



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #18-20-OPE

(This Policy Bulletin Replaces PB #17-101-OPE)

ACCESS HRA SNAP PERIODIC REPORT

<p>Date: March 30, 2018</p>	<p>Subtopic(s): Supplemental Nutrition Assistance Program (SNAP), ACCESS HRA</p>
	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to inform staff that:</p> <ul style="list-style-type: none"> • Information on the Supplemental Nutrition Assistance Program (SNAP) Request for Contact/Missed Interview (LDSS-4753) form was added. • The SNAP Change Case Data Activity was added to Streamlined Paperless Office System (POS) version 1.1. • If the Periodic Report was submitted online through ACCESS HRA within the past 90 days, a Case Alert appears on the Overview screen, stating “E-Periodic Report Submitted via ACCESS HRA.” • Information is provided regarding the sections of the SNAP Change Case Data Activity. • Information on adding and removing a household member was updated. • With the new Streamlined POS, various matches are available, and if a match is found, it will be shown on the Alerts section. <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff, Income Clearance Program (ICP) staff, and Mailer and Match Action Program (MMAP) staff that the Periodic Report (LDSS-4310) became available online on ACCESS HRA on November 17, 2017. This policy bulletin is informational for all other staff.</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

Refer to [PD#12-16-ELI](#) for information regarding Periodic Reports.

The Periodic Report (**LDSS-4310**) is mailed to households in the fifth month of their twelve month certification period by the Office of Temporary and Disability Assistance (OTDA). The **LDSS-4310** must be completed, signed, and returned to the Human Resources Administration (HRA) by the tenth day of the sixth month of their certification period. An additional notice has been added to the **LDSS-4310** and the Follow-Up to the Periodic Report (**LDSS-4310A**) mailing informing SNAP participants that they can now submit a Periodic Report online starting the first day of the sixth month of their certification period at www.nyc.gov/accesshra, and can submit documents using the ACCESS HRA mobile application.

SNAP participants will be mailed the “Reminder: Don’t Lose Your SNAP Benefits! Submit Your SNAP Periodic Report” (**FIA-1198**) form on the 25th-27th day of the fifth month of their twelve month certification period by HRA. The **FIA-1198** reminds participants to submit the Periodic Report, and informs participants that the Periodic Report can be submitted online through ACCESS HRA, and documents can be submitted using the NYC ACCESS HRA mobile application.

SNAP participants with an ACCESS HRA account will get an email and/or text message notifying them when their Periodic Report period opens (first day of the sixth month of their certification period), and a reminder on the tenth day of the sixth month of their certification period, if the Periodic Report has not yet been submitted.

SNAP participants can submit the Periodic Report online through ACCESS HRA from the beginning of the sixth month to the end of the sixth month of their certification period. SNAP participants who submit the Periodic Report online do not need to fill out a paper Periodic Report (**LDSS-4310**).

Routing SNAP Participants at NCA SNAP Centers to PC Banks

SNAP participants can also submit the Periodic Report online at NCA SNAP Centers equipped with Personal Computer Banks (PC Banks). The Periodic Report can be submitted at a PC Bank from the beginning of the sixth month to the end of the sixth month of their recertification period through ACCESS HRA.

Refer to [PB#15-23-OPE](#)

Note: Currently, an in-center routing ticket for SNAP participants wishing to submit the Periodic Report via a PC Bank has not been implemented. In the interim, staff should route participants to the Customer Service Information Center (CSIC) using a “CSIC NCA General” routing ticket.

Submitting Eligibility Documents

SNAP participants who submit a Periodic Report online or by mail/fax will be able to return any eligibility documents using the self-service scanner at a NCA SNAP Center. The eligibility documents can be submitted using the self-service scanner until the end of the seventh month of their twelve month certification period.

SNAP participants who submit an online Periodic Report at a NCA SNAP Center will be routed from the PC Bank to self-service scanning to submit eligibility documents. When SNAP participants submit eligibility documents during the seventh month at the self-service scanner, MMAP will see these documents when processing the Periodic Report.

Refer to [PD#12-16-ELI](#)

If MMAP processes the Periodic Report, and documentation is not found, the Notice of Documentation Required - Change in Household Circumstances (**W-132S**) form will be issued. The **W-132S** is mailed if the household reported a change that may result in a benefit increase. The Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (**W-129G**) form is mailed along with the **W-132S** form.

Revised

Refer to [PD#13-29-ELI](#)
and [PB #06-18-ELI](#)

Note: The Supplemental Nutrition Assistance Program (SNAP) Request for Contact/Missed Interview (**LDSS-4753**) form is used to request mandatory documentation. Please refer to the TA/FS Documentation/Verification Desk Guide (**LDSS-3666**) for more information on mandatory documentation.

Currently, the date when the self-service scanners can accept eligibility documents for the online Periodic Report is to be determined. In the interim, eligibility documents can be submitted using the ACCESS HRA mobile app, by fax, at a Community Based Organization, by mail, or in-person at a SNAP Center. Further information is provided below:

- Fax Number
 - Bronx and Queens – (917) 639-1113
 - Brooklyn, Manhattan, and Staten Island – (917) 639-2544
- ACCESS HRA Mobile App
 - www.nyc.gov/accesshramobile

Refer to [PB#17-106-OPE](#)

- Community Based Organizations –
 - http://www1.nyc.gov/assets/hra/downloads/pdf/services/snap/CBO_EASE_SITES.pdf
- Mail – send copies of your documents to:
 - Brooklyn – P.O. Box 380886, Brooklyn NY 11238-9811
 - Bronx and Queens – P.O. Box 19088, Long Island City NY 11101-9773
 - Manhattan and Staten Island – P.O. Box 19088, Long Island City NY 11101-9773

Income Clearance Program

Refer to [PB#15-95-SYS](#)

When the Periodic Report is received by ICP (online, mail, fax), and marked as complete in ICP Web, no other Periodic Report can be submitted online (ex: duplicate submissions).

