




# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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## POLICY BULLETIN #15-109-OPE

### DUTY TO ASSIST APPLICANTS/PARTICIPANTS

<p><b>Date:</b> December 8, 2015</p>	<p><b>Subtopic(s):</b> Eligibility</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff of their duty to assist applicants/participants at application, recertification, or at any point of contact with obtaining documentation/verification documents, whenever possible. This can be done through a search of available databases or via collateral contact. This policy bulletin is informational for all other staff.</p> <p>Applicants/participants applying for Cash Assistance (CA) and/or Supplemental Nutrition Assistance Program (SNAP) benefits may be asked to provide verification of eligibility factors such as identity, residence, household composition, date of birth, social security number, citizenship status, income, and resources, if applicable. Information on acceptable documentation to verify the various eligibility factors can be found in the TA/SNAP Documentation/Verification Desk Guide (<b>LDSS-3666</b>) and Eligibility Factors and Suggested Documentation Guide (<b>W-119D</b>).</p> <p>The JOS/Worker must review the OneViewer to determine if a document is already on file before asking for it. When applicants/participants are unable to provide acceptable documentation, it is the duty of the JOS/Worker to assist the applicant/participant with obtaining the documentation.</p> <p>The JOS/Worker has access to various systems (i.e., TALX, State Online Query System) to obtain information that may be verified upon receipt. The JOS/Worker should not delay or reject an applicant/participant's application or recertification due to missing documentation, if the information can be obtained from another system or through self-attestation, if applicable. Documentation that a JOS/Worker obtains through a system match is <u>not</u> to be given to an applicant/participant.</p>

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

## Documentation Requirements for CA and SNAP

Refer to [PB #08-21-OPE](#)

For SNAP:

- Copies of documentation may be accepted from applicants/participants.

For CA:

- Copies of documents are acceptable to verify all eligibility factors other than identity and citizenship status.

**Note:** The JOS/Worker must make a copy of the original document and enter a case note that the original document was seen.

Refer to [PB #15-50-OPE](#)

Foreign language documentation submitted by applicants/participants may be submitted to the Office of Refugee and Immigrant Affairs (ORIA) for written translation.

Refer to [PB #08-21-OPE](#)

The JOS/Worker must review the OneViewer to determine if a document is already on file.

Re-applicants/participants should not be asked to submit documentation that is not subject to change and that is already on file, such as:

- Identity
- Date of Birth (DOB)
- Social Security Number (SSN)
- Relationship to other household members
- Citizenship status

**Note:** If citizenship status changes, documentation must be re-submitted.

Documentation for eligibility factors that are subject to change must be current (no more than 30 days prior to the application or recertification date).

Documentation that is subject to change includes:

- Residence
- Household composition
- Earned Income
- Unearned Income
- Resources

**Note:** A lease is considered current until it expires, even if it is more than 30 days old.

### Collateral Contact

When an applicant/participant is unable to provide sufficient documentation, or when documentation is unavailable, collateral contact may be used. Collateral contact is the gathering of information through contact with sources such as relatives, employers, banks, insurance companies, school personnel, social services agencies, and other appropriate individuals and organizations. Applications should not be deferred for missing documentation if the information can be obtained through attestation or collateral contact.

Collateral contact or attestation can be used to establish the relationship between an adult caretaker and child, when no other documentation exists. It is often difficult to obtain formal documentation of a relationship where the caretaker is related to the child, when the child has been born out of wedlock and paternity has not been established. Additionally, when the relationship between caretaker and child becomes more distant than parent, grandparent, brother/sister, or aunt/uncle, documenting the relationship becomes more difficult.

To establish the relationship between an adult caretaker and child when no other documentation exists, the JOS/Worker may accept the following forms of documentation, including, but not limited to:

- Statements from individuals or community groups who state their knowledge about the relationship.
- School records – a statement from the school which states the relationship of the child to the caretaker as declared in school records.
- Attestation – the signed application in which the caretaker states the relationship.
- Signed statements – a signed statement from a leader of a religious community, a person authorized to act on his/her behalf, a landlord, neighbor, day care worker, or doctor, attesting to the relationship as presented to the community by the adult caretaker relative.

Refer to the [Temporary Assistance Source Book](#), Chapter 5, and the [Supplemental Nutrition Assistance Program Source Book](#), Chapter 5

JOS/Workers can assist applicants/participants with obtaining verification documentation through the Paperless Office System (POS). An application or recertification should not be deferred for missing documentation if the information can be obtained through a POS clearance. POS provides access to various databases to obtain a clearance.

Some of the POS clearances include:

- Vital Records
- Housing
- Employment and Income
- Resources
- Utilities

### **Vital Records**

Refer to [PB #09-101-SYS](#)

The New York City Department of Health and Mental Hygiene (NYC DOHMH) has a database of all births and deaths in NYC. The JOS/Worker can assist a NYC-born applicant/participant in obtaining verification of a birth/death record by accessing the NYC Vital Records through POS. POS will validate the birth certificate information (name, SSN, DOB, gender, mother's maiden name) against the birth records housed at the NYC DOHMH. Death records are matched against the Death Report results from the NYC DOHMH.

Refer to [PB #10-83-ELI](#)

When sufficient documentation is lacking, a JOS/Worker may need to obtain birth/death verification for an applicant/participant, in order to establish eligibility factors such as age, relationship between the payee and the children, death of an individual related to an applicant/participant for CA, and United States Citizenship, if questionable, for individuals born in New York City.

Refer to [PB #10-81-ELI](#)

The JOS/Worker is also able to assist applicants/participants born outside of NYC with obtaining a copy of a birth certificate to verify an eligibility factor (or a death certificate on record with an agency outside of NYC for an individual related to the CA applicant).

The JOS/Worker must:

- Complete the Request for Birth or Death Verification from Agencies Outside New York City (**W-680**) form, and ask the applicant/participant to sign the authorization section.

- Scan and index Form **W-680** into the electronic case record.
- Request photo identification for birth verification requests only.
  - Attach a copy of the applicant's/participant's photo identification to the request.
  - If birth verification is requested for a minor child on the case, attach the photo identification of the parent or caretaker relative requesting assistance for the minor child.
- Send Form **W-680** and a copy of the photo identification via interoffice mail to:

Office of Central Processing (OCP)  
98 Flatbush Avenue, 3<sup>rd</sup> Floor  
Brooklyn, NY 11217

OCP will process the request and forward it to the appropriate out-of-state agency.

### Housing

Refer to [PB #15-57-OPE](#)

The New York State Office of Temporary and Disability Assistance (OTDA) has waived the requirement of mandatory verification of shelter expenses (e.g. rent) as a three-year demonstration project for some NCA SNAP applicant/participant households.

The Eligibility Specialist (ES)/Worker must accept the self-attestation of shelter expenses by SNAP applicants/participants, if qualified. Self-attestation of shelter expenses is also permitted for applications and recertifications submitted online through ACCESS NYC. The ES/Worker may not need to ask SNAP applicants/participants to provide shelter expenses such as a rent receipt, lease, mortgage, property records, landlord statement, utility bill, etc., if qualified.

The NCA SNAP households that do not have to verify shelter expenses include:

- Households with the following Welfare Management System (WMS) Shelter Type codes:
  - **02** (NYCHA Apartment – Utilities Included)
  - **24** (NYCHA Apartment – Utilities Not Included)
  - **40** (NYCHA / Section 8 Voucher – 30% Limit)

- Households who are non-primary/secondary tenants (these are households who are not the tenant of record in the dwelling in which they reside); and
- Households that do not contain an aged (60 years of age or older) or disabled individual **and** who qualify for the heating/cooling Level I standard utility allowance (SUA).

The self-attestation of shelter expenses for the above listed household applies when processing information listed on any of the following forms:

- Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (**LDSS-4826**);
- Periodic Report (**LDSS-4310**);
- Supplemental Nutrition Assistance Program (SNAP) Change Report Form (**LDSS-3151**);
- NYSNIP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC) (**LDSS-4836-NYC**); or
- Important Notice to Supplemental Nutrition Assistance Program (SNAP) Applicants/Participants (**W-127 N/P**).

**Note:** Self-attestation of shelter expenses does not apply to SNAP households that are applying for or in receipt of recurring CA.

## **Employment and Income**

### TALX/The Work Number Service

Refer to [PD #11-11-EMP](#)

TALX/The Work Number Service is an employment verification process that must be used by JOS/Workers when determining eligibility for CA/SNAP benefits for all applicants. TALX/The Work Number Service provides detailed, up-to-date employment and income verification from companies that register with the TALX Corporation. Please note that not every employer participates in TALX/The Work Number Service.

When an applicant applying for CA/SNAP benefits is unable to provide income or employment documentation, the JOS/Worker can utilize TALX/The Work Number Service to verify employment and income. The employment and income information obtained from TALX is considered “verified upon receipt” for CA and SNAP purposes.

