



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #04-63-ELI

(This Policy Bulletin Replaces PB #04-57-ELI)

### NEW FOOD STAMP REPORTING RULES NOTICE

| <b>Date:</b><br>April 9, 2004  | <b>Subtopic(s):</b><br>Food Stamps   |
|--|--|
| <p><b>Revision to Prior Policy Bulletin</b></p> <p> This procedure can now be accessed on the FIAweb.</p> | <p>This policy bulletin has been revised to add the word "adult" which was inadvertently omitted from the first paragraph, which describes the population affected by the Food Stamp (FS) changes (below).</p> <p>The purpose of this policy bulletin is to inform staff that effective May 1, 2004, FS households in which <u>all the adult applicants/participants are elderly or disabled</u> and without any earned income will be subject to the ten-day change reporting rule. This means the change must be reported within ten (10) days of the time the change is known.</p> <p>Changes that must be reported are:</p> <ul style="list-style-type: none"><li>• Changes in the source of any income for the household;</li><li>• Changes of more than \$100 a month in the household's total earned income;</li><li>• Changes of more than \$50 a month in the household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB);</li><li>• Changes of more than \$100 a month in the household's total unearned income from a private source such as child support payments or private disability insurance;</li><li>• Changes in the amount of child support a household member is being court-ordered to pay;</li><li>• Changes in who lives in the household;</li><li>• New address, rent or mortgage, heat and utility costs information;</li><li>• A household member's additional licensed vehicle;</li><li>• Increase in cash, stocks, bonds, money in the bank or savings institution if the household's total cash and savings is over \$3,000.</li></ul> |

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*

In April 2004, the Office of Temporary and Disability Assistance (OTDA) will be sending a notice to affected households of this change in the Food Stamp Reporting Rules.

In addition to the notice, OTDA will include the revised Food Stamp Change Report Form (**LDSS-3151**, Rev. 02/04, attached).

The notice instructs households who have experienced changes that are now required to be reported within ten days of occurrence to complete the **LDSS-3151** and report the changes to their Worker.

*The new change reporting requirements are effective May 1, 2004.*

☐ Forms can now be accessed through Print on Demand at all Job Centers.

**Attachments:**

**Attachment A** Important Information About New Food Stamp Reporting Rules  
**LDSS-3151** Food Stamp Change Report Form

## Attachment A

### Important Information About New Food Stamp Reporting Rules

This is to tell you about a change in your reporting requirements for the food stamp program. A recent federal ruling affects reporting requirements for households in which all adults are elderly or disabled without any earned income. Our records tell us that you are one of these households. We no longer can send you "periodic mailers" or require you to report your changes at six-month points (known as "six-month reporting").

### BEGINNING MARCH 1, 2004, YOU MUST REPORT TO YOUR LOCAL FOOD STAMP OFFICE ANY CHANGES LISTED BELOW, WITHIN TEN DAYS OF THE CHANGE.

- Changes in the source of any income for your household;
- Changes of more than \$100 a month in your household's total earned income;
- Changes of more than \$50 a month in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB);
- Changes of more than \$100 a month in your household's total unearned income from a private source such as child support payments or private disability insurance;
- Changes in the amount of child support you are court ordered to pay;
- Changes in who lives with you;
- If you move, your new address, rent or mortgage, heat and utility costs;
- If you have an additional licensed vehicle;.
- Increases in cash, stocks, bonds, money in the bank or savings institution if your household's total cash and savings is over \$3000.

It is very important that you report any of the changes listed above within ten days of your finding out that the change has happened. If you do not report these changes within ten days, your food stamp office may be required to establish a claim for overpayment.

**IF YOU HAVE EXPERIENCED ANY OF THE CHANGES LISTED ABOVE AND HAVE NOT ALREADY TOLD YOUR LOCAL FOOD STAMP OFFICE, YOU MUST REPORT THE CHANGE TO THEM BY APRIL 10, 2004.** You may report your changes in writing, or you may telephone your food stamp office to report your changes. The address and telephone number for your local food stamp office are listed at the top of this letter. You do NOT have to contact your food stamp office if you do not have any changes to report.

You are not required to report changes in your medical expenses between recertifications. However, you may voluntarily report increases in the medical expenses for household members that are:

- 60 years old or older, OR receiving one of the following: -
  - o veterans' disability benefits
  - o disabled spouses or children of a deceased veteran -

## Attachment A

- government disability retirement benefits
- Supplemental Security Income (SSI) -
- Railroad Retirement Disability benefits
- Social Security Disability payments -
- disability-based Medical Assistance.

If you report and verify an increase in your medical expenses, you may be eligible for more food stamp benefits. Changes in medical expenses **MUST** be reported at your next recertification.

