



FAMILY INDEPENDENCE ADMINISTRATION

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Policy Directive # 06-16-ELI (This Policy Directive Replaces PD #06-07-ELI)

MAILED AND FAXED PUBLIC ASSISTANCE AND/OR FOOD STAMP APPLICATIONS

Date: May 23, 2006	Subtopic(s): Food Stamps
REVISION TO ORIGINAL DIRECTIVE	<p>This policy directive has been revised to reflect:</p> <ul style="list-style-type: none"> • Updated fax numbers in the attached NPA/MICSA Food Stamp Site Directory and Job Center Directory. • Clarification regarding when to apply calendar vs. business day timeframes. • Scheduling timeframe for the initial (I) interview. • Rejection code adjustment for initial interview appointments not kept. • Fair Hearing Implications language revisions.
AUDIENCE	<p>The instructions in this policy directive are for Job Center and Non-Public Assistance (NPA) Food Stamp (FS) Office staff and are informational for all others.</p>
<p>POLICY</p> <p>The application must contain, at a minimum, the applicant's name, address (if s/he has one) and signature.</p>	<p>Any person has the right to submit an application for PA and/or food stamps in person, through an authorized representative, by mail and/or by facsimile (fax).</p> <p>For PA purposes, individuals who apply by mail or fax must have an initial interview no later than the seventh day of application and for FS purposes, no later than the 30th day of application. The day the application is received by the Agency is day one.</p> <p>Failure to have an initial eligibility interview within the above-specified time frame for each program, without good cause, will result in the denial of cash assistance and/or FS benefits.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

REQUIRED ACTION

Workers at Job Centers and NPA FS Offices must provide the mailing address or fax number to any person requesting this information for the purpose of filing a PA or NPA FS application by mail or fax. A list of all the Job Centers and NPA FS Offices with their mailing address and fax number(s) has been attached for Workers to use in complying with this directive.

The Request for Contact on a Mailed or Faxed Application (**W-119**) must be sent, advising applicants who submit an application by mail or fax of the following:

- That their application has been received;
- The date and time of their initial eligibility interview; and
- Whether their household is eligible for Expedited Food Stamp (EFS) service based on the information submitted on the application.

Workers must also send the Eligibility Factors and Suggested Documentation Guide (**W-119D**), indicating which eligibility factors the applicant will be required to verify.

When an individual mails or faxes an application for PA and/or FS, the following actions must be taken:

Job Centers

When a PA application is received via mail or fax, it will be forwarded to a designated Worker in the Center. This Worker is responsible for ensuring that the appropriate process below is followed:

Application registration


- Register the application in POS with the date the Agency receives the application as the application filing date. If an application is faxed after the Center’s business hours, the application file date is the next business day.

EFS screening must be completed on paper, as POS will not allow it without launching the interview activity

- Screen the application for EFS using the Food Stamp Expedited Processing Summary Sheet (**LDSS-3938**) and indicate whether the household is eligible or ineligible for EFS on the **W-119**.

Revised

- If the household is eligible for EFS, schedule the application interview within five calendar days after the date the application is received. **Note:** The first day of the count is the first calendar day after the application was filed. This applies to mailed/faxed applications only. Applications filed in person must receive an I-interview on the day of filing.
- If the household is not eligible for expedited services, schedule the application interview within seven calendar days after the date the application is received.

- Schedule an Initial (I) interview as follows:
 - Start the Schedule Appointments activity.
 - In the Comments window indicate that this is a mailed or faxed application.
 - Enter a case comment by clicking on the Case Comments icon  or pressing <ALT>M on the keyboard and entering the following:
 - The date the application was received; whether it was received in person or as mail or fax;
 - Whether there was enough information in the application to complete an EFS screening.
- Complete and send the applicant the **W-119** and **W-119D**.
- Scan the mailed/faxed paper application and any accompanying documents into the electronic case record.

Failure to keep initial eligibility interview

If the applicant fails to come in for an initial eligibility interview within the required time and does not request either a homebound interview because s/he is unable to report to the center due to a disability, or a waiver of the in-office interview due to a hardship:

Revised

- Reject the PA case with Code **F10** (Failure to Keep Appointment). Reject the FS portion of the application with Code **E10** (Failure to Keep/Complete Interview: No Schedule Appointment) (Note: **E10** will clock down to the 30th day).
- Prepare and send the Food Stamps – Request for Contact/Missed Interview (**LDSS-4753**) form.

Note: The Client Notification System of WMS will generate the Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) (**LDSS-4013A NYC**) and the Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (**LDSS-4013B NYC**) forms.

Once the actions to reject the case have been processed in WMS, if the affected individual or household reapplies for assistance within 30 days of the previous application date, the designated Worker must follow the instructions detailed on page 3 of PD #04-11-ELI.

NPA FS Offices

Mailed applications received by the Mail and Processing Unit (MPU) or applications faxed to the Site Manager's office will be immediately forwarded to the NPA Reception Unit. The date the application is received becomes the date of application.