### State Online Query (SOLQ) System

Refer to [PB #14-133-SYS](#)

The SOLQ system conducts real time inquiries with the Social Security Administration's databases, provides detailed information that is considered verified upon receipt, and can be used in determining an applicant's eligibility, or for verifying a participant's continuing eligibility during recertification for CA benefits.

The JOS/Worker can also assist applicants/participants in receipt of Social Security Retirement, Social Security Disability (SSD), or Supplemental Security Income (SSI) with obtaining documentation through the State Online Query (SOLQ) system.

The SOLQ system allows authorized staff to:

- Conduct real time inquiries with the Social Security Administration's databases;
- Obtain authoritative data on an individual's Social Security Retirement, Social Security Disability (SSD), Supplemental Security Income (SSI), and Medicare Parts A and B benefits; and
- Verify a person's Social Security Number.

### Automated Child Care Information System (ACCIS)

The JOS/Worker can assist CA/SNAP applicants/participants who are also child care providers, with obtaining income documentation through the Automated Child Care Information System (ACCIS) in POS. Income information in ACCIS is considered verified upon receipt.

Refer to [PD #13-22-ELI](#) and [PB #15-96-SYS](#)

All child care providers must be registered in ACCIS to receive payment from the Human Resources Administration (HRA). The JOS/Worker will utilize POS for an ACCIS clearance. When a match is found in the ACCIS system using the applicant/participant's SSN, a clearance window will open. The clearance window will show applicant/participant demographic information, information from ACCIS, and payment information.

### Child Support

JOS/Workers can assist NCA SNAP applicants/participants who receive child support payments with obtaining documentation, through a computer match between the Family Independence Administration (FIA) and the Office of Child Support Enforcement (OCSE).

Refer to [PD #15-13-SYS](#)

POS communicates with the Automated State Support Enforcement and Tracking System (ASSETS) to generate a clearance. The clearance indicates whether an NCA SNAP applicant or participant receives child support payments. The ES/Worker will compare the information generated by the OCSE database match to the information provided by the NCA SNAP applicant/participant, if applicable.

### **Resources**

Refer to [PD #15-19-ELI](#)  
and [PD #09-43-SYS](#)

As a condition of eligibility, CA applicants/participants are required to use available resources and to apply for, as well as pursue, potentially available resources.

A JOS/Worker can assist CA applicants/participants to retrieve documentation regarding resources through the Resource File Integration (RFI), a subsystem of the Welfare Management System (WMS). RFI identifies the financial resources (employment income, unemployment benefits, Social Security Administration benefits, checking and savings account information, etc.) of applicants/participants.

Refer to [PD #03-42-OPE](#)

When an applicant/participant does not have documentation regarding his/her vehicle, the JOS/Worker can utilize the New York State Department of Motor Vehicles (DMV) clearance in POS. The JOS/Worker will be able to access the Kelley Blue Book in POS to help determine the "Trade-In Value" of the vehicle.

### **Social Security Number (SSN)**

When an applicant/participant does not have his/her Social Security Card, the JOS/Worker can utilize SOLQ or WMS to verify the SSN.

Refer to [PB #14-133-SYS](#) and [PD #14-21-ELI](#)

Using SOLQ, the JOS/Worker can verify whether or not the SSN entered into SOLQ is known to OTDA. The JOS/Worker may also



use WMS to validate a SSN. When an individual's SSN is entered in POS and transmitted to WMS, WMS compares the SSN provided and the individual's demographics to the data in the Social Security Administration's database, to determine whether the SSN provided is valid.

### **Utilities**

Refer to [PB #15-96-SYS](#)  
and [PB #15-84-SYS](#)

The JOS/Worker can assist an applicant/participant with obtaining utility documentation. POS contains a table of Con Edison data (Con Edison account number, social security number, applicant/participant name and address), which is matched against the existing data in POS.

### **Education**

Refer to [PB #13-11-SYS](#)

When an applicant/participant is unable to provide school attendance verification for a child, the JOS/Worker must assist the applicant/participant by using the Department of Education (DOE) match in POS. The DOE match window displays DOE information for each student. This DOE file is provided to HRA each month, with updates to student discharge codes.

JOS/Workers have access to a variety of databases to assist applicants/participants in obtaining verification documentation, which decreases the burden on applicants/participants to gather their own documents, ensures that documentation is submitted in a timely manner, and expedites the receipt of CA/SNAP benefits.

*Effective Immediately*


### **References:**

[Temporary Assistance Source Book](#), Chapter 5  
[Supplemental Nutrition Assistance Program \(SNAP\) Source Book](#),  
Chapter 5

**Related Items:**

[PB #08-21-OPE](#)  
[PB #09-101-SYS](#)  
[PB #10-81-ELI](#)  
[PB #10-83-ELI](#)  
[PB #13-11-SYS](#)  
[PB #14-133-SYS](#)  
[PB #15-50-OPE](#)  
[PB #15-57-OPE](#)  
[PB #15-84-SYS](#)  
[PB #15-96-SYS](#)  
[PD #03-42-OPE](#)  
[PD #09-43-SYS](#)  
[PD #11-11-EMP](#)  
[PD #13-22-ELI](#)  
[PD #14-21-ELI](#)  
[PD #15-13-SYS](#)  
[PD #15-19-ELI](#)

**Attachments:**

 Please use Print on Demand to obtain copies of forms.

<b>LDSS-3151</b>	Supplemental Nutrition Assistance Program (SNAP) Change Report Form (Rev. 2/15)
<b>LDSS-3666</b>	TA/Supplemental Nutrition Assistance Program (SNAP) Documentation/Verification Desk Guide (Rev. 8/12)
<b>LDSS-4310</b>	Periodic Report (Rev. 6/14)
<b>LDSS-4826</b>	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (Rev. 8/12)
<b>LDSS-4836 NYC</b>	NYSNIP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC) (Rev. 12/14)
<b>W-119D</b>	Eligibility Factors and Suggested Documentation Guide (Rev. 5/17/14)
<b>W-119D (S)</b>	Eligibility Factors and Suggested Documentation Guide (Spanish) (Rev. 5/17/14)
<b>W-127N/P</b>	Important Notice to Supplemental Nutrition Assistance Program (SNAP) Applicants/Participants (Rev. 12/4/15)
<b>W-127N/P (S)</b>	Important Notice to Supplemental Nutrition Assistance Program (SNAP) Applicants/Participants (Spanish) (Rev. 12/4/15)
<b>W-680</b>	Request for Birth or Death Verification from Agencies Outside New York City (Rev. 12/4/15)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM**  
 (Please Print Clearly)

CASE NUMBER									

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

DATE: \_\_\_\_\_

**TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE THIS FORM AND MAIL TO:**

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:    
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**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance Program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".**

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> <b>YES – Go To "TBA" on page 3</b> (Skip questions 2 through 8)	<input type="checkbox"/> <b>NO – Go To Question #2, below</b>
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> <b>YES – Go To "NYSNIP" on page 3</b> (Skip questions 3 through 8)	<input type="checkbox"/> <b>NO – Go To Question #3, below</b>
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> <b>YES –Go To "Change Reporting" on page 2</b> (Skip questions 4 through 8)	<input type="checkbox"/> <b>NO – Go To Question #4, below</b>
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> <b>YES –Go To "Simplified Reporting" on page 2</b> (Skip questions 5 through 8)	<input type="checkbox"/> <b>NO – Go To Question #5, below</b>
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> <b>YES –Go To "Change Reporting" on page 2</b> (Skip questions 6 through 8)	<input type="checkbox"/> <b>NO – Go To Question #6, below</b>
6. Does your household receive \$0 income (including \$0 Temporary Assistance)	<input type="checkbox"/> <b>YES –Go To "Change Reporting" on page 2</b> (Skip questions 7 and 8)	<input type="checkbox"/> <b>NO – Go To Question #7, below</b>
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> <b>YES – Go To "Change Reporting" on page 2</b> (Skip question 8)	<input type="checkbox"/> <b>NO – Go To #8, below</b>
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> <b>Go To "Simplified Reporting" on the top of page 2</b>	

**SIMPLIFIED REPORTING RULES:** As a SNAP household under the “Simplified Reporting” rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household’s gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household’s certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a 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 legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household’s **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2250 (more than \$3250 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6

3. **If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (“ABAWD”), 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 SNAP household under the “Change Reporting” rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household’s total **earned income** when it goes up or down by more than \$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 legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household’s **cash, stocks, bonds, money in the bank or savings institution** if the total cash and savings of all household members now amounts to more than \$2250 for a household **without** an elderly or permanently disabled household member **or** \$3250 for a household **with** an elderly or permanently disabled household member.
- If anyone in your SNAP household is an **Able-Bodied Adult Without Dependents (“ABAWD”),** 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 SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**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, heat/air-conditioning costs, or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**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 SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If 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 SNAP benefits. **Reported changes must be verified before we can increase your benefits.**

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

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6).**

**Use the Form Below to Report Changes**

**CHANGE IN INCOME OR SOURCE OF INCOME** – If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2. If you are a Change Reporter, your reporting rules are also explained on Page 2.