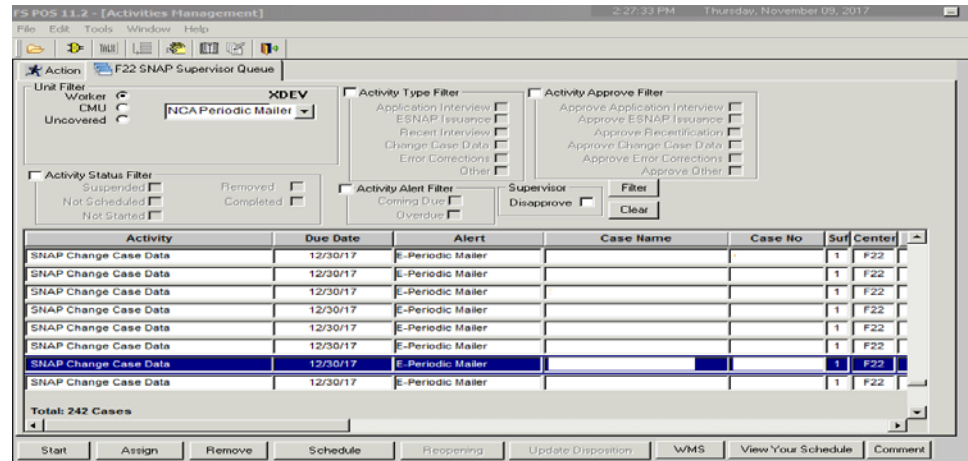
Note: We cannot stop households from mailing or faxing multiple submissions of the Periodic Report; we can only stop their ability to submit multiple Periodic Reports online.

The screenshot shows the ICPweb interface for NCA Mailers. The header includes the NYC logo and 'ICPweb |'. Below the header, there are navigation tabs: 'NCA - MAILERS', 'SCAN STATS', 'SCAN & INDEX', 'BULK RECEIVE', and 'SEARCH'. The main content area displays details for a mailer: 'NAME: [redacted]', 'TITLE: ESII', 'MAILER: NCA MAILER', 'MAILER DATE: Oct 2017', 'CENTER: F14', and 'ACTION DETAIL: Auto Completed (Received)'. The 'CASE NUMBER' and 'CATEGORY' (e-Periodic - Received) are also visible. At the bottom, there are checkboxes for 'Is the Recertification/Eligibility Questionnaire?' (checked for Complete) and 'Is the Recertification/Eligibility Questionnaire with No Change No Document?' (unchecked for Yes).

Mailer and Match Action Program

Completed Periodic Reports will be sent from ICP to the NCA Periodic Mailer queue in the Paperless Office System (POS).

Below is a screenshot showing how the online Periodic Report will display in POS for MMAP staff.



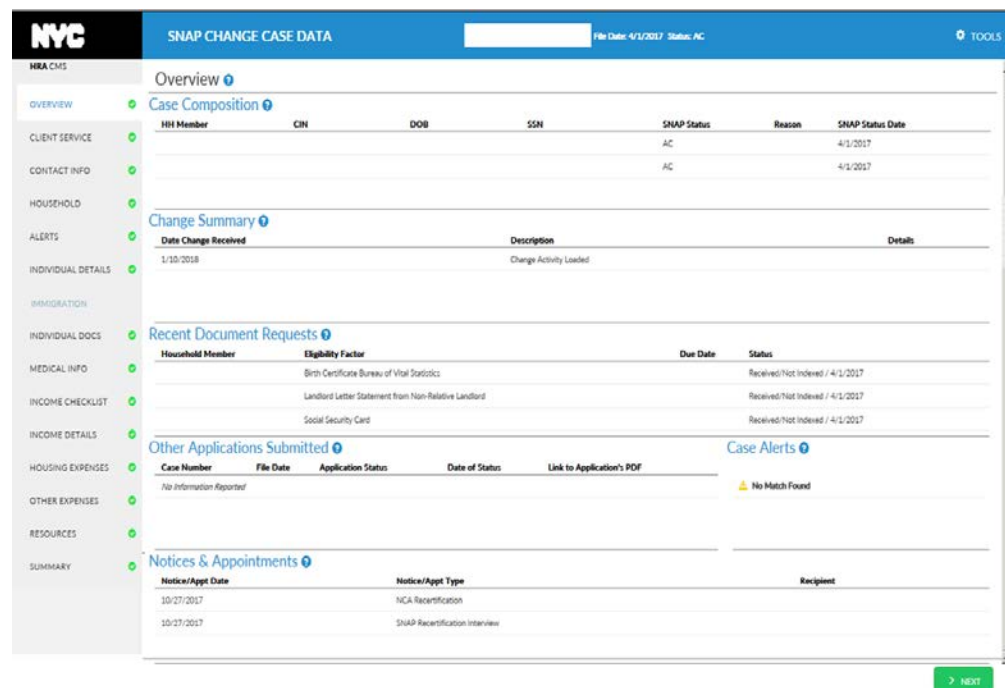
New Information

Refer to [PB #17-100-SYS](#)

The **SNAP Change Case Data** Activity was added to Streamlined POS version 1.1. It was implemented at the Coney Island SNAP Center (S22) in December 2017. The Streamlined POS **SNAP Change Case Data** was rolled out to the other Home Centers in February 2018. The rollout schedule for the Streamlined POS **SNAP Change Case Data** activity for MMAP will begin in April 2018.

