* So, for example, it is not necessary for elderly households to inform LDSS when their Social Security benefits increase each January, so long as the increase is less than \$50 per month.

Any failure to report information when it is required may result in an overpayment, and the LDSS will try to get the overpaid amount back, either by "recouping" it from future

benefits, or through a “claims” process. This can result in the overpaid amount being taken from tax refunds.

It is important to note: at application or recertification when the change occurs between the Date of the Interview and the date the Notice of Eligibility is issued these households will now have until 10 days following the end of the calendar month in which the Notice of Eligibility was issued to report any changes in circumstances (See the [07 ADM 05](#) for examples of this).

EMERGENCY FOOD REPLACEMENT (11 GIS TA/DC018 & 21; 06 GIS TA/DC 018; 08 GIS TA/DC 031; Appendix O)

The Food Stamp Program has special rules to help households who experience food loss due to an emergency.

Food stamp recipients, who experience a household misfortune -- like a fire, flood, or power outage – which causes their food to spoil or be destroyed, can receive a food stamp replacement benefit. However, households must make a formal request to their LDSS for replacement benefits, and the request must be made no later than 10 days after the household misfortune. The amount of the replacement benefit cannot be higher than the household’s usual monthly allotment.

In policy directive (08 TA/DC 031), OTDA clarified that:

Under the regular Food Stamp Program regulations it is always possible for individual food stamp recipients who lose perishable food in a “household misfortune” to obtain replacement benefits if the household:

- ✓ Reports the loss within 10 days of the misfortune either orally (by phone or in person) or in writing to their LDSS, **AND**
 - ✓ Returns a signed and completed LDSS form 2291 within ten days of the date of the reported loss to the LDSS either by mail or in person.
-
- Household misfortunes may be large-scale and affect many households (ie, flooding, extended power outage), or may be small-scale and specific to one household (ie, fire, equipment failure).
 - Households whose power is shut off because of an unpaid utility bill, and who experience food spoilage/loss, may receive replacement benefits.
 - Districts should always issue replacement benefits if a household requests a replacement and has experienced a power outage/shutoff of 4 hours or longer.
 - Districts are advised not to require the household to bring in spoiled food as verification of need as this is inappropriate for reasons of both health and administrative impracticality

- A household may not be denied replacement food stamps if it has applied for replacement issuances in the past.

In the event of a large-scale disaster, states may request permission from USDA to operate a Disaster Benefits Food Stamp Program (DBFSP). The DBFSP has special income rules and a very simple application process. It provides benefits quickly to households who would not ordinarily qualify for food stamps, but suddenly need food assistance due to the disaster situation. The DBFSP may also include special provisions for existing recipients.

The largest DBFSP to date was implemented after Hurricane Katrina. New York State has operated three disaster food stamp programs since 2001:

- Fall of 2001 – in New York City, after the World Trade Center attacks
- Summer of 2006 – in 12 upstate counties, in response to severe flooding. And
- Summer of 2011 – in 16 upstate counties, in response to Hurricane Irene and Tropical Storm Lee.

For more detailed information about disaster food stamp benefits, consult “[An Advocate’s Guide to the Disaster Food Stamp Program](#),” issued by the Food Research and Action Center (FRAC).

Check Hunger Solutions New York’s [Food Stamp Program Policy Alert](#) web page for more disaster related information including resources like the LDSS form 2291 Request for Replacement of Food Purchased with Food Stamp Benefits (in both English and Spanish).

TRANSITIONAL BENEFITS (02 ADM-07)

Most households who leave TANF are now automatically eligible for transitional food stamp benefits. New York’s transitional food stamp program is called the Transitional Benefits Alternative (TBA). TBA was implemented to provide a critical work support to newly employed households. However, TBA is available to other households who leave TANF, so long as the reason for the case closing does not involve a food stamp program violation. New York does not provide TBA benefits to households who miss their TANF/FS recertification interview.

At the time the TANF case is closed, if a household is eligible for TBA, the caseworker will authorize TBA for 5 months -- even if a household had less than 5 months left in its certification period. The TBA benefit is frozen at the level issued prior to the Family Assistance case closing, but the Family Assistance is no longer counted as income. There is no income “cap” for TBA; even households with gross income 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 food stamp benefits. To

“unfreeze” the benefits during the 5-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 an early recertification.

Temporary assistance households without children who leave Safety Net Assistance (SNA) cannot get TBA benefits, but they may be eligible for regular food stamp benefits.

Due to policy changes achieved in the 2008 Farm Bill, SNA households with children are now eligible for TBA. For more information on this policy change see [09-ADM-22](#).

NEW YORK STATE NUTRITION IMPROVEMENT PROJECT – NYSNIP (04 LCM-13; Appendix Q)

In recent years, USDA has encouraged states to develop combined application projects (CAPs) to make it easier for elderly and disabled recipients of Supplemental Security Income (SSI) to receive food stamps.

OTDA operates a CAP called the New York State Nutrition Improvement Project (NYSNIP), which automatically enrolls single SSI recipients living alone into the FSP.

No separate food stamp application, no interview and no separate verification are needed.

Once a person begins receiving SSI benefits and has been determined by SSA to have single “live-alone” status, OTDA relies on information provided by the (SSA) in order to generate a food stamp case. The information from SSA is shared with OTDA through an existing computer-linking system called the State Data Exchange.

NYSNIP does not calculate individualized food stamp budgets. Instead, benefit amounts are standardized, and are based on 4 factors: cost of shelter, eligibility for the heating/cooling SUA, presence of other income, and geographic location.

Participants can receive food stamps through NYSNIP for up to 48 months. The minimum benefit is now either \$56 or \$60, depending on whether the person has other income, and the maximum benefit amount is \$200. NYSNIP participants use their existing Medicaid benefit card to access their food stamp benefits.

If the person had already been receiving food stamps when they became an SSI live-alone recipient, the food stamp case will usually be converted into a NYSNIP case. However, if they would get a lower amount of benefits through NYSNIP, OTDA will not enroll them into the project but instead keep their “regular” food stamp case open.

New NYSNIP cases are opened at the minimum benefit level, because OTDA does not have any information about the person’s shelter or utility costs. These new participants get a notice explaining that a food stamp case has been automatically opened for them. A shelter and utility questionnaire is included with the opening notice, and a PIN number is mailed separately to each participant. If the NYSNIP participant returns the questionnaire, their food stamp benefits can be adjusted to the proper level. If the questionnaire is not

returned to the LDSS, the person can still receive benefits, but only at the minimum benefit level.

New NYSNIP participants **MUST** use some of their food stamp benefits within 90 days of their opening notice date, or their NYSNIP case will be closed and the benefits expunged (removed from the NYSNIP food stamp account).

The NYSNIP opening notices contain a lot of information, which may be overwhelming to many SSI recipients. Community agencies and advocacy groups working with the elderly and disabled can help new NYSNIP participants understand what the program is all about, assist in completing the shelter and utility questionnaire and encourage participants to use their food stamp benefits.

Once someone begins receiving NYSNIP benefits, they should expect to receive an “interim mailer” (a one-page form) about halfway through their NYSNIP certification period. They *must* return this mailer to their LDSS or their NYSNIP benefits will end.

The NYSNIP notices contain a lot of information, which may be overwhelming to many SSI recipients. Community agencies and advocacy groups working with the elderly and disabled can help new NYSNIP participants understand what the program is all about, assist in completing the shelter & utility questionnaire and encourage people to use their food stamp benefits. Ongoing recipients may need help completing the interim mailer and returning it to their LDSS.

It is important to remember that NYSNIP is *only for SSI single live-alone recipients*. SSI applicants, married couples who get SSI, and SSI recipients who live with other people cannot get NYSNIP benefits, but can always apply for “regular” food stamps.

For more information on the NYSNIP program and for a current NYSNIP benefit matrix see Appendix Q.

Appendix A – Common Acronyms

COMMON ACRONYMS

ABAWDs	Able-Bodied Adults Without Dependents (may be subject to time-limited food stamp benefits)
Cat el	Categorical Eligibility
DSS also LDSS	Department of Social Services Local Department of Social Services (the county-level food stamp administering agency)
EBT	Electronic Benefits Transfer (a system of disbursing temporary assistance and food stamp benefits to households using a swipe card)
FA	Family Assistance (the name for New York State's TANF program, which provides temporary assistance to families with children)
FNS	Food and Nutrition Service (the division of USDA responsible for administering the FSP and child nutrition programs)
FS or FSP	Food Stamp Program
FSET	Food Stamp Employment and Training Program
FSSB	Food Stamp Source Book (New York State administrative policy manual)
Household	Under Food Stamp rules Household is defined as people who live together and purchase and prepare meals together.
HRA	Human Resources Administration (the name for New York City's Department of Social Services)
INS	Immigration and Naturalization Service (federal immigration agency now called USCIS – United States Citizenship and Immigration Services)
IPV	Intentional Program Violation (disqualification imposed on someone who has committed fraud)
LDSS	Local Department of Social Services (the county-level food stamp administering agency)
LPR	Lawful (or Legal) Permanent Resident (also known as "green card" holder)
MA	Medicaid

MARU	Mail-In Application Referral Unit- (HRA initiative that encourages households to apply for the food stamp program through mail or fax)
NTA/NPA	Non-Temporary Assistance/Non-Public Assistance (household in which no one receives temporary assistance)
NOMI	Notice of Missed Interview
NYSNIP	New York State Nutrition Improvement Project (program which provides automatic food stamp benefits to SSI live-alone recipients)
OTDA also NYSOTDA	Office of Temporary and Disability Assistance (the state agency responsible for administering the FSP in New York State)
SN or SNA	Safety Net Assistance (the state’s temporary assistance program for households without children and households who have exceeded the 5 year TANF time limit)
SNAP	Supplemental Nutrition Assistance Program (the new federal name for the Food Stamp Program through the passage of the 2008 Farm Bill)
SSA	Social Security Administration
SSD or SSDIB	Social Security Disability Insurance Benefits
SSI	Supplemental Security Income (cash assistance program for low-income elderly [65+] and disabled individuals – is 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 in New York State as Family Assistance)
TBA	Transitional Benefits Alternative (the name for New York State’s transitional food stamp program for TANF leavers)
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 the FSP on the federal level)
WFFSI	Working Families Food Stamp Initiative (simplifies application process for working families who qualify)

Appendix B –
Organizational Chart
Of the Food Stamp Program

Organizational Structure of the Food Stamp Program

United States Congress--

Congress authorizes the Supplemental Nutrition Assistance Program through the Farm Bill every five years

United States Department of Agriculture (USDA) --

Federal agency responsible for administration of the Supplemental Nutrition Assistance Program (SNAP).

Issues SNAP regulations and policies. Monitors state agency performance.

Office of Temporary and Disability Assistance (OTDA) –

Responsible for administering SNAP in NYS called the Food Stamp Program (FSP).

Issues state regulations, policy directives and trains and monitors local districts.

Responsible for administration of state FSET (Food Stamp Employment & Training) Plan and ABAWD policies.

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

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

Households apply for FSP through their LDSS/HRA.

Appendix C –

“How To” Sheet for ordering
FS application and
OTDA Form 876 EL

ORDERING BLANK FOOD STAMP APPLICATIONS FROM OTDA

Hard copies of food stamp applications and other related publications from OTDA are available free of charge. To order copies of these documents in large quantities follow the following steps.

Order OTDA Publications:

To order OTDA Publications, use the [OTDA Publications online order form](#) or fill out [OTDA Form 876 EL](#) and mail the completed form to the below address. Please allow 3 weeks for processing of order. Form 867 can be found on the next page of this guide.