NAME OF PERSON RECEIVING INCOME	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?  YES  NO      If Yes, are meals  INCLUDED  NOT INCLUDED

RENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO		
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		
• Utilities (electricity, cooking gas, garbage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
MORTGAGE PAYMENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you have a <b>mortgage</b> 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 <b>separate</b> from your <b>mortgage</b> :	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, garbage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

Are you living in section 8 or other subsidized housing?  YES  NO      Are you living in public housing?  YES  NO

**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**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 \$2,250 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled).

\$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <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 SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

**DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?**  YES  NO

If “NO” explain:

**CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD**  NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6** 

**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.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

**SNAP PENALTY WARNING** – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. 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 SNAP benefits.

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

- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP-IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found guilty of making a false statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.

Additionally, a court may bar an individual from participating in SNAP for an additional 18 months.

Permanent disqualification of an individual for:

- The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.
- The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of \$500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)
- The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- All third SNAP Intentional Program Violations.

Any SNAP recipient who knowingly provides incorrect information now could also be fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found guilty of an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

Additionally the following is not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for action that include:

- Using or have in your possession EBT cards that do not belong to you, without the card owner's consent.
- Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit.
- Allowing someone else to use your electronic benefit transfer (EBT) card in exchange for cash, firearms, ammunition or explosives, or drugs or to purchase food for individuals who are not member of the SNAP household.

**CERTIFICATION**

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE

DATE

X



**TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE**

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	SECONDARY	TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M	Identity	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers <b>For SNAP</b> – Identity is only mandatory for the person making the application.	Statement from Another Person Social Security Number Birth/Baptismal Certificate SOLQ  <b>For SNAP</b> - In the case of an authorized representative, both the auth rep and applicant must verify Identity.	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 <b>For TA and SNAP</b> , provided or apply for # at certification; must verify at first recertification unless validated by WMS SOLQ
M	M *	Residence	Statement from Landlord Current Rent Receipt or Lease Mortgage Records  <b>For SNAP</b> - Residence is verified at a household level	Statement from Another Person Current Mail School Records Fuel/Utility bill	M M	Q M	Citizenship  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 <b>For TA and SNAP</b> , alien status is verified on an individual basis <b>For SNAP Only</b> , citizenship is verified only if questionable
M	M *	Household Composition/ Size	Statement from Non-relative Landlord For SNAP – household size must be verified. This can be done through collateral contacts or readily available documents which can be used to establish Identity.	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 <b>For SNAP Only</b> , 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
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				Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check

**LEGEND:** M = Mandatory Documentation/Verification required for Certification  
 N = No Documentation/Verification required  
 O = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)  
 \* = Verification can be pended under SNAP Expedited Processing  
 Q = Verification is Only Necessary if Questionable

**TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK AID**

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
<b>M</b>	<b>M *</b>	<b>Resources</b>	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
<b>M</b>	<b>O *</b>	<b>Health Insurance</b>	Insurance policy Insurance card Statement from provider of coverage Medicare card
<b>M</b>	<b>O *</b>	<b>Disabled/ Incapacitated/ Pregnant</b>	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
<b>M</b>	<b>M *</b>	<b>Able-Bodied Adult Without Dependents (ABAWD) Eligibility</b>	For non-waiver areas and non-excluded ABAWD individuals Proof of working and/or work program participation for at least 80 hours per month Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement
<b>M</b>	<b>O *</b>	<b>Referral</b>	Statement from provider of treatment Statement from employment service
<b>O</b>	<b>O *</b>	<b>School Attendance</b>	School records (current report card) Statement from school For SNAP, affects work registration and earnings of children under 18

<b>EXPENSES THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT</b>			
TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
<b>O</b>	<b>O *</b>	<b>Shelter Expenses</b>	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
<b>O</b>	<b>O *</b>	<b>Medical Bills</b>	Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card For SNAP, for A/D individuals only
<b>O</b>	<b>O *</b>	<b>Unpaid Bills</b> Rent, Utility	Copy of each bill showing amount owed, period of services and provider
<b>O</b>	<b>O *</b>	<b>Other Expenses</b> <b>Dependent Care Cost</b>	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts

**\* LEGEND:** **M** = Mandatory Documentation/Verification required for Certification  
**N** = No Documentation/Verification required  
**O** = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)  
**Q** = Verification is only necessary if questionable  
**\*** = Verification can be pending under SNAP Expedited Processing

# Periodic Report

Supplemental Nutrition Assistance Program (SNAP)

**You must fill out this Report and return it to the address listed on the back by \_\_\_\_\_ to continue getting benefits.**

WHEN YOU RETURN THIS REPORT, MAKE SURE THAT THE **LOCAL DISTRICT ADDRESS ON THE BACK** OF THIS REPORT SHOWS IN THE RETURN ENVELOPE WINDOW.

This "Periodic Report" helps us to gather information about any changes you may have had since the last time you were in contact with your eligibility worker. Please make sure to read and follow all the instructions before filling out this "Periodic Report". It is important for you to complete, sign and return this "Periodic Report" by the due date listed above. Failure to do so may result in your Child Care and/or SNAP Benefits being discontinued.

CASE NAME		CASE NUMBER
OFFICE	UNIT	WORKER
If you have any questions on how to fill out this Report, call : (____) _____	We must get your completed Report by _____. If we don't get the completed Report by this date, your Child Care and/or SNAP Benefits will stop. Failure to return this report will not affect your Medicaid coverage.	

## General Instructions

1. You must **answer all questions** on this Report. Answer all questions on this Report for everyone who is getting, **or** anyone who is legally responsible for someone getting Child Care and/or SNAP Benefits.
2. You must complete and sign this Report and return it to the address on the back of this report by \_\_\_\_\_, or your Child Care or SNAP Benefits may be reduced or closed.

**Reminder:** If you are also receiving **Temporary Assistance and Medicaid**, you must report any changes to your worker within 10 days. For **SNAP**, you must report within ten days after the end of the month if your total monthly gross income exceeds the 130% limit you have been given. Otherwise, you do not need to report changes at any time other than on this Periodic Report or at Recertification, whichever occurs first. You must contact your worker immediately if any changes occur that affect your **Child Care**.

**SECTION 1: Please list ALL income for EACH household member. If you are only receiving SNAP benefits, you only have to list earnings here for each household member who works.**

(Examples of income include earnings from a job, Unemployment Insurance, Social Security Benefits, Supplemental Security Income [SSI])

Who	Name of Employer or Other Source of Income	How Often? (Daily, Weekly, Bi-Weekly, Monthly)	Total # of Hours Worked Per Week

Send in proof of all income that any household member got during the entire month of .

**SECTION 2: Have there been any other changes (read boxes below) since your last Report, or do you expect any changes?**

No  or Yes  **If Yes, you must check (✓) at least one of the boxes below.**

- An able-bodied adult in your household did not work/participate in a work activity for at least 80 hours in each month and your SNAP household does not include a child under 18 years of age. (Write who and the months not meeting the requirement below.)
- Your household moved (Write the new address below.)
- Someone moved into or out of your household (Write who moved and when and new amount of rent.)
- Your rent went up or down (Write new rent amount.)
- You now pay separately from your rent for:  Heating  Air Conditioning  Other utilities (electricity, cooking gas, water, sewer, trash)
- Someone started or left work (Write who, when, and where they started or left work.)
- Someone had a change in the amount of their unearned income.
- Your child care costs (cost you pay not child care subsidy) are new or changed or child care provider changed (Write new amount and who provides the child care.)
- Death or Birth of someone in the household (Write who and when.)
- Change in legally obligated child support paid by a member of your household (Write who in your household pays the support.)
- Other changes that may affect benefits (Write who, what, and when change occurred and give proof, if possible.)

**Write the details of your change(s) here, and if you have proof send it in:**

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**CERTIFICATION:** I understand that the information I provide on this report may result in changes in my assistance, including reducing the amount of my Temporary Assistance Benefits, SNAP Benefits, Child Care Benefits or closing my case. I am aware that Federal and State Law provide for fine and/or imprisonment of any person who fraudulently attempts to receive, or fraudulently receives Temporary Assistance, Medicaid, Child Care or SNAP Benefits to which the person is not entitled. Information reported on this form may affect my eligibility for Medicaid.

I understand that I must contact my worker to report any changes that occur for my Temporary Assistance and Medicaid case within 10 days.

I understand that I must contact my worker immediately if any changes occur that affects my child care. I also understand that if I use a child care provider who is not licensed or registered, my provider must meet certain requirements in order to be paid.

For my SNAP case, I must report changes on the Periodic Report and at Recertification, whichever occurs first. I may also report changes at any other time.