MMAP staff can access the **SNAP Change Case Data** Activity from the POS queue, or from the POS activity list, through the **Choose a Case** window.

Below is a screenshot of the **SNAP Change Case Data** screen in Streamlined POS.



New Information

If the Periodic Report was submitted online through ACCESS HRA within the past 90 days, a Case Alert appears on the Overview screen, stating “E-Periodic Report Submitted via ACCESS HRA.”

New Information

The **SNAP Change Case Data** Activity includes the following sections in Streamlined POS:

Refer to [PB #17-100-SYS](#)

- Overview
- Client services
- Contact information
- Household
- Alerts
- Individual details
- Immigration
- Individual documents
- Medical information
- Income checklist
- Income details
- Housing expenses
- Other expenses
- Resources
- Summary

Revised

Adding a New Household Member

The Household section includes the household members, their demographic data, and allows new household members to be added. Once a household member is added, and the Worker exits this section, Streamlined POS invokes the case member addition services to transmit the new household member information to the Welfare Management System (WMS).

Revised

Removing a Household Member

Removal of an individual from the Household screen in Streamlined POS is only allowed if that line has not been transmitted to WMS. Any data already transmitted to WMS cannot be removed from the Household screen in Streamlined POS. The JOS/Worker will need to access the Turn Around Document (TAD) in POS to revise the status for any individuals on the case.

New Information

Alerts/Matches

The Alerts section displays matches, and captures Special Assessment situations. The Alerts section only displays information if there is participant reported data from the ACCESS HRA submission, and/or if there is an existing match found. Otherwise, the Alerts section will display “No information reported.”

The matches available in Streamlined POS include, but are not limited to:

- Department of Health (DOH) Vital Records
- TALX (Work Number Service)
- Child support income
- Child care provider income (ACCIS) (Automated Child Care Information System)
- NYC employee wage (FISA) (Financial Information Services Agency)
- RFI (Resource File Integration)
- Shelter matches such as NYCHA (New York City Housing Authority) section 8 and HPD (Housing Preservation and Development) matches.

Effective April 2018


Related Items:

[PB #06-18-ELI](#)
[PB#15-23-OPE](#)
[PB#15-95-SYS](#)
[PB#17-100-OPE](#)
[PB#17-106-OPE](#)
[PD#12-16-ELI](#)
[PD#13-29-ELI](#)

Attachments:

FIA-1198 (E) Reminder: Don't Lose Your SNAP Benefits!
 Submit Your SNAP Periodic Report
 (Rev. 9/11/17)

FIA-1198 (S) Reminder: Don't Lose Your SNAP Benefits!
 Submit Your SNAP Periodic Report (Spanish)
 (Rev. 9/11/17)

 Please use Print on Demand to obtain copies of forms.

LDSS-3666	TA/FS Documentation/Verification Desk Aid (Rev. 8/12)
LDSS-4753	Supplemental Nutrition Assistance Program (SNAP) Request for Contact/Missed Interview (Rev. 8/12)
W-129G	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (Rev.12/8/15)
W-129G (S)	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (Spanish) (Rev.12/8/15)
W-132S	Notice of Documentation Required – Change in Household Circumstances (Rev. 12/20/17)
W-132S (S)	Notice of Documentation Required – Change in Household Circumstances (Spanish) (Rev. 12/20/17)



Department of Social Services

Human Resources Administration

Department of Homeless Services

FIA-1198 (E) 09/11/2017 LLF

Family Independence Administration

Date: _____

Case Number: _____

Case Name: _____

Reminder: Don't Lose Your SNAP Benefits! Submit Your SNAP Periodic Report

To avoid losing your SNAP benefits, you must submit a Periodic Report form six months after you enroll in SNAP or recertify your SNAP benefits. Your SNAP Periodic Report is **due** _____. There are different ways to submit your Periodic Report form, but the *easiest and fastest* way is to submit it online – and you can do that **now!** It takes **less than 30 minutes**.

Step 1: Submit Your SNAP Periodic Report Form.



1. Go to www.nyc.gov/accesshra
2. Log into your account (or set one up)
3. Click the **green** "Apply Now" button
4. Click "I would like to **SUBMIT** a **PERIODIC REPORT**"
5. Fill out your information and submit your form

*Did you already submit your Periodic Report form?
Go right to step 2.*

Step 2: Submit Documents About Changes In Your Case.



Do you have documents to submit that are listed on the **"Confirmation Page"** of your completed Periodic Report?

Download the **NYC ACCESS HRA** mobile app for free on iOS or Android devices! Go to the Apple App Store or Google Play store.

1. Log into your account (or set one up)
2. Tap **Upload**
3. Upload and submit your documents

Need help?

Call the SNAP Info Line at _____



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Recordatorio: ¡No Pierda sus Beneficios de SNAP! Presente Su Informe Periódico de SNAP

Para no perder sus beneficios de SNAP, usted debe presentar un formulario de Informe Periódico seis meses tras inscribirse en SNAP o recertificar sus beneficios de SNAP. Su Informe Periódico de SNAP **debe presentarlo el** _____. Hay diferentes modos de presentar su formulario de Informe Periódico, pero el *más sencillo y más rápido* es presentarlo por Internet – ¡y usted lo puede hacer **ahora!** Toma menos de de **30 minutos**.

