



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Adam Waitzman, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #20-34-OPE

### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM RECERTIFICATION PROCESS DUE TO THE CORONAVIRUS (COVID-19) PANDEMIC

<b>Date:</b> June 30, 2020	<b>Subtopic(s):</b> SNAP Recertification
<p>Refer to <a href="#">PB#20-27-ELI</a></p> <p>Refer to <a href="#">PB#17-13-OPE</a> and <a href="#">PD#15-30-SYS</a></p> <p>Refer to <a href="#">PB#20-18-ELI</a></p>	<p>The purpose of this policy bulletin is to inform Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff on how to handle SNAP recertification cases due to the coronavirus (COVID-19) pandemic. This policy bulletin is informational for all other staff.</p> <p>The Office of Temporary and Disability Assistance (OTDA) has advised that recertification periods for SNAP cases with authorization periods expiring at the end of March, April, May, June, and July 2020 are automatically extended in the Welfare Management System (WMS) for six months.</p> <p>For recertification periods expiring on August 31, 2020, the SNAP recertification application/form can be completed in a paperless format, the electronic recertification application (<b>E-Recert</b>), or in a paper format, the Supplemental Nutrition Assistance Program Application/Recertification (<b>LDSS-4826</b>) form. The <b>E-Recert</b> is completed and submitted online through ACCESS NYC.</p> <p>Once the electronic SNAP recertification application/form is completed, it resides in the <b>E-Recert</b> queue. A supervisor will assign cases to the Worker. The Worker will review the case, and complete interviews as needed. For cases where an interview is not required and there are unindexed documents, the Worker must index the documents to ensure the participant does not receive a phone call to be interviewed.</p> <p><u>Interview Required</u></p> <p>An interview is only required in limited circumstances when:</p> <ul style="list-style-type: none"> <li>The applicant's identity is not verified (including no validation</li> </ul>

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

of the submitted Social Security Number [SSN]), not all of the mandatory verification documents are provided, but the applicant did screen as eligible for expedited SNAP (ESNAP) processing.

- The applicant's identity is not verified, not all of the mandatory verification documents are provided, and the applicant screens as ineligible for ESNAP processing.

Refer to PB#17-13-OPE  
and PD#15-30-SYS

If an interview is required, the Worker will call the participant. If the participant answers the telephone and completes the recertification interview, the Worker will continue as per normal process. Please refer to PB#17-13-OPE and PD#15-30-SYS.

If an interview is required and the Worker is unable to contact the participant and conduct an interview, the Worker must go through the Streamlined Paperless Office System (SPOS) Interview Activity, defer for any missing documentation by generating the Action is Required! You Must Submit Documents For Your SNAP Case (**FIA-1146**), and indicate the contact attempt was unsuccessful in the Print Forms activity. This indication will trigger the system to automatically send the household the revised Supplemental Nutrition Assistance Program (SNAP) Notice of Required Telephone Interview (**FIA-1152d**) form.

The **FIA-1152d** was revised to include recertification interviews as a selection on the notice of required interview. This version of the form will be available for applications and recertifications while the On-Demand interview process is disabled.

Refer to PB#20-18-ELI  
and PB#20-25-ELI

The **FIA-1152d** form informs the participant that their recertification form for SNAP benefits was received, and an interview is needed to continue receiving SNAP benefits. This notice lets the participant know that we will attempt to call them. It also advises them that if we have the wrong telephone number, the participant should update it in ACCESS HRA. The **FIA-1152d** also includes the DSS Infoline telephone number (718-557-1399) for participants to call. Infoline will take the participant's information, including a preferred time when the participant may be available for an interview, although no guaranteed appointment slots are being provided. Infoline will forward an Internet Quorum (IQ) workflow to SNAP operations.

For cases where staff are unable to reach the participant, supervisors will move the case to the Missed Interview Queue (**MISSEDRECERT [WMS Center ID]**). For example, for a case from Waverly SNAP Center, the queue name will be **MISSEDRECERT F19**. Supervisors will pull cases from the Missed Interview Queue to

be assigned to the Worker.

