



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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## POLICY BULLETIN #21-68-ELI

### IMPLEMENTATION OF THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

<b>Date:</b> December 17, 2021	<b>Subtopics:</b> <b>SNAP, WMS, Application, Recertification</b>
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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

## Purpose

The purpose of this policy bulletin is to inform Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff of the implementation of the Elderly Simplified Application Project (ESAP). It is informational for all other staff.

## Background

Although New York State has the highest SNAP participation rate of any state among adults age 60 or older or disabled, historically, the participation rate among this population has been lower than among the general population. ESAP is designed to simplify the SNAP application, recertification, and verification process for aged and/or disabled adults to improve access to and prevent interruptions in the receipt of SNAP benefits for eligible households. SNAP applicants/participants are potentially eligible for ESAP if all adult household members are age 60 or older and/or disabled and have no earned income.

## Procedure

To ease access to and improve the participation of older and disabled adults in SNAP, New York State has been approved to implement and operate ESAP beginning on December 1, 2021.

## Eligibility, Certification Periods, and General Reporting Requirements

### Eligibility for ESAP

Participation in ESAP is limited to households where:

- all adult members are age 60 or older and/or disabled and are not otherwise eligible to participate in the New York State Combined Application Project (NYSCAP), formerly known as the New York State Nutrition Improvement Project (NYSNIP); and
- no household members have any budgeted earned income.

ESAP eligibility

## Definitions

Definitions for ESAP

For the purposes of ESAP, the following definitions apply:

- “Adult” is an individual age 18 or older.
- “Senior/aged/elderly” is an individual age 60 or older.
- “Disabled” is defined with the same criteria used to assign the aged/disabled (A/D) indicator of “X” for the household. To be considered disabled, an individual must be in receipt of Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits or receiving other federal or state-administered disability or blindness benefits considered permanent under the Social Security Act or other standard, provided that the eligibility to receive these benefits is based upon disability criteria which are at least as stringent as those used under Title XVI of the Social Security Act.

Additionally, single individuals in receipt of SSI who are eligible for both ESAP and NYSCAP are required to be enrolled in NYSCAP.

ESAP Certification Periods

Th certification period is up to 36 months for ESAP-eligible households

ESAP-eligible households may have certification periods of up to 36 months. Systems that previously limited certification periods to 24 months have been modified to permit maximum certification periods of 36 months.

Change Reporting

For more information on the change report, please refer to the NYC Supplemental Nutrition Assistance Program (SNAP) Change Reporting Desk-Aid the **(LDSS-4908-NYC)**

ESAP-eligible households have specific reporting requirements which are defined in the [Other Reporting Requirements](#) section of this policy document. At the midpoint of the certification period, SNAP households participating in ESAP will be sent the Supplemental Nutrition Assistance (SNAP) Change Report Form **(LDSS-3151)** to facilitate and encourage the reporting of changes beneficial to the household.

**Application and Recertification for ESAP**

New SNAP application/recertification form

The new simplified Application/Recertification for Supplemental Nutrition Assistance (SNAP) Benefits **(LDSS-5166)** form was developed specifically for ESAP; however, ESAP households may apply or recertify for SNAP benefits using any currently available SNAP application/recertification form.

The **LDSS-5166** form can be used by any household and must not be restricted only to applicants/participants who appear to be eligible for ESAP or those who are participating in ESAP. The **LDSS-5166** is an equivalent form to the SNAP Application/Recertification Form (**LDSS-4826**) and must be accepted as such.

**Note:** The Streamlined Paperless Office System (SPOS) was updated to include the acceptable use of the **LDSS-5166**.

Households potentially eligible to participate in ESAP, like any SNAP applicant household, may apply or recertify for SNAP benefits online or by paper application; however, it is recommended that households that appear to meet the criteria for ESAP and who request a paper application be offered the use of the **LDSS-5166**.

**Note:** Use of the **LDSS-5166** by a household does not guarantee eligibility for ESAP. If a household using the **LDSS-5166** form does not qualify to be included in ESAP, they may be eligible for regular SNAP benefits and should be evaluated and processed accordingly.

Regardless of which online or paper application or recertification form a household uses to apply or recertify for SNAP, all applications and recertifications must be evaluated independently to determine whether a household should be included in or remain in ESAP.

Households that meet the criteria to participate in ESAP must be coded so that their case can have a certification period of up to 36 months. In the Welfare Management System (WMS), this process will be mostly automated when a case action is taken on a household that meets the ESAP criteria. If an external budget is entered for the household, it will be evaluated for ESAP and the appropriate coding will be applied.

### ESAP Leavers

The term “Leavers” refers to ESAP households that no longer meet the eligibility criteria for the program (e.g., an adult in the household who begins receiving earned income). ESAP Leavers who remain eligible for SNAP will be transitioned to regular SNAP, but would retain the balance of their original ESAP 36-month certification period until the next recertification. In other words, certification periods for households leaving ESAP during the certification period may not be shortened. At the household’s next recertification, it would receive a new certification period appropriate to its circumstances at that time.