NYS Office of Temporary and Disability Assistance
Document Services
PO Box 1990
Albany, NY 12201
Fax: 518-402-0084
Email: Forms.Orders@otda.state.ny.us

This information can be found at <http://www.otda.state.ny.us/main/publications/>

1. Instructions for filling out the form:

- ✓ [For Food Stamp only applications use document number 4826](#)
- ✓ For Document Title: use "Food Stamp Benefits Application/Recertification"
- ✓ Make sure to specify language(s) you would like:
 - English
 - Spanish
 - Arabic
 - Chinese
 - Haitian-Creole
 - Korean
 - Russian

2. Things to know about ordering applications:

- ✓ Request for the same items are limited to **twice** per year
- ✓ Remember to order a sufficient supply at least two months in advance.

Appendix D –

FOOD STAMP APPLICATION

FORM and

“How to Complete” Booklet

(LDSS-4826; LDSS-4826A)



FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION



Use this form if Applying For Food Stamp Benefits Only

If you are only applying for Food Stamp Benefits you can use this shorter 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.

This application can only be used to apply for Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- 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. However, the application process, including the interview, must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

Need Food Stamp Benefits Right Away?

You May Be Eligible For Expedited Processing of your Food Stamp Benefits 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 qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

Where You Can Apply For Food Stamp Benefits

If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

Having Problems Coming To Us For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	<input type="checkbox"/> Apply <input type="checkbox"/> Recertify	Lang
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Name: _____ Telephone Number: _____ Other phone where you can be reached: _____
 Residence Address: _____ Apt.# _____ City 1, NY Zip Code _____
 Mailing Address (if different) _____ Apt.# _____ City 1, NY Zip Code _____
 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 <u>2</u>	DATE SIGNED
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List everyone who lives with you even if they are not applying. List yourself first.

L N	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*							
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U		
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, U – Unknown (MA Only)

Are you and is everyone living with you a US citizen? Yes No If No, who is not a citizen? _____
 Has a court issued a warrant because it found that you or anyone living with you is fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony? Yes No
 Are you or is anyone living with you in violation of probation or parole according to a court? Yes No
 Have you or has anyone living with you ever been disqualified from receiving Food Stamp Benefits because of fraud or intentional program violation? Yes No
 Are you or is anyone in your household applying for or receiving Food Stamp Benefits or Temporary Assistance in another place? Yes No
 Are you or is anyone living with you blind, disabled or pregnant? Yes No If Yes, who _____
 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 Food Stamp Benefits, list on the Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out of your household).

INCOME

List **ALL** your income and the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public 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 6.*

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? Yes No *If Yes, who* _____.

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

Yes No *If Yes, who* _____.

Are you or is anyone living with you participating in a strike? Yes No *If Yes, who* _____.

RESOURCES

Resources do not affect the eligibility of most households applying for Food Stamp Benefits. 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 Food Stamp Benefits? Yes No

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. _____

You may use the page 6 if you need more room or there is other information that you think we might need.

Go to Page 3

5

6

7

LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

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, washer/dryer fees, 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?* _____ .

Do you or does anyone living with you pay court-ordered 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, blind/disabled or at least age 60? If so, does such person have medical bills? Yes No *If yes, list on the page 6 what they are for, how much and who is responsible for payment.*

Are you, and/or anyone living with you, on Medicaid with a spenddown? Yes No *If yes, who* _____ *Amount \$* _____

Are you, and/or anyone living with you (*16 years old or older*) enrolled in school or training? Yes No *If yes, who* _____ *where* _____

You may use the page 6 if you need more room or there is other information that you think we might need.

READ THE IMPORTANT INFORMATION BELOW

FOOD STAMP BENEFITS (FS) PENALTY WARNING – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your: ■ First IPV, you will not be able to get FS for one year. ■ Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** 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 coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

If you get more Food Stamp 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 Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

READ THE IMPORTANT INFORMATION BELOW (cont'd)

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, 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 expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp 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 Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

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, TA, MA, or FS benefits applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

SUA (STANDARD UTILITY ALLOWANCE) INFORMATION – I understand that Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, my household intends to apply for a HEAP benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

TELEPHONE ALLOWANCE INFORMATION – I understand that Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated pay phone. If I do not have any cost to make phone calls, I will let my worker know.

CHANGES – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, 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 Food Stamp Benefits (FS) 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 FS 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 FS or may increase my FS. 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 FS in future months in accordance with the rules for change reporting and processing changes.

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 Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for 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. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you or anyone applying/recertifying does not have an SSN, a SSN must be applied for at the Social Security Agency.

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 my self 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 Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

For the Food Stamp Benefits Program, citizenship must be documented only if questionable.

NON-DISCRIMINATION NOTICE – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

LIFELINE: For applicants/recipients of Food Stamp Benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do not want this information released, check this box

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS for you and to use them 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 Food Stamp Benefits Household that does not reside in an institution, both the Authorized Representative and the Food Stamp Benefits Head of Household or other responsible adult member of the household must sign and date the signature sections at the bottom of this page.

IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, PRINT THE PERSON’S NAME, ADDRESS AND TELEPHONE NUMBER DIRECTLY BELOW.

Name _____ Address _____ Phone _____

CERTIFICATION: 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.

APPLICANT SIGNATURE X	DATE SIGNED 10
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:

Who: _____ Explanation:

11

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE

12

DATE

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Employed by: Social Services District Provider Agency

(Specify) _____

Reason ____/____/____ Withdrawal Denial Recert. Closing

Eligibility Approved by _____ Date _____

FS Authorization Period: From _____ To _____

IN-PERSON INTERVIEW **TELEPHONE INTERVIEW**

Comments:

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本



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 check yes, please complete VOTER REGISTRATION APPLICATION at bottom of page)

- 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.

_____/____/____ (Date)

(Signature)

(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.

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:

*New York State Board of Elections, 40 Steuben Street,
Albany, New York 12207-2109
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.state.ny.us*

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.

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.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/07)

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 <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form.	2	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form unless you will be 18 by the end of the year.	For Board use only!
3	Last Name _____	First Name _____	Middle Initial _____	Suffix _____
4	Address where you live (do not give P.O. address) _____		Apt. No. _____	City/Town/Village _____ Zip Code _____ County _____
5	Address where you get your mail (if different from above) _____		P.O. Box, star route, etc. _____	Post Office _____ Zip Code _____
6	Date of Birth _____	7	Sex (circle) M <input type="checkbox"/> F <input type="checkbox"/>	8
		Home Tel. Number (optional) _____		9 ID Number - Check the applicable box and provide your number <input type="checkbox"/> New York DMV number _____ If you do not have a New York DMV number, please provide: <input type="checkbox"/> Last four digits of your Social Security Number _____ <input type="checkbox"/> I do not have a New York Driver's license number or a Social Security Number
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) _____
11	Choose a party -- Check one box only <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY		Please note: In order to vote in a primary election , you must be enrolled in one of these parties. *See reverse	
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 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)	

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.).

Box 8: The completion of this box is optional.

Box 9: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

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: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only. (*Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.)

Box 12: This application must be signed and dated in ink.



HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR THE FOOD STAMP PROGRAM



Use This Form If Applying For Food Stamp Benefits Only

If you are only applying for Food Stamp Benefits you can use this shorter 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.

This application can only be used to apply for Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- 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. However, the application process including the interview must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

Need Food Stamp Benefits Right Away?

You May Be Eligible For Expedited Processing Of Your Food Stamp Benefits 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 farm worker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

Where You Can Apply For Food Stamp Benefits

If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

Having Problems Coming To Us For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**

INSTRUCTIONS ON HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION

Please **PRINT** clearly in blue or black ink.

Do **NOT** print in the shaded areas.

Be sure to complete each section.

If you are applying as someone's representative, please print information about that person, not yourself.

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 or now uses.

Check (✓) whether you are applying or recertifying for Food Stamp Benefits.

Check (✓) if you wish to receive notices in Spanish **and** English or just English.

SECTION 2: Sign your name and date, **ONLY** if you want to submit your application without completing the next page at this time. You must complete the application 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 date of birth, Social Security Number (if the individual does not have a SSN, enter "none"), 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 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 **U** – Unknown **(MA ONLY)**

*These answers are optional but, if not completed, the interviewer may have to record them by observation. This information will not affect your eligibility.

SECTION 4: Answer all questions in section 4. Fill in 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), public 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 Food Stamp Benefits – You may choose to include the foster care child or adult in the Food Stamp Benefits 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 Food Stamp Benefits. 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 Food Stamp Benefits. List the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** 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: 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 (including fire insurance).

If you pay for your heat separately, check (✓) what type of heat you have.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have telephone costs or air conditioning costs and if you do, who pays the separate expense?
- anyone pays court-ordered child support and if so, who, how much and the frequency of payments?
- anyone applying 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?

Be sure to answer all other questions in section 7.

SECTION 8: LEGAL STATEMENTS: Read this section carefully or have someone read it to you.

For **Lifeline**, Food Stamp applicants/recipients must check (✓) the box if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.

Note: NY State Law provides for fine or jail, or both, for a person found guilty of obtaining Food Stamp Benefits by hiding the facts or not telling the truth.

SECTION 9: FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE: If you want someone from outside your household to get the Food Stamp Benefits or to buy the food for you, PRINT their name, address and phone number.

SECTION 10: SIGNATURES: Sign your name. If you are an Authorized Representative, both you and the head of household must sign and date the signature sections on page 5 of the Application/Recertification.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits 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 5 of the Application/Recertification.

SECTION 11: ADDITIONAL INFORMATION: Use this section to let us know additional information that you think we might need to know.

SECTION 12: CONSENT TO WITHDRAW: If you decide you no longer wish to apply for Food Stamp Benefits, 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 THE FOOD STAMP PROGRAM

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 local district.

AS AN APPLICANT/RECIPIENT OF FOOD STAMP BENEFITS YOU HAVE *RIGHTS*:

TO HAVE AN INTERVIEW:

- The interview must be scheduled as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
- You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English or hearing or speech impaired.
Local 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 local district.
- If you have a disability, you have the same right to access and be interviewed for the Food Stamp Program as someone who does not have a disability.
- You must be told, within 30 days of the date you turned in (filed) your Application for Food Stamp Benefits, if your Application is approved or denied. If you are eligible for expedited processing you must be told within 5 days after the date you turned in (filed) your Application if you are qualified for Food Stamp Benefits.
- You may request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during the social services district's office hours. **The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income.** The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.
- Get a written notice telling you if your application for Food Stamp Benefits is approved or denied:
 - If your Application is approved, this notice will tell you the amount of Food Stamp 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.

TO A CONFERENCE AND/OR FAIR HEARING

If you think any decision about your case is wrong, or you do not understand any decision, talk to your worker right away. If you still disagree or do not understand, you have the right to a **Conference** and/or a **Fair Hearing**.

CONFERENCE - A Conference is when you meet with someone other than the person who made the decision about your case. At the Conference this person will review that decision. Sometimes a Conference is the fastest way to solve any problems you may have. We encourage you to ask for one **even if you have requested a Fair Hearing**. However, Conferences are voluntary, and you can request a Fair Hearing even if you do not request a Conference. To ask for a Conference, call or write your local department of social services.

A CONFERENCE IS NOT A FAIR HEARING. If you are told that your case is being closed, or that your food stamp benefits or other help you are getting will change, and the problem is not settled through a Conference, you must ask for a **Fair Hearing** to keep your food stamp benefits or other help you are getting from being stopped or changed. Your time to request a fair hearing and your right to "aid to continue" will not be extended by requesting or having a conference.

NOTE: A request for a Conference is not a request for a Fair Hearing. If you want a Fair Hearing, you must request one.
--

READ THE IMPORTANT INFORMATION BELOW (cont'd)

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 decision about your case was wrong. The State will then issue a written decision which will state whether the local department of social services decision was right or wrong. The written decision may order the local department of social services to correct your case.

At a Fair Hearing you will have a chance to explain why you think the decision is wrong.

TIME LIMITS TO ASK FOR A FAIR HEARING - If you want to ask for a Fair Hearing for Food Stamp Benefits, call **right away** because **there are time limits**. If you wait too long, you may not be able to get a Fair Hearing.

NOTE: 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.