Attachment A

**Programa Cupones para Alimentos**  
**Información importante sobre nuevas reglas de informe**

El motivo de esta carta es para informarle sobre los cambios en las reglas de informe con relación al programa de cupones para alimentos. Cambios recientes en la legislación federal afectan los requisitos exigidos de aquellos hogares en los cuales todos los integrantes son personas de edad avanzada o incapacitadas sin recibo de ingresos por trabajo. Nuestros expedientes indican que su hogar esta en esa categoría. Ya no le enviaremos "reportes periódicos" o permitirle que informe cambios solamente en la cita de los seis meses (conocido como "reporte de los seis meses").

**COMENZANDO EL 1° DE MARZO DEL 2004, DEBE INFORMARLE A SU OFICINA LOCAL DE CUPONES PARA ALIMENTOS CUANDO SE DE ALGUNO DE LOS CAMBIOS A CONTINUACIÓN DENTRO DE DIEZ DIAS DE OCURRIDO EL CAMBIO.**

- cambios en alguna fuente de ingresos de su hogar;
- cambios de más de \$100.00 en el total de ingresos mensuales trabajados del hogar;
- cambios de más de \$50.00 en el total mensual de ingresos no trabajados de su hogar cuando estos provengan de fondos públicos tales como: Beneficios de Seguro Social o Beneficios del Seguro de Desempleo (UIB);
- cambios de \$100 o más en el total de ingresos no trabajados de su hogar cuando estos provengan de fuentes privadas tales como sustento de menores o pagos privados de seguro por incapacidad;
- cambios en la cantidad del sustento de menores por orden judicial;
- cambio en el número personas que viven con usted;
- cambio de dirección, si se muda, como también en los costos de hipoteca, calefacción y servicios públicos;
- cambios en el número de vehículos registrados a su nombre;
- aumentos en la cantidad de dinero en efectivo, acciones, bonos, dinero en el banco o cuentas de ahorro cuando estos sobrepasen la cantidad de \$3000.

Es sumamente importante que usted reporte cualquiera de los cambios indicados arriba dentro de los diez días de darse dicho cambio. Si usted no reporta dichos cambios dentro de los diez días, la oficina que administra los cupones puede exigirle un recobro por pagos indebidos.

**SI SE HA DADO ALGUNO DE LOS CAMBIOS INDICADOS ARRIBA Y USTED TODAVÍA NO LO HA REPORTADO A LA OFICINA LOCAL DE CUPONES, DEBE REPORTAR DICHO CAMBIO PARA EL 10 DE ABRIL DEL 2004.** Puede

reportar los cambios a la oficina local por escrito o por teléfono. La dirección y número de teléfono de la oficina local aparecen en la parte de arriba de esta carta. NO tiene que comunicarse con la oficina local de cupones si no tiene cambios que reportar.

## Attachment A

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No se le requiere reportar cambios en los gastos médicos entre los períodos de recertificación. Sin embargo, puede voluntariamente reportar aumentos en los gastos médicos para integrantes del hogar que:

Tengan 60 años de edad o mayor o:

- reciban beneficios para veteranos incapacitados
- sean cónyuges incapacitados(as) o hijos/hijas de un veterano fallecido
- reciban beneficios gubernamentales de jubilación por incapacidad
- reciban Seguridad de Ingreso Suplementario (SSI)
- reciban beneficios de Incapacidad del Retiro Ferroviario
- reciban pagos de incapacidad del Seguro Social
- reciban Asistencia Médica por una incapacidad

Si usted reporta y verifica un aumento en sus gastos médicos, podría reunir las condiciones exigidas para recibir un aumento de cupones. Cambios en los gastos médicos DEBEN reportarse en su próxima cita de recertificación.

**Reglas de reporte de Asistencia Temporal (TA):** las reglas indicadas arriba aplican solamente al programa de cupones. Si usted también recibe TA, todavía se le requiere reportar cambios relacionados a la asistencia temporal dentro de los 10 días de originarse el cambio, o en los reportes periódicos que se le envían, en los cuestionarios sobre la continuación de requisitos para recibir asistencia temporal y al momento de la recertificación.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

**FOOD STAMP 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:

**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 food stamp 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 food stamp household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIX-MONTH REPORTER" OR A "CHANGE REPORTER"?** YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIX-MONTH REPORTER" OR A "CHANGE REPORTER".

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

**SIX-MONTH REPORTING RULES:** As a food stamp household under the "Six-Month 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 food stamp 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 court ordered **child support you pay** to a child outside of your food stamp household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat 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 \$2000 (more than \$3000 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 food stamp household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if your work hours go below 80 hours a month within 10 days after the end of that month.**

**CHANGE REPORTING RULES:**

As a food stamp household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days of the change:

- 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 court ordered **child support you pay** to a child outside of your food stamp household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat 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 \$2000 (more than \$3000 if anyone in your household is disabled or 60 years old or older)
- If anyone in your food stamp household is an **Able-Bodied Adult Without Dependents ("ABAWD")**, you must tell us if your 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 food stamp 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 food stamp 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 food stamp 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 or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more food stamp benefits. You may also report your new address if you move, so that you can 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 food stamp benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to the Food Stamp program. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, 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 food stamp 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 food stamp benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail 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 food stamp benefits, sign here to withdraw from participation in the Food Stamp program. Your food stamp 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 food stamp benefits by requesting a Fair Hearing within 90 days. You may re-apply for food stamp 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 FOOD STAMP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING" ON PAGE 6).**

