



# FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner  
Policy, Procedures, and Training

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN # 12-79-OPE

### REVISIONS TO FORMS M-186RR, W-129G, W-134X, W-138PP, W-203AA, W-203X, W-204G, W-132X

<p><b>Date:</b> August 21, 2012</p>	<p><b>Subtopic:</b> Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all Non Cash Assistance Food Stamp (NCA FS) Center staff that the New York State Legislature and the New York State Governor’s Office have changed the name of the Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP). Therefore, any reference to Food Stamp benefits shall mean SNAP benefits, and any reference to NCA FS Centers shall mean NCA SNAP Centers.</p> <p>Consequently the following note has been added to all of the forms listed below:</p> <p style="padding-left: 40px;">“As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamps shall mean SNAP benefits”.</p> <ul style="list-style-type: none"> <li>• Mandatory Dispute Resolution Action Taken Form (<b>M-186RR</b>)</li> <li>• Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (<b>W-129G</b>)</li> <li>• Evaluation of Supplemental Nutrition Assistance Program (SNAP) Closings and Decreases to Determine if Overpayment was Received (<b>W-134X</b>)</li> <li>• Notice of Requirement to Resolve Discrepancy at Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Recertification Interview (<b>W-138PP</b>)</li> <li>• Supplemental Nutrition Assistance Program (SNAP) Separate Determination Transmittal (<b>W-203AA</b>)</li> </ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- Cash Assistance Suffix Level Closing/Rejection Codes That Require a Separate Supplemental Nutrition Assistance Program (SNAP) Determination Desk Guide (**W-203X**)
- Supplemental Nutrition Assistance Program (SNAP) Income Eligibility Guidelines Desk Guide (**W-204G**)
- Recertification History Sheet Guide for LDSS-4826 Supplemental Nutrition Assistance Program Benefits Application (**W-132X**)

Additional revision to form **W-203X**:

- The Agency logo has been updated

NCA SNAP Center Directors must ensure that all previous versions of the forms and their multilingual equivalents are removed from circulation and recycled.


Samples of the forms are attached.

*Effective Immediately*

#### **Related Items:**

#### **Attachments:**

- |                    |   |
|--------------------|---|
| <b>M-186RR</b>     | Mandatory Dispute Resolution Action Taken Form (Rev. 8/21/12)   |
| <b>M-186RR (S)</b> | Mandatory Dispute Resolution Action Taken Form (Spanish) (Rev. 8/21/12)   |
| <b>W-129G</b>      | Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (Rev. 8/21/12)   |
| <b>W-129G (S)</b>  | Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (Spanish) (Rev. 8/21/12)   |
| <b>W-134X</b>      | Evaluation of Supplemental Nutrition Assistance Program (SNAP) Closings and Decreases to Determine if Overpayment was Received (Rev. 8/21/12)                               |
| <b>W-138PP</b>     | Notice of Requirement to Resolve Discrepancy at Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Recertification Interview (Rev. 8/21/12)           |
| <b>W-138PP (S)</b> | Notice of Requirement to Resolve Discrepancy at Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Recertification Interview (Spanish) (Rev. 8/21/12) |

 Please use Print on Demand to obtain copies of forms.

<b>W-203AA</b>	Supplemental Nutrition Assistance Program (SNAP) Separate Determination Transmittal (Rev. 8/21/12)
<b>W-203X</b>	Cash Assistance Suffix Level Closing/Rejection Codes That Require a Separate Supplemental Nutrition Assistance Program (SNAP) Determination Desk Guide (Rev. 8/21/12)
<b>W-204G</b>	Supplemental Nutrition Assistance Program (SNAP) Income Eligibility Guidelines Desk Guide (Rev. 8/21/12)
<b>W-132X</b>	Recertification History Sheet Guide for LDSS-4826 Supplemental Nutrition Assistance Program Benefits Application (Rev. 8/21/12)

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Appellant's Name: \_\_\_\_\_  
Date of Fair Hearing: \_\_\_\_\_  
Fair Hearing Number: \_\_\_\_\_

### Mandatory Dispute Resolution Action Taken Form

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

**I. Reason(s) for Requesting Fair Hearing** (list all reasons appearing on **OAH-1891**)

Mandatory Dispute Resolution (MDR) issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other issues (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are not required to discuss Medicaid, SNAP or employment sanction issues at MDR.

**II. Action(s) Taken by City Agency**

The City Agency has taken the following action(s):

Benefits issued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other action(s) to be taken by City Agency: \_\_\_\_\_  
\_\_\_\_\_

If these actions were not taken by the date of the Fair Hearing, you should attend the Fair Hearing. You may contact your worker or the City Agency Supervisor listed below for an explanation.