If you do 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 Food Stamp 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 Food Stamp Benefits at anytime within the certification period.

If you do not get a notice about your case, and your benefits are denied, stopped or reduced you can also ask for a Fair Hearing.

HOW TO ASK FOR A FAIR HEARING

If you do get a notice about your case and you want to ask for a Fair Hearing, the notice will tell you how. **Be sure to read all of the notice carefully.**

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 money or other help will, in most instances, stay the same ("**aid continuing**") until the Fair Hearing decision is made. If the notice was not sent before the effective date, and you ask for a Fair Hearing within **10** days of the **postmark date** of the notice, you also have the right to have your money or other help stay the same ("**aid continuing**") until the Fair Hearing decision is made.

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will 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 money or other help 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.

If you do not get a notice about your case, and your benefits are stopped or reduced, you can still ask for a Fair Hearing. At the same time that you ask for a Fair Hearing, you can ask that your money or other help be restored ("**aid continuing**").

READ THE IMPORTANT INFORMATION BELOW (cont'd)**WHAT YOU SHOULD DO 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, and the local department of social services does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it.

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a decision about your case is wrong. 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 should give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that this person is taking your place.

To help you explain at the Fair Hearing why you think the decision is wrong, you should also bring any witnesses who can help you and any information you have such as:

- **Pay stubs**
- **Leases**
- **Bills**
- **Doctor's Statements**
- **Receipts**

Someone from your local department of social services will also be at the Fair Hearing to explain the decision about your case. You or your representative will be able to question this person and present your side of the case. You or your representative will also be able to question any witnesses who you bring to help you.

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.

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.

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://www.otda.state.ny.us.us/oah/forms.asp>

READ THE IMPORTANT INFORMATION BELOW (cont'd)

In writing: For notices, 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

If you live in New York City you may also make your request in person by walking into the office listed below.

Walk-In (New York City Only) Bring a copy of the notice, or ask for a hearing on a matter not based on a notice, to:

**Office of Administrative Hearings
Office of Temporary & Disability Assistance
14 Boerum Place
Brooklyn, New York
or
330 W. 34th Street, 3rd Fl., New York, New York**

<p>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.</p>
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TO LOOK AT YOUR CASE AND COMPUTER RECORDS:

Once you apply for food stamp benefits 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.

REGARDING EMPLOYMENT:

If you do not agree that you are able to work, you should notify the local department of social services that you believe you should be exempt from participation in work activities. You will be notified by the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you are required to participate in food stamp work activities, you may be able to get help paying for certain work-related expenses. You also may be able to receive assistance with child care costs.

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.

READ THE IMPORTANT INFORMATION BELOW (*cont'd*)

AS AN APPLICANT/RECIPIENT OF FOOD STAMP BENEFITS YOU HAVE SEVERAL *RESPONSIBILITIES*:**EMPLOYMENT RESPONSIBILITIES FOR FOOD STAMP BENEFIT RECIPIENTS:**

Unless you are exempt from work requirements as an applicant for or recipient of Food Stamp Benefits you must comply with certain rules, including participation in work activities and accepting a job. Your worker will explain these rules.

If you do not comply with the work requirements, you may lose your Food Stamp Benefits.

- There are several exemptions from participation in food stamp work requirements. Ask your worker if you qualify for one of the exemptions. You may be required to provide documentation to support your claim.

If you are not exempt from participation in work activities and do not comply with the work requirements, you may lose your Food Stamp Benefits. The length of time you will lose your benefits depends on the number of times you have failed to comply.

ADDITIONAL RESPONSIBILITIES AND REQUIREMENTS FOR FOOD STAMP BENEFITS RECIPIENTS WHO ARE ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)

If you are an able-bodied work registrant, you may also be required to meet additional Food Stamp Benefits eligibility requirements. Your worker will explain these requirements and the exemptions from the requirements.

If you are a work registrant and not exempt, you will only be eligible to receive Food Stamp Benefits for three months in every 36 months unless you are meeting the additional requirements.

If you want to continue to receive Food Stamp Benefits beyond the three month limit, you should ask your worker for a qualifying work or training opportunity.

If you lose your eligibility for Food Stamp Benefits because you did not meet the additional requirement for three or more months during which you received Food Stamp Benefits, you may be able to re-establish your eligibility in several different ways. Your worker will explain how to do this.

RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:

As a Applicant/Recipient of Food Stamp Benefits, you have the responsibility of rescheduling a missed interview before the 30th day after the date you applied to avoid losing Food Stamp Benefits.

RESPONSIBILITY TO PROVIDE PROOF

When you are applying for or getting help, you will be asked to provide proof of certain things. Your worker will tell you which of these things you **must** prove. Not all of these things are required for every program. You may have to prove some things for one program and not for another.

If you bring proof with you when you first come in to apply for assistance, you may be able to get help sooner.

If you drop documentation off at your local department of social services, you should ask for a receipt to prove what documentation you left. The receipt should have your name, the specific documentation that you dropped off, the time, date, district name and the name of the social services worker who provided the receipt.

READ THE IMPORTANT INFORMATION BELOW (cont'd)

If you cannot get the proof you need, ask your worker to help you. If the local department of social services already has proof of the things that do not change, such as your social security number, you do not need to prove them again.

If your worker tells you that you need additional papers and information to find out if you can get help, you must provide that proof. If you cannot get these papers and information, your worker must try to help you.

NON-CITIZEN ELIGIBILITY INFORMATION

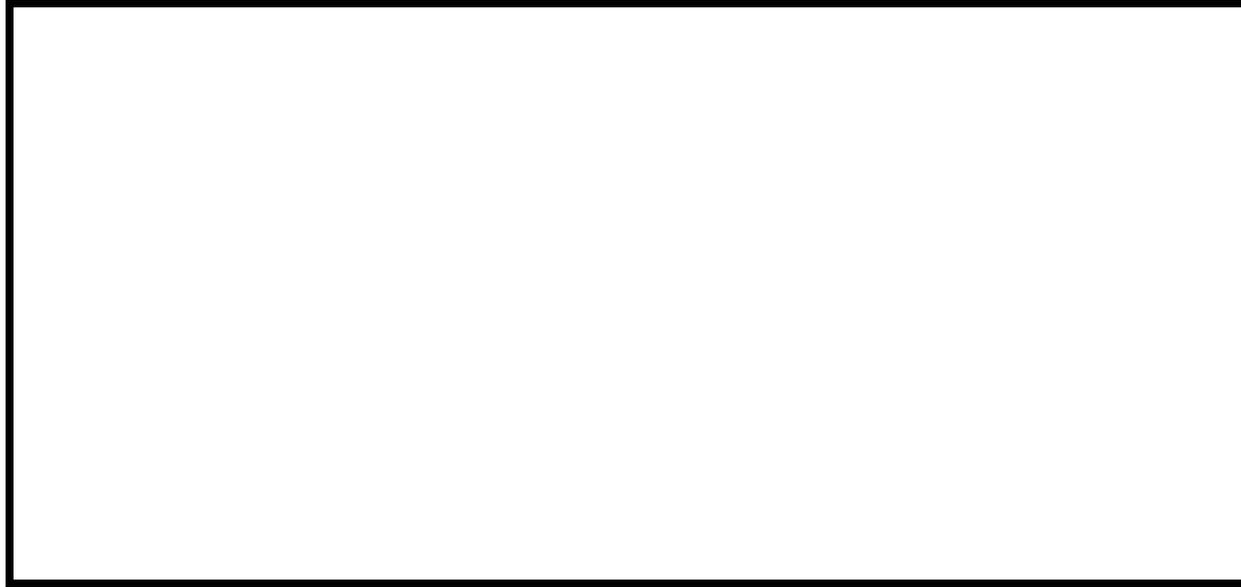
Many non-citizens are qualified aliens who are eligible for Food Stamp Benefits. Even if you are not, your children may be eligible. Food Stamp Benefits should not affect your immigration status with respect to any USCIS decision regarding your immigration matter.

You may be eligible for Food Stamp Benefits if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swain Island), or a qualified alien. A qualified alien for food stamp 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 an Indian tribe that is a federally recognized Indian tribe (25 U.S.C. (450b(e))), or
3. An alien admitted as a Hmong or Highland Laotian, including spouse and dependent child, or
4. A refugee admitted under section 207 of the INA, or
5. An alien granted asylum under section 208 of the INA, or
6. An alien whose deportation has been withheld under section 234(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. An alien admitted as a Cuban or Haitian entrant, or
8. An alien who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act, or
9. An alien who is on active duty in the U.S. armed forces or, an honorably discharged veteran, their spouse and dependent children, and the un-remarried surviving spouse and unmarried dependent children of an active duty member or veteran who has died, or
10. An alien admitted as an Amerasian, or
11. An alien lawfully admitted for permanent residence under the INA-and who has 5 years in status, or
12. An alien paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status, or
13. An alien or parent or child of an alien-who has been battered or subjected to extreme cruelty in the U.S. by a family member and entered the U.S. before 8/22/96 or has 5 years in status, or
14. Aliens also may be eligible for Foods Stamp Benefits if:
 - They are lawfully admitted for permanent residence and have earned, or can be credited with 40 quarters of work;
 - They are in a qualified status listed above and receive certain disability or blindness benefits;
 - They are in a qualified status listed above and are under 18 years old;
 - They are lawfully in the U.S. on August 22, 1996 and are now blind or disabled, old, or was born on or before August 22, 1931.

RESPONSIBILITY TO ENROLL IN THE AUTOMATED FINGER IMAGING SYSTEM (AFIS) – IS THIS TRUE FOR FOOD STAMPS?

If you are applying for or receiving Food Stamps Benefits, you may be required to be entered into the Automated Finger Imaging System (AFIS) if you are an adult (18 years of age or older) or if you are the head of household.

A large, empty rectangular box with a thick black border, occupying the central portion of the page. It is likely a designated area for a signature, stamp, or other official marking.

Appendix E –

Food Stamp Application Expedited Processing Summary Sheet (LDSS-3938)

FOOD STAMP APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

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

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing, using the front of this form, 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 (on reverse) within five calendar days of application.
3. If Full Eligibility Interview determines Household eligible for Food Stamp Benefits:
 - Make benefits available to client within five calendar days after the date of application.
 - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within five calendar days after the application date.
 - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.
 - Determine if Household qualifies for Working Families Food Stamp Initiative (WFFSI).

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING FOOD STAMP 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: _____

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) if household incurs costs, received HEAP this year, or anticipates receipt of HEAP.

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?
 AND

YES **NO**

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

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. **CONDUCT A FULL ELIGIBILITY INTERVIEW AND COMPLETE PART FIVE**– VERIFICATION, DISPOSITION AND DATE OF INTERVIEW (ON REVERSE).

NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.