Households that are no longer eligible for ESAP

Aside from retaining the balance of their original certification period, no other flexibilities of ESAP will be extended to households that leave ESAP. The household would be subject to the regular reporting requirements that apply to the household based on the circumstances when it leaves ESAP. For example, a leaver household subject to the simplified (“six-month”) reporting requirements would then receive Periodic Reports at the scheduled intervals for the remainder of their certification period and would be obligated to return them and have them processed according to established procedures.

ESAP households that are no longer eligible for SNAP

ESAP households that are no longer eligible for SNAP would have their case closed and are not considered “Leavers.” If those households subsequently reapply, eligibility for SNAP and ESAP would need to be evaluated at that time based on current household circumstances. Please refer to the [Systems Updates](#) section of this procedure for information regarding the codes to be used.

## **Application and Recertification Interviews**

### Applications

SNAP will continue conducting the Application Interview

Initial application interview requirements for households that appear to be eligible for ESAP are the same as for any SNAP applicant household. Staff must conduct an application interview for all SNAP applicant households at the initial application. Based on the information received on the application, applicants/participants who appear eligible for expedited service will be processed under standard expedited timeframes and processes.

Refer to [PD #14-13-OPE](#) for expedited SNAP processing rules

### Recertifications

ESAP households will receive an ESAP-specific Notice of Expiration (NOE) informing them that a recertification interview is not required but may be requested, as well as instructions on how to request an interview. ESAP households are not required to complete a recertification interview and staff must determine eligibility for ongoing SNAP eligibility if the household submits a completed recertification application and any required verification.

When staff must offer ESAP households a recertification interview.

However, staff are required to offer ESAP households a recertification interview in the following situations:

- Before an ESAP recertification application may be denied for any reason other than failure to submit a recertification application, staff must offer the household an interview before denying the application for recertification and closing the case. If no application has been submitted for recertification, an ESAP case may be closed for failure to recertify, like any other SNAP case.
- If information on the ESAP recertification application is questionable and further clarification is needed, the household must receive notification of a scheduled appointment for, or instructions on how to complete, a telephone interview.
- Upon request for an interview by the ESAP household.

Staff must offer a recertification interview before denying any ESAP recertification application.

Staff may not deny an ESAP recertification application without first offering a recertification interview.

CNS language has been created to notify ESAP households that their SNAP case will close at recertification and that they must complete an interview to determine if they are still eligible. This information is similar to the existing Notice of Decision On Your Supplemental Nutrition Assistance (**Z79**) notice, but it contains ESAP-specific language that explains the necessity of an interview at this time, as well as instructions on where to call to complete an interview over the phone. This language will be inserted into recertification closing notices sent to any ESAP household with the exception of cases being closed for failure to recertify. The closing transaction would be placed in lockdown status for ten (10) days to allow the household enough time to respond.

### **Verification Process**

To help improve participation in SNAP for ESAP-eligible households, to the extent possible, staff must use available electronic verification sources described below to obtain required verification for ESAP households. Additionally, unless questionable, participating ESAP households may self-declare expenses for the Standard Utility Allowance (SUA) and other shelter-related expenses (e.g., rent or mortgage, taxes, and insurance on the dwelling).

Proof that ESAP households must provide

Participating ESAP households are required to provide proof of:

- residency,
- out-of-pocket medical expenses,
- non-federal or state sources of unearned income, and
- any questionable information.

#### Computer Matches and Systems for Verification

Staff must use these systems to verify the ESAP household's circumstances

To the extent possible and consistent with the verification requirements and needs of the particular application or recertification, staff must use the following computer matches and systems to verify the circumstances of ESAP-eligible households, including unearned income, date of birth (DOB), and Social Security number (SSN) and, if appropriate, to ensure that the household has no earned income:

- The State Data Exchange (SDX)
- Beneficiary Earning and Data Exchange (BENDEX) matches
- State On-Line Query (SOLQ) system with the Social Security Administration to verify unearned income, SSN and DOB.
- Direct access to Unemployment Insurance Benefit (UIB) information to identify and verify UIB income and amount.
- TALX/The Work Number Service (TALX), to prevent the participation of households with earned income.
- Systematic Alien Verification for Entitlements (SAVE) program to verify the immigration status of non-citizens.
- "ASSETS" system to identify and verify Child Support payment income and amounts.

Additionally, HRA will use its Information Verification System (IVS) to conduct the following matches for participating ESAP households:

- FISA, a database of City employees and their income, will be used to prevent the participation of households with earned income.
- Automated Child Care Information System (ACCIS), a database of child-care providers who receive child-care income from the City, will be used to prevent the participation of households with earned income.

- Department of Health and Mental Hygiene Vital Statistics Match will be used to track and verify the death of ESAP participants.
- New York City Housing Authority (NYCHA) match will be used to verify residency and shelter expenses of people living in NYCHA housing.
- Department of Housing Preservation and Development (HPD) match will be used to verify the residency and shelter expenses of people living in temporary housing and shelters in NYC.

### **Non-Mandatory Interim Report**

The Interim Report is voluntary

Accurate coding will ensure that the household will receive an Interim Report, which is the SNAP Change Report Form (**LDSS-3151**), at the midpoint in their certification period. The household may voluntarily return the **LDSS-3151** if they have changes to report at that time. Negative action cannot be taken against an ESAP household that does not return this non-mandatory Interim Report.