**III. Appellant's Fair Hearing Rights**

- I understand that the Fair Hearing I requested will be scheduled by the State, and I have a right to attend this Fair Hearing.
- I also understand that if there remains any issue in Part I of this form which is not resolved, or if I believe that any of the actions listed in Part II have not been taken, I may discuss these issues at the Fair Hearing.
- I understand that if the City Agency took all the actions listed in Part II, and these actions resolved all of my Fair Hearing issues, I may withdraw my request for a Fair Hearing as explained in the State Notice of Fair Hearing (OAH-457) that was or will be sent to me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Apelante: \_\_\_\_\_  
Fecha de la Audiencia Imparcial: \_\_\_\_\_  
Número de la Audiencia Imparcial: \_\_\_\_\_

## Formulario de Medida Tomada en la Resolución Obligatoria de Disputa

**NOTA:** A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

**I. Motivos de la Petición de Audiencia Imparcial**(anote todos los motivos que figuren en **OAH-1891**)

Temas de la Resolución Obligatoria de Disputas (MDR- Mandatory Dispute Resolution): \_\_\_\_\_

Otros temas (de haberlos): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Usted no tiene la obligación de tratar los temas de Medicaid, SNAP o sanciones de empleo en la MDR.**

**II. Medida(s) Tomada(s) por la Agencia de la Ciudad**

La Agencia de la Ciudad ha tomado la(s) siguiente(s) medida(s):

Beneficios expedidos: \_\_\_\_\_  
\_\_\_\_\_

Otra(s) medida(s) a ser tomadas por la Agencia de la Ciudad: \_\_\_\_\_  
\_\_\_\_\_

**Si estas medidas no se tomaron para la fecha de la Audiencia Imparcial, usted debe asistir a dicha Audiencia. Si desea una explicación, puede comunicarse con su Trabajador o con el Supervisor de la Agencia de la Ciudad indicado abajo.**

**III. Derechos del Apelante de la Audiencia Imparcial**

- Entiendo que la Audiencia Imparcial que he solicitado será programada por el Estado de Nueva York, y que tengo el derecho de asistir a esta Audiencia Imparcial.
- Entiendo además que si algún tema en la Parte I del presente formulario queda sin resolver, o si estimo que cualquiera de las mediadas indicadas en la Parte II no se ha tomado, puedo tratar dicho tema en la Audiencia Imparcial.
- Entiendo que si la Agencia de la Ciudad tomó todas las medidas indicadas en la Parte II, y dichas medidas resolvieron todos mis problemas relativos a mi Audiencia Imparcial, puedo retirar mi petición de una Audiencia Imparcial, tal como se indica en el Aviso del Estado de Nueva York de Audiencia Imparcial (State Notice of Fair Hearing - OAH- 457) que se me ha enviado ya, o que se me enviará posteriormente.

Firma del Solicitante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre y Apellido en letra de molde: \_\_\_\_\_

Firma del Supervisor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre y Apellido en letra de molde: \_\_\_\_\_

Número de Teléfono del Supervisor: \_\_\_\_\_

## Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

**NOTE:** As of August 29, 2012, any reference to the SNAP Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to SNAP shall mean SNAP benefits.

In order for us to determine your eligibility for SNAP benefits, we need you to give us proof of the SNAP eligibility factors listed below. The suggested documentation and helpful tips in this guide will help you to give us the proof we need to determine your SNAP eligibility.

If we determine that you are eligible for SNAP under the expedited processing rules, we can give you a SNAP benefit even if you only verify your identity. However, before we can give you more SNAP, you must verify the other eligibility factors for yourself and any other household members.

If you are applying for SNAP by mail or fax, please send us copies of your documentation to help us determine your SNAP eligibility as fast as possible.

Eligibility Factor	Suggested Documentation	Helpful Tips
<p><b>Identity</b></p> <p>Must be established and documented for the person making the application.</p>	<ul style="list-style-type: none"> <li>• Photo I.D., Driver's License</li> <li>• U.S. Passport</li> <li>• Naturalization Certificate</li> <li>• Hospital/Doctor's Records</li> <li>• Adoption Papers</li> <li>• Birth Certificate</li> <li>• Baptismal Certificate</li> <li>• Voter Registration Card</li> </ul>	<p>Any of these documents that lists the person's date of birth can also be used to verify <b>age</b>. In addition, a U.S. Passport or Naturalization Certificate can also be used to verify citizenship if we ask you for proof.</p>
<p><b>Residence</b></p> <p>Must prove that <u>each</u> person who is applying for SNAP benefits resides at the address listed on the application.</p>	<ul style="list-style-type: none"> <li>• Current lease</li> <li>• Current rent receipt listing name and address of renter</li> <li>• Statement from the Landlord or Primary Tenant</li> <li>• Mortgage Records</li> <li>• School Records</li> </ul>	<p>If a statement from the Landlord or Primary Tenant lists all the household members, it can also be used to document <b>household composition</b>.</p>
<p><b>Household Composition</b></p> <p>Must provide verification of how many persons reside in the household.</p>	<ul style="list-style-type: none"> <li>• Statement from Non-Relative Landlord</li> <li>• Statement from Community Organization</li> <li>• Statement from Non-Household Member</li> </ul>	<p>Statement should contain the names of all persons in the household and can also be used to prove <b>residence</b>.</p>
<p><b>Age</b></p> <p>Must provide verification of age for <u>all</u> persons applying for SNAP benefits.</p>	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Baptismal Certificate</li> </ul>	<p>A birth certificate can also be used to establish and document <b>identity</b> and <b>citizenship status</b>.</p>
<p><b>Social Security Number</b></p> <p>Must provide a Social Security number for <u>each</u> person in your household who is applying for SNAP benefits, or proof that one has been applied for.</p>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Official correspondence from the Social Security Administration (SSA)</li> </ul>	<p>If you give us the Social Security number for each person in your household, you do not need to provide a Social Security card.</p>

## Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

Eligibility Factor	Suggested Documentation	Helpful Tips
<p><b>Citizenship</b></p> <p>Citizenship must be documented only if it is questionable.</p>	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Hospital Records</li> <li>• U.S. Passport</li> <li>• Military Service Records</li> <li>• Naturalization Certificate</li> </ul>	<p>Birth certificates, hospital records, U.S. Passport and Naturalization Certificate can also be used to prove <b>identity</b> and <b>age</b>.</p>
<p><b>Alien Status</b></p> <p>Alien status must be documented for noncitizens applying for SNAP benefits.</p>	<ul style="list-style-type: none"> <li>• USCIS Documentation (for example, a green card, stamped VISA)</li> <li>• Evidence of continuous residence in the U.S. since prior to 1/1/72</li> </ul>	
<p><b>Earned Income</b></p> <p>If <u>any</u> of the household members applying for SNAP benefits are employed, the gross earnings (before any deductions), frequency and <u>number of hours worked</u> must be documented.</p>	<ul style="list-style-type: none"> <li>• Current pay stubs</li> <li>• Pay envelopes</li> <li>• Letter from employer listing gross earnings, frequency, and number of hours worked</li> <li>• Current income tax returns</li> <li>• If self employed – records and related materials concerning earnings and expenses</li> </ul>	<p>You should verify the income you received in the last 30 days.</p>
<p><b>Unearned Income</b></p> <p>If <u>any</u> of the household members applying for SNAP benefits are in receipt of unearned income, the type of income, amount, and frequency must be documented.</p>	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Current Award letter</li> <li>• Official correspondence from SSA</li> <li>• Official correspondence from the Veterans Administration</li> <li>• Current benefit check or stub</li> <li>• Statement from bank or credit union</li> <li>• Statement from person providing support</li> <li>• Unemployment Insurance Benefit (UIB) statement</li> </ul>	<p>If you or someone in your household is in receipt of Supplemental Security Income (SSI) no verification of SSI is required.</p>
<p><b>Resources</b></p> <p>Resources do not affect the eligibility of most households applying for SNAP benefits. However, some resource information is used to determine if you qualify for expedited processing of your SNAP application.</p>	<ul style="list-style-type: none"> <li>• Current bank or credit union records</li> <li>• Stock/bond certificate</li> <li>• Statement from financial institution</li> <li>• Burial plot agreement or deed</li> <li>• Property deed and/or appraisal</li> <li>• Life insurance</li> <li>• Vehicle registration/title</li> </ul>	<p>If you have resources but are not sure whether or not you are required to verify them, provide the verification. If you are required to verify resources, we will not have to wait in order to make an eligibility decision.</p>

## Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

### Expenses that may affect your SNAP eligibility or benefit amount

If you have any of the expenses listed below, it is important for you to give us verification of that expense. In some instances, the expense can make you financially eligible to receive SNAP and in many other instances, it can mean you will get more SNAP.

Expense	Suggested Documentation	Helpful Tips
<b>Shelter and/or Utility Expenses</b>	<ul style="list-style-type: none"> <li>• Current rent receipt</li> <li>• Current lease</li> <li>• Mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills</li> <li>• Non-heating utility bills</li> <li>• Telephone bills</li> </ul>	As long as a household can establish that they have a shelter expense, credit for paying rent/mortgage and/or utilities will be given even if the household is not currently keeping up with the payments.
<b>Medical Bills</b> This is <u>only</u> for <u>elderly</u> or <u>disabled</u> persons who incur this expense.	<ul style="list-style-type: none"> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Provider Statement of Health Insurance premiums</li> <li>• Medicare Prescription Drug Card</li> </ul>	This refers to medical expenses that persons pay for out of pocket. Do not include documentation for any bills that are paid or supposed to be paid by someone not in the household.
<b>Dependent Care Cost/Other Expenses</b>	<ul style="list-style-type: none"> <li>• Court order</li> <li>• Statement from day care center or other child care provider</li> <li>• Statement from aide or attendant</li> <li>• Canceled checks or receipts</li> </ul>	



## Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP)

**NOTA:** A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

A fin de nosotros determinar su elegibilidad para beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP), necesitamos que usted nos proporcione prueba de los factores de elegibilidad para SNAP más abajo. La documentación sugerida y consejos útiles en esta guía le ayudarán a que nos proporcione la prueba que necesitamos para determinar su elegibilidad para SNAP.