NOTES:

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C

VERIFICATION - CHECK YES OR NO

SECTION A	<p>1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.</p> <p>2. HAS HOUSEHOLD RECEIVED EXPEDITED PROCESSING OF FOOD STAMP BENEFITS IN THE PAST?</p> <p>3. IF YES TO QUESTION 2, HAS ALL PREVIOUSLY PENDED VERIFICATION ALREADY BEEN SUBMITTED, OR HAS THE HOUSEHOLD BEEN CERTIFIED FOR ONGOING FOOD STAMP BENEFITS UNDER NORMAL PROCESSING (NO PENDED VERIFICATION), SINCE THE LAST EXPEDITED PROCESSING?</p>	<p><input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET. GO TO QUESTION 2.</p> <p><input type="checkbox"/> YES GO TO QUESTION 3.</p> <p><input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p>	<p><input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED. GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p> <p><input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____</p>
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SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:
	<i>PLEASE COMPLETE FOR NON-CA FS HOUSEHOLDS ONLY</i>	
	<p>1. IS ANY <u>ADULT</u>* (18 YEARS OF AGE OR OLDER) MEMBER OF YOUR HOUSEHOLD EITHER WORKING 30 OR MORE HOURS PER WEEK <u>OR</u> EARNING \$217.50 OR MORE PER WEEK?</p> <p style="text-align: center;">OR</p> <p>2. ARE ANY TWO (2) <u>ADULT</u>* MEMBERS OF YOUR HOUSEHOLD <u>EACH</u> EITHER WORKING 20 OR MORE HOURS PER WEEK <u>OR</u> EARNING \$145 OR MORE PER WEEK?</p> <p><small>* (Also Minor Heads of FS Household)</small></p>	<p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p> <p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p> <p><input type="checkbox"/> NO IF NO GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFFSI.</p>

AGENCY DISPOSITION OF FOOD STAMP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES

SECTION C	<p><input type="checkbox"/> ELIGIBLE</p> <p><input type="checkbox"/> ELIGIBLE (Applied on or before 15th of month; zero benefit due to proration)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full second month's benefit)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus second month's benefit)</p> <p><input type="checkbox"/> INELIGIBLE: Indicate reason :</p> <p style="margin-left: 20px;"><input type="checkbox"/> HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE)</p> <p style="margin-left: 20px;"><input type="checkbox"/> HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE)</p> <p>Other Denial Reason/Comments _____ _____</p>
	<div style="width:50%;">DATE OF FINAL DISPOSITION ON FOOD STAMP BENEFIT ELIGIBILITY:</div> <div style="width:50%;">WORKER NAME:</div>

Appendix F –

Documentation Requirements
Checklist
(LDSS-2642)

DOCUMENTATION REQUIREMENTS

LDSS-2642 (Rev. 8/05)

Applicant/Recipient Name		Case Name				
Date	Time of Interview	Case Number				
LOCAL DISTRICT NAME AND ADDRESS:						
<p>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.)</p>						
Eligibility Factor	<p><input type="checkbox"/> ONE of the following</p> <p><input checked="" type="checkbox"/> TWO of the following (If you are applying for Food Stamp Benefits or Medical Assistance only, you need to bring only one form for each eligibility factor checked.)</p>	<p><input type="checkbox"/> Social Security Number (For Temporary Assistance, Food Stamp 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).</p> <p><input type="checkbox"/> Citizenship or Current Alien Status - US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps 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.</p> <p><input type="checkbox"/> Earned Income From employer</p> <p><input type="checkbox"/> From self-employment</p> <p><input type="checkbox"/> Income from rent or room/board</p> <p><input type="checkbox"/> Unearned Income Child support</p> <p><input type="checkbox"/> Unemployment Insurance benefits (UIB)</p> <p><input type="checkbox"/> Social Security benefits (including SSI)</p> <p><input type="checkbox"/> Veteran's benefits</p>	<p>To prove this factor, provide one of the following:</p> <p>Social Security Card</p> <p>Official correspondence from SSA</p> <p>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.</p> <p>Birth certificate</p> <p>Baptismal certificate</p> <p>Hospital records</p> <p>U.S. passport</p> <p>Military service records</p> <p>Naturalization certificate</p> <p>USCIS documentation</p> <p>Evidence of continuous U.S. residence since prior to 1/1/72.</p> <p>Current wage stubs</p> <p>Pay envelopes</p> <p>On letterhead, rate of pay per hour, hours worked per week</p> <p>date of first pay, if new and</p> <p>employer's phone number</p> <p>Business records</p> <p>Tax records</p> <p>Records and related materials concerning self-employment earnings and expenses</p> <p>Current income tax return</p> <p>Current contribution check</p> <p>Statement from roomer, boarder, tenant</p> <p>Income tax records</p> <p>Statement from Family Court</p> <p>Statement from person paying support</p> <p>Check stubs</p> <p>Current benefit check</p> <p>Official correspondence with NYS Dept. of Labor</p> <p>Current award certificate</p> <p>Current benefit check</p> <p>Official correspondence from SSA</p> <p>Current benefit check</p> <p>Official correspondence from VA</p>			
				<p><input type="checkbox"/> Identity You must prove who you are.</p> <p><input type="checkbox"/> Marital Status You must prove if you are married, divorced, separated, or widowed.</p> <p><input type="checkbox"/> Residence You must prove where you live.</p> <p><input type="checkbox"/> Household Composition/Size You must prove who is living with you.</p> <p><input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate.</p> <p><input type="checkbox"/> Absent Parent If the parent of any child in your home is not living with you, you must prove this:</p> <p><input type="checkbox"/> Absent Parent Information You must provide any information you have: name, address, Social Security Number, birth date, employment</p>	<p>Photo I.D.</p> <p>Driver's license</p> <p>U.S. passport</p> <p>Naturalization Certificate</p> <p>Hospital/Doctor's Records</p> <p>Adoption paper</p> <p>Marriage/Death certificates</p> <p>Separation agreement</p> <p>Divorce decree</p> <p>Social Security records</p> <p>VA records</p> <p>Statement from another person</p> <p>Validated Social Security Number</p> <p>Birth/Baptismal Certificate</p> <p>Statement from clergy</p> <p>Census records</p> <p>Newspaper notice</p> <p>Statement from another person</p> <p>Statement from landlord</p> <p>Current rent receipt or lease</p> <p>Mortgage records</p> <p>Statement from non-relative Landlord</p> <p>School records</p> <p>Insurance policy</p> <p>Census records</p> <p>School records</p> <p>Statement from another person</p> <p>Physician statement</p> <p>Official correspondence from SSA</p> <p>Newspaper notice</p> <p>Insurance company records</p> <p>Institutional records</p> <p>Agency case records and burial payment file</p> <p>Statement from another person</p> <p>Pay Stubs</p> <p>Tax returns</p> <p>Social Security or VA records</p> <p>Monetary determination letters</p> <p>ID. cards, (health insurance)</p> <p>Driver's license or registration</p>	
Eligibility Factor	<p><input type="checkbox"/> Social Security Number (For Temporary Assistance, Food Stamp 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).</p> <p><input type="checkbox"/> Citizenship or Current Alien Status - US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps 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.</p> <p><input type="checkbox"/> Earned Income From employer</p> <p><input type="checkbox"/> From self-employment</p> <p><input type="checkbox"/> Income from rent or room/board</p> <p><input type="checkbox"/> Unearned Income Child support</p> <p><input type="checkbox"/> Unemployment Insurance benefits (UIB)</p> <p><input type="checkbox"/> Social Security benefits (including SSI)</p> <p><input type="checkbox"/> Veteran's benefits</p>	<p>To prove this factor, provide one of the following:</p> <p>Social Security Card</p> <p>Official correspondence from SSA</p> <p>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.</p> <p>Birth certificate</p> <p>Baptismal certificate</p> <p>Hospital records</p> <p>U.S. passport</p> <p>Military service records</p> <p>Naturalization certificate</p> <p>USCIS documentation</p> <p>Evidence of continuous U.S. residence since prior to 1/1/72.</p> <p>Current wage stubs</p> <p>Pay envelopes</p> <p>On letterhead, rate of pay per hour, hours worked per week</p> <p>date of first pay, if new and</p> <p>employer's phone number</p> <p>Business records</p> <p>Tax records</p> <p>Records and related materials concerning self-employment earnings and expenses</p> <p>Current income tax return</p> <p>Current contribution check</p> <p>Statement from roomer, boarder, tenant</p> <p>Income tax records</p> <p>Statement from Family Court</p> <p>Statement from person paying support</p> <p>Check stubs</p> <p>Current benefit check</p> <p>Official correspondence with NYS Dept. of Labor</p> <p>Current award certificate</p> <p>Current benefit check</p> <p>Official correspondence from SSA</p> <p>Current benefit check</p> <p>Official correspondence from VA</p>	<p>Eligibility Factor</p> <p><input type="checkbox"/> Unearned Income (cont)</p> <p><input type="checkbox"/> Workers' Compensation</p> <p><input type="checkbox"/> Education grants and loans</p> <p><input type="checkbox"/> Interest/dividends/royalties</p> <p><input type="checkbox"/> Private pension/annuity</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Resources</p> <p><input type="checkbox"/> Bank accounts: checking, savings, retirement (IRA and Keogh)</p> <p><input type="checkbox"/> Stocks, bonds, certificates</p> <p><input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Burial trust or fund burial plot or funeral agreement</p> <p><input type="checkbox"/> Income tax refund or earned income tax credit (EITC)</p> <p><input type="checkbox"/> Real estate other than Residence</p> <p><input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Lump sum payment</p>	<p>To prove this factor, provide one of the following:</p> <p>Award Letter</p> <p>Check stub</p> <p>Statement from school</p> <p>Statement from bank</p> <p>Award letter</p> <p>Statement from bank or credit union</p> <p>Statement from broker/agent</p> <p>Current award letter</p> <p>Current benefit check</p> <p>Official correspondence from source of income</p> <p>Statement from household</p> <p>Statement from nursing home</p> <p>Current bank records</p> <p>Current credit union records</p> <p>Stock certificate</p> <p>Bonds</p> <p>Statement from financial institution</p> <p>Insurance policy</p> <p>Statement from insurance company</p> <p>Bank records</p> <p>Birth agreement</p> <p>Burial plot deed</p> <p>Statement from funeral director</p> <p>Tax Refund</p> <p>Statement from tax office</p> <p>Deed</p> <p>Statement from real estate broker</p> <p>Appraisal/estimate of current value by broker</p> <p>Registration (older models)</p> <p>Title of ownership</p> <p>Appraisal of current value by dealer</p> <p>Financing data</p> <p>Statement from source of payment</p> <p>Lump sum check</p>	<p>Eligibility Factor</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> 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.)</p> <p>Medical Assistance does not require documentation of shelter expenses.</p> <p><input type="checkbox"/> Medical Bills</p> <p><input type="checkbox"/> Health Insurance If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.</p> <p><input type="checkbox"/> Disabled/Incapacitated/Pregnant If you or anyone living with you is sick or pregnant, you must provide proof.</p> <p><input type="checkbox"/> Unpaid Bills Rent, utility</p> <p><input type="checkbox"/> Referral Drug/Alcohol Treatment Program</p> <p><input type="checkbox"/> Employment Service</p> <p><input type="checkbox"/> Other Expenses/Dependent Care Cost You must provide proof if you pay court-ordered support, child care, recurring bills, or services of a home health aide or attendant.</p> <p><input type="checkbox"/> School Attendance You must prove who is in school</p> <p><input type="checkbox"/> Other: Statement from source of</p>	<p>To prove this factor, provide one of the following:</p> <p>Current rent receipt</p> <p>Current lease</p> <p>Mortgage book/records</p> <p>Property and school tax records</p> <p>Landlord statement</p> <p>Sewer and water bills</p> <p>Homeowner's insurance records</p> <p>Fuel bills</p> <p>Non-heating utility bills</p> <p>Telephone bills</p> <p>Copies of medical bills (paid and unpaid)</p> <p>Insurance policy</p> <p>Insurance card</p> <p>Statement from provider of coverage</p> <p>Medicare card</p> <p>Statement from medical professional verifying pregnancy and expected date of birth</p> <p>Statement from medical professional</p> <p>Proof of SSA or SSI benefits for disability or blindness</p> <p>Copy of each bill showing amount owed, period of services and provider</p> <p>Statement from provider of Treatment</p> <p>Statement from employment agency</p> <p>Court order</p> <p>Statement from day care center or other child care provider</p> <p>Statement from aide or attendant</p> <p>Cancelled checks or receipts</p> <p>School records (current report card)</p> <p>Statement from school or Higher Education Institution</p>
APPLICANT/ RECIPIENT SIGNATURE		DATE				
WORKER NAME		TELEPHONE NUMBER () ()				
		TELEPHONE NUMBER () ()				

Appendix G –

TA/FS Documentation Verification Desk Guide (LDSS-3666)

