



OFFICE OF POLICY, PROCEDURES, AND TRAINING


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POLICY BULLETIN #17-09-OPE

(This Policy Bulletin Replaces PB #09-113-OPE)

REVISIONS TO THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AUTHORIZED REPRESENTATIVE REQUEST FORM (LDSS-4942)

Date: February 2, 2017	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff that the Office of Temporary and Disability Assistance (OTDA) has revised the Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Request Form (LDSS-4942).</p> <p>The LDSS-4942 has been revised to reflect the following changes:</p> <ul style="list-style-type: none"> • The form has been expanded to two pages; • Applicant name has been changed to Applicant/Recipient name; • Applicant number has been changed to Applicant/Recipient Case Number; • The authorization to the representative is valid until revoked by the applicant/recipient; and • The SNAP Penalty Warning has been revised and reformatted to clarify violations and penalties <p>The LDSS-4942 was previously developed for use with electronically filed SNAP applications for those households wishing to designate an authorized representative to apply, recertify, and/or use SNAP benefits to purchase food on behalf of the SNAP household.</p> <p>SNAP households have the right to file a SNAP application on their own or select an authorized representative to file on their behalf. Except for certain group living arrangements, an authorized representative may only be chosen by the applicant/participant or another responsible adult household member.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

While the SNAP Application/Recertification (**LDSS-4826**) may be used to designate an authorized representative at application or recertification, the **LDSS-4942** is available for use at any time that an applicant/participant or another responsible adult household member wishes to designate an authorized representative.

It is recommended, but not required, that all applicants/participants use the **LDSS-4942** when designating an authorized representative. However, all authorized representatives must be authorized in writing by the applicant/ participant or another responsible adult household member.

A sample of the revised **LDSS-4942** is attached.

Effective Immediately

References:

7 CFR 273.2 (n)
16-INF-17
09-INF-16

Related Item:

[PB #14-123-OPE](#)

Attachments:

- | | |
|----------------------|--|
| LDSS-4942 | Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Request Form (Rev. 10/16) |
| LDSS-4942 (S) | Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Request Form (Spanish) (Rev. 10/16) |

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AUTHORIZED REPRESENTATIVE REQUEST FORM

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ___ Yes ___ No

If Yes, check the type of format you would like: ___ Large Print
___ Data CD ___ Audio CD ___ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

SAMPLE

Applicant/Recipient Name:	Applicant Address:
Applicant/Recipient Case Number:	

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP benefits for you. You can also authorize someone to use your SNAP benefit card to buy food for you. If you would like to authorize someone for either of these purposes, you must do so in writing. You may do so by printing the person's name, address and phone number below and signing the next page of this form.

Authorized Representative Name:	Authorized Representative Address:
Authorized Representative Telephone Number:	

I authorize the above designated individual to act as my representative until I revoke this authorization for the purposes checked below. I understand that if I do not check any of the boxes below, my authorized representative will be authorized to perform all of the functions listed next to the boxes. I understand that I may revoke all or part of this authorization at any time by notifying my local district in writing.

Please Check the Appropriate Box(es)

<input type="checkbox"/> Application for SNAP benefits	<input type="checkbox"/> To use my SNAP benefit (EBT card) to purchase food for me
<input type="checkbox"/> Recertification for SNAP benefits	<input type="checkbox"/> All of the above

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

SNAP PENALTY WARNING (continued)

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

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

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

Permanent disqualification of an individual for:

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

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

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

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

Note: Both the applicant and/or authorized representative are subject to the above penalties.

Applicant Signature:	Date:
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As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	Date:
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**PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP)
FORMULARIO DE PETICIÓN DE REPRESENTANTE AUTORIZADO**

Si usted es una persona ciega o tiene un impedimento visual grave y necesita esta solicitud / formulario en un formato alternativo, lo puede solicitar de su distrito de servicios sociales. Si desea información adicional sobre los tipos de formatos disponibles, comuníquese con su distrito de servicios sociales o ingrese a www.otda.ny.gov.

Si usted es una persona ciega o tiene un impedimento visual grave, ¿Le gustaría recibir notificaciones en un formato alternativo? ___ Sí ___ No

Si contestó «Sí», marque el tipo de formato que desea: ___ Letra Grande ___ CD de Datos ___ CD Audio ___ Braille, si usted determina que ninguno de los otros formatos alternativos le serán de igual utilidad a usted.

Si usted necesita otra modificación, favor de comunicarse con su distrito de servicios sociales.

Nombre del solicitante o beneficiario:	Domicilio del solicitante:
Número de caso del solicitante o beneficiario:	

REPRESENTANTE AUTORIZADO – Usted puede autorizar a otra persona que conozca las circunstancias de su hogar para que solicite el subsidio SNAP por usted. Usted también puede autorizar a otra persona a utilizar su tarjeta de subsidio SNAP para que dicha persona compre los alimentos por usted. Si desea autorizar a otra persona para que realice uno de esos propósitos, debe hacerlo por escrito. También puede hacerlo escribiendo, a continuación, el nombre, domicilio y número de teléfono de dicha persona y firmando al pie de este formulario.