Si determinamos que usted es elegible para SNAP según las reglas de trámite acelerado, le podemos dar un beneficio de SNAP aun si sólo comprueba su identidad. Sin embargo, antes de poder darle más beneficios de SNAP, usted tiene que comprobar los otros factores de elegibilidad para usted y cualesquier otros miembros del hogar.

Si usted está solicitando SNAP por correo o por fax, favor de incluir copias de su documentación para ayudarnos a determinar su elegibilidad para SNAP tan pronto posible.

Factor de Elegibilidad	Documentación Sugerida	Consejos
<p><b>Identidad</b></p> <p>Debe ser establecida y documentada para el solicitante.</p>	<ul style="list-style-type: none"> <li>• Identificación con foto, Licencia de Conducir.</li> <li>• Pasaporte de EE.UU.</li> <li>• Certificado de Naturalización</li> <li>• Expedientes Hospitalarios/Médicos</li> <li>• Documentos de Adopción</li> <li>• Certificado de Nacimiento</li> <li>• Certificado de Bautismo</li> <li>• Tarjeta de Registro de Votantes</li> </ul>	<p>Cualquiera de estos documentos que indican la fecha de nacimiento de la persona, puede ser usado para comprobar <b>edad</b>. Además el Pasaporte de EE.UU. y Certificado de Naturalización se pueden usar como comprobante para la <b>ciudadanía</b> si le pedimos prueba.</p>
<p><b>Domicilio</b></p> <p>Tiene que comprobar que <u>cada</u> persona que está solicitando beneficios de SNAP reside en la dirección listada en la solicitud.</p>	<ul style="list-style-type: none"> <li>• Contrato Arriendo actual</li> <li>• Recibo actual de alquiler con nombre y dirección del inquilino</li> <li>• Declaración del Casero/Inquilino Principal</li> <li>• Documentos Hipotecarios</li> <li>• Expedientes Escolares</li> </ul>	<p>Si la declaración del Casero o del Inquilino Principal lista a todos las personas en el hogar, también se puede usar para documentar la <b>composición del hogar</b>.</p>
<p><b>Composición del Hogar</b></p> <p>Tiene que proporcionar prueba de cuántas personas residen en el hogar.</p>	<ul style="list-style-type: none"> <li>• Declaración del Casero que No sea Pariente</li> <li>• Declaración por parte de una Organización Comunitaria</li> <li>• Declaración de parte de Miembro No del Hogar</li> </ul>	<p>La declaración debe incluir todos los nombres de las personas en el hogar y también puede ser usada para comprobar el <b>domicilio</b>.</p>
<p><b>Edad</b></p> <p>Tiene que proporcionar prueba de edad de <u>todas</u> las personas que estén solicitando beneficios de SNAP.</p>	<ul style="list-style-type: none"> <li>• Acta de Nacimiento</li> <li>• Certificado/Documentos de Bautismo</li> </ul>	<p>El Acta de Nacimiento también se puede usar para establecer y para documentar la <b>identidad y el estado de ciudadanía</b>.</p>
<p><b>Número de Seguro Social</b></p> <p>Tiene que proporcionar un Número de Seguro Social para <u>cada</u> persona en su hogar que esté solicitando beneficios de SNAP o prueba de que ya se solicitó para Seguro Social.</p>	<ul style="list-style-type: none"> <li>• Tarjeta de Seguro Social</li> <li>• Correspondencia oficial de parte de la SSA</li> </ul>	<p>Si usted puede proporcionar el Número de Seguro Social de cada persona en su hogar, no tiene que proporcionar una Tarjeta de Seguro Social.</p>

## Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Factor de Elegibilidad	Documentación Sugerida	Consejos
<p><b>Ciudadanía</b></p> <p>La ciudadanía tiene que ser documentada, solamente si resulta dudosa.</p>	<ul style="list-style-type: none"> <li>• Acta de Nacimiento</li> <li>• Expedientes Hospitalarios</li> <li>• Pasaporte de EE.UU.</li> <li>• Expedientes de Servicio Militar</li> <li>• Certificado de Naturalización</li> </ul>	<p>Actas de Nacimiento, Expedientes Hospitalarios, Pasaporte de EE.UU. y Certificado de Naturalización también se pueden usar para comprobar <b>identidad</b> y <b>edad</b>.</p>
<p><b>Estado de Extranjero</b></p> <p>El estado de extranjero debe documentarse para los no ciudadanos que soliciten beneficios de SNAP.</p>	<ul style="list-style-type: none"> <li>• Documentación de USCIS (por ejemplo, una tarjeta verde o Visa con sello)</li> <li>• Prueba de residencia continua en EE.UU. antes de 1/1/72</li> </ul>	
<p><b>Ingreso Salarial</b></p> <p>Si <u>cualquier</u> miembro del hogar está solicitando beneficios de SNAP y está empleado, las ganancias brutas antes de las deducciones, la frecuencia de las ganancias y el número de horas trabajadas deben ser documentadas.</p>	<ul style="list-style-type: none"> <li>• Talones de pago actuales</li> <li>• Sobres de paga</li> <li>• Carta del empleador listando ganancias brutas antes de deducciones, la frecuencia de las ganancias y el número de horas trabajadas</li> <li>• Declaración actual de impuestos</li> <li>• Si trabaja por cuenta propia – todo los expedientes y materiales relacionados con ingresos y gastos.</li> </ul>	<p>Usted debe dar comprobante del ingreso recibido en los últimos 30 días</p>
<p><b>Ingreso No Salarial</b></p> <p>Si <u>cualquier</u> persona en el hogar que está solicitando beneficios de SNAP percibe ingreso no salarial, el tipo de ingreso, la cantidad, y la frecuencia tienen que ser documentados.</p>	<ul style="list-style-type: none"> <li>• Declaración por parte del Tribunal Familiar</li> <li>• Carta de Concesión actual</li> <li>• Correspondencia oficial de parte de SSA</li> <li>• Correspondencia oficial de la Administración de Veteranos</li> <li>• Cheque de beneficio o talón de paga actual</li> <li>• Declaración del banco o cooperativa de crédito</li> <li>• Declaración por parte de la persona que proporciona manutención</li> <li>• Declaración de Beneficio de Seguro de Desempleo (UIB)</li> </ul>	<p>Si usted o alguien en su hogar reciben Ingreso de Seguridad Suplemental (SSI) no es necesario el comprobante de SSI.</p>
<p><b>Recursos</b></p> <p>Los recursos no afectan la elegibilidad de la mayoría de los hogares solicitantes de beneficios de SNAP. No obstante, alguna de la información sobre los recursos se usa para determinar si usted califica para el trámite acelerado de solicitud de SNAP.</p>	<ul style="list-style-type: none"> <li>• Expedientes bancarios o de cooperativa de crédito actuales</li> <li>• Certificado de acciones/bonos</li> <li>• Declaración de parte de institución financiera</li> <li>• Acuerdo o escritura de lote de entierro</li> <li>• Escritura y/o tasación de la propiedad</li> <li>• Seguro de Vida</li> <li>• Matrícula/título de vehículo</li> </ul>	<p>Si usted tiene recursos pero no está seguro(a) si los tiene que documentar, proporcione los comprobantes. Si a usted se le requiere proporcionar comprobantes, nosotros no tendremos que esperar para tomar una decisión de elegibilidad.</p>

## Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP)

### Gastos que pueden afectar su elegibilidad para el SNAP o la cantidad del beneficio

Si usted tiene cualquiera de los gastos listados más abajo, es importante que nos proporcione comprobante de dichos gastos. En algunos casos, el gasto puede otorgarle elegibilidad económica para recibir beneficios de SNAP y en muchas otras circunstancias, puede darle derecho a más beneficios de SNAP.

Gastos	Documentación Sugerida	Consejos
<b>Gastos de Alojamiento y/o Compañía de Servicios de Electricidad y/o Gas</b>	<ul style="list-style-type: none"> <li>• Recibo actual de alquiler</li> <li>• Contrato de Arriendo actual</li> <li>• Documentos Hipotecarios</li> <li>• Expedientes de propiedad y de impuestos escolares</li> <li>• Declaración del casero</li> <li>• Cuentas de alcantarilla y de agua</li> <li>• Expedientes de seguro del propietario</li> <li>• Facturas de combustible</li> <li>• Facturas de Electricidad y/o Gas aparte de la Calefacción</li> <li>• Cuentas de Teléfono</li> </ul>	Mientras el hogar pueda establecer que tiene gastos de alojamiento, se le dará crédito para pagar el alquiler/hipoteca y/o servicios de Electricidad o Gas, aunque el hogar esté atrasado en sus pagos.
<b>Cuentas Médicas</b>  Esto <u>sólo</u> es para <u>ancianos</u> o <u>incapacitados</u> que incurren en este gasto.	<ul style="list-style-type: none"> <li>• Copias de cuentas médicas (pagadas o no pagadas)</li> <li>• Declaración por parte de quien paga primas de gastos médicos</li> <li>• Tarjeta para recetas de Medicare</li> </ul>	Esto se refiere a gastos médicos pagados por usted mismo(a). No incluya documentación para las cuentas que se pagan o que las tiene que pagar alguien en el hogar.
<b>Costo del Cuidado de Dependientes/ Otros Gastos</b>	<ul style="list-style-type: none"> <li>• Decreto judicial</li> <li>• Declaración por parte de la guardería de niños u otro proveedor de cuidado infantil</li> <li>• Declaración por parte del ayudante de salud</li> <li>• Cheques cancelados o recibos</li> </ul>	