TA/FS DOCUMENTATION/VERIFICATION DESK GUIDE

TA	FS	ELIGIBILITY FACTOR	PRIMARY	SECONDARY	TA	FS	ELIGIBILITY FACTOR	PRIMARY
M	M	Identity	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers	Statement from Another Person Social Security Number Birth/Baptismal Certificate	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	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 *	Social Security Number	Social Security Card Official Correspondence from SSA For TA and FS , provided or apply for # at certification; must verify at first recertification unless validated by WMS
M	M *	Residence	Statement from Landlord Current Rent Receipt or Lease Mortgage Records	Statement from Another Person Current Mail School Records	M	M *	Citizenship and Alien 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 FS , alien status is verified on an individual basis For FS Only , citizenship is verified only if questionable
M	M *	Household Composition/ Size	Statement from Non-relative Landlord	Statement from Other Persons	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 *	Age	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License For FS Only , DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA	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
M	N	Absent Parent	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 Lines Statement from a Non-Relative				

LEGEND: M = Mandatory Documentation/Verification required for Certification
 N = No Documentation/Verification required
 O = Optional Documentation/Verification (may be necessary for TA and/or FSP eligibility or benefit amount.)
 * = Verification can be pended under FSP Expedited Processing

TA/FS DOCUMENTATION/VERIFICATION DESK AID

TA	FS	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
N	M *	Able-Bodied Adult Without Dependents (ABAWD) Eligibility	For non-waiver areas and non-exempt 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 FS, affects work registration and earnings of children under 18

EXPENSES THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT			
TA	FS	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 FS, 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
<p>*LEGEND: M = Mandatory Documentation/Verification required for Certification N = No Documentation/Verification required O = Optional Documentation/Verification (may be necessary for TA and and/or FSP eligibility or benefit amount.) * = Verification can be pended under FSP Expedited Processing</p>			

Appendix H –
Non-Citizen Eligibility Chart
(LDSS-4579)

Description of Status	WMS/ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
Refugees	R	<p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or</p> <p>I-551: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or</p> <p>I-571: Refugee Travel Document or</p> <p>I-688B: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or</p> <p>I-766: Employment Authorization Document annotated "a3"</p>	Entry				
Cuban/Haitian Entrants	H	<p>I-94: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or</p> <p>I-94 stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti² or</p> <p>I-551: stamped "CU6, CU7, or CH6" or</p> <p>Temporary I-551 stamp in foreign passport. or</p> <p>USCIS notice or letter indicating ongoing exclusion or deportation proceedings</p>	Status Granted				Yes
Asylees	A	<p>I-94: stamped "Granted asylum under Section 208 of the INA" or</p> <p>I-551: Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or</p> <p>I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or</p> <p>I-766: Employment Authorization Document annotated "(a5)" or</p> <p>Grant letter from USCIS Asylum Office or</p> <p>Order of an immigration judge granting asylum.</p>					

¹REMINDER: For Medicaid, undocumented aliens and temporary non-immigrants may receive coverage for care and services necessary for the treatment of *emergency* medical conditions only, not including care and services related to an organ transplant procedure, if otherwise eligible. Pregnant women may be provided Medicaid *at any time* without regard to alien status, if otherwise eligible. Children may be provided medical assistance without regard to immigration status under Child Health Plus (CH Plus) program.

²EXCEPTION: This guideline does not apply when the individual 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.

Description of Status	WMS/ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
Amerasian Immigrants	R	<p>I-94: stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS</p> <p>or</p> <p>I-551: stamped "AM1, AM2, AM3, AM6, AM7, or AM8"</p> <p>Temporary I-551 stamp in foreign passport</p> <p>or</p> <p>1-571: Refugee Travel Document</p> <p>or</p> <p>Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>	Entry				
Deportation or Removal Withheld	J	<p>I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)"</p> <p>or</p> <p>I-766: Employment Authorization Document annotated "(a10)"</p> <p>or</p> <p>Order from 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 INA</p>				Yes	
Certain Hmong or Highland Laotian	Z R (MA)	<p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4"</p> <p>or</p> <p>INS I-551: Stamped "RE5, RE6, RE7, RE8, or RE9"</p> <p>Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member</p> <p>and</p> <p>Documents to show lawfully residing in the US</p> <p>*Divorced spouses do not qualify</p>	Status Granted				

¹REMINDER: For Medicaid, undocumented aliens and temporary non-immigrants may receive coverage for care and services necessary for the treatment of *emergency* medical conditions only, not including care and services related to an organ transplant procedure, if otherwise eligible. Pregnant women may be provided Medicaid *at any time* without regard to alien status, if otherwise eligible. Children may be provided medical assistance without regard to immigration status under Child Health Plus (CH Plus) program.

Description of Status	WMS/ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
* Lawfully Admitted For Permanent Residence (LPR) with 40 Qualifying Quarters	S	<u>I-551</u> : (Permanent Resident Card) or Temporary <u>I-551</u> stamp in foreign passport or on <u>I-94</u>	Entered Before 8/22/96			Yes	
		<u>I-327</u> : (Re-entry Permit) or <u>I-181</u> : Memorandum of Creation of Lawful Permanent Residence with approval stamp Proof of qualifying quarters and	Entered On/After 08/22/96	Yes	Yes, after 5 years in US in a qualified status		Yes
Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	K	<u>I-551</u> : (Permanent Resident Card) or Temporary <u>I-551</u> stamp in foreign passport or on <u>I-94</u> .	Entered Before 8-22-96		Yes	Yes	Yes if: <ul style="list-style-type: none"> In a qualified status and in receipt of certain disability benefits [7 USC 2012(r)] or After five years in US in a qualified status or In a qualified status and under age 18
		<u>I-327</u> (Re-entry Permit) or <u>I-181</u> : Memorandum of Creation of Lawful Permanent Residence with approval stamp	Entered On or After 08/22/96	Yes	Yes, after 5 years in US in a qualified status	Yes	
Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	V	A Discharge Certificate (<u>Form DD-214</u>) 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.	Status Granted			Yes	
Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children	M	Military Identification Card (<u>DD Form 2</u>) (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.	Status Granted			Yes	
Conditional Entrant (status granted to refugees before 1980)	F	<u>I-94</u> with stamp showing admitted under Section 203(a)(7) of INA or <u>I-688B</u> (Employment Authorization Card) annotated "274a.12(a)(3)" or <u>I-766</u> (Employment Authorization Document) annotated "(A1)" or "(A3)"	Entry			Yes	

*No quarters earned after 12/3/96 may be counted in which an alien has received a Federal means-tested public benefit (FA, SSI, Food Stamps or Medicaid.)

¹REMINDER: For Medicaid, undocumented aliens and temporary non-immigrants may receive coverage for care and services necessary for the treatment of *emergency* medical conditions only, not including care and services related to an organ transplant procedure, if otherwise eligible. Pregnant women may be provided Medicaid at *any time* without regard alien status, if otherwise eligible. Children may be provided medical assistance without regard to immigration status under Child Health Plus (CH Plus) program.

Description of Status	WMS/ ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
<p>A US 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 USCIS under the Violence Against Women Act (VAWA)</p>	<p>B³</p>	<p>I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); or INA Section 204(a)(1)(iii)(B) (i) or (iii)</p>	<p>Entered Before 8/22/96</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes if:</p> <ul style="list-style-type: none"> • In a qualified status and in receipt of certain disability benefits [7 USC 2012(r)] or • After five years in US in a qualified status or • In a qualified status and under age 18 or • In a qualified status and have 40 qualifying quarters
			<p>Entered On/After 8/22/96 The relevant date for eligibility is the date qualified status was obtained</p>	<p>Yes</p>	<p>Yes, after 5 years in US in a qualified status</p>	<p>Yes</p>	
<p>A U.S. citizen's or LPR's battered spouse, or child, or parent or child of such battered person, whose I-360 self – petition under VAWA is approved</p>		<p>I-797 (Notice of Action) indicating approval of an I-360 self-petition under INA Section 204(a)(1)(A)(iii) or (iv), or INA Section 204(a)(1)(iii)(B) (i) or (iii)</p>	<p>Entered Before 8/22/96</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	
			<p>Entered On/After 8/22/96 The relevant date for eligibility is the date qualified status was obtained</p>	<p>Yes</p>	<p>Yes, after 5 years in US in a qualified status</p>	<p>Yes</p>	
<p>A U.S. citizen's or LPR's battered spouse or child or parent or child of such battered person, whose I-360 self-petition under VAWA is pending and is determined to be a credible victim of domestic violence by the social services district's Domestic Violence Liaison (DVL)</p>		<p>I-797 (Notice of Action) indicating pending I-360 self-petition under INA Section 204(a)(1)(A)(iii) or (iv), or INA Section 204(a)(1)(iii)(B) (i) or (iii)</p>	<p>Entered Before 8/22/96</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	
			<p>Entered On/After 8/22/96 The relevant date for eligibility is the date qualified status was obtained</p>	<p>Yes</p>	<p>Yes, after 5 years in US in a qualified status</p>	<p>Yes</p>	

ALIEN ELIGIBILITY DESK AID

Description of Status	WMS/ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
<p>An alien determined to be a credible victim of domestic violence by the social services district's DVL with a pending or approved I-130 petition</p>		<p>I-797 (Notice of Action) indicating approval or pending I-130 visa petition under Section 201(b) of the INA (spouse or child of a U.S. citizen) or Section 203(a)(2)(A) (spouse or child of a permanent legal resident);</p>	<p>Entered Before 8/22/96</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	
		<p>or I-94 coded K3, K4, V1, V2 or CR -1-7 and a pending or approved I-130; or Any other USCIS document indicating the alien has a K or V visa and a pending or approved I-130; or I-688B or I-766 (Employment Authorization Documents) annotated (a)(9) or (a)(15)</p>	<p>Entered On/After 8/22/96 The relevant date for eligibility is the date qualified status was obtained</p>	<p>Yes</p>	<p>Yes, after 5 years in US in a qualified status</p>	<p>Yes</p>	
<p>An application for VAWA cancellation of removal or suspension of deportation has been granted or is pending and the immigration court finds that applicant has a prima facie case for this relief</p>	<p>B³ (Cont'd.)</p>	<p>Order from the Executive Office of Immigration Review (EOIR) under INA 240A(b) or if the application is pending documentation that the court finds that the applicant has a "prima facie case" for this relief</p>	<p>Entered Before 8/22/96</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes, If:</p> <ul style="list-style-type: none"> • In a qualified status and in receipt of certain disability benefits [7 USC 2012(r)] or • After five years in US in qualified status or • In a qualified status and under age 18 or • In a qualified status and have 40 qualifying quarters
			<p>Entered On/After 8/22/96 The relevant date for eligibility is the date qualified status was obtained</p>		<p>Yes, after 5 years in US in a qualified status</p>	<p>Yes</p>	

Description of Status	WMS/ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
Victim of Human Trafficking	D (Upstate) R (NYC)	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification I-94 Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year	Entry ⁴			Yes	
Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	G	I-94 with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year I-688B annotated "8 CFR Section 274a.12(a)(4) or 274(a) 12(c)(11)" I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year	Entered before 8/22/96	Yes			Yes, If: <ul style="list-style-type: none"> In a qualified status and in receipt of certain disability benefits [7 USC 2012(r)] or After five years in US in qualified status or In a qualified status and under age 18 or In a qualified status and have 40 qualifying quarters
			Entered on or after 8/22/96	Yes	Yes, after 5 years in US in a qualified status	Yes	
Parolee (for less than one year)	T	I-94 with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" I-688B coded 274a.12(a)(4) or 274a12(c)(11) I-766 coded A4 or C11	NA	Yes	No	Yes	No
North American Indian born in Canada	To be determined (PA) C (MA)	I-551: (Permanent Resident Card): stamped "S1-3", temporary I-551 stamp in a Canadian passport I-94: stamped "S1-3" Tribal document certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe School records, A birth or baptismal certificate issued on a reservation, Other satisfactory evidence of birth in Canada	NA			Yes	

REMINDER: For Medicaid, undocumented aliens and temporary non-immigrants may receive coverage for care and services necessary for the treatment of *emergency* medical conditions only, not including care and services related to an organ transplant procedure, if otherwise eligible. Pregnant women may be provided Medicaid *at any time* without regard to alien status, if otherwise eligible. Children may be provided medical assistance without regard to immigration status under Child Health Plus (CH Plus) program.