#### No Interview Required

Refer to PD#09-43-SYS  
and PB#20-18-ELI

For recertifications, the Resource File Integration (RFI) match information should have already been posted, and the Worker should resolve any issues prior to completing the recertification interview. If no interview is required, the Worker does not need to wait for RFI match information and can process the case to completion if all documents are present. The Worker must ensure that all unindexed documents are indexed.

**Note:** If a new household member is being added to the case, then the Worker must wait 72 hours for the RFI match information before completing the recertification interview. If all documents are present for the new household member, no interview is required.

#### Recertification Deferrals

Refer to PB#17-13-OPE  
and PD#15-30-SYS

If the case is deferred, the participant will be sent the **FIA-1146** form, and the case will be moved to the deferral queue. The Worker will continue as per normal process. Please refer to PB#17-13-OPE and PD#15-30-SYS.

#### Failure to Recertify Processing

As part of the COVID-19 response, the Family Independence Administration (FIA) has requested changes to the monthly automated process that posts the SNAP **Y10** (Failure to Recertify [No Notice Required]) and **Y13** (Failure to Keep Recertification Appointment [No Notice Required]) closing codes to New York State Welfare Management System (WMS) for cases that fail to complete the recertification. The monthly automated process runs on the 15<sup>th</sup> day of the certification month or on the next business day after the 15<sup>th</sup>, if that day is a weekend or holiday.

The process to determine the cases that will receive closing code **Y10** will remain the same, as it applies to participants that did not submit their SNAP recertification form and did not complete their recertification.

The process to determine the cases that will receive closing code Y13 process has been updated to retrieve the following cases:

- A recertification interview is pending in a missed interview queue; and

- The **FIA-1152d** notice was generated during the interview month or certification month.

These cases will have their appointment status changed to FAIL on the SNAP Recertification Log and will have the closing code **Y13** posted.

*Effective Immediately*

**Related Items:**

- [PB#17-13-OPE](#)
- [PB#20-18-ELI](#)
- [PB#20-25-ELI](#)
- [PB#20-27-ELI](#)
- [PD#09-43-SYS](#)
- [PD#15-30-SYS](#)

**Attachments:**

- |                      |  |
|----------------------|--|
| <b>FIA-1146 (E)</b>  | Action is Required! You Must Submit Documents For Your SNAP Case (Rev. 11/5/18)                                  |
| <b>FIA-1146 (S)</b>  | Action is Required! You Must Submit Documents For Your SNAP Case (Spanish) (Rev. 11/5/18)                        |
| <b>FIA-1152d (E)</b> | Supplemental Nutrition Assistance Program (SNAP) Notice of Required Telephone Interview (Rev. 5/13/20)           |
| <b>FIA-1152d (S)</b> | Supplemental Nutrition Assistance Program (SNAP) Notice of Required Telephone Interview (Spanish) (Rev. 5/13/20) |



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

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

Case Number: \_\_\_\_\_

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

SNAP Filing Date: \_\_\_\_\_

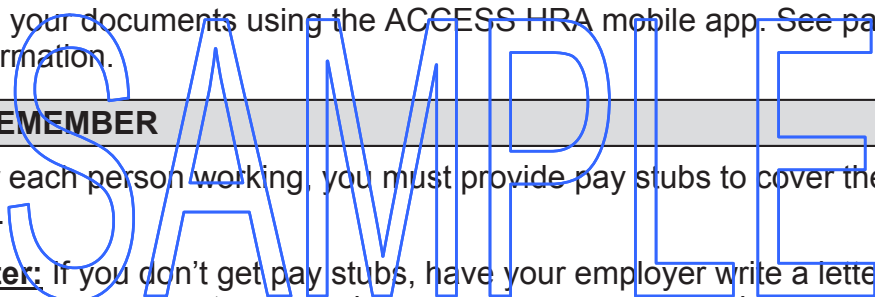
### You Must Submit Documents For Your SNAP Case!

You must provide ALL of the document(s) on the following pages by \_\_\_\_\_.

If we do not get the document(s) or you do not contact us by this date, your application for SNAP benefits may be denied or your SNAP benefits may be lowered. If you need help getting your document(s), or need more time, call us right away at 718-557-1399.

#### WHAT ARE MY NEXT STEPS?

1. **COLLECT** the documents listed in this letter.
2. **UPLOAD** your documents using the ACCESS HRA mobile app. See page two (2) for more information.