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Center: \_\_\_\_\_

For questions of help call: \_\_\_\_\_

## Evaluation of Supplemental Nutrition Assistance Program (SNAP) Closings and Decreases to Determine if Overpayment was Received

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

This form is to be completed in instances where:

- Form **DSS-3517** is being prepared to **decrease** SNAP benefits.
- Form **DSS-3517** is being prepared to **close** the case code E30, E39, E40, E61, E63, E70-73, E76-78, F65, F96, 146, M68, U41, U44, U45, U97, Y99

**Did the household receive an overpayment of SNAP benefits?**

No

Yes

If YES, answer the following questions:

When did the change occur? \_\_\_\_\_

When was the change reported? \_\_\_\_\_

\_\_\_\_\_  
Eligibility Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Attach Form W-134X to Form DSS-3517**

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

### Notice of Requirement to Resolve Discrepancy at Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Recertification Interview

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

We have received information through a computer match that is not the same as the information in your SNAP record as indicated below:

- SAMPLE
- You have been receiving SNAP benefits under case number \_\_\_\_\_ at Center location \_\_\_\_\_.
  - You were married on \_\_\_\_\_.
  - Death of \_\_\_\_\_ on \_\_\_\_\_.
  - Placement of \_\_\_\_\_ on \_\_\_\_\_ by (agency) \_\_\_\_\_.
  - The Social Security Administration has informed us that the Social Security number we have recorded for \_\_\_\_\_ is incorrect.
  - Other (specify): \_\_\_\_\_  
\_\_\_\_\_

We will ask you to discuss the above matter at your recertification interview. Please bring in any correspondence or documentation you have relating to this matter.

**IMPORTANT: We will notify you of the time and place of your recertification interview in a separate letter.**

Please bring this letter with you when you report for your recertification interview.

Fecha: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

## Notificación del Requisito para Resolver una Discrepancia en la Entrevista de Recertificación para Programa de Asistencia de Nutrición Suplementaria No de Asistencia en Efectivo (NCA SNAP)

**NOTA:** A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Hemos recibido información por medio de una comparación computarizada que no corresponde a la información en su archivo de SNAP indicada a continuación:

- Usted está recibiendo beneficios de SNAP bajo el caso número \_\_\_\_\_ en local del centro \_\_\_\_\_
- Usted se casó en \_\_\_\_\_
- Muerte de \_\_\_\_\_ el \_\_\_\_\_
- Colocación de \_\_\_\_\_ el \_\_\_\_\_ por (agencia) \_\_\_\_\_
- La Administración del Seguro Social nos ha informado que el número de Seguro Social que hemos registrado para \_\_\_\_\_ no es correcto.
- Otro (especifique): \_\_\_\_\_

Le pediremos que discuta el asunto antemencionado en su entrevista de recertificación. Favor de traer cualquier correspondiente documentación relacionada a este asunto.

**IMPORTANTE:** Le notificaremos por separado de la hora y lugar de su entrevista de recertificación.

Favor de traer esta carta con usted a su entrevista de recertificación.

### Supplemental Nutrition Assistance Program (SNAP) Separate Determination Transmittal

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

To: SNAP Center \_\_\_\_\_

From: Job Center \_\_\_\_\_

Subject: Separate SNAP Determination Cases Transferred from Job Center to SNAP Center

CA Case Name	Case Number	SNAP Case Number
<b>SAMPLE</b>		

Attached are SNAP case records for households processed for a SNAP separate determination.

\_\_\_\_\_  
Preparer's Name

\_\_\_\_\_  
Date Prepared

## Cash Assistance Suffix Level Closing/Rejection Codes That Require a Separate Supplemental Nutrition Assistance Program (SNAP) Determination Desk Guide