⁴ For a Victim of Human Trafficking, ENTRY means the date of Certification by the Office of Refugee Resettlement (ORR) – See 03 ADM-1.

Description of Status	WMS/ACI Code	Common Documentation	Relevant Date for Eligibility	Medicaid ¹	Family Assistance	Safety Net Assistance	Food Stamp Benefits
Member of federally recognized tribe born outside U.S.	To be determined (PA) C (MA)	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	NA			Yes	
PRUCOL (not in any of above statuses)	O (PA & MA)	See GIS 07 TA/DC001 See OMM 04 ADM-7 AND 07 OHIP INF-2	NA	Yes ⁵	No ⁵	Yes ⁵	No
Undocumented immigrants or non-immigrants (aliens with a temporary immigration status)	E		NA	Treatment of emergency medical condition only ¹		No	

¹ REMINDER: For Medicaid, undocumented aliens and temporary non-immigrants may receive coverage for care and services necessary for the treatment of emergency medical conditions only, not including care and services related to an organ transplant procedure, if otherwise eligible. Pregnant women may be provided Medicaid at any time without regard to alien status, if otherwise eligible. Children may be provided medical assistance without regard to immigration status under Child Health Plus (CH Plus) program.

⁵ PRUCOL refers to aliens who are permanently residing in the US under Color of Law. OTDA's and the Department of Health's (DOH) interpretation of PRUCOL is different. A description of TA PRUCOL can be found in GIS 07 TA/DC001. A description of MA PRUCOL can be found in OMM 04 ADM-7 and 07 OHIP INF-2.

United States Citizenship and Immigration Services (USCIS – Formerly INS) Documents

I-94	Arrival/Departure Record	I-571	Refugee Travel Document
I-130	Petition for an Alien Relative	I-688	Temporary Resident Card
I-181	Memorandum of Creation of Record of Lawful Permanent Residence	I-688A	Employment Authorization For Legalization Applicants
I-327	Reentry Permit of Permanent Residents	I-688B	Employment Authorization Card
I-360	Special Immigrant Petition	I-766	Employment Authorization Card
I-485	Application to Register Permanent Residence or to Adjust Status	I-797	Notice of Action (1-797C current version)
I-551	Legal Permanent Resident Card, Resident Alien Card or "green card"		

Footnotes for Pages 4 and Page 5

³ There are four requirements for qualified battered alien status:

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.

Appendix I –
Work Rules
Desk Guide

Food Stamp Work Rules Desk Guide

General rule: Adults must agree to look for work or participate in FSET (Food Stamp Employment and Training) activities unless they are EXEMPT from the work rules. See OTDA Employment Policy Manual for specific rules and policies.

Who is exempt from the work rules?

- | | |
|--|--|
| √ children ages 1-15 | √ anyone 60 or older |
| √ someone physically or mentally unable to work | √ someone complying w/ TANF work rules** |
| √ household (hh) member caring for dependent child under 6 or for a disabled person (unless hh receives TANF)** | √ person receiving Unemployment Insurance Benefits** |
| √ employed or self-employed working at least 30 hrs/wk OR with gross weekly earnings of at least \$217.50 (federal minimum wage multiplied by 30 hours)** | √ regular participant in drug/alcohol rehab** |
| √ a joint applicant for FS/SSI (until such time that the person is determined to be ineligible for SSI & a new work status redetermination is made). | √ a student enrolled in higher education at least half-time (must also meet student rules work average of 20 hrs/wk, etc.)** |
| | √ age 16 or 17 AND (1) not the head of household OR (2) attending school/ training at least half-time. |

**See OTDA employment manual, Section 3, for more details.

What types of FSET activities can be assigned?

Each local district's employment plan describes their particular FSET activities, which can include:

- | | |
|-------------------------------|----------------------------|
| √ job search requirements | √ job search training |
| √ work experience or workfare | √ job training courses |
| √ educational programs | √ self-employment programs |

How Many Hours Can a Person Be Assigned to FSET Activities?

- √ for work experience (workfare): # of hours per month *cannot exceed* the value of household's FS (or TA/FS) allotment divided by minimum wage
- √ total # of FSET hours cannot exceed 120 per month per individual

What happens if someone doesn't comply with FSET requirements?

Individuals who fail to comply with FSET requirements *without good cause* (a valid reason) can be *sanctioned* (made ineligible for a specified length of time).

- √ FSET sanctions disqualify only the individual, not the whole household
- √ For a first sanction, ineligibility lasts for 2 months (60 days for applicants) *and* until the person agrees to comply.
- √ See OTDA manual for good cause examples & more info on sanctions.

What is a voluntary quit?

"Voluntary quit" generally means "I chose to quit my job." Some situations involving voluntary quits *without good cause* can result in sanctions, as well as some situations where a person voluntarily reduces his/her work hours.

Who can be sanctioned for a voluntary quit?

- √ someone working 30 or more hours/week OR earning at least \$217.50/week who quits a job without good cause
- √ someone working 30+ hours/week who voluntarily reduces his/her work hours without good cause, if the person's earnings fall below \$217.50/week

Voluntary quit sanctions should never be imposed on anyone who:

- √ is laid off or fired (for any reason)
- √ worked less than 30 hrs/week prior to quitting, unless the person earned more than 217.50/week gross
- √ worked less than 30 hours/week prior to reducing their hours
- √ reduced his/her hours below 30 but still earns at least \$217.50/week gross
- √ had been self-employed
- √ resigned at the employer's demand
- √ was exempt from the work rules at time of job quit (except for F/T employment exemption)

For *applicants*: voluntary quit sanctions run from application date; look back period is 30 days; sanctions counted in days, not months.

See other side for ABAWD rules

Able-Bodied Adults Without Dependents
(ABAWDs)

Currently all districts, except for NYC, have waived the ABAWD requirements and will not apply these requirements until after September 30, 2011.

*ABAWD = age 18-49
no dependent child in FS household
not disabled
not pregnant
not exempt from work rules*

*ABAWDs can only get FS for 3 months
in a 36-month period unless they are:*

- √ working 80 hours/month or more; or*
- √ in work program for 20 hours/week; or*
- √ complying with workfare; or*
- √ local district accepted waiver**; or*
- √ district grants individual exemption.***

*Local districts MUST PROVIDE,
upon request,
a qualifying work activity to
any ABAWD who has exhausted
(or is about to exhaust)
his/her 3 months of eligibility,
so that the ABAWD can continue receiving FS.*

***NYS Office of Temporary and Disability Assistance
releases an annual listing of districts providing waivers
and/or individual exemptions.*

*The NYS OTDA Employment Policy
Manual is accessible online at:
<http://www.otda.state.ny.us/main/resources/employmentmanual/employmentmanual.pdf>*

Appendix J –
Categorical Eligibility
Desk Guide

Expanded Categorical Eligibility Desk Guide:

	Hh WITH a senior or disabled member	Hh WITH a senior or disabled member which does not pass the 200% GIT	Hh WITH Dependent Care Costs	All other Households
If Hh Passes following Gross Income Test *	200%	N/A	200%	130%
Are they Categorically Eligible for FSP	YES	NO	YES	YES
Must meet resource limit	NO	YES	NO	NO
Must meet 100% Net Income Test	NO	YES	NO	NO

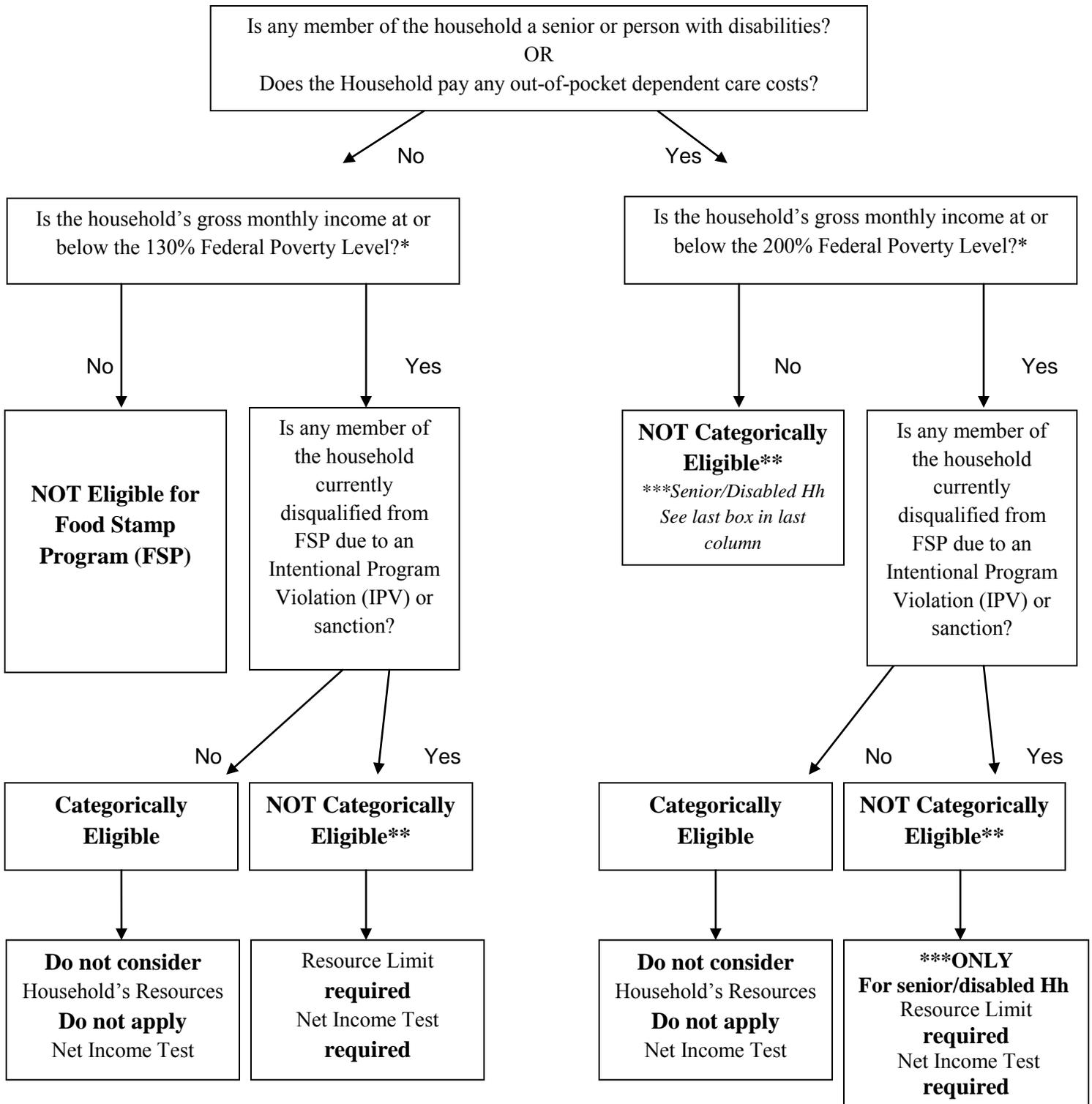
Note: if someone in the household has been disqualified from the FSP due to an intentional program violation or other sanction, the household is not categorically eligible for the Food Stamp Program and must instead be evaluated under regular food stamp eligibility rules.