How to process reported changes

Changes that are reported by the household that would increase its SNAP benefit must be acted upon; however, these changes must be verified, either using system resources and data matches or, if necessary, by documents which the household would provide. Negative action cannot be taken against a household for failure to verify these changes, but they should be further explored at the next recertification.

### **Other Reporting Requirements**

ESAP households have specific reporting requirements defined by the federal waiver. With the following exceptions, households participating in ESAP only have to report most changes at the next recertification. The following changes, however, must be reported within ten (10) days of the beginning of the month following the month in which such a change occurs:



Changes that ESAP households must report

- Changes in Household Composition

Whenever an individual leaves, or is added to, an ESAP household, this should be reported as it may affect the household's eligibility for ESAP. All adults in an ESAP household must be elderly (age 60 or over) and/or disabled. If all adults in the household are not either age 60 or over and/or disabled, the household is no longer eligible for ESAP and should be transitioned to regular SNAP, provided they are eligible, using the appropriate Client Notices System (CNS) code.

- Receipt of Earned Income

If any member of an ESAP household begins receiving earned income this should be reported. Households with budgeted earned income are not eligible for ESAP. An ESAP household that begins receiving budgeted earned income would retain the balance of the existing 36-month certification period but would be transitioned to regular SNAP if they remain eligible.

- Substantial Lottery or Gambling Winnings

Federal regulations require that all SNAP households must report the receipt of substantial lottery or gambling winnings. Substantial lottery or gambling winnings are defined as a cash prize equal to or greater than the maximum allowable financial resource limit for elderly or disabled households, which is currently \$3,750.00, as defined in 7 CFR 273.8(b), won in a single game before taxes or other withholdings. For the purposes of this provision, the resource limit defined in 7 CFR 273.8(b) applies to all households, including non-elderly or disabled households, with substantial lottery and gambling winnings.

When a household reports substantial lottery or gambling winnings as defined above, the following should be verified before acting on a case:

- the household received lottery or gambling winnings, before taxes or other amounts are withheld, equal to or greater than the SNAP resource limit for elderly or disabled households. This amount is currently \$3,750.00.

- the amount received was a cash prize won in a single game. If multiple individuals shared in the purchase of a ticket, hand, or similar bet, only the portion of the winnings allocated to the member(s) of the SNAP household are considered.
- the substantial lottery or gambling winnings were won by an active member of the SNAP household.

No negative action may be taken against a household that reports the receipt of substantial lottery or gambling winnings until such information has been verified by staff as described above. If staff verifies that the household has received substantial lottery or gambling winnings, the entire SNAP case is closed using CNS code **U45** (Excess Resources- Increased Resources.)

Households disqualified for substantial winnings remain ineligible until they meet SNAP income and resource eligibility requirements. This provision applies to all households, including categorically eligible Safety Net (SN), SSI, and Temporary Assistance for Needy Families (TANF) households, and those certified under Broad Based Categorical Eligibility (BBCE). The next time a household reapplies after losing eligibility under this rule, they would not be considered categorically eligible and would remain ineligible until they meet the applicable SNAP income and resource limits.

### **Overpayments and Claims for ESAP Households**

The calculation of any potential overpayment for an ESAP household and any corresponding claim should be processed according to standard claims procedures as described in 04-ADM-01, keeping in mind the special reporting requirements that apply to ESAP households as previously described. For households that leave the program, the applicable reporting requirements would be based on household circumstances at that time.

**Transitional Benefits Alternative (TBA)**

Households leaving Cash Assistance (CA) that are eligible to receive TBA but are also eligible to participate in ESAP must be allowed to receive TBA and should not be converted to ESAP until they have completed the balance of their TBA period. Generally, it is to the household's advantage to receive TBA, as TBA typically maximizes the benefits received by the household and there are no reporting requirements for the household during the TBA period.

At the end of the five-month TBA period, households receiving TBA must recertify and be found eligible in order to continue receiving SNAP benefits. At that time, the household must be evaluated to determine if it meets the criteria for ESAP.

**Note:** A household receiving TBA may also request early recertification, prior to the end of the TBA period, if circumstances have further changed to an extent that would result in a SNAP benefit amount higher than the TBA amount, and any changes are verified.

Households will automatically be evaluated for ESAP criteria the next time a budget is entered, and appropriate ESAP coding is applied in WMS. If the household is eligible for ESAP, they would then receive the 36-month certification period.

**Other Separate Determinations**

Households leaving CA that are not eligible to receive TBA may still be eligible to receive SNAP benefits. Staff must determine the household's continued eligibility based on normal SNAP separate determination procedures. Staff are reminded that this must be accomplished without shortening the certification period or requiring households to report for an in-office interview.

In WMS, the separate determination process is mostly automated. All SNAP Only cases (Separate Determination cases at SNAP center 15 from closed CA/SNAP) generated by Harris processes will be evaluated for ESAP criteria. Households will be evaluated for ESAP the next time a budget is entered, and appropriate ESAP coding will then be applied. If the household is eligible for ESAP, they would then receive the 36-month certification period. Staff will issue notices using CNS codes developed for ESAP.