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

### CLOSING CODES

E	F	G	I	M	N	P	R	U	V	W	Y
E10	F10	G01*	I46*	M15*	N10	P30	R10*	U40*	V20*	W10	Y78*
E18*	F11*	G12*		M25*	N12*	P31	R11*	U41*	V21	W11	Y86
E19*	F12*	G16*		M35	N13	P32		U42*	V23*	W23*	Y95
E30*	F19	G17*		M37	N14*			U43*	V24*	W40	Y98
E31*	F33*	G19		M40	N15*			U44*	V25*	WC1	Y99
E32*	F39*	G21		M44*	N16				V26*	WE1	
E33*	F40*	G22*		M48*	N17*				V50*	WE2	
E34*	F44*	G23		M49*	N19				VE1	WE3	
E35*	F45*	G24*		M50*	N20					WS1	
E36*	F46*	G25*		M71	N21					WS2	
E38*	F52	G26*		M77	N41					WS3	
E39*	F53	G27		M78	N42					WS4	
E40*	F76*	G28		M79	N43					WS5	
E64	F81	G29*		M81	N70					WS6	
E65	F84*	G30*		M82	N71					WS7	
E69	F98	G31*			N72					WS8	
E73	FX1	G32*			N88					WX1	
		G33*									
		G36									
		G40*									
		G41									
		G81									
		G89*									
		G92*									
		G96*									
		G97*									
		G99*									
		GX1*									

\*If SNCA/SNNC case, a Separate SNAP Determination is required. If FA/SNFP, case may be eligible for five months of Transitional SNAP benefits.

When rejecting a CA/SNAP application, SNAP Reject Code **J05** must be entered in element **331** (SNAP Reason) of the TAD. This is the only RJ Code that will create Sep Det SNAP case when CA/SNAP are being denied at the same time.



## Supplemental Nutrition Assistance Program (SNAP) Income Eligibility Guidelines Desk Guide

Household Size	130% Gross Income Standard		165% Gross Income Standard	100% Net Income Standard	200% Gross Income Standard
	Monthly	Semimonthly	Monthly	Monthly	Monthly
1	\$1,180.00	\$590.00	\$1,498.00	\$908.00	\$1,815.00
2	\$1,594.00	\$797.00	\$2,023.00	\$1,226.00	\$2,452.00
3	\$2,008.00	\$1,004.00	\$2,548.00	\$1,545.00	\$3,088.00
4	\$2,422.00	\$1,211.00	\$3,074.00	\$1,863.00	\$3,725.00
5	\$2,836.00	\$1,418.00	\$3,599.00	\$2,181.00	\$4,362.00
6	\$3,249.00	\$1,624.50	\$4,124.00	\$2,500.00	\$4,998.00
7	\$3,663.00	\$1,831.50	\$4,649.00	\$2,818.00	\$5,635.00
8	\$4,077.00	\$2,038.50	\$5,175.00	\$3,135.00	\$6,272.00
Each Additional Member	+\$414.00	+\$207.00	+\$526.00	+\$319.00	+\$637.00

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

Important information regarding certain households.

- Households in which all members receive, or are authorized to receive, FA, SNA and/or SSI benefits are categorically eligible for SNAP benefits because of their status as FA, SNA and/or SSI recipients. The 130% gross income and 100% net income tests are not applied as eligibility criteria to these households.
- Households that are not categorically eligible for SNAP benefits due to their status as FA, SNA and/or SSI recipients can still be categorically eligible for SNAP benefits and exempt from the 100% net income test if they pass the 130% gross income test. If the household contains an aged or disabled member or incurs an out-of-pocket dependent care expense, they are categorically eligible and exempt from the 100% net income test if they pass the 200% gross income test.
- Households with an aged or disabled member that are not categorically eligible due to either of the above criteria, are still exempt from the 130% gross income test, but must pass the 100% net income test to be eligible for SNAP benefits.
- Elderly or disabled members (and their spouses) who are incapable of buying food or preparing meals due to a disability may apply as a separate SNAP unit if the income of the others with whom the individual resides (excluding the income of the elderly or disabled individual and spouse) does not exceed the 165% gross income limit.

## Supplemental Nutrition Assistance Program (SNAP) Recertification History Sheet Guide for LDSS-4826 Supplemental Nutrition Assistance Program Benefits Application

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**HOUSEHOLD SIZE** \_\_\_\_\_ Existing data per CED

**Current Information on Application** List Household Members

Eligible Household Members	Verification of Residence Seen/Date of Documentation	Alien Status			Work Registration			Finger Imaging Required		Discrepancy/Resolution		
		ACI Code/NA	SAVE-W-515X completed		Employment Code			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Social Security Number	If not verified	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	WA	WR	WE			If code is not 1 or 8	Birthdate
Ineligible Household Members	Reason	SAMPLE										
Nonhousehold Members	Relationship to Casehead	SAMPLE										

**STUDENT** Is anyone currently attending a vocational or training program? Yes  No

Name of Student	Name and Address of School	Program	Indicate Status
			30 hours or more <input type="checkbox"/> Less than 30 hours <input type="checkbox"/>

**HIGHER EDUCATION** Is anyone in the household currently a student in an institution of higher education requiring a high school diploma? Yes  No