**IMPORTANT- YOU MUST SIGN AND RETURN THIS FORM. IF YOU CHECKED "YES" TO ANY CHANGES IN SECTION 2, MAKE SURE YOU CHECKED (✓) THE BOX(ES) AND GAVE MORE DETAIL. IF THIS REPORT IS NOT COMPLETE, WE WILL SEND YOU A DISCONTINUANCE NOTICE.**

Your Signature:	Telephone Number (daytime)
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**Fill Out & Return In The Envelope Provided**

**When you return this Report, make sure you can see this address in the return envelope window** ➔



# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION



***SNAP is the new name for the Food Stamp Program***

***Use this form if Applying For SNAP Only***

If you are only applying for SNAP 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 SNAP.*

## **When You Are Applying For SNAP**

- 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 and a signature on page 5 of the application/recertification must be completed for us to determine your eligibility.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

## **Need SNAP Benefits Right Away? You May Be Eligible For Expedited Processing of your SNAP Application.**

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be qualified to receive SNAP within 5 calendar days after the date that you apply. Your worker will always review your circumstances to see if you are qualified for expedited processing of your SNAP application. A process is in place to issue SNAP benefits to all eligible households who meet the standards for expedited service.

## **Where You Can Apply For SNAP**

If you live **outside of** New York City, you can apply on-line at [myBenefits.ny.gov](http://myBenefits.ny.gov), or call or visit the social services district 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, you can apply on-line at [myBenefits.ny.gov](http://myBenefits.ny.gov) or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009**.

## **Having Problems Coming To Us For A SNAP Appointment?**

If it is difficult for you to come in for a SNAP application appointment (reasons may include employment, health issues, transportation or child care problems), you may have someone else apply for you, or you may apply on-line at [myBenefits.ny.gov](http://myBenefits.ny.gov). You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your social services district 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

**SNAP 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			
<b>1</b>								<input checked="" type="checkbox"/>		<b>self</b>	<input checked="" type="checkbox"/>												
<b>2</b>																							
<b>3</b>																							
<b>4</b>																							
<b>5</b>																							
<b>6</b>																							
<b>7</b>																							
<b>8</b>																							

\*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 SNAP because of fraud or intentional program violation?  Yes  No  
 Are you or is anyone in your household applying for or receiving SNAP or Temporary Assistance in another place?  Yes  No  
 Are you or is anyone living with you 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 SNAP, 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, Temporary Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training?  Yes  No *If Yes, who* \_\_\_\_\_.

Amount paid \$ \_\_\_\_\_. How often paid (e.g., weekly, monthly) \_\_\_\_\_.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income?  Yes  No

Do you or does anyone living with you have any potential income that has not yet been received?  Yes  No *If Yes, explain on Page 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 SNAP. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts) \$ \_\_\_\_\_ Belongs to \_\_\_\_\_.

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates)  Yes  No

*If Yes, amount \$ \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_.*

How many cars, trucks or other vehicles do you or anyone in your household have?

\_\_\_ #1 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

\_\_\_ #2 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

Do you or anyone applying own any property including your own home?  Yes  No *if yes, list property* \_\_\_\_\_ *Owner* \_\_\_\_\_

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for SNAP?  Yes  No

**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

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

You will **never** be able to get SNAP 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 SNAP; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for SNAP; **or** found guilty in a court of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP 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 SNAP.

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

A court could also bar you from receiving SNAP for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple SNAP benefits, you will not be able to get SNAP 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 SNAP 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.

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 SNAP.

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



**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 SNAP benefits will be put towards your overpayment. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

**CONSENT** – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for SNAP. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a SNAP 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 SNAP 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 SNAP 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 SNAP 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 SNAP 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 SNAP deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a SNAP deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for SNAP or may increase my SNAP benefits. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of SNAP in future months in accordance with the rules for change reporting and processing changes.

**PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN)** – The collection of SSN's is authorized for each household member with respect to SNAP pursuant to the Food 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 SNAP may be checked for authenticity with the United States Citizenship and Immigration Services.

**For SNAP**, 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.

**AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to **apply** for SNAP for you. You can also authorize someone outside your household to get SNAP benefits 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 SNAP Household that does not reside in an institution, both the Authorized Representative and the SNAP 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, AND SIGN 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. Your signature is required below to complete the application process.**

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 \_\_\_\_\_

SNAP Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

**IN-PERSON INTERVIEW**  **TELEPHONE INTERVIEW**

**Comments:**

## 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.

## Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

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](http://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.

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## Verifying your identity

We will try to check your identity before Election Day, through the **DMV number (driver's license number or non-driver ID number)**, or the **last four digits of your social security number**, which you will fill in Box 9.

**If you do not have a DMV or Social Security number**, you may use a valid photo ID, a current utility bill, bank statement, pay-check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

**If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.**

## To complete this form:

**It is a crime to procure a false registration or to furnish false information to the Board of Elections.**

*Box 9:* You must make one selection. For questions refer to *Verifying your identity* above.

*Box 10:* If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

*Box 11:* Check one box only. To vote in a primary election, you must be enrolled in one of these listed parties — Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

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# NYS Agency-Based Voter Registration Form



"If you are not registered to vote where you live now, would you like to apply to register here today?"

**YES** (If you 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.**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Please Print Name)

## Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取本中文資料表格，請電 1 - 800 - 367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

## VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/2011)

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

<b>1</b>	Are you a U. S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2</b>	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>For Board use only!</b>
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form unless you will be 18 by the end of the year.		
<b>3</b>	Last Name	First Name	Middle Initial	Suffix		
<b>4</b>	Address where you live (do not give P.O. address)		Apt. No.	City/Town/Village	Zip Code	County
<b>5</b>	Address where you get your mail (if different from above)		P.O. Box, star route, etc.		Post Office	Zip Code
<b>6</b>	Date of Birth	<b>7</b>	Sex (circle) M <input type="checkbox"/> F <input type="checkbox"/>	<b>8</b>	Home Tel. Number (optional)	
<b>10</b>	The last year you voted	Your Address was (give house number, street and city)			<b>9</b>	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
	In county/state	Under the Name (if different from your name now)				
<b>11</b>	<b>Choose a party -- Check one box only</b> <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> I do not wish to enroll in a party			<b>12</b>	<b>AFFIDAVIT:</b> I swear or affirm that <ul style="list-style-type: none"> <li>• I am a citizen of the United States.</li> <li>• I will have lived in the county, city or village for at least 30 days before the election.</li> <li>• I will meet all requirements to register to vote in New York State.</li> <li>• This is my signature or mark on the line below.</li> <li>• 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.</li> </ul> → _____ (Signature or Mark in Ink) (Date)	

## (Optional) Register to donate your organs and tissues

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address \_\_\_\_\_  
 Apt Number \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Sex  M  F  
 Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



Sign

Date

## NYSNIP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC)

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

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

fold \_\_\_\_\_

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

We've sent this form because we must update your NYSNIP SNAP benefits case. The law says we must do this every two years. Please answer the questions below about your housing and utility expenses. These expenses affect how much you can get in SNAP. If you never told us about your housing and utility costs, or if these costs have gone up, we might be able to give you more SNAP.

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

Please sign and date the form and return it to us no later than the 10<sup>th</sup> day of next month.

**You can respond by calling the SSI-SNAP Center Helpline at 718-722-4009.**

### QUESTIONS YOU MUST ANSWER

**1. Do you pay more than \$246 each month for rent or for mortgage payments, taxes and insurance on your property?**  Yes  No  
If you answered "Yes", **and** have never sent us proof of these expenses, attach the proof now – such as a rent receipt, landlord statement, mortgage payment, cancelled check or money order.

**2. Do you live in either public or subsidized housing where heat is included in your rent?**  Yes  No

**3. Answer this question ONLY if you live in public or subsidized housing AND heat is included in your rent:**

**a. Do you pay a monthly excess charge to your landlord for air conditioning?**  Yes  No

**b. Do you pay an electric bill and use an air conditioner?**  Yes  No

(If you answered "Yes" to either a. or b., **and** have never sent us proof of these expenses, attach the proof now – such as an electric bill, landlord statement, or canceled check or money order.

**APPLICANT'S SIGNATURE**

**DATE SIGNED**

X

### IMPORTANT INFORMATION

#### YOU MAY BE ENTITLED TO HIGHER BENEFITS

The maximum monthly SNAP benefit for one person is \$194.- If you are receiving less than this amount, you MAY be eligible for higher benefits, especially if ANY of the following applies to you:

- You have **more than \$35** each month in **unreimbursed medical expenses**, that is, medical expenses that you yourself must pay and that are not paid by Medicare, Medicaid, or any other health insurance.
- Your **rent is more than \$425 per month**.
- If your monthly income decreases by \$75 or more due to a reduction of your SSI grant.