## Use the Form Below to Report Changes

**CHANGE IN INCOME OR SOURCE OF INCOME** - If you are a Six-Month 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<br><input type="checkbox"/> LEFT HOUSEHOLD |      | \$            |        |
| 2.   |     |              | <input type="checkbox"/> CAME INTO HOUSEHOLD<br><input type="checkbox"/> LEFT HOUSEHOLD |      | \$            |        |
| 3.   |     |              | <input type="checkbox"/> CAME INTO HOUSEHOLD<br><input type="checkbox"/> LEFT HOUSEHOLD |      | \$            |        |
| 4.   |     |              | <input type="checkbox"/> CAME INTO HOUSEHOLD<br><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<br>( )<br>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?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If Yes, are meals                 | <input type="checkbox"/> INCLUDED   | <input type="checkbox"/> NOT INCLUDED |
| <b>RENT</b>  | YES                          | NO                          | IF YES, GIVE MONTHLY AMOUNT       | CHANGE (CHECK ONE)  |                                       |
| Do you pay rent?   | <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 rent?     | YES                          | NO                          |                                   |   |                                       |
| • Heat and/or air conditioning                                   | <input type="checkbox"/>     | <input type="checkbox"/>    |                                   |   |                                       |
| • Utilities (electricity, cooking gas, etc.)                     | <input type="checkbox"/>     | <input type="checkbox"/>    |                                   |   |                                       |
| • Telephone  | <input type="checkbox"/>     | <input type="checkbox"/>    |                                   |   |                                       |
| <b>MORTGAGE PAYMENT</b>  | YES                          | NO                          | IF YES, GIVE MONTHLY AMOUNT       | CHANGE (CHECK ONE)  |                                       |
| Do you have a mortgage 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 mortgage: | 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, etc.)                     | <input type="checkbox"/>     | <input type="checkbox"/>    |                                   |   |                                       |
| • Telephone  | <input type="checkbox"/>     | <input type="checkbox"/>    |                                   |   |                                       |
| Are you living in section 8 or other subsidized housing?         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you living in public housing? | <input type="checkbox"/> YES  | <input type="checkbox"/> NO           |

|  |              |                  |                                |  |
|--|--------------|------------------|--------------------------------|--|
| <b>CHANGE IN NUMBER OF CARS OR VEHICLES</b> - 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.   |              |                  | \$                             |  |
| <b>CHANGE IN SAVINGS</b> - List the <b>total</b> 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 <b>increased</b> to more than \$2,000 (more than \$3,000 if anyone in your household is 60 years old or older or been determined to be disabled).   |              |                  |                                | \$   |
| <b>CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID</b> - Have your child care or dependent care costs changed? If so, you may be eligible for more Food Stamp 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<br><input type="checkbox"/> HAVE COST  |              |                  | \$                             |  |
| 2. <input type="checkbox"/> NO LONGER HAVE COST<br><input type="checkbox"/> HAVE COST  |              |                  | \$                             |  |
| 3. <input type="checkbox"/> NO LONGER HAVE COST<br><input type="checkbox"/> HAVE COST  |              |                  | \$                             |  |
| <b>CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)</b> – 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: <ul style="list-style-type: none"> <li>• 60 years old or older</li> <li>• disabled spouse or children of a deceased veteran</li> <li>• getting Supplemental Security Income (SSI)</li> <li>• getting Social Security Disability payments</li> <li>• getting veterans' disability benefits</li> <li>• getting government disability retirement benefits</li> <li>• getting Railroad Retirement disability benefits</li> <li>• getting disability-based medical assistance</li> </ul> If you report and verify an increase in your medical expenses, you may be eligible for more food stamp benefits. |              |                  |                                |  |
| NAME   | TYPE OF COST | AMOUNT           | HOW OFTEN IS EACH PAYMENT DUE? |  |
|  |              | \$               |                                |  |
|  |              | \$               |                                |  |
|  |              | \$               |                                |  |
|  |              | \$               |                                |  |
| <b>DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?</b>   |              |                  |                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "NO" explain:   |              |                  |                                |  |
| <b>CHECK HERE IF YOU HAVE <u>NO CHANGES TO REPORT</u> ABOUT YOUR FOOD STAMP HOUSEHOLD</b>  |              |                  |                                | <input type="checkbox"/> NO CHANGES                      |
| <b>BE SURE TO READ AND SIGN PAGE 6</b>   |              |                  |                                |  |

**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.

**FOOD STAMP BENEFITS (FS) PENALTY WARNING**

Any information you provide in connection with your application for Food Stamp Benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

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

You will not be able to get FS 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 FS.

If you have committed your:

- First IPV, you will not be able to get FS for one year.
- Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation 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 food stamp 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.

**CERTIFICATION**

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra food stamp 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