## Systems Updates

New codes for ESAP households

New codes have been made available to identify ESAP households, as well as those households that are no longer ESAP-eligible but remain eligible for SNAP, and to process ESAP cases and provide appropriate notices to these households.

ESAP cases will be identified using A/D (aged/disabled) indicator codes, and new FR (Food Stamp Reporting) indicator codes.

A new FR value of “**X**”, labeled “ESAP” has been created to identify ESAP cases. It will be generated on a case when all adult household members aged 18 or older have an A/D indicator of **X** and are not eligible for NYSNIP or NYSCAP, have an active (**AC**) status, and no household member receives earned income. Children under the age of 18 may be present in the household.

Eligible shelter type codes

Eligible shelter types are as follows:

- **01** - (Unfurnished Apartment or Room)
- **02** - (NYCHA Apartment – Utilities Included)
- **03** - (Own Home [Includes Trailer])
- **06** - (Hotel/Motel Temporary)
- **11** - (Room Only)
- **13** - (Residential Programs For Victims Of Domestic Violence [Less than 3 Meals Per Day],
- **14** - (Residential Programs For Victims Of Domestic Violence [3 Meals Per Day])
- **23** - (Undomiciled)
- **24** - (NYCHA Apartment - Utilities Not Included),
- **25** - (Rented Private Home)
- **26** - (Furnished Apartment)
- **30** - (Scatter Site Homeless Housing Non Tier I/Non Tier II Less than 3 meals daily)
- **33** - (Homeless Shelter -Tier I or Tier II [Less Than 3 meals Per Day])
- **34** - (Homeless Shelter-Tier II [Three Meals Per Day])
- **35** - (Homeless Shelter-Non Tier I Non Tier II)
- **38** - (Subsidized Housing - Deep Subsidy -Voucher Program/Project Based Section 8)
- **39** - (Subsidized Housing - Shallow Subsidy - Section 236/Section 202)
- **40** - (NYCHA/Section 8 Voucher - 30% Limit)

**Note:** Congregate Care and Group Living Facilities are not eligible for ESAP.

A new A/D indicator code value of “L”, labeled “ESAP Ineligible” will be entered by SPOS when appropriate if the case no longer meets the criteria for ESAP, but remains eligible for SNAP. This value will be entered when staff process a case outside of SPOS, such as Classic POS or via a manual action in the Paperless Alternate Module (PAM).

ESAP ineligible scenarios include the following:

- All adult members of the household aged 60 or older and/or disabled move out of the household or die.
- Earned income is added to the budget.
- A child in the household turns 18 years old and is considered an able-bodied adult, or an able-bodied adult is added to the household.

A new FR value of “L”, labeled “ESAP Ineligible” has been created to identify cases that will leave ESAP but remain eligible for SNAP. It will be generated when an A/D indicator of “L” is present on any line of the budget.

**Note:** ESAP cases are identified in the SNAP Citywide Recertification Report in the POS Management Console. These cases are in the **Monthly Reporting Code** field.

### **New Opening and Closing Codes for ESAP**

The following codes have been added for ESAP:

- **A75** - Approval ESAP
- **A76** - 1st Month Prorate – Applied BEFORE the 16th - ESAP
- **A77** - 1st Month Prorate – Applied AFTER the 15th – ESAP
- **A78** - Eligible in Succeeding Months - ESAP

### **New POS Queues**

New ESAP processing queues will be added for each home center in POS. For example, the East End SNAP Center 02 will have a queue for cases named **ESAP Processing F02**. The activity placed in the queue is the **SNAP Recertification Interview**.

Cases will be loaded to the queue when the **LDSS-5166** is received for an ESAP case in the recertification scheduling, interview, or processing month.

New opening and closing codes

New ESAP POS queue

New brochure on deducting medical expenses

## **New Brochure on Medical Expenses**

It's Easy for Older and Disabled Adults to Get SNAP – Deducting Medical Expenses for SNAP (**PUB-5176**) is a new brochure that has been developed to assist ESAP households with understanding the role certain allowable medical expenses may have on their SNAP benefit amount. **PUB-5176** explains that certain verified out-of-pocket medical costs that total more than \$35 can be deducted from countable income, which could result in some recipients receiving additional SNAP benefits each month. Additionally, the brochure provides examples of medical costs that can be deducted, and it contains information about the simplified application process for ESAP and what information may be needed to complete the application.

*Effective Immediately*

### **References:**

21 TA/DC079  
04-ADM-01  
20-ADM-14

### **Related Items:**

[PD #14-13-OPE](#)  
[PB #17-12-ELI](#)  
[PB #21-55-SYS](#)  
[PB #21-60-OPE](#)

### **Attachments:**

<b>PUB-5176 (E)</b>	It's Easy for Older and Disabled Adults to Get SNAP – Deducting Medical Expenses for SNAP (Rev. 1/21)
<b>LDSS-3151 (E)</b>	Supplemental Nutrition Assistance (SNAP) Change Report Form (Rev. 2/18)
<b>LDSS-5166 (E)</b>	Application/Recertification for Supplemental Nutrition Assistance (SNAP) Benefits (Rev. 9/20)
<b>LDSS-5181 (E)</b>	ESAP Recertification Interview Required Letter (Rev. 6/21)
<b>LDSS-4908-NYC</b>	NYC Supplemental Nutrition Assistance Program (SNAP) Change Reporting Desk-Aid (Rev. 10/21)