The Reception Unit will be responsible for:

Revised

- Registering the case in WMS using the date the application was received as the file date. **Note:** If an application is faxed after the Center’s business hours, the application file date is the next business day.
- Screening the application for EFS eligibility using the **LDSS-3938**;
- Scheduling an initial eligibility interview within five calendar days of the date the application was received if the household appears to be eligible for EFS benefits;
Note: This applies to mailed/faxed applications only. Applications filed in person are scheduled for an initial interview on the same day or within two calendar days of filing if the household meets the expedited processing criteria from the initial screening using **LDSS-3938**. The first day of the count is the first calendar day after the application was filed. For applicants qualified for expedited processing and a waiver of the office interview, the initial interview must be conducted by telephone.

or

Mail forms **W-119** and **W-119D** to applicant.

- Scheduling the applicant for the next available appointment if it appears s/he is ineligible for EFS benefits;
- Informing the applicant of the scheduled “I” interview by phone or by mail using the **W-119** and the **W-119D** if the applicant cannot be reached by telephone;
- Maintaining a tickler file for all mailed and faxed applications;
- Sending the Food Stamp – Request for Contact/Missed Interview (**LDSS-4753**) to applicants who fails to keep the initial eligibility interview;
- Entering Code **E10** (Failure to Keep/Complete Interview: No Schedule Appointment) to reject a case in instances where the applicant fails to report to the initial interview and does not request a waiver of the in-office interview due to hardship. Hardship includes, but is not limited to, illness, transportation difficulties, care of a household member, prolonged severe weather or work or training hours that prevent the applicant from coming during regular hours.

Although an appointment is given, the applicant has until the 30th day of the application period to come in for the I-interview.

PROGRAM IMPLICATIONS

Model Office Implications

There are no Model Office implications.

Medicaid Implications

Failure of the applicant to keep an initial eligibility interview for public assistance in person or through an authorized representative will disqualify him/her from Medicaid eligibility.

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
AND HEARING
IMPAIRED
IMPLICATIONS**

For Limited English Speaking Ability (LESA) and hearing-impaired applicants, make sure to obtain appropriate interpreter services in accordance with PD #06-12-OPE and PD #06-13-OPE.

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conference at the
Job Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the "Pending" (**08**) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**), change the **02** to an **01** if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency’s action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference (SIC). The AJOS/Supervisor I must complete an **M-186a**.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Conference at the NPA FS Office

If an applicant/participant comes to the Food Stamp Office and requests a conference, the Receptionist must alert the Site Manager’s designee that the applicant/participant is to be seen. If the applicant/participant contacts the Eligibility Specialist directly, advise the applicant/participant to call the Site Manager’s designee. In Model Offices, the Receptionist at Main Reception will issue a FS Conf/Appt/Problem ticket to the applicant/participant to route him/her to NPA Reception area and does not need to verbally alert the Site Manager. The NPA Receptionist will alert the Site Manager once the applicant/participant is called to the NPA Reception desk.

The Site Manager’s designee will listen to and evaluate the applicant/participant’s complaint regarding the case closing. The applicant/participant must provide current verification of address to resolve the issue. After reviewing the documentation, case record and discussing the issue with the Group Supervisor/Eligibility Specialist, the Site Manager’s designee will make a decision. The Site Manager’s designee will decide to resolve or defend the case based on all factors and on whether the case was closed correctly. The Site Manager’s designee is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets for the Job/Model Centers

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY “Case Notes” screens.

Evidence Packets for the NPA FS Office

All evidence packets must include the returned envelope, address verification, notices sent and any other pertinent information to support the Agency’s action.

REFERENCES


7 CFR 273.2 (c)(1)
 18 NYCRR 387.5(a)
 18 NYCRR 350.3
 01 ADM 8(a) 3
 03 INF 13
 05 ADM 13
 Food Stamp Source Book: Section 4, page 19
 Temporary Assistance Source Book: Chapter 3

RELATED ITEMS

PD #04-11-ELI
 PB #06-23-OPE

ATTACHMENTS

Attachment A NPA/MICSA Food Stamp Site Directory (Rev. 5/12/06)
Attachment B Job Center Directory (Rev. 5/12/06)

 Please use Print on Demand to obtain copies of forms.

W-119 Request for Contact on a Mailed or Faxed Application (Rev. 4/07/06)
W-119 (S) Request for Contact on a Mailed or Faxed Application (Spanish) (Rev. 4/07/06)
W-119D Eligibility Factors and Suggested Documentation Guide (4/5/04)
W-119D (S) Eligibility Factors and Suggested Documentation Guide (Spanish) (4/5/04)

