



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #08-14-OPE

### FORMS FOR THE WORKING FAMILIES FOOD STAMP INITIATIVE (WFFSI)

<p><b>Date:</b> February 8, 2008</p>	<p><b>Subtopic(s):</b> Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>The new EFS screening form is to be used at all FS locations, but initially only FS applicants in the Queens Region will participate in WFFSI.</p>	<p>The purpose of this policy bulletin is to inform all Non-Cash Assistance Food Stamp (NCA FS) Center staff, about new forms which are to be used in the Working Families Food Stamp Initiative (WFFSI) telephone application interview process. The telephone application interview process will first be implemented in the Queens region and will begin with NCA FS applications filed on February 19, 2008.</p> <p>The WFFSI is for NCA FS applicant and participant households that have:</p> <ul style="list-style-type: none"> <li>• One adult working 30 hours per week or more;</li> <li>• One adult earning an average weekly income equal to or greater than the federal minimum wage times 30;</li> <li>• Two adults each working 20 hours per week or more; or</li> <li>• Two adults each earning an average weekly income equal to or greater than the federal minimum wage times 20.</li> </ul> <p>All NCA FS applicants must be screened during the Food Stamp application intake interview to determine if the household qualifies for the WFFSI.</p> <p>The New York State Office of Temporary and Disability Assistance (OTDA) has revised the Food Stamp Application Expedited Processing Summary Sheet (<b>LDSS-3938 NYC</b>) to add two questions about the earnings of adult household members that will allow workers to determine if the household qualifies for the WFFSI when the expedited screening is done.</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*

Workers at NCA FS Paperless Office System (POS) locations are to manually complete the **LDSS-3938 NYC** until POS is updated to include the revised form.

WFFSI eligible households that apply at Food Stamp Centers in Queens will have the previously required face-to-face eligibility interview waived in favor of a telephone interview. However, the household still may request and receive a face-to-face interview if they choose.

If an applicant agrees to a telephone interview the Food Stamp application intake Worker will:

- have the applicant sign the Food Stamp Benefits Application Signature Form ([W-120](#)) and the Food Stamp Benefits Application Attestation Signature Form (**W-129B**) which is a supplement to the Food Stamp Benefits Application/Recertification form ([LDSS-4826](#)). The applicant's signature on this form will be used as a substitute for the requirement of a signed Food Stamp benefits application.
- complete the Food Stamp Eligibility Interview Telephone Appointment Notice form (**W-129A**) to inform the applicant of the date and time of his/her scheduled telephone interview. The **W-129A** will contain the telephone number provided by the applicant for a Worker to call to conduct the telephone interview. The form also provides space for a phone number for the applicant to call if he/she will be unavailable for an interview on the date, time or phone number listed on the notice.

Applicants that choose to have a telephone interview must still be finger-imaged. Under an expansion of finger-imaging options called AFIS Freedom, WFFSI applicants will be able to go to any NCA FS AFIS location citywide to comply with finger-imaging requirements.

NCA FS Staff in the Queens Region is to give the Automated Finger-Imaging System Directory (**W-519N**) to Food Stamp applicants who qualify for the WFFSI and are required to be finger-imaged. The directory lists the AFIS locations citywide that applicants may use to meet their finger imaging requirements.

**Please note:** Because the WFFSI is being implemented one borough at a time, only applicants in Queens will be able to use AFIS Freedom at this time, but other locations must ensure these individuals are allowed to be imaged if they come to their location.

Applications filed by mail or by fax do not require the **W-120** and the **W-129B**.

WFFSI applicants in Queens can go to any FS Center in the directory for finger imaging.

Until further notice, the **W-129A**, **W-129B** and **W-519N** are only to be used at the Queens (F53), Jamaica (F54) and Rockaway (F79) Food Stamp Centers for WFFSI eligible applicants who will receive a telephone interview in place of a previously mandated face-to-face interview.

Samples of the forms are attached.

*Effective February 19, 2008*

**Attachments:**

🖨 Please use Print on Demand to obtain copies of forms.

- W-129A** Food Stamp Eligibility Interview Telephone Appointment Notice
- W-129A (S)** Food Stamp Eligibility Interview Telephone Appointment Notice (Spanish)
- W-129B** Food Stamp Benefits Application Attestation Signature Form
- W-129B (S)** Food Stamp Benefits Application Attestation Signature Form (Spanish)
- W-519N** Automated Finger-Imaging System Directory
- W-519N (S)** Automated Finger-Imaging System Directory (Spanish)
- LDSS-3938 NYC** Food Stamp Application Expedited Processing Summary Sheet (Rev. 2/08)

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Date FS Filed: \_\_\_\_\_

### Food Stamp Eligibility Interview Telephone Appointment Notice

You filed an application for Food Stamps on \_\_\_\_\_. Since your household is eligible for the Working Families Food Stamp Initiative (WFFSI), we have scheduled a telephone interview for you at the number you have provided on the date and time listed below.

