




FAMILY INDEPENDENCE ADMINISTRATION

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #14-135-ELI (This Policy Bulletin Replaces PB #14-109-ELI)

JANUARY 2015 SOCIAL SECURITY COLA CHANGES FOR NYSNIP HOUSEHOLDS

Date: December 24, 2014	Subtopic(s): NYSNIP																								
<p> This procedure can now be accessed on the FIAweb.</p> <p>The NYSNIP benefit levels are listed on the Guide to SNAP Budgeting (W-204G).</p>	<p>The purpose of this policy bulletin is to inform Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff of the changes in the New York State Nutrition Improvement Project (NYSNIP) standardized benefit levels and in the shelter cost threshold to be considered high shelter. These changes are due to the annual Supplemental Security Income (SSI) cost of living adjustment (COLA) and are effective January 1, 2015.</p> <p>The standardized SNAP benefit level for NYSNIP households with Shelter Type Code 96 (NYSNIP – high shelter costs) that do not qualify for the heating/cooling standard utility allowance (SUA) and receive SSI only will decrease from \$31 to \$26.</p> <p>The standardized SNAP benefit level for NYSNIP households with Shelter Type Code 96 that do not qualify for the heating/cooling SUA and receive SSI and other income will decrease from \$22 to \$17.</p> <p>All other NYSNIP standardized benefit levels will remain the same.</p> <p>The NYSNIP standardized benefit levels effective January 1, 2015 are as follows:</p> <table border="1" data-bbox="479 1438 1453 1732"> <thead> <tr> <th></th> <th><u>SSI only</u></th> <th><u>SSI and other income</u></th> </tr> </thead> <tbody> <tr> <td>Shelter Type Code 94</td> <td>\$194</td> <td>\$194</td> </tr> <tr> <td>Shelter Type Code 95</td> <td>\$194</td> <td>\$194</td> </tr> <tr> <td>Shelter Type Code 96</td> <td>\$194</td> <td>\$194</td> </tr> <tr> <td>Shelter Type Code 96 (No SUA)</td> <td>\$ 26</td> <td>\$ 17</td> </tr> <tr> <td>Shelter Type Code 97</td> <td>\$194</td> <td>\$194</td> </tr> <tr> <td>Shelter Type Code 97 (No SUA)</td> <td>\$ 16</td> <td>\$ 16</td> </tr> <tr> <td>Shelter Type Code 98</td> <td>\$ 16</td> <td>\$ 16</td> </tr> </tbody> </table>		<u>SSI only</u>	<u>SSI and other income</u>	Shelter Type Code 94	\$194	\$194	Shelter Type Code 95	\$194	\$194	Shelter Type Code 96	\$194	\$194	Shelter Type Code 96 (No SUA)	\$ 26	\$ 17	Shelter Type Code 97	\$194	\$194	Shelter Type Code 97 (No SUA)	\$ 16	\$ 16	Shelter Type Code 98	\$ 16	\$ 16
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Shelter Type Code 98	\$ 16	\$ 16																							

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

Change in the NYSNIP shelter cost threshold

The NYSNIP shelter cost threshold to be considered as “High Shelter” (Shelter Type Codes **94** and **96**) will change from greater than \$242 per month to greater than \$246 per month and the shelter cost threshold to be considered as “Low Shelter” (Shelter Type Codes **95** and **97**) will change from \$242 or less per month to \$246 or less per month.

State notice

The State mailed the Notice of Mass Change (see **Attachment A**) to NYSNIP households that will incur a decrease in their SNAP benefits.

System changes

The Welfare Management System (WMS) has been programmed to reflect the NYSNIP benefit changes. Most cases were rebudgeted centrally through a mass rebudget on December 20, 2014. Cases that were rebudgeted have a 01/A/15 budget effective date.

Effective January 1, 2015

Reference:

GIS 14 TA/DC055


Related Items:

[PB #14-134-OPE](#) Revisions to the Guide to Supplemental Nutrition Assistance Program (SNAP) Budgeting (**W-204G**)

[PD #14-30-ELI](#) January 2015 SSI/RSDI COLA

Attachment:

Attachment A Notice of Mass Change

 Please use Print on Demand to obtain copies of forms.