NPA/MICSA FOOD STAMP SITE DIRECTORY

NPA FOOD STAMP SITES	ADDRESS	FAX #
Manhattan		
East End - F02	2322 Third Avenue 3 rd Floor Manhattan, NY 10035	(212) 860-5211
*Union Square – F11 (MICSA)	109 East 16 th Street 6 th Floor Manhattan, NY 10003	(212)835-7548
Washington Heights -F13	4660 Broadway 1 st Floor Manhattan, NY 10040	(212) 569-9833
St. Nicholas – F14	132 West 125 th Street 5 th Floor Manhattan, NY 10027	(212) 666-8142
Waverly – F19	12 West 14 th Street 2 nd Floor Manhattan, NY 10011	(212) 337-1035
Brooklyn		
SSI Office – F15 This Office is for SSI recipients only (MICSA)	253 Schermerhorn Street 1 st Floor Brooklyn, NY 11201	(718) 722-4065
Ft. Greene – F20	275 Bergen Street 1 st Floor Brooklyn, NY 11217	(718) 694-8662
Williamsburg – F21	30 Thornton Street 1 st Floor Brooklyn, NY 11206	(718) 963-5146
Coney Island – F22 (MICSA)	2865 West 8 th Street 1 st Floor Brooklyn, NY 11224	(718) 265-7667
*Borough Hall – F23	45 Hoyt Street 6 th Floor Brooklyn, NY 11201	(718) 237-8436
Greenwood – F24 (MICSA)	227 Schermerhorn Street 1 st Floor Brooklyn, NY 11201	(718) 722-4021
Midwood – F25	3050 West 21 st Street 2 nd Floor Brooklyn, NY 11224	(718) 333-3330
North Brooklyn – F26	500 Dekalb Avenue, 5 th Floor Brooklyn, NY 11205	(718) 398-5053
New Utrecht - F27	6740 Fourth Avenue 1 st Floor Brooklyn, NY 11220	(718) 921-2092
F61 Residential Treatment Food Stamps for Residential Treatment Facilities (MICSA)	253 Schermerhorn Street 3 rd Floor Brooklyn, NY 11201	(718) 722-4643

Revised: 05/12/06

*This site has extended hours and is open Monday-Fridays 8:30AM- 6PM and Saturdays from 9:00AM-5:00PM

NPA/MICSA FOOD STAMP SITE DIRECTORY

NPA FOOD STAMP SITES	ADDRESS	FAX #
F63 Homebound Food Stamps for clients who are Homebound and not receiving SSI <small>(MICSA)</small>	253 Schermerhorn Street 3 rd Floor Brooklyn, NY 11201	(718) 834-3299 (718) 834-3296
Brighton – F28	2865 West 8 th Street 1 st Floor Brooklyn, NY 11224	(718) 265-5628
Queens		
Far Rockaway – F42 <small>(MICSA)</small>	219 Beach 59 th Street 1 st Floor Rockaway, NY 11692	(718) 318-4109 (718) 318-4128
Rockaway – F79	219 Beach 59 th Street 1 st Floor Rockaway, NY 11692	(718) 318-4109
Long Island City – F43 <small>(MICSA)</small>	45-12 32 nd Place 1 st Floor Long Island City, NY 11101	(718) 752-4128
Queens – F53	32-20 Northern Blvd 4 th Floor Long Island City, NY 11101	(718) 752-7977
*Jamaica – F54	90-75 Sutphin Blvd 4 th Floor Jamaica, NY 11435	(718) 523-0093
Bronx		
Stadium – F31 <small>(MICSA)</small>	260 East 161 Street 8 th Floor Bronx, NY 10451	(718) 664-1017
Colgate – F32	1209 Colgate Avenue 2 nd Floor Bronx, NY 10472	(718) 589-2292
Rider – F38	305 Rider Avenue 2 nd Floor Bronx, NY 10451	(718) 742-3740
Melrose – F40	260 East 161 Street 4 th Floor Bronx, NY 10451	(718) 664-1698
*Fordham – F44	2551 Bainbridge Avenue 2 nd Floor Bronx, NY 10458	(718) 220-6671
Crotona – F46	1910 Monterey Avenue 5 th Floor Bronx, NY 10457	(718) 901-0334
Staten Island		
St. George – F51 <small>(MICSA)</small>	201 Bay Street 1 st Floor Staten Island, NY 10301	(718) 390-6723 (718) 390-6876
*Richmond – F99	201 Bay Street 1 st Floor Staten Island, NY 10301	(718) 390-6723

Revised: 05/12/06

* This site has extended hours and is open Monday-Fridays 8:30AM- 6PM and Saturdays from 9:00AM-5:00PM

FAMILY INDEPENDENCE ADMINISTRATION-FIELD OPERATIONS JOB CENTER DIRECTORY

CENTER	ADDRESS	FAX #
13/Waverly	12 West 14 th Street 4 th Floor Manhattan, NY 10011	(212) 337-1641
17/Family Call Center	33-28 Northern Blvd 2 nd Floor Long Island City, NY 11101	(718) 610-2922
23/East End Model Office	2322 Third Avenue 5 th Floor Manhattan, NY 10035	(212) 722-6314
26/St. Nicholas	132 West 125 th Street 4 th Floor Manhattan, NY 10027	(212) 666-5568
28/Hamilton Model Office	530 West 135 th Street 2 nd Floor Manhattan, NY 10031	(212) 690-3730
32/Colgate	1209 Colgate Avenue 2 nd Floor Bronx, NY 10472	(718) 589-2066
35/Dyckman	4660 Broadway 2 nd Floor Manhattan, NY 10040	(212) 569-9633
37/Riverview	1951 Park Avenue 3 rd Floor Manhattan, NY 10037	(212) 939-0246 (212) 690-9295
38/Rider	305 Rider Avenue 4 th Floor Bronx, NY 10451	(718) 742-3990
39/Union Square	109 East 16 th Street 11 th Floor Manhattan, NY 10003	(212) 835-7265
39/Manhattan WeCARE Job Center	109 East 16 th Street 7 th Floor Manhattan, NY 10003	(212) 835-7526
40/Melrose	260 East 161 st Street 5 th Floor Bronx, NY 10451	(718) 664-1177