Telephone Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Telephone number where you can be contacted: \_\_\_\_\_

If you are unavailable for a telephone interview at the above listed date, time or telephone number, please call \_\_\_\_\_ at least one day before your appointment.

**To receive Food Stamp Benefits on an ongoing basis** you must verify the identity, citizenship or current alien status, income, and residence of all individuals included on your application.

**Note:** We will not deny your application for failure to produce any document which you are unable to provide. You may send us alternative documents to establish your eligibility for assistance. Our staff will help you as much as they can by writing for documents and making phone calls, or by verifying information provided by means other than the documentation submitted.

We have included with this notice the Eligibility Factors and Suggested Documentation Guide (**W-119D**), which lists some of the more common documents that can be used to verify each of the applicable eligibility factors.

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Fecha de Solicitud de  
Cupones para Alimentos: \_\_\_\_\_

### **Aviso de Cita de Entrevista por Teléfono para Elegibilidad de Cupones para Alimentos**

Usted presentó una solicitud de Cupones para Alimentos el \_\_\_\_\_. Ya que su hogar es elegible para la Iniciativa de Cupones para Alimentos para Familias que Trabajan (Working Families Food Stamp Initiative – WFFSI), le hemos programado una entrevista por teléfono en la fecha y a la hora indicada más abajo.

Fecha de entrevista por teléfono: \_\_\_\_\_ Hora: \_\_\_\_\_

Número de teléfono donde le llamaremos: \_\_\_\_\_

Si usted no va estar disponible en la fecha, a la hora o al número de teléfono indicada más arriba, favor de llamarnos al \_\_\_\_\_ por lo menos un día antes de su cita.

Para recibir beneficios de Cupones para Alimentos continuamente, tiene que comprobar su identidad, ciudadanía o estado actual de extranjero, ingresos y el domicilio de todas las personas que están incluidas en su solicitud.

**Nota:** Su solicitud no será negada por falta de presentar aquellos documentos que usted no pueda proporcionar. Usted puede mandarnos documentos alternativos que puedan ayudar a comprobar su elegibilidad para asistencia. Nuestro personal le ayudará en todo lo posible, enviando correspondencia para obtener documentos y haciendo llamadas telefónicas o por verificando información que usted proporcione aparte de documentación que ya fue presentada.

Hemos incluido con este aviso la Guía de Factores de Elegibilidad y Documentación Sugerida [W-119D (S)]. Esta guía incluye una lista de los documentos más comunes que se pueden usar para comprobar cada uno de los factores de elegibilidad.

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

Application File Date: \_\_\_\_\_

Center: \_\_\_\_\_

## Food Stamp Benefits Application Attestation Signature Form (Supplement to the LDSS-4826)

**This is a supplement to the State-approved Food Stamp Benefits Application/Recertification (LDSS-4826).** Your signature on this form is an acknowledgement that you have received the information on this form, taken from the Food Stamp Benefits Application/Recertification (**LDSS-4826**), about your rights and responsibilities as an applicant for the Food Stamp Program. Your signature on this form also is a sworn statement that any information that you have provided or will provide as part of your application is correct to the best of your knowledge. This will allow us to conduct your eligibility interview over the telephone.

**FOOD STAMP BENEFITS (FS) PENALTY WARNING** - Any information you provide in connection with your application for FS 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 Food Stamp Benefits (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 getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court 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 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 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 coupons, 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.

**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 Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

**SUA (STANDARD UTILITY ALLOWANCE) INFORMATION** – I understand that Food Stamp Benefits (FS) 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 FS 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 Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell 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 Food Stamp Benefits (FS) 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 FS 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 FS or may increase my FS. 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 FS 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 Food Stamp Benefits 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 do not have an SSN and need to get one, the information you give to the social services district may be used to get one for you.

**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 myself 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 Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

**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 Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS 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 on page four.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits household that does not reside in an institution, either the Authorized Representative, or the Food Stamp Benefits Head of Household, or other responsible adult member of the household must sign and date the signature sections at the bottom of this form.