Paso 1: Presente su formulario de Informe Periódico de SNAP.



1. Visite www.nyc.gov/accesshra
2. Ingrese a su cuenta (o regístrese)
3. Haga clic en el botón **verde** "Haga su solicitud ahora"
4. Haga clic en "Me gustaría **ENVIAR un INFORME PERIÓDICO**"
5. Llene su información y presente su formulario

*¿Ya presentó usted su Informe Periódico?
Vaya directamente al paso 2.*

Paso 2: Presente los documentos sobre cambios en su caso.



¿Tiene usted documentos que presentar que figuren en la "**Página de Confirmación**" de su Informe Periódico completo?

¡Baje la aplicación móvil de **NYC ACCESS HRA** gratis en iOS o dispositivos Android! Vaya a la Apple App Store o a la Google Play Store.

1. Ingrese a su cuenta (o regístrese)
2. Presione **Upload**
3. Suba y presente sus documentos

¿Necesita ayuda?

*Llama a la Línea Informativa (Info Line at)
de SNAP _____*

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	SECONDARY	TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M	Identity	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers For SNAP – Identity is only mandatory for the person making the application.	Statement from Another Person Social Security Number Birth/Baptismal Certificate SOLQ For SNAP - In the case of an authorized representative, both the auth rep and applicant must verify Identity.	M	N	Absent Parent Information	Pay Stubs Tax Returns Social Security or VA Records Unemployment (UIB) Book ID Cards (Health Insurance) Driver's License or Registration
M	N	Marital Status	Marriage/Death Certificates Separation Agreement Divorce Decree Social Security Records VA Records	Statement from Clergy Census Records Newspaper Notice Statement from Another Person	M	M *	Social Security Number	Social Security Card Official Correspondence from SSA For TA and SNAP , provided or apply for # at certification; must verify at first recertification unless validated by WMS SOLQ
M	M *	Residence	Statement from Landlord Current Rent Receipt or Lease Mortgage Records For SNAP - Residence is verified at a household level	Statement from Another Person Current Mail School Records Fuel/Utility bill	M M	Q M	Citizenship Alien Status	Birth/Baptismal Certificate Hospital Records US Passport Military Service Records Naturalization Certificate USCIS Documentation Evidence of Continuous US Residence since Prior to 1/1/72 For TA and SNAP , alien status is verified on an individual basis For SNAP Only , citizenship is verified only if questionable
M	M *	Household Composition/ Size	Statement from Non-relative Landlord For SNAP – household size must be verified. This can be done through collateral contacts or readily available documents which can be used to establish Identity.	Statement from Other Persons	M	M *	Earned Income	Current Wage Stubs and Statement of Tips Pay Envelopes Contact with Employer Business Records Records and Related Materials Concerning Self-Employment Earnings and Expenses Current Income Tax Return Statement from Roomer, Boarder, Tenant Income Tax Records
M	M *	Age	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License For SNAP Only , DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA	M	M *	Unearned Income	Statement from Family Court Statement from Person Paying Statement from School Statement from Bank or Credit Union Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check Official Correspondence with NYS Dept. of Labor Official Correspondence from SSA Official Correspondence from VA Official Correspondence from source of income Award Letter
M	N	Absent Parent	Death Certificate Survivor's Benefits Hospital Records VA or Military Records Divorce Papers Proof of Remarriage	Newspaper Notice Insurance Company Records Institutional Records Agency Case Records and Burial Payment Lines Statement from a Non-Relative				

LEGEND: **M** = Mandatory Documentation/Verification required for Certification
N = No Documentation/Verification required
O = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)
***** = Verification can be pended under SNAP Expedited Processing
Q = Verification is Only Necessary if Questionable

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK AID

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M *	Resources	Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Burial agreement Burial plot deed Statement from funeral director Refund or EITC check Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Title of ownership Registration (older models) Appraisal of current value by dealer Financing data Statement from source of payment
M	O *	Health Insurance	Insurance policy Insurance card Statement from provider of coverage Medicare card
M	O *	Disabled/ Incapacitated/ Pregnant	Statement from medical professional verifying pregnancy and expected date of birth Statement from medical professional Proof of SSA or SSI benefits for disability or blindness
M	M *	Able-Bodied Adult Without Dependents (ABAWD) Eligibility	For non-waiver areas and non-excluded ABAWD individuals Proof of working and/or work program participation for at least 80 hours per month Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement
M	O *	Referral	Statement from provider of treatment Statement from employment service
O	O *	School Attendance	School records (current report card) Statement from school For SNAP, affects work registration and earnings of children under 18

EXPENSES THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT			
TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
O	O *	Shelter Expenses	Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
O	O *	Medical Bills	Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card For SNAP, for A/D individuals only
O	O *	Unpaid Bills Rent, Utility	Copy of each bill showing amount owed, period of services and provider
O	O *	Other Expenses Dependent Care Cost	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts

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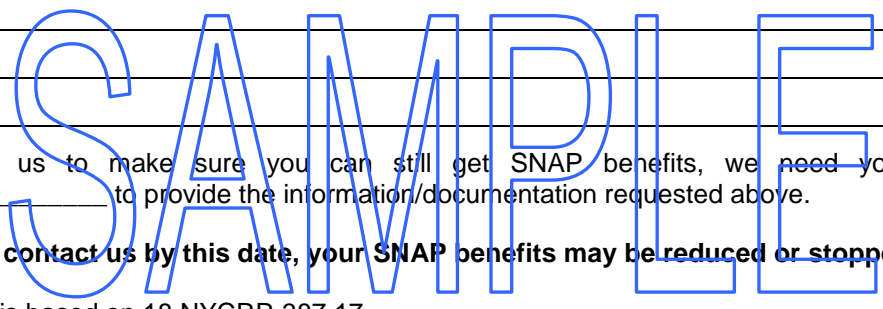
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
REQUEST FOR CONTACT/MISSED INTERVIEW**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL PHONE NO. FOR QUESTIONS OR HELP _____ ----- OR Agency Conference _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	PHONE NO.