Nombre de Representante Autorizado:	Domicilio de Representante Autorizado:
Número de Teléfono de Representante Autorizado:	

Autorizo a la persona arriba mencionada a que actúe en mi representación para el propósito marcado a continuación, hasta que yo revoque mi autorización. Entiendo que si no marco ninguno de los casilleros a continuación, mi representante autorizado estará autorizado a realizar todas las funciones listadas en los casilleros. Entiendo que puedo revocar parcial o enteramente esta autorización cuando lo decida notificando al respecto y por escrito, al distrito local.

Sírvase marcar el/los casillero(s) pertinente(s)

Solicitud de subsidio SNAP
 Usar mi subsidio SNAP (Tarjeta EBT) para comprar los alimentos por mí .

Revalidación de subsidio SNAP
 Todas las anteriores

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP – Toda información que usted suministre en relación con su solicitud de subsidio SNAP estará sujeta a verificación por autoridades federales, estatales y locales. De encontrarse información inexacta, se le podrá negar el subsidio SNAP. Se le someterá a enjuiciamientos penales por proporcionar, a sabiendas, información incorrecta que afecte su habilitación para recibir beneficios, o afecte el monto de los mismos. Toda persona que esté en violación de una de las reglas de libertad condicional («probation») o libertad bajo palabra («parole») o que esté huyendo para evitar un juicio, custodia o prisión por un delito grave, y actualmente es un prófugo de la ley, no es apto para recibir los subsidios SNAP.

ADVERTENCIA SOBRE MULTA RELACIONADA CON SNAP (continuación)

Si un integrante del grupo familiar beneficiario de SNAP es declarado culpable de Violación Intencional del Programa (IPV), esa persona no podrá recibir los subsidios de SNAP por un período de:

- 12 meses por la primera Violación Intencional del Programa SNAP (SNAP-IPV);
- 24 meses por la segunda Violación Intencional del Programa SNAP;
- 24 meses por la primera SNAP-IPV, si un tribunal de justicia lo declara culpable de haber utilizado o recibido subsidios de SNAP en una transacción de venta de una sustancia controlada. (Drogas ilegales o ciertas drogas para las cuales se requiere una receta médica).
- Por 120 meses, si se le declara culpable de haber hecho una declaración falsa sobre su identidad o su domicilio, con el fin de obtener múltiples subsidios SNAP simultáneamente, a menos que sea inhabilitado permanentemente por una tercera IPV.

Además, un tribunal de justicia también podrá impedir que una persona reciba subsidios de SNAP por un período adicional de 18 meses.

La inhabilitación permanente de un individuo por:

- La primera SNAP-IPV, si un tribunal de justicia lo declara culpable de haber utilizado o recibido beneficios de SNAP en una transacción para vender u obtener armas de fuego, municiones o explosivos;
- La primera SNAP-IPV, si un tribunal de justicia lo declara culpable de traficar beneficios de SNAP por un valor de \$500 o más. (El tráfico incluye uso, transferencia, obtención, alteración o posesión ilegal de fondos de SNAP, tarjetas de autorización o dispositivos de acceso);
- Por la segunda SNAP-IPV, según la decisión de un tribunal de justicia que lo declara culpable de haber recibido subsidios de SNAP en una transacción de venta de sustancias controladas. (Drogas ilegales o ciertas drogas para las cuales se requiere una receta médica).
- Todas las terceras Violaciones Intencionales del Programa SNAP.

Toda persona culpable de un delito grave por (a sabiendas) usar, transferir, adquirir, alterar o poseer fondos de SNAP, tarjetas de autorización o dispositivos de acceso, se le podrá imponer una multa de hasta \$250,000; una pena de prisión de hasta 20 años, o ambas sanciones. El individuo también podrá estar sujeto a enjuiciamiento penal conforme las leyes federales y estatales vigentes.

Se le podría declarar inhabilitado para recibir SNAP o declarado culpable de una Violación Intencional del Programa (IPV) si usted:

- Hace una declaración falsa o engañosa o hace una representación falsa, oculta o retiene hechos con el fin de habilitar para recibir subsidios o recibir más subsidios; o
- Comprar un producto con subsidios SNAP con el fin de obtener dinero en efectivo desechando intencionalmente el producto y devolviendo el envase por el monto del depósito; o
- Comete o intenta cometer un acto que constituye una violación de una ley federal o estatal con el objeto de usar, presentar, transferir, adquirir, recibir, poseer o traficar subsidios de SNAP, tarjetas de autorización o documentos reusables utilizados como parte del sistema de Transferencia Electrónica de Beneficios (EBT).

Además, no está permitido lo siguiente y se le puede inhabilitar para recibir el subsidio SNAP o estará sujeto a sanciones por las siguientes acciones:

- Usar o tener posesión de tarjetas EBT que no le pertenecen a usted sin el consentimiento del propietario de la tarjeta; o
- Usar el subsidio SNAP para comprar artículos no comestibles, tales como alcohol y cigarrillos, o pagar por comida previamente adquirida a crédito; o
- Permitir que otra persona use su tarjeta de transferencia electrónica de beneficios (EBT), a cambio de dinero en efectivo, armas de fuego, municiones, explosivos, o drogas; o comprar alimentos para personas que no forman parte del grupo familiar beneficiario de SNAP.

Nota: tanto el solicitante como el representante autorizado estarán sujetos a las sanciones anteriores.

Firma del Solicitante:	Fecha:
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Como representante autorizado, doy fe de lo anterior.

Firma del Representante Autorizado:	Fecha:
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