**LIFELINE – For applicants/recipients of Food Stamp Benefits:** The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

**If you *do not* want this information released, check this box .**

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

SAMPLE



**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.**

Case Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_

\_\_\_\_\_  
Applicant/Authorized Representative's Signature

**IF APPLYING FOR SOMEONE ELSE AS AN AUTHORIZED REPRESENTATIVE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**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: \_\_\_\_\_

Fecha: \_\_\_\_\_

Fecha de la Solicitud: \_\_\_\_\_

Centro: \_\_\_\_\_

## Formulario Firmado de Atestación de la Solicitud de Cupones para Alimentos (Suplemento al LDSS-4826-SP)

**El presente es un suplemento de la Solicitud/Recertificación de Cupones para Alimentos (LDSS-4826-SP) aprobada por el Estado.** Su firma en este formulario es un reconocimiento de que usted ha recibido la información contenida en este formulario. Dicha información fue tomada de la Solicitud/Recertificación para Beneficios de Cupones para Alimentos (**LDSS-4826-SP**) la cual le explica sobre sus derechos y responsabilidades como solicitante del Programa de Cupones para Alimentos. Su firma en este formulario servirá como una declaración jurada de que la información que usted ha proporcionado o proporcionará como parte de su solicitud es cierta y correcta, según su leal saber y entender. Esto nos permitirá llevar a cabo su entrevista de elegibilidad por teléfono.

**ADVERTENCIA SOBRE SANCIONES RELACIONADAS CON EL PROGRAMA CUPONES PARA ALIMENTOS (FS)** – Toda información que brinde en relación con su solicitud para recibir los cupones para alimentos estará sujeta a la verificación por autoridades federales, estatales y municipales. De encontrarse información inexacta, se le podrán denegar los cupones. Se le someterá a enjuiciamientos penales por proporcionar, a sabiendas, información incorrecta.

**Nunca más** podrá obtener beneficios de cupones para alimentos si se le declara culpable por segunda vez en un tribunal de justicia de comprar o vender sustancias controladas (drogas ilegales o drogas para las cuales se requiere receta médica) a cambio de cupones; **o** si se le declara culpable en un tribunal de justicia de vender u obtener armas de fuego, municiones o explosivos a cambio de cupones; **o** si se le declara culpable en un tribunal de justicia de traficar cupones para alimentos por un valor de \$500 ó más. El tráfico incluye el uso ilegal, la transferencia, la adquisición, la manipulación o la posesión ilegal de cupones para alimentos, tarjetas de autorización o elementos de acceso; **o** si es declarado culpable de cometer la tercera Violación Intencional al Programa (IPV).

No podrá recibir cupones para alimentos durante dos años si se le declara culpable, por primera vez, en un tribunal de justicia de comprar o vender sustancias controladas (drogas ilegales o determinadas drogas que sólo se pueden comprar con receta médica) a cambio de cupones para alimentos.

Si ha cometido su:

- Primera IPV, no podrá recibir los cupones por el periodo de un año.
- Segunda IPV, no podrá recibir los cupones por un periodo de dos años.

También, un tribunal de justicia puede prohibirle recibir beneficios de cupones durante un periodo de 18 meses adicionales. Si hace una declaración falsa sobre su identidad o domicilio a fin de recibir beneficios múltiples de cupones, no podrá recibir cupones durante un periodo de diez años (**o en forma permanente** si ésta es su tercera IPV).

Se le puede declarar culpable de una IPV si presta testimonio falso o engañoso, o hace representaciones falsas, oculta o retiene datos; **o** comete un acto que constituya una violación de la ley federal o estatal con el propósito de usar, presentar, transferir, adquirir, recibir, poseer o traficar cupones, tarjetas de autorización o documentos reusables pertenecientes al sistema de Transferencia Electrónica de Beneficios (EBT).

Se le impondrá una multa de hasta \$250,000, pena de prisión de hasta 20 años, o ambas sanciones.

**CONSENTIMIENTO** – Entiendo que al firmar esta solicitud doy mi consentimiento para que la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (*New York State Office of Temporary and Disability Assistance*) realice toda investigación necesaria a fin de verificar o confirmar la información que he proporcionado, o para cualquier otra investigación realizada en relación con mi solicitud de cupones para alimentos. Proporcionaré información adicional si se requiere. Además, cooperaré con el personal estatal y federal en la realización de toda revisión de control de calidad pertinente al programa de cupones para alimentos.