Name of Student	Name and Address of School	Program	Indicate Status
			20 hours or more <input type="checkbox"/> Less than 20 hours <input type="checkbox"/>

<p><b>Employment Information</b> Review work registration status for all individuals aged 16–59. Refer to work activity if required. Obtain documentation for permanent and temporary disabilities.</p>	<p><b>Review Alien Eligibility Desk Aid LDSS-4579</b></p>	<p><b>ABAWD (ES Code WR)</b> Determine current eligibility for individuals subject to the ABAWD requirements.</p>	<p><b>Finger Imaging</b> Finger-image head of H/H and all adults 18 years of age or older, unless exempt.</p>
---	---	---	---

**INCOME**

Existing Data per CED			Current Information on Application List Name(s), Source(s) and Amount(s) of Income				Case Name: _____
Line Number	Income Source Code	Amount	Name	Source	Amount	Frequency	Verification/Documentation/Calculation for All Income Sources:
		\$			\$		
		\$			\$		
		\$			\$		
		\$			\$		
		\$			\$		

**RESOURCES/ASSETS**

- Automobile   
  Bank Accounts   
  Investments   
  Real Estate   
  Other

Resources Indicated on Case Record/Image Viewer and/or RFI Screen Printout:

SAMPLE

Resources Reported on the SNAP Application:

Verification Seen/Date of Documentation:

**CED**  
Review/Resolve High Risk Messages.  
Example: Milestone Events

**Exempt Automobile**  
One licensed vehicle per adult household member and one licensed vehicle for each child under age 18 who drives to work, school, training or to seek work. Refer to CA and SNAP Resource Limits/Exemptions Desk Guide (**W-204X**) for additional licensed vehicle exemptions.  
Refer to Kelley Blue Book for details on calculating the value of nonexempt vehicles.

**Current Documentation**  
For documentation to be current it must not be more than 60 days old.

**EXPENSES**

Review existing data per CED

	Indicate Amount Charged
Rent	\$
Mortgage/Maintenance Fees	\$
Medical	\$
Dependent Care	\$
Child Support Payment	\$
Other Mandatory Fees	\$

Amount Reported on Application

Data Changed?

	Indicate Amount Charged	Yes	No
Rent	\$	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage/Maintenance Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>
Medical	\$	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Care	\$	<input type="checkbox"/>	<input type="checkbox"/>
Child Support Payment	\$	<input type="checkbox"/>	<input type="checkbox"/>
Other Mandatory Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

If there is a change, explain case action:

**Standard Utility Deductions (SUA) Level**

Heating/Cooling	
Utilities	
Telephone	

Heating/Cooling	\$	<input type="checkbox"/>	<input type="checkbox"/>
Utilities (e.g., Washer/Dryer)	\$	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	\$	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER PERTINENT DATA**

Detail Match Information/Include when discrepancy was resolved:

Is there a computer match on this case?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Was the RFI resolved?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**Summary of Deferral Areas**

Please check the appropriate deferral area(s)

Explanation of Deferral(s):

Household Size	Income	Resources/Assets	Expenses	Other	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Deferral Case Actions**

Effective Date: \_\_\_\_\_

The case has been deferred for verification of expenses. The case will be recertified without budgeting these expenses if the requested verification is not received.

The case has been deferred for verification required to establish eligibility. The case will be closed if the requested verification is not received.

Eligibility Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Review HEAP Eligibility

Refer to SUA Levels Desk Guide (W-205HH)

**Information**

NYCHA rents and Section 8 subsidies are based on 30% of the household's gross income. If rent exceeds 30% of gross income, question participant about Section 8 or other income. Budget only participant's share of the rent.

**Medical Expenses**

Only for household members who are elderly or disabled (age 60, receiving Social Security, SSI, 100% V.A. Disability, Government Disability Pension). Refer to SNAP Source Book, Section 11, for additional criteria.

**Medical Bills**

Include only that portion of bills not reimbursed by third-party insurers or Medicare or Medicaid. Do not include any bills previously claimed and credited on SNAP budgets.

SAMPLE

**Deferral Returns**

Date	Deferral Area	Documentation Submitted		Re-Deferred for Documentation
				No <input type="checkbox"/> Yes <input type="checkbox"/>
				If Yes, explain:

**Final Case Action**

Date	Action	Reason		Re-Deferred for Documentation
		SAMPLE		No <input type="checkbox"/> Yes <input type="checkbox"/>
	Recertified <input type="checkbox"/>			If Yes, explain:
	Closed <input type="checkbox"/>			

**Additional Information/Documentation:**

---

---

---

---

---

---

---

---

Recertification Statement:  
This case has been reviewed and the actions necessary to maintain eligibility and appropriate benefits have been taken.

Eligibility Specialist: \_\_\_\_\_ Date: \_\_\_\_\_  
I have reviewed the actions taken and certified that they are appropriate and in accordance with department policy.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_