P.O. BOX 02-9121
Brooklyn GPO
Brooklyn, N.Y. 11202-9121

The City Of New York
HUMAN RESOURCES ADMINISTRATION
FAMILY INDEPENDENCE ADMINISTRATION

CONFERENCE PHONE
NÚMERO PARA CONFERENCIA

Center :
CASE No :

FAM SIZE:
DATE: December 8, 2014
FECHA: 8 de diciembre de 2014

**NOTICE OF MASS CHANGE
PREAVISO DE REDUCCIÓN EN SU SUBSIDIO SNAP**

DEAR SIR/MADAM:
ESTIMADO(A) SR./SRA./SRITA:

THIS IS TO INFORM YOU THAT YOUR SNAP BENEFITS MAY BE REDUCED EFFECTIVE JANUARY 1, 2015 FOR THE FOLLOWING REASON:

BEGINNING JANUARY 2015, SOCIAL SECURITY, SSI AND/OR VETERAN'S BENEFITS WILL INCREASE BY 1.7%. IF YOU ARE IN RECEIPT OF ANY OF THESE FEDERAL BENEFITS, THIS INCREASE IN INCOME TO YOUR HOUSEHOLD MUST BE CONSIDERED IN DETERMINING YOUR SNAP BENEFIT LEVEL. **IF YOU ARE IN RECEIPT OF BOTH SOCIAL SECURITY BENEFITS AND SSI, YOUR JANUARY SSI BENEFITS WILL BE REDUCED BY THE AMOUNT OF YOUR SOCIAL SECURITY BENEFIT INCREASE. THESE INCOME CHANGES MUST ALSO BE CONSIDERED IN DETERMINING YOUR SNAP BENEFITS.**

BEGINNING IN JANUARY 2015, IF YOU ARE AN SSI RECIPIENT LIVING ALONE IN THE COMMUNITY WHO IS PARTICIPATING IN THE NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP) AND YOUR RENT IS ABOVE or below \$246.00 and you either incur a separate bill or charge for heating or air conditioning costs or you have received Home Energy Assistance (HEAP) benefits of more than \$20 during the month this letter is dated or the during the immediately preceding twelve (12) months, YOUR MONTHLY SNAP BENEFIT OF \$194.00 WILL NOT CHANGE. HOWEVER, IF YOUR RENT IS above \$246.00 and you do not incur a separate bill or charge for heating or air conditioning costs or have not received Home Energy Assistance (HEAP) benefits of more than \$20 during the month this letter is dated or the during the immediately preceding twelve (12) months, BEGINNING IN JANUARY 2015, YOU WILL RECEIVE \$26 IN SNAP BENEFITS and if you receive income in addition to SSI, you will receive \$17 in SNAP benefits.

IF YOU ARE A NYSNIP PARTICIPANT WHO WAS RECEIVING \$16 PER MONTH IN SNAP BENEFITS, BEGINNING IN JANUARY 2015 YOU WILL continue to RECEIVE \$16 PER MONTH.

PAGE 2 OF THIS NOTICE IS A FINANCIAL FACT SHEET WHICH SHOWS YOUR NEW SNAP BENEFIT AMOUNT AND ALL THE INCOME INFORMATION ON OUR COMPUTER FILE THAT WAS USED TO CALCULATE YOUR NEW SNAP BENEFIT. WE HAVE ENCLOSED BUDGET WORKSHEETS WHICH YOU CAN USE TO DETERMINE WHETHER WE HAVE CORRECTLY DETERMINED YOUR NET SNAP INCOME. SEE 18 NYCRR 387.10, 387.12 AND 387.15.

POR MEDIO DE LA PRESENTE LE INFORMAMOS QUE REDUCIREMOS SU SUBSIDIO SNAP A PARTIR DEL 1º DE ENERO DE 2015 POR LA SIGUIENTE RAZÓN:

COMENZANDO EN ENERO DE 2015, LOS SUBSIDIOS DE SEGURO SOCIAL, SSI Y SUBSIDIOS PARA VETERANOS, AUMENTARÁN POR UN 1.7 %. SI USTED RECIBE ALGUNO DE LOS SUBSIDIOS FEDERALES ANTES MENCIONADOS, ESTE AUMENTO EN EL INGRESO DE SU GRUPO FAMILIAR DEBERÁ TOMARSE EN CUENTA EN EL CÁLCULO DEL MONTO DEL SUBSIDIO SNAP QUE USTED RECIBE. **SI USTED ACTUALMENTE RECIBE AMBOS SUBSIDIOS: SEGURO SOCIAL Y SSI, EL MONTO DEL SUBSIDIO DE SSI PARA EL MES DE ENERO SERÁ REDUCIDO POR EL MONTO DEL AUMENTO EN SU SUBSIDIO DE SEGURO SOCIAL. ESTOS CAMBIOS EN INGRESO TAMBIÉN DEBEN TOMARSE EN CUENTA EN EL CÁLCULO DE SU SUBSIDIO SNAP.**