**INFORMACIÓN SOBRE SUBSIDIO ESTÁNDAR DE SERVICIOS PÚBLICOS (SUA)** – Entiendo que los beneficiarios de cupones para alimentos reúnen los requisitos en base a una categoría de ingresos para el Programa de Subsidio de Energía para el Hogar (HEAP). Si no se me incluye en el proceso anual de pago automático de HEAP para ciertos beneficiarios de cupones para alimentos, tengo intenciones de solicitar el beneficio dentro de los próximos 12 meses. Si decido no solicitar el beneficio HEAP dentro de los próximos 12 meses, le informaré de dicha situación a la persona a cargo de mi caso.

**INFORMACIÓN SOBRE ASIGNACIÓN PARA SERVICIOS TELEFÓNICOS** – Entiendo que los beneficiarios de cupones para alimentos reúnen los requisitos para una asignación telefónica si pagan por el uso de un teléfono en el hogar, teléfono celular, tarjeta telefónica o teléfono a monedas. Si no tengo gastos de teléfono, se lo informaré a la persona a cargo de mi caso.

**CAMBIOS** – Acepto informar **con prontitud** a la agencia de todo cambio que se produzca pertinente a mis necesidades, ingresos, propiedades, condiciones de vivienda o domicilio, según mi leal saber y entender, y según lo establecen las normas vigentes sobre informe de cambios.

**RESPONSABILIDAD DE REPORTAR/VERIFICAR GASTOS DEL HOGAR** – Entiendo que mi hogar debe reportar gastos por cuidado de niños y servicios públicos para poder obtener deducciones por estos gastos con relación al programa de cupones (FS). Además, entiendo que mi hogar deberá reportar y comprobar los pagos por alquiler/hipoteca, impuestos inmobiliarios, seguros, gastos médicos y sustento de menores pagados a toda persona que no sea miembro del hogar, con el fin de obtener una deducción por estos gastos en los cupones. Entiendo que el no reportar/no verificar los gastos anteriores se interpretará como una declaración por parte de mi hogar de que yo/nosotros no queremos obtener la deducción por tales gastos no reportados/no verificados. La deducción por estos gastos podría habilitarme para recibir cupones o aumentar mis beneficios de cupones. Entiendo que puedo reportar/verificar estos gastos cuando lo desee en el futuro. Esta deducción se aplicará luego al cálculo de beneficios de cupones en meses subsiguientes, según las reglas sobre informe y proceso de cambios.

**DECLARACIÓN DE PRIVACIDAD – RECOPIACIÓN Y USO DEL NÚMERO DE SEGURO SOCIAL (SSN)** – La recopilación de los números de seguro social de cada miembro del hogar, con respecto a los cupones, está autorizada conforme la ley que rige al Programa Cupones para Alimentos de 1977 (enmendado, 7 US Code 2011-2036). Toda información recopilada servirá para determinar si su hogar reúne los requisitos o continúa reuniendo los requisitos para recibir los beneficios. Verificaremos esta información por emparejamiento mediante programas informáticos. Esta información se utilizará para verificar el cumplimiento de las reglas del programa y para la administración del mismo. La información también se usará para verificar identidad, ingresos devengados y no devengados, y para determinar si los solicitantes o beneficiarios pueden recibir dinero u otro tipo de ayuda. Esta información podrá divulgarse a agencias estatales y federales para una revisión oficial y a autoridades del orden público con el propósito de arrestar a toda persona prófuga de la justicia.

Si no tiene un número de seguro social y necesita obtener uno, la información que usted suministre al distrito de Servicios Sociales se puede utilizar para obtener uno.

**CIUDADANÍA/CONDICIÓN MIGRATORIA** – Declaro bajo juramento y/o afirmo so pena de perjurio que la información que presenté sobre mi situación de ciudadanía estadounidense o condición migratoria, y la de las personas que viven en mi hogar es verdadera y correcta. Entiendo que la Oficina de Servicios de Ciudadanía e Inmigración de Estados Unidos (*United States Citizenship and Immigration Services*) puede examinar la veracidad de la información que proporcione con relación al estado migratorio del/de los solicitante(s) de cupones para alimentos.

**INFORMACIÓN SOBRE POLÍTICA ANTIDISCRIMINATORIA** – Según la política de las leyes federales y del Departamento de Agricultura de Estados Unidos (USDA), a esta institución se le prohíbe discriminar basándose en raza, color de piel, nacionalidad, sexo, edad, religión, ideas políticas o incapacidad. Si desea presentar una queja por discriminación, envíe su carta al: *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410* o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que brinda igualdad de oportunidades.

**REPRESENTANTE AUTORIZADO** – Usted puede autorizar a otra persona que conozca las circunstancias de su hogar para que **solicite** los cupones por usted. Además, también puede autorizar a otra persona que no sea miembro de su hogar, para que obtenga los cupones en su representación y compre los alimentos por usted. Si desea autorizar a otra persona, escriba en letra de molde en la página cuatro, el nombre de dicha persona, el domicilio y el número de teléfono.