In order for us to see if you can get or continue to get SNAP benefits, please see the checked (☑) box below:

1. REQUEST FOR CONTACT

We recently received information about a change in your household. In order for us to make sure you can still get SNAP benefits, we need the following:



In order for us to make sure you can still get SNAP benefits, we need you to contact us by _____ to provide the information/documentation requested above.

If you do not contact us by this date, your SNAP benefits may be reduced or stopped.

This decision is based on 18 NYCRR 387.17.

2. MISSED INTERVIEW - APPLICATION

You recently applied for SNAP benefits. In order for us to see if you can get SNAP benefits, you must be interviewed. You were scheduled for an interview on _____, but you missed that interview.

You must be interviewed, or you will be denied SNAP benefits.

Please call us at _____ to set up another interview.

This decision is based on 18 NYCRR 387.7.

3. MISSED INTERVIEW - RECERTIFICATION

We recently told you that you must apply if you want continued SNAP benefits. In order for us to see if you can continue to get SNAP benefits, you must be interviewed. You were scheduled for an interview on _____, but you missed that interview.

You must be interviewed, or your SNAP benefits will be discontinued as of _____.

Please call us at _____ to set up another interview.

This decision is based on 18 NYCRR 387.7.

NOTE: You have the right to request that the SNAP in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during regular office hours.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
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**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
REQUEST FOR CONTACT/MISSED INTERVIEW**

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CASE NUMBER	CIN NUMBER	GENERAL PHONE NO. FOR QUESTIONS OR HELP _____ ----- OR Agency Conference _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	PHONE NO.

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Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

In order for us to determine your eligibility for SNAP benefits, we need you to give us proof of the SNAP eligibility factors listed below. The suggested documentation and helpful tips in this guide will help you to give us the proof we need to determine your SNAP eligibility.

If we determine that you are eligible for SNAP under the expedited processing rules, we can issue you benefits even if you only verify your identity. However, before we can give you more SNAP benefits, you must verify the other eligibility factors for yourself and any other household members.

If you are applying for SNAP benefits by mail or fax, please send us copies of your documentation to help us determine your SNAP eligibility as fast as possible.

Box	Eligibility Factor	Suggested Documentation	Helpful Tips
1	Identity Must be established and documented for the person making the application.	<ul style="list-style-type: none"> • Photo I.D., Driver's License • U.S. Passport • Naturalization Certificate • Hospital/Doctor's Records • Adoption Papers • Birth Certificate • Baptismal Certificate • Voter Registration Card 	Any of these documents that lists the person's date of birth can also be used to verify age . In addition, a U.S. Passport or Naturalization Certificate can also be used to verify citizenship if we ask you for proof.
2	Residence Must prove that <u>each</u> person who is applying for SNAP benefits resides at the address listed on the application.	<ul style="list-style-type: none"> • Current lease • Current rent receipt listing name and address of renter • Statement from the Landlord or Primary Tenant • Mortgage Records • School Records 	If a statement from the Landlord or Primary Tenant lists all the household members, it can also be used to document household composition .
3	Household Composition/Size Must provide verification of how many persons reside in the household.	<ul style="list-style-type: none"> • Statement from Non-Relative Landlord • Statement from Community Organization • Statement from Non-Household Member 	Statement should contain the names of all persons in the household and can also be used to prove residence .
4	Age Must provide verification of age for <u>all</u> persons applying for SNAP benefits.	<ul style="list-style-type: none"> • Birth Certificate • Baptismal Certificate 	A birth certificate can also be used to establish and document identity and citizenship status .
5	Social Security Number Must provide a Social Security number for <u>each</u> person in your household who is applying for SNAP benefits, or proof that one has been applied for.	<ul style="list-style-type: none"> • Social Security Card • Official correspondence from the Social Security Administration (SSA) 	If you give us the Social Security number for each person in your household, you do not need to provide a Social Security card.

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

Box	Eligibility Factor	Suggested Documentation	Helpful Tips
6	<p>Citizenship</p> <p>Citizenship must be documented only if it is questionable.</p>	<ul style="list-style-type: none"> ● Birth Certificate ● Hospital Records ● U.S. Passport ● Military Service Records ● Naturalization Certificate 	<p>Birth certificates, hospital records, U.S. Passport and Naturalization Certificate can also be used to prove identity and age.</p>
7	<p>Immigration Status</p> <p>Immigration status must be documented for noncitizens applying for SNAP benefits.</p>	<ul style="list-style-type: none"> ● USCIS Documentation (for example, a green card, stamped visa) ● Evidence of continuous residence in the U.S. since prior to 1/1/72 	
8	<p>Earned Income</p> <p>If <u>any</u> of the household members applying for SNAP benefits are employed, the gross earnings (before any deductions), frequency and <u>number of hours worked</u> must be documented.</p>	<ul style="list-style-type: none"> ● Current pay stubs ● Pay envelopes ● Letter from employer listing gross earnings, frequency, and number of hours worked ● Current income tax returns ● If self employed – records and related materials concerning earnings and expenses 	<p>You should verify the income you received in the last 30 days.</p>
9	<p>Unearned Income</p> <p>If <u>any</u> of the household members applying for SNAP benefits are in receipt of unearned income, the type of income, amount, and frequency must be documented.</p>	<ul style="list-style-type: none"> ● Statement from Family Court ● Current Award letter ● Official correspondence from SSA ● Official correspondence from the Veterans Administration ● Current benefit check or stub ● Statement from bank or credit union ● Statement from person providing support ● Unemployment Insurance Benefit (UIB) statement 	<p>If you or someone in your household is in receipt of Supplemental Security Income (SSI) no verification of SSI is required.</p>
10	<p>Resources</p> <p>Resources do not affect the eligibility of most households applying for SNAP benefits. However, some resource information is used to determine if you qualify for expedited processing of your SNAP application.</p>	<ul style="list-style-type: none"> ● Current bank or credit union records ● Stock/bond certificate ● Statement from financial institution ● Burial plot agreement or deed ● Property deed and/or appraisal ● Life insurance ● Vehicle registration/title 	<p>If you have resources but are not sure whether or not you are required to verify them, provide the verification. If you are required to verify resources, we will not have to wait in order to make an eligibility decision.</p>