COMENZANDO EN ENERO DE 2015, SI USTED ES UN BENEFICIARIO DE SSI QUE VIVE SOLO(A) EN LA COMUNIDAD Y PARTICIPA EN EL PROYECTO DE MEJORA NUTRICIONAL DEL ESTADO DE NUEVA YORK (NYSNIP) Y SU ALQUILER ES SUPERIOR o inferior a los \$246.00 y usted ya sea: **recibe facturas o cargos por separado de calefacción o aire acondicionado, o ha recibido el Subsidio de Energía para el Hogar (HEAP) por un monto mayor de \$20 en el mes de la fecha de esta carta o en los últimos 12 meses;** EL MONTO MENSUAL DE SU SUBSIDIO SNAP DE \$194.00 NO CAMBIARÁ. SIN EMBARGO, SI SU ALQUILER ES superior a los \$246.00 y usted no incurre facturas o cargos por separado de calefacción o aire acondicionado o no ha recibido el Subsidio de Energía para el Hogar (HEAP) por un monto mayor a los \$20 en el mes de la fecha de esta carta o en los últimos 12 meses; COMENZANDO EN ENERO DE 2015, USTED RECIBIRÁ \$26 EN SUBSIDIO SNAP y si usted recibe ingreso adicional al SSI, usted recibirá \$17 en subsidio SNAP.

SI USTED ES UN PARTICIPANTE DEL PROYECTO DE MEJORA NUTRICIONAL DEL ESTADO DE NUEVA YORK (NYSNIP) QUE RECIBÍA \$16 AL MES EN SUBSIDIO SNAP, COMENZANDO EN ENERO DE 2015, USTED CONTINUARÁ recibiendo \$16 AL MES.

LA PÁGINA 2 DE ESTE AVISO ES UNA HOJA DE DATOS FINANCIEROS LA CUAL MUESTRA SU NUEVO MONTO DE SUBSIDIO SNAP COMO TAMBIÉN TODOS LOS DATOS SOBRE INGRESOS REGISTRADOS EN NUESTRO ARCHIVO COMPUTARIZADO Y EL CUAL FUE UTILIZADO EN EL CÁLCULO DE SU NUEVO MONTO DE SUBSIDIO SNAP. HEMOS ADJUNTADO HOJAS DE CÁLCULO DE PRESUPUESTO LAS CUALES USTED PUEDE UTILIZAR PARA DETERMINAR SI HEMOS CALCULADO CORRECTAMENTE SU INGRESO NETO EN RELACIÓN CON LA SUBVENCIÓN SNAP. CONSULTE 18 NYCRR 387.10, 387.12 Y 387.15.

SINCERELY,
ATENTAMENTE,
MATTHEW BRUNE, EXECUTIVE DEPUTY COMMISSIONER / SUBCOMISIONADO
EXECUTIVO FAMILY INDEPENDENCE ADMINISTRATION

XL0263 (11/14)

YOUR FINANCIAL FACTS CURRENTLY ON FILE
SUS DATOS FINANCIEROS ACTUALMENTE EN ARCHIVO

Previous Net Supplemental Nutrition Assistance Program (SNAP)
Ingreso anterior del subsidio de Asistencia Nutricional Suplementaria (SNAP)

New Net SNAP Income
Nuevo Ingreso neto del subsidio SNAP

Previous Monthly Benefit Amount
Monto anterior mensual del subsidio

New Monthly Benefit Amount
Nuevo monto mensual del subsidio

A. MONTHLY INCOME
Ingreso Mensual

1a. Monthly Gross Income from Employment or Training. <i>Ingreso bruto mensual por empleo o entrenamiento.</i>	
b. Monthly Net Income from Self Employment. <i>Ingreso neto mensual por trabajo por cuenta propia.</i>	
2a. Net Monthly Income from Boarder/Lodger. <i>Ingreso neto mensual que recibe del huésped/ inquilino</i>	
b. Net Monthly Income from Lodger. <i>Ingreso neto mensual que recibe del inquilino</i>	
3. Total of Lines 1 and 2. <i>Total de las líneas 1 y 2.</i>	
4a. Monthly Gross Unearned Income. <i>Ingreso bruto mensual no devengado.</i>	
b.	
c.	
5. Monthly Income from Educational Loans, Scholarships. <i>Ingreso mensual por préstamos y becas educacionales.</i>	
6. Total of Lines 3, 4 and 5. A. <i>Total de líneas 3, 4 y 5</i>	\$