Cuando un representante autorizado solicita a favor de una familia que no reside en una institución, tanto el representante autorizado como el jefe de familia deben firmar y fechar la sección de firmas al final de este formulario.

**LIFELINE: Solicitantes/beneficiarios de cupones para alimentos:** Es posible que la Oficina de Asistencia Temporal y Asistencia para Incapacitados (*NYS Office of Temporary and Disability Assistance*) revele su nombre y domicilio a su compañía telefónica. Es posible que la compañía telefónica use esta información para inscribirlo en el servicio de descuento telefónico conocido como *Lifeline*.

**Si no desea que se revele este tipo de información, marque este casillero .**

Usted puede comunicarse directamente con su proveedor de servicio de telefónico, comunicarse con su proveedor de servicio telefónico directamente para la inscripción en el Servicio Lifeline de tarifa descontada.

Los solicitantes/participantes de **sólo** Medicaid tienen que comunicarse con su proveedor de servicio telefónico directamente para la inscripción en el Servicio Lifeline de tarifa descontada.

**CERTIFICACIÓN: Juro y/o declaro so pena de perjurio que la información que he proporcionado o que proporcionaré al distrito local de Servicios Sociales es verdadera.**

Nombre del Caso: \_\_\_\_\_

Dirección: \_\_\_\_\_  
\_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_ Número de Seguro Social (opcional): \_\_\_\_\_

(opcional):

\_\_\_\_\_  
Firma del Solicitante/Representante Autorizado

**SI PRESENTA ESTA SOLICITUD COMO REPRESENTANTE AUTORIZADO DE OTRA PERSONA, ESCRIBA EN LETRA DE MOLDE AQUÍ EL NOMBRE SUYO Y SU DOMICILIO - PUEDE INCLUIR SU NÚMERO DE TELÉFONO COMO INFORMACIÓN VOLUNTARIA.**

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**SI USTED AYUDÓ A OTRA PERSONA A LLENAR ESTA SOLICITUD / RECERTIFICACIÓN, ESCRIBA AQUÍ EL NOMBRE SUYO Y DOMICILIO EN LETRA DE MOLDE LEGIBLE. PUEDE INCLUIR SU NÚMERO DE TELÉFONO COMO INFORMACIÓN VOLUNTARIA.**

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_



**A  
F  
I  
S**

**Automated Finger Imaging System**

**SAMPLE  
DIRECTORY**

## Finger Imaging Directory for Non-Cash Assistance Food Stamp Centers

Please report to the floor listed below and the Receptionist will direct you to the Finger Imaging Station.

### MANHATTAN

Non-Cash Assistance Food Stamp Centers	Address	Floor	Hours
East End – F02	2322 3rd Avenue	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Union Square – F11	109 East 16th Street	6th Floor	Monday through Friday 9:00 AM to 5:00 PM
Washington Heights – F13	4055 10th Avenue	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
St. Nicholas – F14	132 West 125th Street	2nd Floor	Monday through Friday 9:00 AM to 5:00 PM
Waverly – F19	12 West 14th Street	1st Floor	Monday, Wednesday, Thursday, Friday 8:30 AM to 6:00 PM Tuesday 8:30 AM to 7:00 PM Saturday 9:00 AM to 5:00 PM

SAMPLE

### BRONX

Non-Cash Assistance Food Stamp Centers	Address	Floor	Hours
Stadium – F31	260 East 161st Street	8th Floor	Monday through Friday 9:00 AM to 5:00 PM
Rider – F38	305 Rider Avenue	2nd Floor	Monday through Friday 9:00 AM to 5:00 PM
Melrose – F40	260 East 161st Street	4th Floor	Monday through Friday 9:00 AM to 5:00 PM
Fordham – F44	2551 Bainbridge Avenue	1st Floor	Monday, Tuesday, Thursday, Friday 9:00 AM to 6:00 PM Wednesday 9:00 AM to 7:00 PM Saturday 9:00 AM to 5:00 PM

*If you are unavailable to be finger imaged during the business hours of the locations above, you may call the HRA Infoline at 877-472-8411 for additional hours of operation.*

Crotona – F46	1910 Monterey Avenue	5th Floor	Monday through Friday 9:00 AM to 5:00 PM
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SAMPLE

*If you are unavailable to be finger imaged during the business hours of the locations above, you may call the HRA Infoline at 877-472-8411 for additional hours of operation.*



## Finger Imaging Directory for Non-Cash Assistance Food Stamp Centers

Please report to the floor listed below and the Receptionist will direct you to the Finger Imaging Station.