#### THINGS TO REMEMBER

**Pay Stubs:** for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.

**Employer Letter:** If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer must sign and date it.

**Landlord or Primary Tenant Letter:** must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.

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## HOW CAN I SUBMIT THE DOCUMENTS?



**UPLOAD** (*easiest!*) — use your mobile phone or tablet with our *ACCESS HRA* mobile app at: [www.nyc.gov/accesshramobile](http://www.nyc.gov/accesshramobile)



**IN PERSON** — bring copies of the documents to your local SNAP Center or a neighborhood organization listed on the **FIA-1138**



**FAX** documents to **917-639-2483**



**MAIL** copies using envelope provided

**Note:** Print your full name and case number on ALL copies that you mail or fax. Include a cover page for your fax.

Review the enclosed SNAP DOCUMENTATION GUIDE (**W-129G**) to know which documents you can use. Documents must be submitted for each household member listed in each category.

SAMPLE

**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.

(Turn page)

### List of Documents That Must Be Submitted

**Note:** Print your full name and case number on ALL copies that you mail or fax. Include a cover page for your fax.

	<u>Category</u>	<u>Household Member(s)</u>	<u>Common Documentation</u>

SAMPLE

<b>LEGEND</b>
<p><b>M</b> – This information is required to make a decision on your application.</p> <p><b>O</b> – This information may affect if you are eligible for SNAP or the amount you will get.</p>

**(Turn page)**

**List of Documents That Must Be Submitted** *(continued)*

	<u>Category</u>	<u>Household Member(s)</u>	<u>Common Documentation</u>

SAMPLE

<b>LEGEND</b>
<p><b>M</b> – This information is required to make a decision on your application. <b>O</b> – This information may affect if you are eligible for SNAP or the amount you will get.</p>





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

Nombre del caso: \_\_\_\_\_

Número de caso: \_\_\_\_\_

Número del centro: \_\_\_\_\_

Fecha  
de presentación  
de SNAP: \_\_\_\_\_

## ¡Usted Debe Presentar Documentos para su Caso de SNAP!

Usted debe proporcionar el documento/TODOS los documentos mencionados en las siguientes páginas de aquí al \_\_\_\_\_.

Si nosotros no recibimos el/los documento(s) o si usted no se comunica con nosotros para esta fecha, su solicitud de **beneficios de SNAP puede ser rechazada** los beneficios de SNAP pueden ser reducidos. Si necesita ayuda para obtener documento(s) o si necesita más tiempo, llámenos de inmediato al **718-557-1399**.

### ¿QUÉ PRÓXIMOS PASOS DEBO DAR?

1. **REÚNA** los documentos listados en esta carta.
2. **CARGUE** los documentos mediante la aplicación móvil ACCESS HRA. Vea la página dos (2) para más información.

### LO QUE TIENE QUE RECORDAR

**Talones de paga:** usted debe proporcionar talones de paga de cada persona que trabaje, para cubrir las últimas **4 semanas** de paga.

**Carta del empleador:** Si usted no recibe talones de paga, encárguese de que su empleador escriba una carta que declare la cantidad y frecuencia de su paga y el nombre de la compañía y número de teléfono. Su empleador tiene que **firmar y fechar** esta carta.

**Carta del arrendador o del inquilino principal:** debe estar firmada, fechada e incluir:

- la cantidad de alquiler que se le cobra;
- si usted paga al arrendador o al inquilino principal por calefacción/aire acondicionado u otro servicio público aparte del alquiler, y en tal caso, la cantidad pagada;
- el número de personas en su hogar y;
- el nombre y número de teléfono del arrendador.

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## ¿CÓMO PRESENTO LOS DOCUMENTOS?



**CARGAR** (*¡Más sencillo!*) — utilice su teléfono móvil o tableta con nuestra aplicación móvil *ACCESS HRA* en: [www.nyc.gov/accesshramobile](http://www.nyc.gov/accesshramobile)



**EN PERSONA** — traiga copias de los documentos a su centro local de SNAP o a una organización local listada en el **FIA-1138 (S)**



**FAXEAR** los documentos al **917-639-2483**



**ENVIAR POR CORREO** copias en el sobre proveído

**Nota:** Escriba su nombre completo y número de caso en letra de molde en TODAS las copias que envíe por correo o por fax. Incluya una página adjunta con el fax.