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FAMILY INDEPENDENCE ADMINISTRATION-FIELD OPERATIONS JOB CENTER DIRECTORY

CENTER	ADDRESS	FAX #
44/Fordham Model Office	2551 Bainbridge Avenue 4 th Floor Bronx, NY 10458	(718) 220-5775
45/Bronx WeCARE Job Center	1365 Jerome Avenue 2 nd Floor. Bronx, NY 10452	(718) 590-7225
46/Crotona	1910 Monterey Avenue 6 th Floor Bronx, NY 10457	(718) 901-5305
47/Refugee	2 Washington Street 8 th Floor Manhattan, NY 10004	(212) 495-7605
49/Refugee Annex	98 Flatbush Avenue 1 st Floor Brooklyn , NY 11217	(718) 722-5064 (718) 722-5065
52/RTSC Residential Treatment Service Center	109 East 16 th Street 8 th Floor Manhattan, NY 10003	(212) 835-8373
53/Queens Model Office	32-20 Northern Blvd 6 th Floor Long Island City, NY 11101	(718) 784-6116
54/Jamaica	90-75 Sutphin Blvd 3 rd Floor Queens, NY 11435	(718) 523-4480
61/Brooklyn WeCARE Job Center	215 Duffield Street 2 nd Floor Brooklyn, NY 11201	(718) 237-5239
62/Michael J. Handy Veterans' Job Center	25 Chapel Street 7 th Floor – Room 702 Brooklyn, NY 11201	(718) 473-8333
63/Coney Island	3050 West 21 st Street 3 rd Floor Brooklyn, NY 11224	(718) 333-3121
64/DeKalb	500 Dekalb Avenue 6 th Floor Brooklyn, NY 11205	(718) 636-2784
66/Bushwick	30 Thornton Street 3 rd Floor Brooklyn, NY 11206	(718) 963-7444

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FAMILY INDEPENDENCE ADMINISTRATION-FIELD OPERATIONS JOB CENTER DIRECTORY

CENTER	ADDRESS	FAX #
67/Linden Model Office	45 Hoyt Street 6 th Floor Brooklyn, NY 11201	(718) 858-4298
70/Bayridge	6740 Fourth Avenue 4 th Floor Brooklyn, NY 11220	(718) 921-2111
71/Intensive Services Center	109 E. 16 th Street 2 nd Floor Manhattan, NY 10003	(212) 835-7965
78/Euclid	404 Pine Street 3 rd Floor Brooklyn, NY 11208	(718) 827-3967
79/Rockaway Model Office	219 Beach 59 th Street 2 nd Floor Rockaway, NY 11692	(718) 634-6581
80/Seaport Model Office	172 Water Street 1 st Floor Manhattan, NY 10038	(212) 331-3510
84/SENIORWORKS	109 East 16 th Street 1 st Floor Manhattan, NY 10003	(212) 835-8267
85/Greenwood	275 Bergen Street, 1 st Floor Brooklyn, NY 11217	(718) 694-7619
99/Richmond Model Office	201 Bay Street 2 nd Floor Staten Island, NY 10301	(718) 390-6793

Revised: 05/12/06



Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
Job Center: _____

Request for Contact on a Mailed or Faxed Application

We received your application for public assistance/food stamps on _____ Date

We received your application for food stamps only on _____ Date

We have scheduled an initial eligibility interview for you:

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

We have also enclosed the Eligibility Factors and Suggested Documentation Guide (**W-119D**). The eligibility factors that must be verified as a condition of eligibility have been checked. If you have any or all of the documents required to verify the checked eligibility factors, please bring them with you when you report to the above interview. If you have been determined to be eligible for expedited Food Stamp processing or think you may be eligible, please ensure that at the very least you bring proof of identity with you.

The food stamp in-office interview may be waived in hardship situations. Hardships generally include, but are not limited to, illness, transportation difficulties, care of a household member, prolonged severe weather or work or training hours that prevent you from coming during regular office hours.

If you cannot keep this appointment because of a scheduling conflict or you are homebound or are experiencing a hardship, please call _____ for a rescheduled appointment.

Failure to keep an initial eligibility interview without good cause can result in the denial of your application.

At this time and based on the information provided on your application, we have determined the following:

- We have found you eligible for expedited Food Stamp service. At the time of your initial interview, if you are determined eligible for Food Stamp benefits you will be issued benefits within five (5) days.
- We have determined your household to be ineligible for expedited Food Stamp service. At the time of your initial interview, if your situation has changed, we will reevaluate your household for expedited Food Stamp service. If you are found to be eligible for expedited service and are also eligible for Food Stamp benefits, you will be issued benefits within five (5) days.
- You did not provide enough information to determine eligibility for expedited Food Stamp service. However, at the time of your initial interview, we will evaluate your household for expedited Food Stamp service. If you are found to be eligible for expedited service and are also eligible for Food Stamp benefits, you will be issued benefits within five (5) days.

Enclosure: Eligibility Factors and Suggested Documentation Guide (**W-119D**).