**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

<u>Family Size</u>	130% of Poverty Monthly Income Oct. 1, 2011 – Sept. 30 2012	200% of Poverty Monthly Income Oct. 1, 2011 – Sept. 30, 2012
1	\$1,180	\$1,815
2	\$1,594	\$2,452
3	\$2008	\$3,088
4	\$2,422	\$3,725
5	\$2,836	\$4,362
6	\$3,249	\$4,998
7	\$3,663	\$5,635
8	\$4,077	\$6,272
Each Additional Person	+ \$414	+ \$637

Determining a Household's Categorical Eligibility for Food Stamps



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

** Households that are not categorically eligible can still qualify for food stamps, but they must be evaluated under regular food stamp rules.

Appendix K –
Budget Worksheet

Food Stamp Budget Worksheet -- effective 10/1/11 through 9/30/12

<i>INCOME</i>	1	Gross Monthly Earned Income	
	2	Monthly Unearned Income	
	3	Gross Income (Line 1 + Line 2)	
	4	Child support paid	
	5	Adjusted Gross income (Line 3 - Line 4) (cannot exceed 130% Gross Income Limit UNLESS there is an elderly/disabled person or household incurs dependent care costs then use 200%Gross Income Limit)	
<i>DEDUCTIONS</i>	6	Earned Income deduction (Line 1 x 20%)	
	7	Standard deduction (see chart)	
	8	Dependent care (use actual costs)*	
	9	Homeless deduction (\$143)	
	10	Medical expenses over \$35/month**	
	11	Total deductions (Add Lines 6 thru 10)	
	12	Adjusted Income (Line 5 – Line 11)	
<i>SHELTER EXPENSES</i>	13	Rent/Mortgage	
	14	Standard utility allowance (SUA)	
	15	Other shelter (taxes, etc.)	
	16	Total shelter expenses (13+14+15)	
<i>EXCESS SHELTER DEDUCTION</i>	17	Divide line 12 (adjusted income) by 2	
	17a	Shelter Excess (Line 16- Line 17):	
		<i>If the amount is greater than \$459 enter \$459 on 17a -- UNLESS there is an elderly/disabled household member (in which case enter the full amount). If the amount is a negative number, enter \$0.</i>	
<i>CALCULATING THE FOOD STAMP BENEFIT ALLOTMENT</i>	18	Net FS Income (Line 12 - Line 17a) Cannot exceed Net Income Limit unless categorically eligible (negative number = \$0 net income)	
	19	Thrifty Food Plan amount	
	20	Net FS income (Line 18) multiplied by 30%	
	21	Estimated FS Benefit (Line 19 - Line 20)***	

*As of October 1, 2008, there is no longer a cap on the dependent care deduction

**Medical deduction available ONLY to elderly/disabled household members

***ALL 1-2 person households, who pass the net income test or who are categorically eligible, automatically receive a minimum \$16 allotment, even if Line 21 is less than \$16.

***Categorically eligible households with 3 or more members who yield a zero or negative monthly FS benefit (line 21) will **NOT** be eligible for food stamps.

Poverty Guidelines Chart

Family Size	130% of Poverty Monthly GROSS Income 10/1/11– 9/30/12	200% of Poverty Monthly GROSS Income 10/1/11 – 9/30/12	100% of Poverty Monthly NET Income 10/1/11 – 9/30/12
1	\$1,180	\$1,815	\$908
2	\$1,594	\$2,452	\$1,226
3	\$2,008	\$3,088	\$1,545
4	\$2,422	\$3,725	\$1,863
5	\$2,836	\$4,362	\$2,181
6	\$3,249	\$4,998	\$2,500
7	\$3,663	\$5,635	\$2,818
8	\$4,077	\$6,272	\$3,136
Each Additional Person	+ \$414	+ \$637	+ \$319

165% of poverty is used for severely disabled/elderly households see page 27 of the Prescreening Guide for more information:

H.H. Size	1	2	3	4	5	6	7	8	Each Additional Person
165% of FPL	\$1,498	\$2,023	\$2,548	\$3,074	\$3,599	\$4,124	\$4,649	\$5,175	+\$526

Standard Deduction Amounts (October 1, 2011 - September 30, 2012):

Household size	<u>1-3 people</u>	<u>4 people</u>	<u>5 people</u>	<u>6 or more people</u>
	\$147	\$155	\$181	\$208

Standard Utility Allowances for NYS (Oct. 1, 2011 - Sept. 30, 2012)**

	Level 1	Level 2	Level 3 (telephone)
New York City	\$736	\$291	\$33
Nassau & Suffolk Counties	\$685	\$269	\$33
Rest of State	\$608	\$246	\$33

**AS OF OCTOBER 1, 2008, EVERYONE GETS THE LEVEL 1 SUA AUTOMATICALLY EXCEPT ...

- ✓ Households in DV or homeless shelters (they get level 3)
- ✓ Households with zero rent (level 3 unless they incur other utility costs)
- ✓ Undomiciled (households getting the homeless deduction – they're not eligible for a SUA)

MAXIMUM FOOD STAMP (Thrifty Food Plan) ALLOTMENTS, by household size (April 1, 2009 – September 30, 2012)

H.H. Size	1	2	3	4	5	6	7	8	Each Additional Person
Maximum Allotment	\$200	\$367	\$526	\$668	\$793	\$952	\$1052	\$1202	+\$150

Appendix L –
Checklist for
Student Eligibility

Checklist for Student Food Stamp Eligibility

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

_____ The applicant is enrolled in 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.

* Colleges or Universities that offer degree programs regardless of whether a high school diploma is required are also considered Institutions of Higher Education.

_____ The applicant is enrolled at least half-time (using the school's definition of half-time).

_____ If applying between semesters, applicant intends to register for the next school term.

If checked 'YES' to **ALL** of the above, the applicant is considered a student and the student rule applies - proceed to Step 2. If checked 'NO' to **ANY ONE** of the above, the applicant is **NOT** considered a student and the student rules do not apply (continue to screen applicant under regular food stamp rules).

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

_____ The student receives 50% or more of their meals from a college meal plan.

If checked 'YES' to above, the student is **NOT** eligible for food stamps as he/she is considered to be defined as living in an institution. If checked 'NO', continue to Step 3.

Step 3. Does the student meet ANY of the following exemptions?

Individual Characteristics

_____ Under 17 years of age or over 50.

_____ Mentally or physically unfit under FSET or ABAWD rules to work.

_____ Cares for a household member who is under 6 or is incapacitated**.

_____ Cares 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**.

_____ Is a single parent enrolled full-time who is responsible for the care of a child under 12.

***If the student is sharing responsibility for the household member's care, the student must be the primary caretaker.*

Student Is Working

_____ Works an average of 20 hours per week.

_____ Is self-employed an average of 20 hours/week and receives average weekly earnings at least equal to the federal minimum wage multiplied by 20 hours.

_____ Participates in work-study (even if it is less than 20 hours/week).

Student Participates in a Qualifying Government Program

_____ Is a TANF recipient (and is complying with the TANF work rules).

_____ Is required to attend school by the food stamp employment and training program, or a similar program operated by a state or local government.

_____ Student is attending school through unemployment (Department of Labor).

If the student meets ANY ONE of the above exemptions, the student is eligible for food stamps and can be included in the food stamp household. Income of the student will be used in determining eligibility for the household.

For additional information on Student Eligibility consult Hunger Solutions New York's FS Eligibility Guide, under status-based limitations.

Appendix M –
Household Composition
Desk Guide
(LDSS 4314)

FOOD STAMP 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 Food Stamp Benefits household.

RELATIONSHIPS:	SITUATION RESULT
Spouses Living Together	Must always be considered as a single household.
Parents and their Children, 21 Years of Age or Younger, Living Together (Includes Stepchildren) regardless of whether the children have a spouse or children of their own.	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 Stepparent.	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 food stamp benefits.

CIRCUMSTANCES CAUSING INELIGIBILITY:	SITUATION RESULT
Resident of Institution	Ineligible unless a resident of a: <ul style="list-style-type: none"> • Drug/alcohol Treatment facility • Subsidized housing for the elderly • Shelter for the homeless • Certain group living arrangement • 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.)
Any individual who is ineligible to get a Social Security Number, or any individual who if unable to provide a SSN, 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.)
An individual who fails to provide or apply for a Social Security Number (SSN), or any individual who if unable to provide a SSN, fails to apply for a SSN	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 food stamp case is closed.

FOOD STAMP 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. May never be a separate household. The following can never be considered boarders: <ul style="list-style-type: none"> • Parents and children, age 21 and younger who live together. • 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.
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.*
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.

***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 Food Stamp 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.
- Provide more than half the physical care for a child under 6 or an incapacitated person.
- Be enrolled full time and be a single parent responsible for the care of a child under 12.
- Provide more than half the care of a child under 12 and not have adequate child care to work and go to school.
- Be participating during the school year in a State or Federally financed work study program funded under Title IV-C.
- 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.
- Was placed in school through JTPA, FSE&T, JOBS or DOL.

Appendix N –
Authorized Representative Request
Form
(LDSS-4942)

FOOD STAMP PROGRAM AUTHORIZED REPRESENTATIVE REQUEST FORM

Applicant Name:	Applicant Address:
Applicant Telephone Number:	

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone to use your food stamp benefit 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 at the bottom of this form.

Authorized Representative Name:	Authorized Representative Address:
Authorized Representative Telephone Number:	

I authorize the above designated individual to act as my representative 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 food stamp benefits
 Recertification for food stamp benefits
 To use my Food Stamp Benefit (EBT card) to purchase food for me
 All of the above

FOOD STAMP BENEFITS (FS) PENALTY WARNING – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get Food Stamp Benefits (FS) again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of trafficking in FS worth \$500 or more. Trafficking includes the unauthorized use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS. If you have committed your: **■** First IPV, you will not be able to get FS for one year. **■** Second IPV, you will not be able to get FS for two years. **■** Third IPV, you are permanently disqualified.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months if you are convicted of certain felonies or misdemeanors. If you make a false statement about who you are or where you live in order to get multiple FS benefits at the same time, you will not be able to get FS for ten years (or **permanently** if this is the third IPV). You may be found to have committed an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** 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 coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Note: Both the applicant and/or authorized representative are subject to the above penalties.

Applicant Signature:	Date:
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As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	Date:
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**PROGRAMA DE CUPONES PARA ALIMENTOS
FORMULARIO DE PETICIÓN DE REPRESENTANTE AUTORIZADO**

Nombre del Solicitante:	Domicilio del Solicitante:
Número de Teléfono del Solicitante:	

REPRESENTANTE AUTORIZADO: usted puede autorizar a alguien familiarizado con las circunstancias de su hogar para que solicite los beneficios de cupones para alimentos (FS) por usted. Usted también puede autorizar a otra persona a utilizar sus beneficios de cupones para alimentos 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 del 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. 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.

Favor de marcar el / los casillero(s) apropiados

- Solicitar los beneficios de Cupones para Alimentos
 Revalidar los beneficios de Cupones para Alimentos
 Usar mi Beneficio de Cupones para Alimentos (Tarjeta EBT) para comprar los alimentos por mí.
 Todas las anteriores

ADVERTENCIA SOBRE SANCIONES RELACIONADAS CON EL PROGRAMA DE CUPONES PARA ALIMENTOS (FS): toda información que brinde en relación con su solicitud para recibir los cupones para alimentos estará sujeta a la verificación por autoridades federales, estatales y locales. De encontrarse información inexacta, se le podrán denegar los cupones. Se le someterá a enjuiciamientos penales por proporcionar, a sabiendas, información incorrecta.

Nunca más podrá obtener beneficios de cupones para alimentos (FS) si se le declara culpable por segunda vez en un tribunal de justicia de comprar o vender sustancias controladas (drogas ilegales o drogas para las cuales se requiere receta médica) a cambio de cupones; o si se le declara culpable en un tribunal de justicia de vender u obtener armas de fuego, municiones o explosivos a cambio de cupones; o si se le declara culpable en un tribunal de justicia de traficar cupones para alimentos por un valor de \$500 o más. El tráfico incluye el uso no autorizado la transferencia, la adquisición, la manipulación o la posesión de cupones para alimentos, tarjetas de autorización o elementos de acceso; o si es declarado culpable de cometer la tercera Violación Intencional al Programa (IPV).

