



FAMILY INDEPENDENCE ADMINISTRATION

James K. Whelan, Executive Deputy Commissioner


Jill Berry, Deputy Commissioner
Office of Program Support

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #15-91-ELI

(Use with PD #15-26-ELI)

REVISION TO THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR PERSONS WITH DISABILITIES (D-SNAP PD) ATTACHMENT B

Date: October 7, 2015	Subtopic(s): Supplemental Nutrition Assistance
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to provide staff that are working in the Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) locations with the revised D-SNAP PD Center Triage Questions (Attachment B).</p> <p>The following criterion was added to question seven under the heading "Currently":</p> <ul style="list-style-type: none"> • I am an authorized representative for seven (7) or more households. <p>Individuals that are acting as an authorized representative for seven or more households must have the D-SNAP PD interview conducted by an Investigation, Revenue, and Enforcement Administration (IREA) Investigator.</p> <p><i>Effective Immediately</i></p> <p>Related Item: PD #15-26-ELI</p> <p>Attachment: Attachment B D-SNAP PD Center Triage Questions</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

Attachment B

D-SNAP PD Center Triage Questions

#	Question	If Yes...	If No...
1	Do you have a valid photo ID?	<i>If Yes...</i> Go to question #2	<i>If No...</i> Tell individual that they should come back with a valid photo ID. If they insist on proceeding... Go to question #2
2	On October 27, 2012, did you live within one of the following zip codes: Manhattan: 10002 Queens: 11691, 11692, 11693, 11694, 11697 Brooklyn: 11224, 11235, 11231, PARTIAL AREA OF 11229 (south of Allen Avenue in Coney Island), Staten Island: 10306, PARTIAL AREA OF 10305 (South of Seaview Avenue on Staten Island)	<i>If Yes...</i> Go to question #3	<i>If No...</i> Not eligible to apply
3	Did you apply for D-SNAP benefits in December 2012 ?	<i>If Yes...</i> Not eligible to apply	<i>If No or Not Sure...</i> Go to question #4
4	Did you have an active SNAP case during October 27 – November 25, 2012 ?	<i>If Yes...</i> Not eligible to apply	<i>If No or Not Sure...</i> Go to question #5
5	Do you currently have an active, single issuance or applying Cash Assistance or NCA SNAP case?	<i>If Yes...</i> Go to question #6	<i>If No or Not Sure...</i> Go to question #6
6	In December 2012 , did you have a disability that prevented you from applying for D-SNAP? (mental or physical disability)	<i>If Yes...</i> Eligible to apply... Go to question #7	<i>If No...</i> Not eligible to apply
7	Do any of the following situations apply to you? <u>During 10/27/12 – 11/25/12:</u> <ul style="list-style-type: none"> I was employed by HRA or OTDA I was homeless I had seven (7) or more people in my household Nobody in my household had verifiable income <u>Currently:</u> <ul style="list-style-type: none"> I am employed by HRA or OTDA I do not have valid photo identification I do not have proof of the address where I lived during 10/27/12 – 11/25/12 I am an authorized representative for seven (7) or more households. 	If the individual answers yes to any of the situations: Give the individual an application kit and a BLUE card Interview to be conducted by IREA .	If the individual answers no to all of the situations: Give the individual an application kit and a WHITE card Interview to be conducted by FIA .
LEP/Hearing Impaired		RECEPTIONIST/TRIAGE AREA	
Limited English Proficient	Present the "I Speak" card to the individual to identify spoken language;	Use on-site interpreter or Language Line	
Hearing Impaired	Bring applicant to the Application area and contact the Site Manager	Use tablet for sign language video conferencing	