### BROOKLYN

Non-Cash Assistance Food Stamp Centers	Address	Floor	Hours
Ft. Greene – F20	275 Bergen Street	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Williamsburg – F21	30 Thornton Street	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Coney Island – F22	2865 West 8th Street	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Boro Hall – F23	45 Hoyt Street	1st Floor	Monday, Wednesday, Thursday, Friday 9:00 AM to 6:00 PM Tuesday 9:00 AM to 7:00 PM Saturday 9:00 AM to 5:00 PM
Greenwood – F24	227 Schermerhorn Street	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Midwood – F25	3050 West 21st Street	2nd Floor	Monday through Friday 9:00 AM to 5:00 PM
North Brooklyn – F26	500 DeKalb Avenue	5th Floor	Monday through Friday 9:00 AM to 5:00 PM
New Utrecht – F27	6740 4th Avenue	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Brighton – F28	2865 West 8th Street	1st Floor	Monday through Friday 9:00 AM to 5:00 PM

SAMP

*If you are unavailable to be finger imaged during the business hours of the locations above, you may call the HRA Infoline at 877-472-8411 for additional hours of operation.*

## Finger Imaging Directory for Non-Cash Assistance Food Stamp Centers

Please report to the floor listed below and the Receptionist will direct you to the Finger Imaging Station.

### QUEENS

Non-Cash Assistance Food Stamp Centers	Address	Floor	Hours
Long Island City – F43	45-12 32nd Place	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Queens – F53	32-20 Northern Boulevard	1st Floor	Monday through Friday 9:00 AM to 5:00 PM
Jamaica – F54	165-08 88th Avenue	1st Floor	Monday, Tuesday, Wednesday, Friday 8:30 AM to 6:00 PM Thursday 8:30 AM to 7:00 PM Saturday 9:00 AM to 5:00 PM
Rockaway – F79	219 Beach 59th Street	1st Floor	Monday through Friday 9:00 AM to 5:00 PM

SAMPLE

### STATEN ISLAND

Non-Cash Assistance Food Stamp Centers	Address	Floor	Hours
St. George – F99	201 Bay Street	1st Floor	Monday through Thursday 9:00 AM to 6:00 PM Friday 9:00 AM to 7:00 PM Saturday 9:00 AM to 5:00 PM

*If you are unavailable to be finger imaged during the business hours of the locations above, you may call the HRA Infoline at 877-472-8411 for additional hours of operation.*



**Sistema Automatizado de Imágenes Digitales  
(Automated Finger Imaging System – AFIS)**

**SAMPLE**  
**DIRECTORIO**

**A**  
**F**  
**I**  
**S**

## Directorio para las Imágenes Digitales de los Centros de Cupones para Alimentos de No Asistencia en Efectivo

Favor de presentarse al piso indicado más abajo y la Recepción le dirigirá al Puesto de Imágenes Digitales.

### MANHATTAN

Centros de Cupones para Alimentos	Dirección	Piso	Horas
East End – F02	2322 3rd Avenue	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Union Square – F11	109 East 16th Street	6to Piso	Lunes a viernes 9:00 AM a 5:00 PM
Washington Heights – F13	4055 10th Avenue	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
St. Nicholas – F14	132 West 125th Street	2do Piso	Lunes a viernes 9:00 AM a 5:00 PM
Waverly – F19	12 West 14th Street	1er Piso	Lunes, miércoles, jueves y viernes 8:30 AM a 6:00 PM Martes 8:30 AM a 7:00 PM Sábado 9:00 AM a 5:00 PM

SAMPLE

### BRONX

Centros de Cupones para Alimentos	Dirección	Piso	Horas
Stadium – F31	260 East 161st Street	8vo Piso	Lunes a viernes 9:00 AM a 5:00 PM
Rider – F38	305 Rider Avenue	2do Piso	Lunes a viernes 9:00 AM a 5:00 PM
Melrose – F40	260 East 161st Street	4to Piso	Lunes a viernes 9:00 AM a 5:00 PM
Fordham – F44	2551 Bainbridge Avenue	1er Piso	Lunes, martes, jueves y viernes 9:00 AM a 6:00 PM Miércoles 9:00 AM a 7:00 PM Sábados 9:00 AM a 5:00 PM

*Si usted no está disponible para que se le tomen las imágenes digitales durante las horas laborables de los locales listados más arriba, puede llamar a la Línea de Información (Infoline) al 877-472-8411 para horas laborables adicionales.*