No podrá recibir cupones para alimentos durante dos años si se le declara culpable, por primera vez, en un tribunal de justicia de comprar o vender sustancias controladas (drogas ilegales o determinadas drogas que sólo se pueden comprar con receta médica) a cambio de cupones para alimentos. Si ha cometido su: ■ Primera Violación Intencional al Programa, no podrá recibir los cupones para alimentos por un periodo de un año. ■ Segunda Violación Intencional al Programa, no podrá recibir los cupones por un periodo de dos años. ■ Tercera Violación Intencional al Programa, se le negarán permanentemente.

Además, el juez puede prohibirle de recibir los beneficios de Cupones para Alimentos por unos 18 meses adicionales si se le declara culpable de ciertos delitos graves o delitos menores. Si hace una declaración falsa sobre su identidad o domicilio a fin de recibir beneficios múltiples de cupones a la misma vez, no podrá recibir cupones durante un periodo de diez años (o **en forma permanente** si ésta es su tercera violación intencional al programa). Se le puede declarar culpable de haber perpetrado una violación intencional si presta testimonio falso o engañoso, o hace representaciones falsas, oculta o retiene datos; o comete un acto que constituya una violación de la ley federal o estatal con el propósito de usar, presentar, transferir, adquirir, recibir, poseer o traficar cupones, tarjetas de autorización o documentos reusables pertenecientes al sistema de Transferencia Electrónica de Beneficios (EBT).

Se le puede imponer una multa de hasta \$250,000, una pena de prisión de hasta 20 años, o ambas sanciones.

Nota: tanto el solicitante como el representante autorizado estarán sujetos a las sanciones anteriores.

Firma del Solicitante:	Fecha:
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Como representante autorizado, doy fe de lo anterior.

Firma del Representante Autorizado:	Fecha:
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Appendix O –
Replacement Stamps
Request Form
(LDSS-2291)

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH FOOD STAMP BENEFITS

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME	COUNTY
CASE 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 household misfortune and \$ _____ in food purchased with food stamp benefits were destroyed

Worker 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 food stamp benefits.

Signature

Date

SOLICITUD DE REEMPLAZO DE ALIMENTOS ADQUIRIDOS CON BENEFICIOS DE CUPONES PARA ALIMENTOS

New York State Office of Temporary and Disability Assistance
Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York

NOMBRE DEL CASO	CONDADO
NUMERO DEL CASO	

Yo, _____, siendo el jefe del hogar o integrante adulto del hogar correspondiente al caso mencionado arriba, deseo informar lo siguiente al representante de la agencia.

Mi hogar sufrió una desgracia y como resultado se dañaron los alimentos comprados con cupones para alimentos por un valor de \$ _____

Comentarios del trabajador(a) social: _____

CERTIFICACION

NO FIRME HASTA QUE HAYA LEIDO Y COMPRENDIDO LAS DECLARACIONES SIGUIENTES

Estoy consciente que el proveer un instrumento falso para ser archivado en mi caso, tal como lo describe el Artículo 175 de la Ley Penal, es un delito que puede acarrear una pena máxima de cuatro (4) años en prisión. Si lo hago, estaré sujeto(a) a enjuiciamiento bajo las Leyes Civiles y Penales de Estados Unidos y del Estado de Nueva York como también bajo las regulaciones de la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York.

Yo comprendo que tengo el derecho a una audiencia imparcial para cuestionar la negación o el retraso de la emisión de reemplazo de beneficios para mi hogar. Los reemplazos no se emitirán si la decisión de la audiencia imparcial está pendiente.

Yo comprendo que si yo no firmo y devuelvo esta declaración a la agencia dentro de diez (10) días a partir de la fecha en que se informó la pérdida de mis beneficios de Cupones para Alimentos, la agencia no reemplazará mis beneficios de Cupones para Alimentos.

Firma

Fecha

Appendix P –
Change Report Form
(LDSS - 3151)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOOD STAMP CHANGE REPORT FORM

(Please Print Clearly)

CASE NUMBER

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

YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.

DATE: _____

COMPLETE THIS FORM AND MAIL TO:

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

TO: _____
ADDRESS: _____

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 food stamp 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 food stamp household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A “SIX-MONTH REPORTER” OR A “CHANGE REPORTER”? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A “SIX-MONTH REPORTER” OR A “CHANGE REPORTER”.

1. Do you receive transitional food stamp benefits (TBA)?	<input type="checkbox"/> YES – Go To “TBA” on page 3 (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To “NYSNIP” on page 3 (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for food stamp benefits for three months or less at a time?	<input type="checkbox"/> YES –Go To “Change Reporting” on page 2 (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your food stamp benefit amount?	<input type="checkbox"/> YES –Go To “Six-Month Reporting” on page 2 (Skip questions 5 through 8)	<input type="checkbox"/> 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?	<input type="checkbox"/> YES –Go To “Change Reporting” on page 2 (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)	<input type="checkbox"/> YES –Go To “Change Reporting” on page 2 (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To “Change Reporting” on page 2 (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered “NO” to all 7 questions above	<input type="checkbox"/> Go To “Six-Month Reporting” on the top of page 2	

SIX-MONTH REPORTING RULES: As a food stamp household under the “Six-Month 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 food stamp 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 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 \$100 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 \$50 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 \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your food stamp household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat 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 \$2000 (more than \$3000 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 food stamp household is an Able-Bodied Adult Without Dependents (“ABAWD”), you MUST** tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

CHANGE REPORTING RULES:

As a food stamp 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 \$100 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 \$50 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 \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your food stamp household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat 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 \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3000 for a household **with** an elderly or permanently disabled household member.
- If anyone in your food stamp household is an **Able-Bodied Adult Without Dependents (“ABAWD”),** you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6

TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional food stamp 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 food stamp 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 food stamp case.

NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more food stamp benefits. You may also report your new address if you move, so that you can continue to receive any notices we send to you.

Medical Expenses: You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- | | |
|--|---|
| - 60 years old or older | - getting veterans' disability benefits |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI) | - getting Railroad Retirement disability benefits |
| - getting Social Security Disability payments | - getting disability-based medical assistance |

If you report and verify an increase in your medical expenses, you may be eligible for more food stamp benefits. Changes in medical expenses must be reported at your next recertification.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to the Food Stamp program. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, 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 food stamp benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of food stamp benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1.

If you no longer want to receive food stamp benefits, sign here to withdraw from participation in the Food Stamp program. Your food stamp 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 food stamp benefits by requesting a Fair Hearing within 90 days. You may re-apply for food stamp 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 FOOD STAMP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING" ON PAGE 6).

Use the Form Below to Report Changes

CHANGE IN INCOME OR SOURCE OF INCOME – If you are a Six-Month 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	SOURCE OF INCOME	NEW AMOUNT	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	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE
1.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
2.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
3.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
4.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
RENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
Do you pay rent ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Do you pay for the following separate from your rent ?	YES	NO			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>			
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>			
MORTGAGE PAYMENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
Do you have a mortgage payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Do you pay for the following separate from your mortgage :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>			
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>			
Are you living in section 8 or other subsidized housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.			\$

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 \$2,000 (more than \$3,000 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 P AID - Have your child care or dependent care costs changed? If so, you may be eligible for more Food Stamp benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> 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 food stamp 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 NO CHANGES TO REPORT ABOUT YOUR FOOD STAMP 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.

FOOD STAMP BENEFITS (FS) PENALTY WARNING

Any information you provide in connection with your application for Food Stamp Benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are:

- Found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for FS; **or**
- Found guilty in a court of law of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your:

- First IPV, you will not be able to get FS for one year.
- Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; **or**
- 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 food stamp benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra food stamp benefits I receive because I don't fully report changes in my household. I agree to provide 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

DATE

X

Appendix Q –
NYSNIP Desk Aid

Desk guide about the New York State Nutrition Improvement Project (NYSNIP)

Prepared by Hunger Solutions New York - updated 2011

What is the value of NYSNIP?

NYSNIP helps SSI recipients because:

1. the food stamp determination process is **automatic**:
 - no separate food stamp application or eligibility interview is required
 - no additional documentation needs to be collected
2. the benefit should be the **same or higher** than regular food stamps
3. There is generally a **4-year** certification period (as opposed to 1 or 2 years for regular food stamps)

Other points to remember about NYSNIP:

1. Only SSI live-alone recipients can participate.
2. Enrollment in NYSNIP is *automatic* for SSI live-alone recipients, which means that:
 - Even a person who is adamant that they don't want to get food stamps will have a food stamp case opened. This person can simply decline to access the food stamp account, and the NYSNIP case will eventually be closed – though we would strongly encourage the person to take advantage of the program.
 - Anyone placed into NYSNIP who would get more benefits by utilizing the regular application process can “opt out” of NYSNIP and apply for “regular” food stamps.
3. SSI disability applicants should be strongly encouraged to go through the regular food stamp application process, since the disability determination process often takes a long time and because – unlike NYSNIP benefits -- regular food stamps are paid retroactive to the application date.
4. SSI recipients automatically put into NYSNIP at the minimum benefit level should fill out and return the shelter questionnaire included with their opening notice, so that their benefits can be adjusted to the highest possible level.
5. Some SSI live-alone recipients may not be even be aware that a food stamp account has been opened on their behalf, if they didn't receive the original mailing, or they discarded, ignored or simply didn't understand their notice.
6. NYSNIP recipients can call the state EBT customer service line at **1-888-328-6399** or go to www.ebtaccount.ipmorgan.com to check their food stamp balance or order a new PIN number. Individuals who can't navigate the hotline or internet site to get a new PIN number can make the request through their local food stamp office.
7. Most NYSNIP participants will receive an interim report (LDSS-4836) after two years. This report **MUST** be completed and returned in order for the person to continue receiving food stamps for two more years. *Failure to return the LDSS-4836 results in case closing.*

NYSNIP BENEFITS MATRIX BY SHELTER TYPES

10/1/11

The New York State Nutrition Improvement Project (NYSNIP) is a pilot project which auto enrolls single SSI live-alone recipients into the Food Stamp Program for up to 4 years.

HOUSEHOLD		MONTHLY FOOD STAMP BENEFIT AMOUNT		
		New York City	Nassau/Suffolk	Upstate
Shelter Type 94 (High Shelter/SUA)	SSI Only	\$200	\$200	\$200
	Other Income	\$200	\$200	\$200
Shelter Type 95 (Low Shelter/SUA)	SSI Only	\$200	\$197	\$174
	Other Income	\$200	\$188	\$165
**Shelter Type 96 (High Shelter/ SUA/\$1 HEAP)	SSI Only	\$200	\$200	\$200
	Other Income	\$200	\$200	\$200
**Shelter Type 97 (Low Shelter/ SUA/\$1 HEAP)	SSI Only	\$200	\$197	\$174
	Other Income	\$200	\$188	\$165
Shelter Type 98 (No Shelter or SUA Data)	SSI Only	\$60	\$60	\$60
	Other Income	\$56	\$56	\$56

High shelter = More than \$229/month

Low shelter = Less than or equal to \$229/month

SUA = Eligible for Level 1 (heating/cooling) SUA

****SUA/\$1 HEAP** = Eligible for Level 1 (heating/cooling)SUA

No Shelter/ SUA = no information on households shelter costs or heating/cooling expenses

****NOTE CHANGES TO ABOVE TABLE:** Shelter types 96 and 97 are now eligible for a full SUA. This is due to a new initiative that is providing a \$1.00 HEAP benefit to all households that live in public or subsidized housing and do not pay their own heating or cooling cost. This receipt of a HEAP benefit entitles a food stamp household to have the full SUA applied to their food stamp budget. This is true for all food stamp households', not just seniors.

Adapted from information provided by the NYS Office of Temporary and Disability Assistance

Prepared by Hunger Solutions New York

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