B. DEDUCTIONS
Deducciones

7. % of Line 3. <i>% de línea 3</i>	
8. Standard Deduction Monthly <i>Deducción mensual estándar</i>	
9. Monthly Child Care/Dependent Care Costs. <i>Gastos mensuales por cuidado de niños / de dependientes</i> (Maximum) <i>(Máximo)</i>	
10. Monthly Automatic Recoupment (from Public Assistance Grant) <i>Recuperación mensual automática (de subsidio de Asistencia Pública)</i>	
11. Monthly Tuition and Mandatory Fees <i>Gastos mensuales de colegiatura y cuotas obligatorias</i>	
12a. Monthly Medical Expense (less \$35 Deductible) <i>Gasto médicos mensuales (menos \$35 de deducible)</i>	
b.	
13. Total Lines 7, 8, 9, 10, 11, and 12 B. <i>Total de líneas 7, 8, 9, 10, 11, y 12</i>	\$

C. ADJUSTED INCOME
Ingreso ajustado

14. Subtract B from A. (Line 13 from Line 6.) <i>Reste B de A. (Línea 13 de línea 6.)</i>	C. \$
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D. SHELTER COSTS
Gastos de Vivienda

15. Monthly Rent or Mortgage actually paid. <i>Renta o hipoteca actualmente pagada cada mes.</i>	
16. Monthly Heating Expense <i>Gasto mensual por calefacción.</i>	
17. Monthly Utility Expense <i>Gasto mensual por utilidades.</i>	
18. Monthly Telephone Expense <i>Gasto mensual por teléfono.</i>	
19. Other Monthly Shelter Expense. (Real Estate Taxes, Insurance, Installation of Utilities, etc.) <i>Otros gastos mensuales de vivienda. (Impuestos inmobiliarios, seguro, conexión de servicios públicos etc.)</i>	
20. Total of Lines 15, 16, 17, 18, and 19. D. <i>Total de líneas 15, 16, 17, 18, y 19</i>	\$

E. SNAP NET INCOME
Ingreso neto por subsidio SNAP

21. Excess Shelter Deduction (Line 20 minus ½ of Line 14. The total cannot be more than <i>Deducción de gastos de vivienda en exceso (línea 20 menos ½ de línea 14. El total no puede ser más de)</i>	
22. MONTHLY NET SNAP INCOME (Subtract Line 21 from Line 14.) <i>Ingreso neto mensual por subsidio SNAP (reste línea 21 de línea 14)</i>	
23. MONTHLY COUPONS AMOUNT <i>Cantidad mensual del subsidio SNAP</i>	E. \$

MINUS RECOUPMENT OF
MENOS EL REEMBOLSO DE

ADJUSTED SNAP AMOUNT
MONTO AJUSTADO DEL
SUBSIDIO SNAP

Attachment A

Notice of Intent To Change SNAP Benefits Due To An Increase In Social Security, SSI and/or Veteran's Benefits

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE (Informal meeting with us)** - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the front of this notice or write to us at the address on the front of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See "Keeping Your Benefits The Same" below.)

2. **STATE FAIR HEARING** – You have **90 days** from the date of this notice to ask for a fair hearing:

KEEPING YOUR BENEFITS THE SAME: We will restore your SNAP Benefits to the same level they were before this notice, if you ask for a fair hearing before the effective date stated in this notice. However, if you lose the fair hearing, you will have to pay back any SNAP Benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box below:

I do not want to keep my SNAP Benefits the same until the Fair Hearing decision is issued.

If at the hearing, the hearing officer determines that you are not complaining about an incorrect computation of your benefits or that there has been a misapplication or misinterpretation of Federal Law or regulations, the hearing officer may determine that you were not entitled to have your SNAP Benefits continue unchanged until the fair hearing decision is issued, and order that the reduction take effect immediately.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by mail, by phone, by fax, by walk-in or online.

Mail: Send a copy of the notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) _____

Phone: 800-342-3334 (Please have this notice with you when you call.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735.

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn.

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax, walk-in or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or fax (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.

Notice Date: December 8, 2014

Effective Date: January 1, 2015

NYC SNAP COLA '15

XL263C (11/14)