# It's Easy for Older and Disabled Adults to Get SNAP



## Deducting Medical Expenses for SNAP



**SNAP**  
Supplemental Nutrition  
Assistance Program

A Program of the Office of Temporary and Disability Assistance

# SNAP: Deducting Medical Expenses



Supplemental Nutrition Assistance Program (SNAP) applicants or recipients who are age 60 or older, or disabled, can have certain allowable medical expenses deducted from their income calculation. Certain verified out-of-pocket medical costs that total more than \$35 can be deducted from countable income which could result in some recipients receiving additional SNAP benefits each month.

Specific medical costs can be subtracted from income, provided these expenses are verified by the local social services district. Once verified, these expenses do not need to be reviewed again unless they change. Any change in expenses should be reported in case further verification is required. One-time medical expenses may also qualify as deductions and should also be reported.

## The following are examples of some of the costs that can be deducted:

**Health Insurance Costs** – Both premiums and deductibles.

**Non-Reimbursed Medical Costs** – Out-of-pocket costs for doctor or clinic visits, dental care, physical therapy, and emergency room, hospitalization, or outpatient care that is not paid for by insurance, Medicare, or Medicaid.

**Prescription Drugs** – Out-of-pocket costs for prescription drugs and delivery.

**Over-the-Counter Medicine** – Medications such as pain relievers, antacids, and insulin that are prescribed or approved by a qualified health care provider.

**Health Related Supplies** – Hearing aids, prescription eyeglasses/contact lenses, dentures, foot care supplies, and adult diapers.

**Health Equipment** – Wheelchairs or mobility aids, prosthetics, personal emergency response systems, communication equipment for the hearing or visually impaired, and sick room equipment.

**Medical Transportation** – Personal vehicle mileage and bus, subway, or taxi fare to a medical appointment or pharmacy.

**Home Health Care** – Home health or adult day care as related to age or disability.

**Alternative Medical Treatments** – Prescribed treatments such as chiropractic, acupuncture, or massage therapy.

**Service Animals** – Expenses related to service animals, including veterinary bills and food supplies.



## Applying for SNAP is now easier than ever

- Households where all adults are 60 or older, or are disabled, are potentially eligible to use a simplified application to qualify for SNAP, provided no household member is receiving earned income. Children can be included in such cases.
- There is a streamlined application for SNAP that has been specifically designed with these households in mind, as part of an Elderly Simplified Application Project (ESAP). It is shorter than other applications and requires less information to complete.
- ESAP households will only need to recertify every three years, and usually will not be required to be interviewed when they do.
- Only certain changes will need to be reported by ESAP households. They will also receive an interim report halfway through their certification period that they can use to voluntarily report any other changes in their household circumstances. However, ESAP households are not required to return this report.



## What Information Will You Need to Complete Your Application?

- Your name, date of birth, and address (if you have one)
- Social Security number
- The names and ages of people who live with you
- Your total household income
- Your monthly expenses

Please remember to sign your application and to submit only **copies** of documents – keep your originals!

*Under law and regulation, all personal information and documents collected during the application process must be kept secure and confidential.*



**Are all adults in your household 60 years of age or older or disabled? It's easier than ever to apply for SNAP!**

Every day, older and disabled adults just like you use SNAP benefits to buy nutritious food to stay healthy.



A simplified application, the LDSS-5166, has been developed with ESAP households in mind. Look for it at your local department of social services.

Check your eligibility for a range of benefits and apply for SNAP at

**[myBenefits.ny.gov](https://myBenefits.ny.gov)**

For More Information

**800-342-3009**

This institution is an equal opportunity provider.



**Office of Temporary  
and Disability Assistance**

**[otda.ny.gov](https://otda.ny.gov)**

Pub-5176 (Rev. 01/21)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
CHANGE REPORT FORM**

*(Please Print Clearly)*

CASE NUMBER

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**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES  
ACCORDING TO THE RULES LISTED BELOW.**

DATE: \_\_\_\_\_

**COMPLETE THIS FORM AND MAIL TO:**

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR RESPONSIBILITY TO REPORT CHANGES**

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance Program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".**

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

**SIMPLIFIED REPORTING RULES:** As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

- **If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

- **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a Periodic Report form that you **MUST** return within ten days after you receive the form. If your household has any of the changes listed below, you **MUST** report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2,250 (more than \$3,500 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), he/she **MUST** tell the district if their hours go below 80 hours each month within 10 days after the end of that month. The ABAWD can request a qualifying work activity from the district to help him/her meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, he/she should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes he/she should be exempt from the ABAWD requirement.

**CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of legally obligated **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat/air-conditioning costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or **savings institution** if the total cash and savings of all household members now amounts to more than \$2,250 for a household **without** an elderly or permanently disabled household member **or** \$3,500 for a household **with** an elderly or permanently disabled household member.
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), he/she **MUST** tell the district if their hours go below 80 hours each month within 10 days after the end of that month. The ABAWD can request a qualifying work activity from the district to help him/her meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, he/she should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes he/she should be exempt from the ABAWD requirement.
- Any changes in your household that would result in a penalty as described on page 6

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP CHANGE REPORTING for participants in NYSNIP:**

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent, heat/air-conditioning costs, or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), he/she MUST tell the district if their hours go below 80 hours each month within 10 days after the end of that month. The ABAWD can request a qualifying work activity from the district to help him/her meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, he/she should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes he/she should be exempt from the ABAWD requirement.

This form should be mailed, faxed or brought to the agency listed above. If for some reason you can't mail, fax or bring in this form, you can also report the changes on-line through [myBenefits.ny.gov](http://myBenefits.ny.gov) or by calling us at the telephone number listed on Page 1 of this form.

**WITHDRAW FROM SNAP** - If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6).**

**Use the Form Below to Report Changes**

**CHANGE IN INCOME OR SOURCE OF INCOME** – If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2. If you are a Change Reporter, your reporting rules are also explained on Page 2.

NAME OF PERSON RECEIVING INCOME	NAME OF EMPLOYER OR SOURCE OF INCOME	NEW AMOUNT	TOTAL NUMBER OF HOURS WORKED PER WEEK, IF WORKING	HOW OFTEN RECEIVED
1.		\$		
2.		\$		
3.		\$		

**CHANGE IN HOUSEHOLD** - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.

NAME	DATE OF BIRTH	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	HOW OFTEN RECEIVED (weekly, bi-weekly, monthly)	TOTAL NUMBER OF HOURS WORKED PER WEEK, IF WORKING	SOURCE OF INCOME
1.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		
2.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		
3.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		
4.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$		

**CHANGE OF ADDRESS**

NEW MAILING ADDRESS	CITY	STATE	ZIP CODE
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)			TELEPHONE NUMBER WHERE YOU CAN BE REACHED ( ) AREA CODE

**CHANGE IN HOUSING COSTS** - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.

Are you a roomer or boarder?  YES  NO      If Yes, are meals  INCLUDED  NOT INCLUDED

RENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you pay rent?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
Do you pay for the following <b>separate</b> from your rent?	YES	NO		
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		
• Utilities (electricity, cooking gas, garbage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
MORTGAGE PAYMENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
Do you pay for the following <b>separate</b> from your mortgage:	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		
• Utilities (electricity, cooking gas, garbage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

Are you living in section 8 or other subsidized housing?  YES  NO      Are you living in public housing?  YES  NO

**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the **total** amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have **increased** to more than \$2,250 (more than \$3,500 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

**DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?**  YES  NO

If "NO" explain:

**CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD**  NO CHANGES

**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**BE SURE TO READ AND SIGN PAGE 6**

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

**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 of 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.

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 participation 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 controlled substances (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 or explosives, or drugs or to purchase food for individuals who are not members of the SNAP household.

If you get more SNAP benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future SNAP benefits that you get. If your case is closed, you may pay back the overpayment through any unused SNAP benefits remaining in your account, or you may pay cash.

If you have an overpayment that is not paid back, it will be referred for collection, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back to the overpayment. The debt will also be subject to processing charges.

Any SNAP benefits expunged from your EBT account will be used to reduce current overpayments. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

**CERTIFICATION**

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE

DATE

X



# Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

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.

## *When You Are Applying For SNAP*

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 2 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

## *When You Are Recertifying For SNAP*

- You must submit the signed and completed recertification application.

Remember to sign your application.

***Need SNAP Benefits Right Away? You May Be Eligible for Expedited Processing of your SNAP Application:***

If your household has little or no income or liquid resources, or if your rent and utility expenses are more than your income and liquid resources, or you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to get SNAP within 7 calendar days of the date you apply. When a resident of an institution is jointly applying for SSI and SNAP prior to leaving the institution, the recorded filing date of the application is the date of release of the applicant from the institution.

***Where You Can Apply For SNAP***

If you live **outside of** New York City, you can apply online at [myBenefits.ny.gov](http://myBenefits.ny.gov), or call or visit the social services district in the county where you live and ask for an application package, which can be mailed or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009**.

If you live in **New York City** and are NOT also applying for Temporary Assistance, you can apply online at Access HRA, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009**.

**Non-Discrimination Notice** – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio tape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider. **Do not mail your application to this address.**

**Remember to sign your application.**

# Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

## Application Information

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name (last, first, MI): \_\_\_\_\_

Daytime Phone Number(s) (with area code): \_\_\_\_\_

Home Address (Street, Apt #): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**Your Ethnicity/Race:** This information is collected to ensure that everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

**Ethnicity:** Hispanic or Latino?  Yes  No

**Race:** (check all that apply)

- American Indian or Alaska Native  Asian  Black or African American
- Native Hawaiian or Other Pacific Islander  White

**Spoken Language:** Please tell us the language that you speak

Are you a U.S. citizen:  Yes  No

Are you a resident of New York State?  Yes  No **Which County do you live in?** \_\_\_\_\_

**Do you have a special situation?** (Check all that apply to you.)

- Physical/Mental Impairment  Hearing Impaired  Visually Impaired
- Interpreter Required  Sign Language Required  Other: \_\_\_\_\_