If you have any of these circumstances and want to find out whether you might be able to get more SNAP benefits or if you have questions about how to fill out this form, call the **SSI-SNAP Center Helpline at 718-722-4009** or call the State SNAP Hotline at 1-800-342-3009. Thank you.

Make sure to return this report to the address listed above.

**We are pleased that you participate in the SNAP and would like for you to continue to participate.  
Remember, you can respond to this report by calling the SSI-SNAP Center Helpline at 718-722-4009.**

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide: <b>ONE</b> of the following ↓ <b>OR</b>	<b>TWO*</b> of the following:
<input type="checkbox"/> <b>Identity</b> You must establish identity for each person listed.	<ul style="list-style-type: none"> <li>• Photo I.D.</li> <li>• Driver's license</li> <li>• U.S. passport</li> <li>• Naturalization certificate</li> <li>• Hospital/Doctor's records</li> <li>• Adoption papers</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <b>Marital Status</b> You must prove if you are married, divorced, separated or widowed (not required for the Supplemental Nutrition Assistance Program [SNAP]).	<ul style="list-style-type: none"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Veterans Administration (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship.	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable).	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> <li>• School records</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> You must prove who is living with you.	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord</li> <li>• School records</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal records/certificate</li> <li>• Hospital records</li> <li>• Adoption papers/records</li> <li>• Naturalization certificate</li> <li>• Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• School records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Survivor's benefit records</li> <li>• Hospital records</li> <li>• VA or military records</li> <li>• Divorce papers</li> <li>• Proof of remarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Newspaper notice</li> <li>• Insurance company records</li> <li>• Institutional records</li> <li>• Agency case records and burial payment files</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Absent Parent Information</b> If the parent(s) of any child in your home is not living with you, you must provide information you have about the individual's: name, address, SSN, birth date, and employment (not required for SNAP).	<ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Tax returns</li> <li>• Social Security or VA records</li> <li>• Monetary determination letters</li> <li>• ID cards (health insurance)</li> <li>• Driver's license or registration</li> </ul>	NA
<input type="checkbox"/> <b>Social Security Number</b> For Temporary Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> have to provide proof of your SSN unless the SSN you give does not match the SSA's records or cannot be verified by the Agency.	<ul style="list-style-type: none"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> <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>	NA

\*If you are applying for Supplementary Nutrition Assistance Program (SNAP) benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.

**Note:** For SNAP, copies of documents are acceptable whenever proof of eligibility is presented. For Cash Assistance (CA) and Medical Assistance (MA), original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Citizenship or Current Alien Status</b> <b>Status</b> – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is <b>not</b> an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal certificate/records</li> <li>• Hospital records</li> <li>• U.S. passport</li> <li>• Military service records</li> <li>• Naturalization certificate</li> <li>• USCIS documentation</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer	<ul style="list-style-type: none"> <li>• Current wage stubs and statements of tips</li> <li>• Pay envelopes</li> <li>• Contact with employer</li> <li>• On letterhead, rate of pay per hour, hours worked per week, first pay date, if new and employer's phone number</li> </ul>
<input type="checkbox"/> From self-employment	<ul style="list-style-type: none"> <li>• Business records</li> <li>• Tax records</li> <li>• Records and related materials concerning self-employment earnings and expenses</li> <li>• Current income tax return</li> </ul>
<input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> <li>• Current contribution check</li> <li>• Statement from roomer, boarder, tenant</li> <li>• Income tax record</li> </ul>
<input type="checkbox"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Statement from person paying support</li> <li>• Check stubs</li> <li>• Official correspondence from the Child Support Enforcement Unit</li> </ul>
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	<ul style="list-style-type: none"> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor</li> </ul>
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> </ul>
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> <li>• Veterans Administration official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Award certificate/letter</li> <li>• Check stub</li> </ul>
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> <li>• Statement from school</li> <li>• Statement from bank</li> <li>• Statement from agency administering grant/award letter</li> </ul>
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> <li>• Statement from bank or credit union</li> <li>• Statement from broker/financial institution/agent</li> </ul>

SAMPLE

**Note:** For SNAP, copies of documents are acceptable whenever proof of eligibility is presented. For Cash Assistance (CA) and Medical Assistance (MA), original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.



### Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income</b> (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p>	<ul style="list-style-type: none"> <li>• Current award letter</li> <li>• Current benefit check</li> <li>• Official correspondence from source of income</li> <li>• Contact with source of income</li> <li>• Current contribution check</li> </ul>
<p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>Resources</b></p> <p>(For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19 and persons eligible for Family Health Plus.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p>	<ul style="list-style-type: none"> <li>• Current bank records</li> <li>• Current credit card records</li> </ul>
<p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p>	<ul style="list-style-type: none"> <li>• Stock/bond certificate</li> <li>• Statement from financial institution</li> </ul>
<p><input type="checkbox"/> Life insurance</p>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Statement from insurance company</li> </ul>
<p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p>	<ul style="list-style-type: none"> <li>• Bank records</li> <li>• Burial agreement</li> <li>• Burial plot deed</li> </ul>
<p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p>	<ul style="list-style-type: none"> <li>• Refund of EITC check</li> <li>• Statement from tax office</li> </ul>
<p><input type="checkbox"/> Real estate other than residence</p>	<ul style="list-style-type: none"> <li>• Deed</li> <li>• Statement from real estate broker</li> <li>• Broker's appraisal/estimate of current value by broker</li> </ul>
<p><input type="checkbox"/> Motor vehicle</p>	<ul style="list-style-type: none"> <li>• Registration (older models)</li> <li>• Title of ownership</li> <li>• Appraisal of current value by dealer</li> <li>• Financing data</li> </ul>
<p><input type="checkbox"/> Lump sum payment</p>	<ul style="list-style-type: none"> <li>• Statement from the source of payment</li> <li>• Lump sum check</li> </ul>
<p><input type="checkbox"/> Other resources</p>	<ul style="list-style-type: none"> <li>• Statement from household</li> <li>• Statement from nursing home</li> <li>• Household statement of current value</li> <li>• Sales slips</li> <li>• Insurance appraisal</li> </ul>

SAMPLE

**Note:** For SNAP, copies of documents are acceptable whenever proof of eligibility is presented. For Cash Assistance (CA) and Medical Assistance (MA), original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Shelter Expenses</b> You must prove how much it costs you to live where you do. (You may need to provide separate documentation for <b>each</b> item of shelter expense.) <b>Medical Assistance does not require documentation of shelter expenses.</b>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Nonheating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<input type="checkbox"/> <b>Medical Expenses</b> For SNAP, for aged/disabled individuals only	<ul style="list-style-type: none"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> </ul>
<input type="checkbox"/> <b>Health Insurance</b> If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	<ul style="list-style-type: none"> <li>• Insurance policy/card</li> <li>• Statement from provider of coverage</li> <li>• Medicare card</li> <li>• Separation or divorce agreement with court-ordered health coverage</li> </ul>
<input type="checkbox"/> <b>Disabled/Incapacitated/Pregnant</b> If you or anyone living with you is sick or pregnant, you must provide proof. (For MA only, resource information is not requested from pregnant women, children and persons eligible for Family Health Plus).	<ul style="list-style-type: none"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<input type="checkbox"/> <b>Unpaid Bills</b> Rent, utility	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of services and provider</li> </ul>
<input type="checkbox"/> <b>Referral</b> <input type="checkbox"/> Drug/alcohol treatment program <hr/> <input type="checkbox"/> Employment service	<ul style="list-style-type: none"> <li>• Statement from provider of treatment</li> <li>• Statement from employment service</li> </ul>
<input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b> You must provide proof if you <b>pay</b> court-ordered support, child care, recurring loans or for the services of a home health aide or attendant.	<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>
<input type="checkbox"/> <b>School Attendance</b> You must prove who is in school.	<ul style="list-style-type: none"> <li>• School records (current report card)</li> <li>• Statement from school or higher education institution</li> </ul>

SAMPLE

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### Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Past Management</b> (For Safety Net Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> <li>Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> </ul>
<input type="checkbox"/> Other (For cash assistance only)	<p>If you were not supporting yourself from employment/earned income, please bring verification of how you were able to support yourself in the past such as:</p> <ul style="list-style-type: none"> <li>Bankbook/bank statement</li> <li>Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	<p>Statement from person(s) who provided support</p> <ul style="list-style-type: none"> <li>If you or anyone in the household has applied for and been denied or has been accepted for benefits from any of the following sources, bring the award letter, check or other correspondence: Social Security, court payments, SSI, veteran's benefits, workers' compensation, union benefits, pension, military allotment, railroad retirement, NYS disability or other source</li> </ul>
<input type="checkbox"/> <b>Other</b>	

SAMPLE

**Note:** For SNAP, copies of documents are acceptable whenever proof of eligibility is presented. For Cash Assistance (CA) and Medical Assistance (MA), original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