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

Information that may affect your SNAP work registration requirements

Information that you told us about the categories below may exempt you from certain SNAP work registration requirements. It is important for you to give us proof of that information.

Box	Eligibility Factor	Suggested Documentation	Helpful Tips
11	Disabled/ Incapacitated	<ul style="list-style-type: none"> • Current SSA/SSI benefits statement • Signed and dated letter from Doctor or Medical professional, including a contact phone number 	
12	Referral	<ul style="list-style-type: none"> • Signed and dated letter or statement from provider of treatment with contact phone number, hours, and days of treatment • Signed and dated letter from employment service program, including contact person and phone number 	
13	School Attendance Affects work registration and earnings of children under 18.	<ul style="list-style-type: none"> • Current School records (report card or school letter) • W-700E School Attendance Verification Letter • Letter or current school records from a College, University, or Institution of Higher Learning 	

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

Expenses that may affect your SNAP eligibility or benefit amount

If you have any of the expenses listed below, it is important for you to give us verification of that expense. In some instances, the expense can make you financially eligible to receive SNAP benefits and in many other instances, it can mean you will get more SNAP benefits.

Box	Eligibility Factor	Suggested Documentation	Helpful Tips
14	Shelter and/or Utility Expenses	<ul style="list-style-type: none"> • Current rent receipt • Current lease • Mortgage book/records • Property and school tax records • Landlord statement • Sewer and water bills • Homeowner's insurance records • Fuel bills • Non-heating utility bills • Telephone bills 	As long as a household can establish that they have a shelter expense, credit for paying rent/mortgage and/or utilities will be given even if the household is not currently keeping up with the payments.
15	Medical Bills This is only for elderly or disabled persons who incur this expense.	<ul style="list-style-type: none"> • Copies of medical bills (paid and unpaid) • Provider statement of health insurance Premiums • Medicare Prescription Drug Card 	This refers to medical expenses that persons pay for out-of-pocket. Do not include documentation for any bills that are paid or supposed to be paid by someone not in the household.
16	Health Insurance	<ul style="list-style-type: none"> • Insurance Policy or Insurance Card • Statement from insurance provider of coverage, including health insurance premium • Medicare award letter 	
17	Dependent Care Cost/ Other Expenses	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Canceled checks or receipts 	

Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP)

A fin de nosotros determinar su elegibilidad para beneficios de SNAP, necesitamos que usted nos proporcione prueba de los factores de elegibilidad para SNAP más abajo. La documentación sugerida y consejos útiles en esta guía le ayudarán a que nos proporcione la prueba que necesitamos para determinar su elegibilidad para SNAP.

Si determinamos que usted es elegible para SNAP conforme a las reglas del trámite acelerado, le podemos expedir sus beneficios aun si sólo comprueba su identidad. Sin embargo, antes de poder darle más beneficios de SNAP, usted tiene que comprobar los otros factores de elegibilidad para usted y cualesquier otros miembros del hogar..

Si usted está solicitando beneficios de SNAP por correo o por fax, favor de incluir copias de su documentación para ayudarnos a determinar su elegibilidad para SNAP tan pronto posible.

Caja	Factor de Elegibilidad	Documentación Sugerida	Consejos
1	<p>Identidad</p> <p>Debe establecerse y documentarse para el solicitante.</p>	<ul style="list-style-type: none"> • Identificación con foto, licencia de conducir • Pasaporte de EE.UU. • Certificado de Naturalización • Expedientes hospitalarios/médicos • Documentos de adopción • Acta de nacimiento • Acta de bautismo • Tarjeta de registro de votantes 	<p>Cualquiera de estos documentos que indiquen la fecha de nacimiento de la persona, también puede usarse para comprobar la edad. Además, si le pedimos prueba, el pasaporte de EE.UU. y certificado de naturalización se pueden usar como comprobante de la ciudadanía.</p>
2	<p>Domicilio</p> <p>Tiene que comprobar que <u>cada</u> persona que solicite beneficios de SNAP reside en la dirección listada en la solicitud.</p>	<ul style="list-style-type: none"> • Contrato de arrendamiento actual • Recibo actual de alquiler con nombre y dirección del inquilino • Declaración del casero o inquilino principal • Documentos hipotecarios • Expedientes académicos 	<p>Si la declaración del casero o del inquilino principal lista a todas las personas en el hogar, también se puede usar para documentar la composición del hogar.</p>
3	<p>Composición del Hogar/ Número de Integrantes</p> <p>Tiene que proporcionar prueba de cuántas personas residen en el hogar.</p>	<ul style="list-style-type: none"> • Declaración del casero no familiar • Declaración por parte de una organización comunitaria • Declaración de parte del miembro no del hogar 	<p>La declaración debe incluir todos los nombres de las personas en el hogar y también puede usarse para comprobar el domicilio.</p>
4	<p>Edad</p> <p>Tiene que proporcionar prueba de la edad de <u>todas</u> las personas que soliciten beneficios de SNAP.</p>	<ul style="list-style-type: none"> • Acta de nacimiento • Acta de bautismo 	<p>El acta de nacimiento también se puede usar para establecer y documentar la identidad y el estado de ciudadanía.</p>
5	<p>Número de Seguro Social</p> <p>Tiene que proporcionar un Número de Seguro Social para <u>cada</u> persona en su hogar que solicite beneficios de SNAP o prueba de que ya se ha solicitado dicho número.</p>	<ul style="list-style-type: none"> • Tarjeta de seguro social • Correspondencia oficial de parte de la Administración de Seguro Social (SSA) 	<p>Si usted nos proporciona el número de seguro social de cada persona en su hogar, no tiene que proporcionar tarjeta de seguro social.</p>

Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Caja	Factor de Elegibilidad	Documentación Sugerida	Consejos
6	<p>Ciudadanía</p> <p>La ciudadanía tiene que documentarse, sólo si resulta dudosa.</p>	<ul style="list-style-type: none"> ● Acta de nacimiento ● Expedientes hospitalarios ● Pasaporte de EE.UU. ● Expedientes de servicio militar ● Certificado de naturalización 	<p>Actas de nacimiento, expedientes hospitalarios, pasaporte de EE.UU. y certificado de naturalización también se pueden usar para comprobar la identidad y la edad.</p>
7	<p>Estado de Inmigración</p> <p>El estado de extranjero debe documentarse para los no ciudadanos que soliciten beneficios de SNAP.</p>	<ul style="list-style-type: none"> ● Documentación de USCIS (por ejemplo, una tarjeta verde o visa con sello) ● Prueba de residencia continua en los EE.UU. antes de 1/1/72 	
8	<p>Ingreso Salarial</p> <p>Si <u>cualquier</u> miembro del hogar quien solicite beneficios de SNAP esté empleado, debe documentarse el ingreso bruto (antes de cualquier deducción), la frecuencia de las ganancias y <u>el número de horas</u> trabajadas.</p>	<ul style="list-style-type: none"> ● Talones de paga actuales ● Sobres de paga ● Carta del empleador que liste el ingreso bruto, la frecuencia de las ganancias y el número de horas trabajadas ● Declaración tributaria actual ● Si trabaja por cuenta propia—todos los expedientes y materiales relacionados con ingresos y gastos 	<p>Usted debe aportar prueba del ingreso recibido en los últimos 30 días.</p>
9	<p>Ingreso No Salarial</p> <p>Si <u>cualquier</u> miembro del hogar quien solicite beneficios de SNAP percibe ingreso no salarial, tienen que documentarse el tipo de ingreso, la cantidad, y la frecuencia del mismo.</p>	<ul style="list-style-type: none"> ● Declaración por parte del Tribunal Familiar ● Carta de concesión actual ● Correspondencia oficial de parte de la SSA ● Correspondencia oficial de la Administración de Veteranos ● Cheque de beneficios o talón de paga actual ● Extracto bancario o de cooperativa de crédito ● Declaración por parte de la persona que proporcione la manutención ● Extracto de Beneficio de Seguro de Desempleo (UIB) 	<p>No es necesario el comprobante de Ingreso de Seguridad Suplemental (SSI), si usted o alguien en su hogar lo recibe</p>
10	<p>Recursos</p> <p>Los recursos no afectan la elegibilidad de la mayoría de los hogares que solicitan beneficios de SNAP. No obstante, alguna información sobre recursos se utiliza para determinar si usted califica para el trámite acelerado de su solicitud de SNAP.</p>	<ul style="list-style-type: none"> ● Expedientes bancarios o de cooperativa de crédito actuales ● Certificado de acciones/bonos ● Extracto de parte de institución financiera ● Acuerdo o escritura de lote de entierro ● Escritura y/o tasación de la propiedad ● Seguro de Vida ● Matrícula/título de vehículo 	<p>Si usted tiene recursos pero no está seguro(a) si los tiene que documentar, proporcione los comprobantes. Si a usted se le requiere probar recursos, nosotros no tendremos que esperar para tomar una decisión de elegibilidad.</p>

Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Información que puede afectar sus requisitos de inscripción al trabajo de SNAP

La información proporcionada por usted respecto a las categorías más abajo puede eximirle de ciertos requisitos de inscripción al trabajo de SNAP. Es importante que usted nos proporcione prueba de esa información.