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Teléfono: _____
Centro de Trabajo: _____

Petición de Contacto Respecto a una Solicitud Enviada por Correo o Fax

- Recibimos su solicitud de asistencia pública/cupones para alimentos el _____ Fecha
- Recibimos su solicitud solo de cupones para alimentos el _____ Fecha

Le hemos programado una entrevista de elegibilidad preliminar:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Además hemos incluido el formulario Factores de Elegibilidad y Guía de Documentación Sugerida (**W-119D [S]**). Los factores que deben verificarse como condición de elegibilidad han sido marcados. Si usted tiene uno o todos los documentos requeridos para verificar los factores de elegibilidad que se han marcado, por favor traígalos a su entrevista cuando se presente a la misma al lugar indicado más arriba. Si se determina que usted es elegible para el trámite acelerado de Cupones para Alimentos o si usted considera que puede ser elegible, asegúrese de por lo menos traer con usted una prueba de identidad.

Es posible que la entrevista en persona no sea requerida si usted tiene una situación de extrema dificultad. Generalmente las situaciones de extrema dificultad incluyen, pero no están limitadas a, enfermedad, problemas de transporte, cuidado de un miembro del hogar, tiempo inicamente prolongado, o asistencia al trabajo o a capacitación durante horas laborables.

Si no puede acudir a esta cita por un conflicto de horario o porque usted está confinado(a) al hogar o por una dificultad extrema, por favor llame al _____ para programarle otra cita.

El no acudir a la entrevista de elegibilidad preliminar sin motivo justificado puede resultar en el rechazo de su solicitud.

De acuerdo a la información incluida en su solicitud, se ha determinado en esta ocasión lo siguiente:

- Hemos concluido que usted es elegible para el trámite acelerado de Cupones para Alimentos. Si durante su entrevista preliminar se determina que usted es elegible para beneficios de Cupones para Alimentos se le emitirán beneficios dentro de cinco (5) días.
- Hemos determinado que su hogar no es elegible para el trámite acelerado de Cupones para Alimentos. Si su situación cambia, volveremos a evaluar su hogar respecto al trámite acelerado de Cupones para Alimentos durante su entrevista preliminar. Si se determina que usted es elegible para el trámite acelerado y también para los beneficios de Cupones para Alimentos, se le emitirán beneficios dentro de cinco (5) días.
- Usted no proporcionó suficientes datos que ayudaran a determinar su elegibilidad para el trámite acelerado de Cupones para Alimentos, sin embargo, cuando usted se presente para su entrevista preliminar, evaluaremos si su hogar tiene derecho a dicho trámite. Si resulta elegible para el trámite acelerado y también para los beneficios de Cupones para Alimentos, se le emitirán beneficios dentro de cinco (5) días.

Adjunto: Factores de Elegibilidad y Guía de Documentación Sugerida (**W-119D [S]**).

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	(obtain one)	Eligibility Factor	(obtain one)
<input type="checkbox"/> Identity You must establish identity for each person listed.	<ul style="list-style-type: none"> • Photo I.D. • Driver's license • U.S. passport • Naturalization certificate • Hospital/doctor's records • Adoption papers 	<input type="checkbox"/> Relationship You must prove the relationship of payee to child.	<ul style="list-style-type: none"> • Birth certificate (long form) • Adoption papers/records • Court records • Marriage certificate
<input type="checkbox"/> Marital Status You must prove you are married, divorced, separated, or widowed.	<ul style="list-style-type: none"> • Marriage/death certificates • Separation agreement • Divorce decree • Social Security records • Veterans Administration (VA) records 	<input type="checkbox"/> Citizenship or Current Alien Status US citizens are eligible for Temporary Assistance, Food Stamps, and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps and Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> • Birth certificate • Baptismal certificate/records • Hospital records • U.S. passport • Military service records • Naturalization certificate • USCIS documentation • Evidence of continuous U.S. residence since prior to 1/1/72
<input type="checkbox"/> Residence You must verify place of residence (if applicable).	<ul style="list-style-type: none"> • Statement from landlord/primary tenant • Current rent receipt or lease • Mortgage records 	<div style="font-size: 4em; opacity: 0.3; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%; pointer-events: none;">SAMPLE</div>	
<input type="checkbox"/> Household Composition/Size You must prove who is living in the home.	<ul style="list-style-type: none"> • Statement from nonrelative landlord • School records 		
<input type="checkbox"/> Age You must prove the age of each person applying for assistance.	<ul style="list-style-type: none"> • Birth certificate • Baptismal records/certificate • Hospital records • Adoption papers/records • Naturalization certificate • Driver's license 	Earned Income <input type="checkbox"/> From employer <input type="checkbox"/> From self-employment <input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> • Current wage stubs • Pay envelopes • Contact with employer • Business records • Tax records • Records and related materials concerning self-employment earnings and expenses • Current income tax return • Current contribution check • Statement from roomer, boarder, tenant • Income tax records
<input type="checkbox"/> Social Security Number (For Temporary Assistance and Medical Assistance only , applicant/participant does not have to provide proof of Social Security number [SSN] unless the SSN does not match with the Social Security Administration's records or cannot be verified by the agency.)	<ul style="list-style-type: none"> • Social Security card • Official correspondence from SSA <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>		
<input type="checkbox"/> Absence/Death of Parent(s) You must prove the absence of one or both parents of any child in the home.	<ul style="list-style-type: none"> • Death certificate • Survivor's benefit records • Hospital records • VA or military records • Divorce papers • Proof of remarriage 	<input type="checkbox"/> Unpaid Bills Rent, Utility, Medical	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of services and provider
<input type="checkbox"/> Absent Parent Information For each applying child who has an absent parent(s), you must provide information such as name, address, Social Security number, birth date.	<ul style="list-style-type: none"> • Pay stubs • Tax returns • Social Security or VA records • Unemployment Insurance Benefits (UIB) book • I.D. cards (health insurance) • Driver's license or registration 	<input type="checkbox"/> Other Expenses/Dependent Care Cost You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Cancelled checks or receipts
		<input type="checkbox"/> School Attendance You must prove who is in school.	<ul style="list-style-type: none"> • School records (current report card) • Statement from school