## Guía de Factores de Elegibilidad y Documentación Sugerida

Factor de Elegibilidad	Para probar este factor, provea: UNO de los siguientes ↓ O	DOS* de los siguientes:
<input type="checkbox"/> <b>Identidad</b> Usted tiene que establecer la identidad de cada persona listada.	<ul style="list-style-type: none"> <li>• Identificación con foto</li> <li>• 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> </ul>	<ul style="list-style-type: none"> <li>• Declaración por parte de otra persona</li> <li>• Acta de nacimiento/ bautismo</li> <li>• Número de Seguro Social con validación</li> </ul>
<input type="checkbox"/> <b>Estado Civil</b> Usted tiene que probar si está casado(a), divorciado(a), separado(a), o envidado(a). (No se requiere para el Programa de Asistencia de Nutrición Suplemental [SNAP])	<ul style="list-style-type: none"> <li>• Certificado de Defunción/Matrimonio</li> <li>• Acuerdo de separación</li> <li>• Sentencia de divorcio</li> <li>• Registros de Seguro Social</li> <li>• Registros de la Administración de Veteranos (VA)</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración por parte de un clérigo</li> <li>• Expedientes del censo</li> <li>• Anuncio del periódico</li> <li>• Declaración por parte de otra persona</li> </ul>
<input type="checkbox"/> <b>Parentesco</b> Si usted es familiar de un niño en el hogar, tiene que probar el parentesco.	<ul style="list-style-type: none"> <li>• Acta de nacimiento (versión larga)</li> <li>• Documentos/registros de adopción</li> <li>• Actas judiciales</li> <li>• Expedientes médicos</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración del solicitante</li> <li>• Anuncio del periódico</li> <li>• Declaración de un clérigo</li> <li>• Declaración por parte de otra persona</li> </ul>
<input type="checkbox"/> <b>Domicilio</b> Usted tiene que comprobar su domicilio (si corresponde).	<ul style="list-style-type: none"> <li>• Declaración del casero/inquilino principal</li> <li>• Recibo actual de alquiler o contrato del mismo</li> <li>• Documentos hipotecarios</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración por parte de otra persona</li> <li>• Correspondencia actual</li> <li>• Expedientes escolares</li> </ul>
<input type="checkbox"/> <b>Miembros/Tamaño del Hogar</b> Usted tiene que probar quién está viviendo con usted.	<ul style="list-style-type: none"> <li>• Declaración del casero que no es pariente</li> <li>• Expedientes escolares</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración por parte de otras personas</li> </ul>
<input type="checkbox"/> <b>Edad</b> Usted tiene que probar la edad de cada persona que solicite asistencia, cuando corresponda.	<ul style="list-style-type: none"> <li>• Acta de nacimiento</li> <li>• Certificado/documentos de bautismo</li> <li>• Expedientes hospitalarios</li> <li>• Documentos/registros de adopción</li> <li>• Certificado de naturalización</li> <li>• Licencia de conducir</li> </ul>	<ul style="list-style-type: none"> <li>• Póliza de seguro</li> <li>• Expedientes del censo</li> <li>• Expedientes escolares</li> <li>• Declaración por parte de otra persona</li> <li>• Declaración de médico</li> <li>• Correspondencia oficial por parte de la Administración del Seguro Social (Social Security Administration-SSA)</li> </ul>
<input type="checkbox"/> <b>Ausencia/Muerte del Padre o de la Madre</b> Si el padre o la madre o ambos de cualquier niño(a) en su hogar no vive con usted, tiene que probarlo. (No se requiere para SNAP)	<ul style="list-style-type: none"> <li>• Certificado de defunción</li> <li>• Expedientes de beneficios de sobrevivientes</li> <li>• Expedientes hospitalarios</li> <li>• Expedientes militares o de la Administración de Veteranos (VA)</li> <li>• Documentos de divorcio</li> <li>• Prueba de nuevo matrimonio</li> </ul>	<ul style="list-style-type: none"> <li>• Anuncio del periódico</li> <li>• Expedientes de la compañía de seguros</li> <li>• Expedientes institucionales</li> <li>• Expedientes de caso de la Agencia y de pagos de entierro</li> <li>• Declaración por parte de otra personal</li> </ul>
<input type="checkbox"/> <b>Información Respecto al Padre o Madre Ausente</b> Si el padre o la madre de cualquier niño(a) en su hogar no vive con usted, usted tendrá que proporcionar la información que tenga acerca de esas personas: nombre, dirección, número de Seguro Social, fecha de nacimiento, empleo. (No se requiere para SNAP)	<ul style="list-style-type: none"> <li>• Talones de paga</li> <li>• Declaración de impuestos</li> <li>• Documentos de Seguro Social o de la Administración de Veteranos (Veteran's Administration – VA)</li> <li>• Cartas de determinación monetaria</li> <li>• Tarjetas de Identificación (seguro médico)</li> <li>• Licencia de conducir o matrícula</li> </ul>	No corresponde
<input type="checkbox"/> <b>Número de Seguro Social</b> Para Asistencia Temporal, SNAP y <u>sólo</u> Asistencia Médica, usted <u>no</u> tiene que proporcionar prueba de su Número de Seguro Social, a menos que el Número de Seguro Social que proporcione no corresponda con los expedientes de la Administración del Seguro Social (Social Security Administration – SSA) o no pueda ser verificado por la agencia.	<ul style="list-style-type: none"> <li>• Tarjeta de Seguro Social</li> <li>• Correspondencia oficial de parte de la SSA</li> </ul> <p>El número de Seguro Social no se requiere a extranjeros que soliciten Asistencia Médica sólo para emergencia o sean solicitantes embarazadas de sólo Asistencia Médica.</p>	No corresponde

\* Si usted está solicitando **sólo** beneficios del SNAP o Asistencia Médica, tiene que traer **sólo un documento para cada Factor de Elegibilidad marcado**.

**Nota:** Se aceptan copias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero, se aceptan copias de documentos.

## Guía de Factores de Elegibilidad y Documentación Sugerida

Factor de Elegibilidad	Para probar este factor, provea UNO de los siguientes:
<input type="checkbox"/> <b>Ciudadanía o Estado Actual de Extranjero</b> <b>Estado</b> – Los ciudadanos de EE.UU. tienen derecho a Asistencia Temporal, SNAP, y asistencia médica. Los extranjeros deben tener un estado satisfactorio de inmigrante para ser elegible para Asistencia Temporal, SNAP y asistencia médica. El estado migratorio <b>no</b> se toma en cuenta en casos de mujeres embarazadas o niños inmigrantes que estén solicitando Child Health Plus B. Los inmigrantes indocumentados y los no inmigrantes temporarios sólo tienen derecho a tratamiento en casos de emergencias médicas.	<ul style="list-style-type: none"> <li>• Acta de nacimiento</li> <li>• Certificado/documentos de bautismo</li> <li>• Expedientes hospitalarios</li> <li>• Pasaporte de EE.UU.</li> <li>• Expedientes de servicio militar</li> <li>• Certificado de naturalización</li> <li>• Documentación de USCIS</li> <li>• Prueba de residencia continua en EE.UU. desde antes de 1/1/72</li> </ul>
<input type="checkbox"/> <b>Ingreso Salarial</b> <input type="checkbox"/> De parte del empleador	<ul style="list-style-type: none"> <li>• Talones salariales actuales y declaración de propinas</li> <li>• Sobres de paga</li> <li>• Contacto con el empleador</li> <li>• En carta con membrete, paga por hora; número de horas trabajadas por semana; fecha del primer pago, si el trabajo es nuevo; y número de teléfono del empleador</li> </ul>
<input type="checkbox"/> De empleo por cuenta propia	<ul style="list-style-type: none"> <li>• Registros comerciales</li> <li>• Expedientes de impuestos</li> <li>• Toda documentación o material relacionado con las ganancias y gastos de trabajo por cuenta propia</li> <li>• Declaración actual de impuestos</li> </ul>
<input type="checkbox"/> Ingresos de alquiler o por servicios a huéspedes	<ul style="list-style-type: none"> <li>• Cheque de contribución actual</li> <li>• Declaración del inquilino o huésped</li> <li>• Expedientes de impuestos</li> </ul>
<input type="checkbox"/> <b>Ingreso No Salarial</b> <input type="checkbox"/> Manutención de Niños	<ul style="list-style-type: none"> <li>• Declaración por parte del Tribunal Familiar</li> <li>• Declaración por parte de la persona que proporciona manutención</li> <li>• Talones de paga</li> <li>• Correspondencia oficial de parte de Unidad de Aplicación de Manutención de Niños</li> </ul>
<input type="checkbox"/> Beneficios de Seguro de Desempleo (Unemployment Insurance Benefits – UIB)	<ul style="list-style-type: none"> <li>• Certificado de asignación actual</li> <li>• Correspondencia oficial del Departamento de Trabajo del Estado de Nueva York</li> </ul>
<input type="checkbox"/> Beneficios de Seguro Social (incluyendo SSI)	<ul style="list-style-type: none"> <li>• Certificado/carta de asignación actual</li> <li>• Cheque de beneficios actuales</li> <li>• Correspondencia oficial de parte de SSA</li> </ul>
<input type="checkbox"/> Beneficios de Veteranos	<ul style="list-style-type: none"> <li>• Correspondencia oficial de la Administración de Veteranos</li> <li>• Carta/certificado de asignación actual</li> <li>• Cheque de beneficio actual</li> </ul>
<input type="checkbox"/> Compensación Laboral	<ul style="list-style-type: none"> <li>• Carta/certificado de asignación actual</li> <li>• Talón de paga</li> </ul>
<input type="checkbox"/> Subsidios y Préstamos Educativos	<ul style="list-style-type: none"> <li>• Declaración por parte de la escuela</li> <li>• Declaración por parte del banco</li> <li>• Declaración de la agencia que administra subsidio/carta de beneficio</li> </ul>
<input type="checkbox"/> Intereses/Dividendos/Regalías	<ul style="list-style-type: none"> <li>• Declaración del banco o cooperativa</li> <li>• Declaración del corredor de bolsa/institución financiera</li> </ul>