Caja	Factor de Elegibilidad	Documentación Sugerida	Consejos
11	Discapacitado(a)/Incapacitado(a)	<ul style="list-style-type: none"> ● Extracto actual de beneficios de SSA/SSI ● Carta firmada y fechada de parte de médico o profesional de salud, incluido el número de teléfono de contacto 	
12	Derivación médica	<ul style="list-style-type: none"> ● Carta o declaración firmada y fechada de parte del proveedor de tratamiento incluidos el número de teléfono de contacto, las horas y los días de tratamiento ● Carta firmada y fechada de parte del programa de servicio de empleo, incluidos la persona y el número de teléfono de contacto 	
13	Asistencia Escolar Afecta la inscripción al trabajo y las ganancias de niños menores de 18 años de edad.	<ul style="list-style-type: none"> ● Expedientes escolares actuales (boletín de calificaciones o carta escolar) ● School Attendance Verification Letter (Carta de Verificación de Asistencia Escolar – W-700E) ● Carta o el expediente académico actual de parte de la universidad o el establecimiento de educación superior 	

**Guía de Documentación del
Programa de Asistencia de Nutrición Suplementaria (SNAP)**

Gastos que pueden afectar su elegibilidad para SNAP o la cantidad de beneficios de SNAP

Si usted incurre en cualquiera de los gastos listados a continuación, es importante que nos proporcione comprobante de ese gasto. En algunos casos, el gasto le puede otorgar elegibilidad económica para beneficios de SNAP, y en muchos otros casos, la cantidad de beneficios de SNAP recibida por usted puede aumentar.

Caja	Factor de Elegibilidad	Documentación Sugerida	Consejos
14	Gastos de Albergue y/o de Servicios Públicos	<ul style="list-style-type: none"> ● Recibo actual del alquiler ● Contrato de arrendamiento actual ● Libro/expediente de hipoteca ● Expedientes tributarios sobre la propiedad y del impuesto escolar ● Declaración por parte del casero ● Facturas de alcantarilla y de agua ● Expedientes de seguro de la propiedad del dueño ● Facturas de combustible ● Facturas de servicios públicos aparte de la calefacción ● Facturas de teléfono 	Siempre que el hogar pueda probar que incurre en gastos de albergue, se otorgarán crédito para pagar el/la alquiler/hipoteca y/o servicios públicos, aun si los pagos del hogar no estén al día.
15	Facturas Médicas Sólo para los ancianos y los discapacitados que incurren en este gasto	<ul style="list-style-type: none"> ● Copias de facturas médicas (pagadas e impagadas) ● Extracto del proveedor de primas de seguro de salud ● Tarjeta de Medicare para medicamentos recetados 	Esto se refiere a gastos médicos que se pagan por cuenta propia. No incluya documentación para ninguna cuenta pagada o pagadero por alguien que viva en el hogar.
16	Seguro Médico	<ul style="list-style-type: none"> ● Póliza de seguro o tarjeta de seguro ● Declaración del proveedor de seguro de la cobertura, incluida la prima de seguro médico ● Carta de concesión de Medicare 	
17	Costos de Cuidado de Dependientes/ Otros Gastos	<ul style="list-style-type: none"> ● Orden judicial ● Declaración de parte de guardería de niños u otro proveedor de cuidado infantil ● Declaración de parte de auxiliar o asistente ● Cheques cancelados o recibos 	



Date: _____

Case Number: _____

Case Name: _____

NCA SNAP Center: _____

Notice of Documentation Required – Change in Household Circumstances

You did not provide proof of a change in your case that may increase your benefits. Under Supplemental Nutrition Assistance Program (SNAP) rules, you must prove a change in circumstances that will give you more benefits before we can increase them.

The SNAP Documentation Guide (**W-129G**), sent with this letter, gives examples of documents you can use to prove the change you reported.

Documents are due by: _____

Copies of documents can be returned by:

- ACCESS HRA mobile application

- Download the ACCESS HRA mobile app to submit requested documents.

Go to the Apple App store or Google Play store and search for "ACCESS HRA," or go to www.nyc.gov/accesshramobile.

- Fax

- Bronx and Queens – (917) 639-1113
- Brooklyn, Manhattan, and Staten Island – (917) 639-2544

- Mail

- Return the documents in the self-addressed envelope that was sent with this letter.

(Turn page)

Please provide proof of:

Income: _____

Household composition/size: _____

Shelter expenses (e.g., rent or mortgage payments): _____

Child care or dependent care costs: _____

Medical expenses: _____

Immigration status: _____

Other/Remarks: _____

SAMPLE

Worker's Name

Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro de SNAP de
Asistencia No en Efectivo: _____

Aviso de Documentación Necesaria – Cambio de las Circunstancias del Hogar

Usted no proporcionó prueba de un cambio en su caso que puede aumentar sus beneficios. Conforme a las reglas del Programa de Asistencia de Nutrición Suplementaria (SNAP), usted debe probar todo cambio de las circunstancias que le otorgue más beneficios, antes de que nosotros los podamos aumentar.

La Guía de Documentación de SNAP (**W-129G [S]**), adjunta a esta carta, da ejemplos de documentos que usted puede usar para comprobar el cambio reportado por usted.

Los documentos se deben entregar para el: _____

Las copias de documentos se pueden devolver por:

● Aplicación móvil ACCESS HRA

- Baje la aplicación móvil ACCESS HRA para presentar los documentos solicitados.

Vaya a las tiendas Apple App o Google Play y realice una búsqueda de "ACCESS HRA", o vaya a www.nyc.gov/accesshramobile.

● Fax

- Bronx y Queens – (917) 639-1113
- Brooklyn, Manhattan, y Staten Island – (917) 639-2544

● Correo

- Devuelva los documentos en el sobre adjunto a esta carta con dirección del remitente.

(Voltee la página)

Favor de proporcionar comprobante de:

Ingreso: _____

Composición del hogar/número de integrantes: _____

Gastos de albergue (p.ej., pagos de alquiler o hipoteca): _____

Gastos de cuidado infantil o de dependientes: _____

Gastos médicos: _____

Estado migratorio: _____

Otro caso/comentarios: _____

SAMPLE

Nombre del Trabajador

Fecha