Eligibility Factor	(obtain one)	Eligibility Factor	(obtain one)
<p>Unearned Income</p> <p><input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> Unemployment Insurance Benefits (UIB)</p> <p><input type="checkbox"/> Social Security Benefits (Including SSI)</p> <p><input type="checkbox"/> Workers' Compensation</p> <p><input type="checkbox"/> Education Grants and Loans</p> <p><input type="checkbox"/> Interest/Dividends/Royalties</p> <p><input type="checkbox"/> Veterans' Benefits</p> <p><input type="checkbox"/> Other Unearned Income</p>	<ul style="list-style-type: none"> • Statement from Family Court • Statement/cancelled checks or records from person paying support • Check stubs • Official correspondence from the Child Support Enforcement Unit • Current award certificate • Current benefit check • Official correspondence with New York State Department of Labor • State Data Exchange (SDX) • Current award certificate/letter • Current benefit check • Official correspondence from Social Security Administration • Award letter • Check stub • Statement from school • Statement from bank • Statement from agency administering grant/award letter • Statement from bank or credit union • Statement from broker/financial institution • Current award certificate • Current benefit check • Veterans Administration official correspondence • Current award letter • Current benefit check • Official correspondence from source of income • Contact with source of income • Current contribution check 	<p><input type="checkbox"/> Health Insurance</p> <p>If anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.</p> <p><input type="checkbox"/> Disabled/Incapacitated/Pregnant</p> <p>Resources (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"/> Cash on Hand</p> <p><input type="checkbox"/> Bank Account: Checking, Savings Retirement (IRA and Keogh), Credit Union, Stocks, Bonds, Certificates and Mutual Funds</p> <p><input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Burial Trust or Fund, Burial Plot or Funeral Agreement</p> <p><input type="checkbox"/> Income Tax Refund or Earned Income Tax Credit (EITC)</p> <p><input type="checkbox"/> Real Estate other than Residence</p> <p><input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Lump Sum Payment</p> <p><input type="checkbox"/> Other Resources</p>	<ul style="list-style-type: none"> • Insurance policy/card • Statement from provider of coverage • Medicare card • Separation or divorce agreement with court-ordered health coverage • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness • Observation of obvious physical handicap (for MA only, resource information is not requested from pregnant women, children and persons eligible for Family Health Plus) • Statement from household • Statement from nursing home • Current bank records • Current credit union records • Stock/bond certificate • Statement from financial institution • Insurance policy • Statement from insurance company • Bank records • Burial agreement • Burial plot deed • Statement from funeral director • Refund or EITC check • Statement from tax office • Deed • Statement from real estate broker • Broker's appraisal/estimate of current value • Registration • Title of ownership • Appraisal of current value by dealer • Financing data • Statement from the source of payment • Lump sum check • Household statement of current value • Sales slips • Insurance appraisal
<p><input type="checkbox"/> Shelter Expenses</p> <p>You must prove rent and other household expenses.</p> <p>Medical Assistance does not require documentation of shelter expenses.</p>	<ul style="list-style-type: none"> • Current rent receipt/lease/mortgage records • Landlord statement • Garbage/trash collection bills or receipts • Property and school tax records • Sewer and water bills • Homeowner's insurance records • Fuel bills • Nonheating utility bills • Telephone bills (or a statement from the household that the expense is incurred) 		
<p><input type="checkbox"/> Medical Expenses</p>	<ul style="list-style-type: none"> • Statement from provider of medical services • Copies of medical bills (paid or unpaid) 		