**Nota:** Se aceptan copias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero, se aceptan copias de documentos.

### Guía de Factores de Elegibilidad y Documentación Sugerida

Factor de Elegibilidad	Para probar este factor, provea UNO de los siguientes:
<p><b>Ingreso No Salarial</b> (continuación)</p> <p><input type="checkbox"/> Pensión/Añualidad Privada</p>	<ul style="list-style-type: none"> <li>• Carta de beneficio actual</li> <li>• Cheque de beneficio actual</li> <li>• Correspondencia oficial por parte de la fuente de ingreso</li> <li>• Contacto con la fuente de ingreso</li> <li>• Cheque de contribución actual</li> </ul>
<p><input type="checkbox"/> Otros Ingresos no Salariales</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>Recursos</b>                      (Para sólo Asistencia Médica, información respecto a recursos no se requiere para embarazadas, niños menores de 19 años de edad y personas elegibles para Family Health Plus.)</p> <p><input type="checkbox"/> Cuentas bancarias: Corriente, de Ahorros, Retiro (IRA y Keogh), Cooperativa de Crédito</p>	<ul style="list-style-type: none"> <li>• Registros bancarios actuales</li> <li>• Registros actuales de cooperativa de crédito</li> </ul>
<p><input type="checkbox"/> Acciones, Bonos, Certificados y Fondos de Inversión</p>	<ul style="list-style-type: none"> <li>• Certificado de acciones/bonos</li> <li>• Declaración de institución financiera</li> </ul>
<p><input type="checkbox"/> Seguro de Vida</p>	<ul style="list-style-type: none"> <li>• Póliza de seguro</li> <li>• Declaración de la compañía de seguros</li> </ul>
<p><input type="checkbox"/> Fideicomiso o Fondo de Entierro, Terreno de Entierro o Acuerdo Funerario</p>	<ul style="list-style-type: none"> <li>• Expedientes bancarios</li> <li>• Acuerdo de entierro</li> <li>• Escritura de terreno de entierro</li> </ul>
<p><input type="checkbox"/> Reembolso o Crédito de Impuestos (Earned Income Tax Credit – EITC)</p>	<ul style="list-style-type: none"> <li>• Cheque de reembolso o EITC</li> <li>• Declaración de la agencia de impuestos</li> </ul>
<p><input type="checkbox"/> Bienes Raíces aparte del Domicilio</p>	<ul style="list-style-type: none"> <li>• Escritura</li> <li>• Declaración del agente de bienes Raíces</li> <li>• Tasación/estimación del valor actual por parte del agente</li> </ul>
<p><input type="checkbox"/> Vehículo Motor</p>	<ul style="list-style-type: none"> <li>• Matrícula (modelos viejos)</li> <li>• Título</li> <li>• Tasación de valor actual del distribuidor</li> <li>• Datos de financiamiento</li> </ul>
<p><input type="checkbox"/> Pago de Suma Total</p>	<ul style="list-style-type: none"> <li>• Declaración de la fuente de pago</li> <li>• Cheque de pago total</li> </ul>
<p><input type="checkbox"/> Otros Recursos</p>	<ul style="list-style-type: none"> <li>• Declaración por parte del hogar</li> <li>• Declaración por parte del hogar para ancianos</li> <li>• Declaración del hogar de valor actual</li> <li>• Recibos de ventas</li> <li>• Tasación del seguro</li> </ul>

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## Guía de Factores de Elegibilidad y Documentación Sugerida

Factor de Elegibilidad	Para probar este factor, provea UNO de los siguientes:
<p><input type="checkbox"/> <b>Gastos de Alojamiento</b></p> <p>Usted tiene que probar cuánto le cuesta vivir en su domicilio. (Puede ser que tenga que proporcionar documentación por separado para cada partida de los gastos de alojamiento.)</p> <p><b>La Asistencia Médica no requiere documentación de gastos de alojamiento.</b></p>	<ul style="list-style-type: none"> <li>• Recibo/contrato de alquiler/documentos hipotecarios actuales</li> <li>• Registros de propiedad y registros de Impuestos escolares</li> <li>• Declaración del casero</li> <li>• Cuentas de alcantarilla y de agua</li> <li>• Recibos o cuentas de recogida de basura</li> <li>• Expedientes de seguro de propietario o vivienda</li> <li>• Facturas de combustible/aviso de desconexión</li> <li>• Facturas de electricidad y/o gas no usados para calefacción</li> <li>• Cuentas de teléfono (o una declaración del hogar respecto al gasto incurrido)</li> </ul>
<p><input type="checkbox"/> <b>Gastos Médicos</b></p> <p>Para SNAP, sólo para ancianos/incapacitados</p>	<ul style="list-style-type: none"> <li>• Declaración por parte de quien paga cuotas de gastos médicos</li> <li>• Copias de cuentas médicas (pagadas o por pagar)</li> <li>• Tarjeta para recetas de Medicare</li> </ul>
<p><input type="checkbox"/> <b>Seguro Médico</b></p> <p>Si usted o cualquier otro solicitante tiene cobertura médica (aún si pagada por otra persona), tiene que probarlo.</p>	<ul style="list-style-type: none"> <li>• Tarjeta/póliza de seguros</li> <li>• Declaración por parte de quien provee cobertura</li> <li>• Tarjeta para recetas de Medicare</li> <li>• Acuerdo de separación o divorcio con cobertura médica por decreto judicial</li> </ul>
<p><input type="checkbox"/> <b>Incapacitado(a)/Embarazada</b></p> <p>Si usted o cualquier persona que viva con usted está enfermo(a) o embarazada, tiene que proporcionar prueba de ello.</p> <p>(Sólo para MA, no se requiere información sobre recursos por parte de mujeres embarazadas, niños y personas elegibles para Family Health Plus)</p>	<ul style="list-style-type: none"> <li>• Declaración del médico, clínica u hospital que compruebe embarazo, fecha de nacimiento proyectada</li> <li>• Declaración de profesional médico</li> <li>• Prueba de SSA/SSI por incapacidad/ceguera</li> </ul>
<p><input type="checkbox"/> <b>Cuentas por Pagar</b></p> <p>Alquiler, servicios de electricidad y/o gas</p>	<ul style="list-style-type: none"> <li>• Copia de cada cuenta en que figure la cantidad que debe, período de servicio y proveedor del mismo</li> </ul>
<p><input type="checkbox"/> <b>Envío</b></p> <p><input type="checkbox"/> Programa de Tratamiento de Drogadicción/Alcoholismo</p> <hr/> <p><input type="checkbox"/> Servicio de Empleo</p>	<ul style="list-style-type: none"> <li>• Declaración por parte del proveedor de Tratamiento</li> <li>• Declaración por parte del servicio de empleo</li> </ul>
<p><input type="checkbox"/> <b>Otros Gastos/Costo del Cuidado de Dependientes</b></p> <p>Si usted <b>paga</b> manutención de niños por decreto judicial, cuidado infantil, deudas recurrentes, o para los servicios de un ayudante de salud doméstico, tiene que proporcionar prueba de dichos pagos.</p>	<ul style="list-style-type: none"> <li>• Decreto judicial</li> <li>• Declaración por parte de la guardería de niños u otro proveedor de cuidado</li> <li>• Declaración por parte del ayudante de salud</li> <li>• Cheques o recibos cancelados</li> </ul>
<p><input type="checkbox"/> <b>Asistencia Escolar</b></p> <p>Usted tiene que probar quién asiste a la escuela</p>	<ul style="list-style-type: none"> <li>• Registros escolares (libreta de notas actual)</li> <li>• La declaración por parte de la escuela o universidad</li> </ul>