Crotona – F46	1910 Monterey Avenue	5to Piso	Lunes a viernes 9:00 AM a 5:00 PM
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SAMPLE

*Si usted no está disponible para que se le tomen las imágenes digitales durante las horas laborables de los locales listados más arriba, puede llamar a la Línea de Información (Infoline) al 877-472-8411 para horas laborables adicionales.*

**Directorio para las Imágenes Digitales de los Centros de Cupones para Alimentos de No Asistencia en Efectivo**  
Favor de presentarse al piso indicado más abajo y la Recepción le dirigirá al Puesto de Imágenes Digitales.

**BROOKLYN**

Centros de Cupones para Alimentos	Dirección	Piso	Horas
Ft. Greene – F20	275 Bergen Street	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Williamsburg – F21	30 Thornton Street	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Coney Island – F22	2865 West 8th Street	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Boro Hall – F23	45 Hoyt Street	1er Piso	Lunes, miércoles, jueves y viernes 9:00 AM a 6:00 PM Martes 9:00 AM a 7:00 PM Sábado 9:00 AM a 5:00 PM
Greenwood – F24	227 Schermerhorn Street	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Midwood – F25	3050 West 21st Street	2do Piso	Lunes a viernes 9:00 AM a 5:00 PM
North Brooklyn – F26	500 DeKalb Avenue	5to Piso	Lunes a viernes 9:00 AM a 5:00 PM
New Utrecht – F27	6740 4th Avenue	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Brighton – F28	2865 West 8th Street	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM

SAMPLE

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**Directorio para las Imágenes Digitales de los Centros de Cupones para Alimentos de No Asistencia en Efectivo**  
Favor de presentarse al piso indicado más abajo y la Recepción le dirigirá al Puesto de Imágenes Digitales.

**QUEENS**

Centros de Cupones para Alimentos	Dirección	Piso	Horas
Long Island City – F43	45-12 32nd Place	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Queens – F53	32-20 Northern Boulevard	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM
Jamaica – F54	165-08 88th Avenue	1er Piso	Lunes, martes, miércoles y viernes 8:30 AM a 6:00 PM Jueves 8:30 AM a 7:00 PM Sábado 9:00 AM a 5:00 PM
Rockaway – F79	219 Beach 59th Street	1er Piso	Lunes a viernes 9:00 AM a 5:00 PM

SAMPLE

**STATEN ISLAND**

Centros de Cupones para Alimentos	Dirección	Piso	Horas
St. George – F99	201 Bay Street	1er Piso	Lunes a jueves 9:00 AM a 6:00 PM Viernes 9:00 AM a 7:00 PM Sábado 9:00 AM a 5:00 PM

*Si usted no está disponible para que se le tomen las imágenes digitales durante las horas laborables de los locales listados más arriba, puede llamar a la Línea de Información (Infoline) al 877-472-8411 para horas laborables adicionales.*

**FOOD STAMP APPLICATION EXPEDITED PROCESSING SUMMARY SHEET**

CASE NAME	CASE NUMBER	SCREENED BY	DATE APPLICATION FILED	MONTH	DAY	YEAR
			DATE OF SCREENING	MONTH	DAY	YEAR

**INSTRUCTIONS FOR COMPLETING THIS FORM**

- Screen all applicants for expedited application processing, using the front of this form, on the day of application.
- State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five (on reverse) within five calendar days of application.
- If Full Eligibility Interview determines Household eligible for Food Stamp Benefits:
  - Make benefits available to client within five calendar days after the date of application.
  - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within five calendar days after the application date.
  - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.
  - Determine if Household qualifies for Working Families Food Stamp Initiative (WFFSI).

**PART ONE – CHECK YES OR NO**

IS THE HOUSEHOLD ALREADY RECEIVING FOOD STAMP BENEFITS THIS MONTH?  
**NOTE:** IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

**YES** IF YES, HOUSEHOLD **DOES NOT QUALIFY FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.**

**NO** IF NO, CONTINUE WITH PART TWO.

**PART TWO – CHECK YES OR NO**

\*\* In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

**SECTION A**

*CHECK YES OR NO*

DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, **AND**

HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME \*\* DURING THE MONTH OF APPLICATION?

**YES** IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING. **COMPLETE PART FOUR.**

**NO** IF NO, CONTINUE WITH SECTION B.

**SECTION B**

ARE HOUSEHOLD'S TOTAL GROSS INCOME \*\* DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?