Factores de Elegibilidad y Guía de Documentación Sugerida

Factor de Elegibilidad	(obtenga uno)	Factor de Elegibilidad	(obtenga uno)
<input type="checkbox"/> Identidad Usted debe establecer la identidad de cada persona listada.	<ul style="list-style-type: none"> Identificación con foto Licencia Pasaporte de EE.UU. Certificado de naturalización Registros hospitalarios/médicos Documentos de adopción 	<input type="checkbox"/> Relación Usted debe probar la relación entre el beneficiario y el niño.	<ul style="list-style-type: none"> Partida de nacimiento (documento completo) Documentos/registros de adopción Acta de juicios Licencia matrimonial
<input type="checkbox"/> Estado Civil Usted debe probar que está casado(a), divorciado(a), separado(a), o enviudado(a).	<ul style="list-style-type: none"> Licencia de matrimonio/partida de defunción Acuerdo de separación Sentencia de divorcio Registros de seguridad social Registros de la Administración de Veteranos (Veterans Administration – VA) 	<input type="checkbox"/> Ciudadanía o Estado Actual de Extranjería Los ciudadanos de EE.UU. tienen derecho a Asistencia Temporal, Cupones para Alimentos, y Asistencia Médica. Los extranjeros deben tener un estado satisfactorio de inmigrante para poder ser elegible con respecto a Asistencia Temporal, Cupones para Alimentos y Asistencia Médica. El estado migratorio no se toma en cuenta en casos de mujeres embarazadas o niños inmigrantes que estén solicitando Salud Adicional B para el Niño (Child Health Plus B). Los inmigrantes indocumentados y los no inmigrantes temporales sólo tienen derecho a tratamiento en casos de emergencias médicas.	<ul style="list-style-type: none"> Partida de nacimiento Documentos/acta de bautismo Registros hospitalarios Pasaporte de EE.UU. Expedientes de servicio militar Certificado de naturalización Documentación USCIS Prueba de residencia continua en EE.UU. desde antes de 1/1/72
<input type="checkbox"/> Residencia Usted debe comprobar su lugar de residencia (en su caso).	<ul style="list-style-type: none"> Declaración del casero/inquilino principal Recibo actual de alquiler o contrato de arrendamiento Documentos hipotecarios 		
<input type="checkbox"/> Miembros/Tamaño del Hogar Usted debe probar quién está viviendo en el hogar.	<ul style="list-style-type: none"> Declaración de casero que no sea pariente Expedientes escolares 	<input type="checkbox"/> Ingreso Salarial <input type="checkbox"/> De parte del empleador <input type="checkbox"/> De empleo por cuenta propia <input type="checkbox"/> Ingresos de alquiler o pensión completa	<ul style="list-style-type: none"> Talones salariales actuales Sobres de paga Contacto con el empleador Registros comerciales Documentos tributarios Toda documentación relacionada con las ganancias y gastos de trabajo por cuenta propia Declaración de impuestos actual Cheque de contribución actual Declaración del inquilino o pensionario Documentos tributarios
<input type="checkbox"/> Edad Usted debe probar la edad de cada persona que solicite asistencia.	<ul style="list-style-type: none"> Partida de nacimiento Documentos/acta de bautismo Registros hospitalarios Documentos/registros de adopción Certificado de naturalización Licencia de conducir 		
<input type="checkbox"/> Número de Seguro Social (Sólo para Asistencia Temporal y Asistencia Médica, el solicitante o participante no tiene que proporcionar prueba del Número de Seguro Social [Social Security Number – SSN] a menos que el SSN no corresponda a los archivos de la Administración de Seguro Social o no se pueda comprobar por dicho organismo.)	<ul style="list-style-type: none"> Tarjeta de Seguro Social Correspondencia oficial de la SSA No necesitan número de Seguro Social los extranjeros que deseen Asistencia Médica sólo para tratamientos de emergencia o que estén solicitando sólo Asistencia Médica en estado de embarazo.	<input type="checkbox"/> Cuentas Sin Pagar Alquiler, Servicios Públicos, Cuentas Médicas	<ul style="list-style-type: none"> Copia de cada cuenta en que figure la cantidad adeudada, período de servicio y proveedor
<input type="checkbox"/> Ausencia/Muerte del Padre o de la Madre Usted debe probar la ausencia del padre o de la madre, o de ambos, respecto a cualquiera de sus niños en el hogar.	<ul style="list-style-type: none"> Partida de defunción Expedientes de las prestaciones al supérstite Registros hospitalarios Expediente militar o de la Administración de Veteranos (Veterans' Administration – VA) Documentos de divorcio Prueba de nuevo matrimonio 		
<input type="checkbox"/> Información Respecto al Padre o Madre Ausente Para cada niño solicitante que tenga un padre o una madre ausente, usted debe proporcionar datos como nombre, dirección, número de Seguro Social, fecha de nacimiento.	<ul style="list-style-type: none"> Talones de paga Declaración de impuestos Registros de Seguridad Social o de la VA Folleto de Beneficios de Seguro de Desempleo (Unemployment Insurance Book – UIB) Tarjetas de identificación (seguro médico) Registro o licencia de conducir 	<input type="checkbox"/> Otros Gastos/Costo del Cuidado de Dependientes Si usted hace pagos de pensión alimenticia por decreto judicial, cuidado infantil, deudas recurrentes, o los servicios de un ayudante de salud doméstico, debe proporcionar prueba de dichos pagos.	<ul style="list-style-type: none"> Decreto judicial Declaración por parte de la guardería de niños u otro prestador de cuidado infantil Declaración por parte del ayudante de salud Cheques o recibos cancelados
		<input type="checkbox"/> Asistencia Escolar Usted debe probar quién asiste a la escuela.	<ul style="list-style-type: none"> Registros escolares (libreta de notas actual) Declaración por parte de la escuela