**Nota:** Se aceptan copias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero, se aceptan copias de documentos.

### Guía de Factores de Elegibilidad y Documentación Sugerida

Factor de Elegibilidad	Para probar este factor, provea UNO de los siguientes:
<input type="checkbox"/> <b>Administración Previa</b> (Para Asistencia Red de Seguridad [Safety Net Assistance])  <input type="checkbox"/> Ingreso salarial	<ul style="list-style-type: none"> <li>• Carta por parte del empleador con fechas de empleo, sueldo y razón(es) por haber dejado el trabajo</li> </ul>
<input type="checkbox"/> Otro (Sólo para Asistencia en Efectivo)	Si usted no se estaba manteniendo con empleo/ingreso salarial, favor de traer comprobantes de cómo pudo mantenerse en el pasado, tales como: <ul style="list-style-type: none"> <li>• Talón/estado de cuenta</li> <li>• Comprobante de vencimiento de Beneficios (compensación de trabajadores, seguro de incapacitados, Seguro Social, UIB, etc.)</li> <li>• Declaración por parte de persona(s) que brindaba(n) apoyo económico</li> </ul>
<input type="checkbox"/> <b>Posibles Beneficios</b>	Declaración por parte de la(s) persona(s) que brindaba(n) apoyo económico <ul style="list-style-type: none"> <li>• Si usted o alguien en el hogar ha solicitado y ha recibido o se le ha negado beneficios de cualquiera de las fuentes a continuación, traiga la carta de asignación, cheque u otra correspondencia: Seguro Social, pagos del tribunal, SSI, beneficios de veteranos, compensación laboral, beneficios de sindicato, pensión, asignación militar, retiro ferroviario, beneficios para inc apacitados del estado de Nueva York u otra fuente</li> </ul>
<input type="checkbox"/> Otro	<div style="text-align: center; font-size: 4em; color: blue; font-family: sans-serif; letter-spacing: 0.5em;">                     SAMPLE                 </div>

**Nota:** Se aceptan copias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero, se aceptan copias de documentos.



## Important Notice to Supplemental Nutrition Assistance Program (SNAP) Applicants/Participants

**IMPORTANT** – Please Read and Complete This Form

The shelter allowance expenses we include when budgeting your case can greatly affect the amount of SNAP benefits you receive. **To make sure you receive the full amount of benefits, please answer the questions below and return this form with your application.**

1. Your name: \_\_\_\_\_

2. Are you homebound?  Yes  No

3. What is your address? \_\_\_\_\_

4. What is your telephone number? \_\_\_\_\_

5. What is your primary language?  English  Spanish  Chinese  Haitian Creole  Russian  
 Arabic  Korean  Other

6. Is there anyone we can contact to help you and us complete the application?  Yes  No

If Yes, what is his/her name and telephone number? \_\_\_\_\_

7. The type of housing you live in (check  one):

- New York City Housing Authority  Single/Room Occupancy (SRO) building (rooming house)  
 Shelter for the homeless  Apartment building, multifamily house, co-op or condominium  
 Single-family house  Other (specify): \_\_\_\_\_

8. What is your monthly shelter cost? (i.e., rent or mortgage payments) \$ \_\_\_\_\_

9. Do you live in either public or subsidized housing where heat is included in your rent?  Yes  No

If you do live in either public or subsidized housing where heat is included in your rent, do you pay your landlord a monthly excess charge just for air conditioning?  Yes  No

(If you answered "Yes" to this question **and** you began paying this excess within the last two years, please attach proof of this expense, such as a landlord's statement, receipt, or canceled check or money order.)

10. Are you a secondary tenant? A secondary tenant is a person who is sharing living quarters with a primary tenant to whom he/she pays rent.  Yes  No

If Yes, do you pay a share of the gas or electric bill, either as a separate payment or as part of the rent?  Yes  No

Does the person to whom you pay rent provide you with two or more meals per day?  Yes  No

11. If you pay rent, provide the name, address and telephone number of your landlord:

12. Do you receive electric or gas bills from a utility company?

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

**Please enclose a copy of your rent receipt, mortgage statement or letter from the person to whom you pay rent, and your gas, electric and telephone bills.**

Mail Job #032

## Aviso Importante a los Solicitantes/Participantes del Programa de Asistencia de Nutrición Suplementaria (SNAP)

**IMPORTANTE – Por Favor Lea y Llene Este Formulario**

Los gastos de concesión de albergue que incluimos a la hora de presupuestar su caso afectan en gran medida la cantidad de los beneficios de SNAP que usted reciba. **Para asegurarse de recibir la cantidad completa de beneficios, favor de contestar las preguntas a continuación y devolvemos este formulario con su solicitud.**

1. Su nombre y apellido: \_\_\_\_\_

2. ¿Está usted confinado a su hogar?  Sí  No

3. ¿Cuál es su dirección? \_\_\_\_\_

4. ¿Cuál es su número de teléfono? \_\_\_\_\_

5. ¿Cuál es su lengua materna?  inglés  español  chino  criollo haitiano  ruso

árabe  coreano  otra lengua

6. ¿Hay alguna persona que podemos contactar para ayudarle a usted y a nosotros a llenar la solicitud?  Sí  No

En caso afirmativo, ¿cuál es el nombre y número de teléfono de esa persona? \_\_\_\_\_

7. El tipo de vivienda en donde reside usted es: (marque  una casilla):

New York City Housing Authority

Refugio para personas sin domicilio

Casa de una sola familia

Edificio de habitaciones para una sola persona (SRO)  
(pensión para huéspedes)

Edificio de apartamentos, casa multifamiliar,  
cooperativa de vecinos o condominio

Otra (especifique): \_\_\_\_\_

8. ¿Cuánto suma su costo mensual de albergue? (esto es, pagos hipotecarios o de alquiler)? \$ \_\_\_\_\_

9. ¿Vive usted en una vivienda pública o subsidiada en que la calefacción está incluida en el alquiler?  Sí  No

En caso afirmativo, ¿paga usted a su casero un sobrecargo mensual únicamente para el aire acondicionado?  Sí  No

(Si ha respondido de manera afirmativa a esta pregunta y ha comenzado a pagar este sobrecargo dentro de los últimos dos años, por favor adjunte prueba de este gasto, como una declaración por parte del casero, recibo o cheque cancelado o giro postal.)

10. ¿Es usted inquilino secundario? Un inquilino secundario es persona que comparte la vivienda con el inquilino principal a quien le paga alquiler.  Sí  No

En caso afirmativo, ¿paga usted una parte de la factura del gas o electricidad, ya sea como pago separado o parte del alquiler?  Sí  No

¿Le brinda dos o más comidas al día la persona a quien usted le paga el alquiler?  Sí  No

11. Si usted paga alquiler, proporcione el nombre, dirección y número de teléfono de su casero:

12. ¿Recibe usted facturas de electricidad o gas de una compañía de servicios públicos?  Sí  No

\_\_\_\_\_  
Firma del Solicitante/Participante

\_\_\_\_\_  
Fecha

**Por favor adjunte una copia de su recibo de alquiler, extracto hipotecario o una carta de parte de la persona a quien usted paga el alquiler, y las facturas de gas, electricidad y teléfono.**

Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Job Center or  
 NCA SNAP Center: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Worker's Name: \_\_\_\_\_  
 Worker's Telephone: \_\_\_\_\_

**Request for Birth or Death Verification from Agencies Outside New York City**  
(BLOCK PRINT ALL INFORMATION)

Birth       Death

To complete an official study of the person identified, we require  verification or a  photostatic copy of certificate of the vital statistics indicated above. Please return this form with the verification recorded in the space provided (or photostatic copy of certificate, if requested) in the **enclosed business reply envelope**.

**Birth Record (BLOCK PRINT ALL INFORMATION)**

<b>Name of Person (to be searched)</b>		Last	(Other surnames known by)		First	Middle
<b>Place of Birth</b>		Street and number, or name of institution			City	County State
<b>Date of Birth</b>		Month	Day	Year	Sex	Race
<b>Parents' Names</b>				<b>Birthplace (State or foreign country)</b>		<b>Age of parents at child's birth</b>
<b>Father</b>	Last	First				
<b>Mother</b>	Maiden Name	First				

**Death Record (BLOCK PRINT ALL INFORMATION)**

<b>Name of Deceased</b>		Last	Other surnames known by		First	Middle
<b>Place of Death</b>		Street and number, or name of institution			City	County State
<b>Date of Death</b>	Month	Day	Year	Age at death	Sex	Race
					Marital Status	State or foreign country
					<b>Birth-place</b>	

**Applicant's Authorization**

I, \_\_\_\_\_, authorize the provision of the requested information to the Human Resources Administration.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SAMPLE

**Report of Searching Agency**

<b>Verified</b> Certificate No. _____ Date Issued _____	<b>Not Found</b> <input type="checkbox"/>	<b>Corrections Noted</b> (use reverse side if necessary)	
Signature		Title	Date