Rent/Mortgage: \$ \_\_\_\_\_ Income: \$ \_\_\_\_\_

\*Heat/AC: \_\_\_\_\_ Resources: \_\_\_\_\_

\*Utilities: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

**Total Expenses: \$ \_\_\_\_\_ Totals: \_\_\_\_\_**

**YES** IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING. **COMPLETE PART FOUR.**

**NO** IF NO, HOUSEHOLD **DOES NOT QUALIFY** FOR EXPEDITED PROCESSING UNLESS QUALIFIED UNDER PART THREE. **GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR.**

\* Use HT/AC Standard Utility Allowance (SUA) if household incurs costs, received HEAP this year, or anticipates receipt of HEAP.

**PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO**

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES?  
 AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:  
 (1) WAS TERMINATED BEFORE APPLICATION?  
 OR  
 (2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION?

**YES**  **NO**

IF NO, HOUSEHOLD **DOES NOT QUALIFY** FOR EXPEDITED PROCESSING. **COMPLETE PART FOUR.**

**YES**  **NO CONTINUE WITH B2.**

**YES**  **NO**

IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING, IF NO TO BOTH B1 & B2 HH **DOES NOT QUALIFY, COMPLETE PART FOUR IN EITHER SITUATION.**

**PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE**

**QUALIFIED FOR EXPEDITED APPLICATION PROCESSING. CONDUCT A FULL ELIGIBILITY INTERVIEW AND COMPLETE PART FIVE– VERIFICATION, DISPOSITION AND DATE OF INTERVIEW (ON REVERSE).**

**NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.**

**NOTES:**



**PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C**

**VERIFICATION - CHECK YES OR NO**

<b>SECTION A</b>	<p>1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.</p> <p>2. HAS HOUSEHOLD RECEIVED EXPEDITED PROCESSING OF FOOD STAMP BENEFITS IN THE PAST?</p> <p>3. IF YES TO QUESTION 2, HAS ALL PREVIOUSLY PENDED VERIFICATION ALREADY BEEN SUBMITTED, OR HAS THE HOUSEHOLD BEEN CERTIFIED FOR ONGOING FOOD STAMP BENEFITS UNDER NORMAL PROCESSING (NO PENDED VERIFICATION), SINCE THE LAST EXPEDITED PROCESSING?</p>	<p><input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET. GO TO QUESTION 2.</p> <p><input type="checkbox"/> YES GO TO QUESTION 3.</p> <p><input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p>	<p><input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED. GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p> <p><input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED.</p> <p>DATE REQUESTED: _____</p> <p>DATE SUBMITTED: _____</p>
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SAMPLE

<b>SECTION B</b>	<p>DATE OF ELIGIBILITY INTERVIEW: _____</p> <p style="background-color: yellow; text-align: center;">PLEASE COMPLETE FOR NON-CA FS HOUSEHOLDS ONLY</p> <p>1. IS ANY ADULT* (18 YEARS OF AGE OR OLDER) MEMBER OF YOUR HOUSEHOLD EITHER WORKING 30 OR MORE HOURS PER WEEK OR EARNING \$175.50 OR MORE PER WEEK?</p> <p style="text-align: center;">OR</p> <p>2. ARE ANY TWO (2) ADULT* MEMBERS OF YOUR HOUSEHOLD EACH EITHER WORKING 20 OR MORE HOURS PER WEEK OR EARNING \$117 OR MORE PER WEEK?</p> <p>* (Also Minor Heads of FS Household)</p>	<p>WORKER NAME: _____</p> <p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p> <p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p>	<p><input type="checkbox"/> NO IF NO GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFFSI.</p>
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**AGENCY DISPOSITION OF FOOD STAMP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES**

<b>SECTION C</b>	<p><input type="checkbox"/> ELIGIBLE</p> <p><input type="checkbox"/> ELIGIBLE (Applied on or before 15<sup>th</sup> of month; zero benefit due to proration)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15<sup>th</sup> of month; zero first month's benefit due to proration; full second month's benefit)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15<sup>th</sup> of month; prorated first month's benefit plus second month's benefit)</p> <p><input type="checkbox"/> INELIGIBLE: Indicate reason :</p> <p style="margin-left: 20px;"><input type="checkbox"/> HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE)</p> <p style="margin-left: 20px;"><input type="checkbox"/> HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE)</p> <p>Other Denial Reason/Comments</p> <p>_____</p> <p>_____</p>
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DATE OF FINAL DISPOSITION ON FOOD STAMP BENEFIT ELIGIBILITY: _____	WORKER NAME: _____
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