Factor de Elegibilidad	(obtenga uno)	Factor de Elegibilidad	(obtenga uno)
<p>Ingreso No Salarial</p> <p><input type="checkbox"/> Manutención de Niños</p> <p><input type="checkbox"/> Beneficios de Seguro de Desempleo (Unemployment Insurance Benefits – UIB)</p> <p><input type="checkbox"/> Beneficios de Seguro Social (Incluido el SSI)</p> <p><input type="checkbox"/> Compensación Laboral</p> <p><input type="checkbox"/> Subsidios y Préstamos de Educación</p> <p><input type="checkbox"/> Intereses/Dividendos/Regalías</p> <p><input type="checkbox"/> Beneficios de Veteranos</p> <p><input type="checkbox"/> Otros Ingresos No Salariales</p>	<ul style="list-style-type: none"> • Declaración del Tribunal Familiar • Declaración/cheques cancelados o expedientes de la persona responsable de la manutención • Talones de cheques • Correspondencia oficial de la Unidad de Aplicación de Manutención de Niños (Child Support Enforcement Unit) • Certificado actual de beneficio • Cheque actual de beneficio • Correspondencia oficial con el Departamento de Trabajo del Estado de Nueva York (New York State Department of Labor • Intercambio Estatal de Datos (State Data Exchange – SDX) • Certificado/carta actual de beneficio • Cheque de beneficio actual • Correspondencia oficial de la Administración de Seguro Social • Carta de beneficio • Talón de paga • Declaración de la escuela • Declaración del banco • Declaración del organismo administrador del subsidio/carta de beneficio • Declaración del banco o cooperativa de crédito • Declaración del corredor de bolsa/institución financiera • Certificado de beneficio actual • Cheque de beneficio actual • Correspondencia oficial de la Administración de Veteranos • Carta de beneficio actual • Cheque de beneficio actual • Correspondencia oficial de la fuente de ingreso • Contacto con la fuente de ingreso • Cheque de contribución actual 	<p><input type="checkbox"/> Seguro Médico</p> <p>Si alguno de los solicitantes tiene cobertura de seguro médico (aun si la paga otra persona), usted debe probarlo.</p> <p><input type="checkbox"/> Inválido/Incapacitado/Embarazada</p> <p>Recursos (Sólo para Asistencia Médica, no se le exigen datos sobre recursos a las embarazadas, los niños menores de 19 años, y a las personas elegibles respecto a Salud Familiar Adicional [Family Health Plus])</p> <p><input type="checkbox"/> Dinero en Efectivo Disponible</p> <p><input type="checkbox"/> Cuenta de Banco: Corriente, de Ahorros, Retiro (IRA v Keogh) Cooperativa de Crédito, Acciones, Bonos, Certificados y Fondos de Inversión Mobiliaria</p> <p><input type="checkbox"/> Seguro de Vida</p> <p><input type="checkbox"/> Fideicomiso o Fondo de Entierro, Emplazamiento de Entierro o Acuerdo de Funerario</p> <p><input type="checkbox"/> Reembolso del Impuesto sobre los Ingresos o Crédito Tributario del Ingreso Salarial (Earned Income Tax Credit – EITC)</p> <p><input type="checkbox"/> Bienes Inmobiliarios aparte de la Residencia</p> <p><input type="checkbox"/> Vehículos Automotores</p> <p><input type="checkbox"/> Pago de Suma Global</p> <p><input type="checkbox"/> Otros Recursos</p>	<ul style="list-style-type: none"> • Póliza/tarjeta de seguro • Declaración del prestador de la cobertura • Tarjeta de Medicare • Acuerdo de separación o divorcio con cobertura médica decretada por un tribunal • Declaración de parte de un médico, clínica u hospital que compruebe el embarazo, fecha de nacimiento anticipada • Declaración de profesional médico • Prueba de beneficios de SSA/SSI respecto a invalidez/ceguera • Observación de impedimento físico obvio (sólo para MA, no se les exige datos respecto a sus recursos a las embarazadas, los niños y a aquellos elegibles para Salud Familiar Adicional [Family Health Plus]) • Declaración del hogar • Declaración de hogar de ancianos • Registros bancarios actuales • Registros actuales de cooperativa de crédito • Certificado de acciones/bonos • Declaración de institución financiera • Póliza de seguros • Declaración de la compañía de seguros • Registros bancarios • Acuerdo de entierro • Título del emplazamiento de entierro • Declaración del director de funeraria • Reembolso o cheque de EITC • Declaración de la oficina de impuestos • Título • Declaración de agente inmobiliario • Tasación del agente/presupuesto del valor actual • Matrícula • Título de propietario • Tasación de valor actual por parte del concesionario • Datos de financiación • Declaración de la fuente de pago • Cheque de suma global • Declaración del hogar respecto al valor actual • Notas de caja • Tasación de seguro
<p><input type="checkbox"/> Gastos de Alojamiento</p> <p>Usted debe proporcionar pruebas de alquiler y otros gastos domésticos.</p> <p>Para la Asistencia Médica no se requir documentación respecto gastos de alojamiento.</p>	<ul style="list-style-type: none"> • Recibo de alquiler/contrato de arrendamiento/documentos hipotecarios actuales • Declaración del casero • Recibos o cuentas de recolección de basuras • Registros de propiedad y registros de impuestos escolares • Cuentas de alcantarilla y de agua • Expedientes de seguro de propietario de vivienda • Cuentas de combustible • Cuentas de servicios públicos aparte de la calefacción • Cuentas de teléfono (o una declaración del hogar en sentido de que el gasto ha sido contradio) 		
<p><input type="checkbox"/> Medical Expenses</p>	<ul style="list-style-type: none"> • Declaración del proveedor respecto a servicios médicos • Copias de cuentas médicas (pagadas o sin pagar) 		