Repase la Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP) (**W-129G (S)**) para averiguar qué documentos puede utilizar. Los documentos deben presentarse para cada miembro del hogar listado en cada categoría.

**¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**(Voltee la página)**

### Lista de documentos que se deben presentar

**Nota:** Escriba su nombre completo y número de caso en letra de molde en TODAS las copias que envíe por correo o por fax. Incluya una página adjunta con el fax.

	<u>Categoría</u>	<u>Integrante(s) del hogar</u>	<u>Documentación común</u>

SAMPLE

<b>LEYENDA</b>
<b>M</b> – Esta información es necesaria para tomar una decisión sobre su solicitud.
<b>O</b> – Esta información podría afectar su elegibilidad para SNAP o la cantidad que usted recibirá.

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**Lista de documentos que se deben presentar**(*continuación*)

	<u>Categoría</u>	<u>Integrante(s) del hogar</u>	<u>Documentación común</u>

SAMPLE

<b>LEYENDA</b>
<b>M</b> – Esta información es necesaria para tomar una decisión sobre su solicitud. <b>O</b> – Esta información podría afectar su elegibilidad para SNAP o la cantidad que usted recibirá.



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

**Supplemental Nutrition Assistance Program (SNAP)  
Notice of Required Telephone Interview**

- You recently submitted your application for SNAP benefits. To see if you can get SNAP benefits, you must have an interview.
- You recently submitted your recertification form for SNAP benefits. To see if you can keep receiving SNAP benefits, you must have an interview.

**We tried to reach you on \_\_\_\_\_ at the telephone number(s) you gave us on your application.**

We will try calling you again at the same number(s), before making a decision on your case. Please be sure to monitor your phone and answer incoming calls, even those from blocked numbers.

If you want us to call you at a different number, please update your contact information on ACCESS HRA at [nyc.gov/accesshra](http://nyc.gov/accesshra) or on the mobile app at [nyc.gov/accesshramobile](http://nyc.gov/accesshramobile).

**You must be interviewed, or you will be denied ongoing SNAP benefits on**

\_\_\_\_\_.

If you missed our call or have questions, please contact DSS InfoLine at **718-557-1399**.

*The sending of this notice is based on 18 NYCRR 387.7*

**If you are in need of food, call 311  
to find the nearest place where you can get free food.**



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

Número de caso: \_\_\_\_\_

Nombre del caso: \_\_\_\_\_

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

## Programa de Asistencia de Nutrición Suplementaria (SNAP) Aviso de entrevista telefónica requerida

- Usted presentó recientemente una solicitud para obtener los beneficios de *SNAP*. Para verificar si usted puede recibir los beneficios de *SNAP*, primero debe ser entrevistado(a).
- Usted presentó recientemente el formulario de recertificación para los beneficios de *SNAP*. Para verificar si puede seguir recibiendo los beneficios de *SNAP*, primero debe ser entrevistado(a).

**Hemos tratado de comunicarnos con usted el día \_\_\_\_\_ al número de teléfono que nos proporcionó en su solicitud.**

Antes de tomar una decisión acerca de su caso, intentaremos llamarlo(a) de nuevo al mismo número de teléfono. Favor de monitorear su teléfono y contestar las llamadas entrantes, incluso aquellas de números no identificados.

Si desea ser llamado(a) a otro número, favor de actualizar su información de contacto en *ACCESS HRA*, ya sea entrando a la página web [nyc.gov/accesshra](http://nyc.gov/accesshra) o a través de la aplicación móvil [nyc.gov/accesshramobile](http://nyc.gov/accesshramobile).

**Usted tiene que ser entrevistado(a) o se le denegarán los beneficios de *SNAP* a partir del \_\_\_\_\_.**

Si no pudo contestar nuestra llamada o si tiene preguntas, favor de llamar a la Línea informativa del DSS al **718-557-1399**.

*Se envía este aviso conforme a la ley 18 NYCRR 387.7*

**Si necesita alimentos, llame al 311  
para ubicar el lugar más cercano donde puede obtenerlos gratis.**