Did someone help you complete this form?  Yes  No

Name of person assisting you: \_\_\_\_\_

Their phone number with area code: \_\_\_\_\_

## Household Information:

List the people who live with you:

Name (last, first, MI): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Gender Identity (optional):  Male  Female  Non-Binary  X  Transgender

Different Identity: \_\_\_\_\_

Name (last, first, MI): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Gender Identity (optional):  Male  Female  Non-Binary  X  Transgender

Different Identity: \_\_\_\_\_

Name (last, first, MI): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Gender Identity (optional):  Male  Female  Non-Binary  X  Transgender

Different Identity: \_\_\_\_\_

Do you or anyone else in your house receive any of the following types of income?			
Type of Income	Amount of Income	Frequency of Income	Name of Person Who Receives Income
Social Security			
SSI			
Pension			
Veteran's Benefits			
Workers' Compensation			
Wages			
Other			

Do you pay for dependent care expenses?  Yes  No

Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.?  Yes  No

How much do you pay for your rent or mortgage each month? \$ \_\_\_\_\_

Do you pay for any of the following:

- I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others.  Yes  No
- I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others.  Yes  No
- I have an air conditioner that I use in the summer, and I pay a fee to use it.  Yes  No
- I pay for electricity or gas or share this cost with others.  Yes  No
- I pay for phone service, including cell phone service (not a pre-paid phone).  Yes  No

**Authorized Representative** – You can authorize someone who knows your household circumstances to **apply** for SNAP for you. You can also authorize someone outside your household to get an authorized representative EBT card 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 below. When an Authorized Representative is applying on behalf of a SNAP household that does not reside in an institution, **both** the Authorized Representative and a responsible adult member of the SNAP household must sign and date the signature sections at the bottom of this page, unless the Authorized Representative has been otherwise designated by the household in writing.

**If you would like to authorize someone, print the person's name, address and telephone number, and sign below.**

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

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

Check this box if you want your authorized representative to get an EBT card to buy food for you.

**In order to be able to accept your application, you must sign and date below**

**Certification:** By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities" described on pages 4 – 6 of this application, and the answers in this application and any additional document I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Please see pages 4 – 6 which contain the "SNAP Penalty Warning" and your "Rights and Responsibilities".

**Your signature is required below to complete the application process.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Instructions for Completing the Application Form

- Try to answer as many questions as you can.
- On page 1 of the application form put your telephone number where you can be reached during weekdays or where a message can be left for you.
- **Remember to sign your name before you submit your application form.**
- Be sure to read the included Notice of Rights and Responsibilities and the SNAP Penalty Warning on the following pages.
- **You can file an incomplete application by filling in your name and address on the front and your signature on the back and completing the rest of the application later. This minimal information will establish your application filing date.**
- **SNAP benefits will be effective back to the date that you applied.**

**You must be interviewed:** We will review your application when it is received and will contact you to discuss the information you gave on your application.

**Note:** If we cannot reach you, you will receive a letter for a scheduled phone interview.

**You must submit verification:** During your interview, we will explain what verification and information you will need to give to receive SNAP benefits. We will send you a verification checklist with the items you need to provide. You have 30 days from the date that your application is received to give us the verification we need. Be sure to ask us for help if you are having difficulty obtaining these documents.

**Decision:** You will receive a decision on your application within 30 days.

## What Verification Will I Need to Submit?

These are most of the items you will need when applying for SNAP benefits:

- **Identification Showing Your Name and Address:**
- If you have no address, please tell us.
- **Proof of income.**
- An award letter or direct deposit statement of unearned income including interest income amounts and frequency of payments. If you are working, submit your last four weeks of pay stubs, direct deposit statements, or copies of checks.
- **Social Security Numbers for All Members Applying.**
- **Proof of Noncitizen Status** - If you are not a citizen, provide proof of legal noncitizen status.
- **Proof of Certain Expenses:** Although optional, if you provide proof of either of the following, your SNAP benefits could be higher.
  - **Medical Expenses** - If you or anyone in your household is age 60 or older or has a certified disability, *out-of-pocket medical expenses must be verified* with receipts for co-payments or premiums on health insurance, or receipts for dentures, eyeglasses, hearing aids, hearing aid batteries, prescription medications, doctor-prescribed pain relievers or over-the-counter drugs, and transportation to get to and from medical services.
  - **Child Support Payments** - Proof, such as court documents, of child support payments you pay to someone not living with you, and amount paid.

Also tell us if you have any of the expenses below (this is optional, but these could make your SNAP benefits higher):

1. **Housing Costs:** rent or mortgage payments, real estate taxes, or homeowners' insurance.
2. **Utilities:** air conditioning costs, home heating oil, gas for heating, wood or coal for heating, gas for cooking, electricity, telephone (including cell phones), or other utility expenses such as for water, sewer, or garbage disposal service.
3. **Dependent Care Expenses:** in-home or out-of-home care.

## Read the Important Information Below

**Sex and Gender Identity:** New York State ensures your right to access benefits and/or services regardless of sex, gender identity, or expression. You must report your sex and the sex of all household members as male or female. The sex you report here must be the same as what is currently on file with the United States Social Security Administration. The sex you report is needed to process your application. It will not appear on any benefit card you may receive or any other public-facing document.

Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Gender identity is not required for this application. If your gender identity, or the gender identity of anyone in your household, is different than the sex you report for that person and you would like to provide that person's gender identity, print "Male," "Female," "Non-Binary," "X," "Transgender," or "Different Identity" in the space provided. If you print "Different Identity," you may choose to describe that person's identity further in the space provided. Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received.

**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.

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 guilty of making a false 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 participation 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 controlled substances. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- All third SNAP-IPV 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 an 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.

**Overpayment** – If you get more SNAP benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future SNAP benefits that you get. If your case is closed, you may pay back the overpayment through any unused SNAP benefits remaining in your account, or you may pay by cash.

If you have an overpayment that is not paid back, it will be referred for collection, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any SNAP benefits expunged from your EBT account will be used to reduce current overpayments. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

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

I understand that by signing this application/certification, I consent to an investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company's low-income programs. I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

**Consent for Release of Confidential Unemployment Insurance (UI) Information** – I authorize the New York State Department of Labor (DOL) to release any confidential information, maintained by DOL for Unemployment Insurance (UI) purposes, to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with State and local agency employees working in local social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of SNAP applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

**Release of Information to Service Providers** – I give permission to the social services district and New York State to share information regarding Supplemental Nutrition Assistance Program benefits that I or any member of my household for whom I can legally give authorization have received, for purposes of verifying my eligibility for services and payment related to program administration provided by a State or local contractor. Such services may include, but are not limited to, job placement or training services provided to help me or my household members obtain and retain employment.

**SUA (Standard Utility Allowance) Information** – I understand that SNAP recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I have not received a HEAP benefit of greater than \$20 in the current month or previous 12 months, or other similar energy assistance program benefits, I must pay separately for a heating, air conditioning or utility expense in order to receive a Standard Utility Allowance.

**Changes** – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, able-bodied adult without dependents (ABAWD) status including if my hours of work fall below 80 hours per month, 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 SNAP 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 SNAP 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 SNAP or may increase my SNAP benefits. 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 SNAP in future months in accordance with the rules for change reporting and processing changes.

In applying for SNAP, I understand that the social services district will request and use information available through the Income and Eligibility Verification System to investigate my application, and may verify this information through collateral contacts if discrepancies are found. I also understand that such information may affect my eligibility for SNAP and/or level of SNAP benefits I receive.

**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 SNAP pursuant to the Food and Nutrition Act of 2008. The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or 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. This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. The information will be used to check identity and to verify earned and unearned income.

If a SNAP claim arises against your household, the information on this application, including all SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Anyone applying for SNAP must provide a SSN. SSN's of ineligible members will also be used and disclosed in the manner above. If you or anyone applying/recertifying does not have a SSN, a SSN must be applied for with the Social Security Administration (SSA.gov).

Besides using the information, you give us in this way, the State also uses the information to prepare statistics about all the people receiving benefits from the Home Energy Assistance Program. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors.

**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 SNAP may be checked for authenticity with the United States Citizenship and Immigration Services.

**For SNAP**, citizenship must be documented **only if questionable**.

**Remember to sign your application.**



**County Address**

Street  
City, NY ZIP

**ESAP RECERTIFICATION INTERVIEW REQUIRED**

Date:

Telephone Number:

Client Name

Address

Address

City, State Zip

We recently told you that you must re-apply to continue getting SNAP benefits as part of the Elderly Simplified Application Project (ESAP). An interview is not usually required for ESAP households at recertification. However, due to changes that you listed on your application form, you must be interviewed to determine if you can still get SNAP benefits.

We will attempt to phone you at the number(s) you provided to conduct your recertification interview at the following date and time:

Date:

Time:

**You must be interviewed or your SNAP case will be CLOSED.**

Please call the general phone number at the top of this notice to make arrangements for another interview if you will not be available at the time and date indicated. Thank you.

This decision is based on Regulation 18 NYCRR 387.7.

## NYC Supplemental Nutrition Assistance Program (SNAP) Change Reporting Desk-Aid

All SNAP households are subject to Simplified **6-Month Change Reporting Rules**  
except households in the following situations:

<b>Exceptions to Simplified 6-Month Reporting</b>		
<b>“Change” 10-Day Reporting Rules</b> (See Reverse)	<b>TBA Reporting Rules</b> (See Reverse)	<b>NYSNIP/NYSCAP Reporting Rules</b> (See Reverse)
<ul style="list-style-type: none"> <li>• HH's with no income</li> <li>• HH's certified for less than 4 months</li> <li>• Group home residents in receipt of SSI or SSD</li> <li>• HH's in which all adult members are aged/disabled with no earned income (except NYSNIP cases)</li> <li>• Migrant or seasonal farmers</li> <li>• Undomiciled homeless HH's (only shelter type 23)</li> <li>• Non Cash Assistance (NCA) SNAP “Home Visit Needed/Homebound” households without earned income (except NYSNIP cases)</li> </ul>	<ul style="list-style-type: none"> <li>• HH's in receipt of TBA benefits (identified by SNAP Default/Closing codes B11-B14)</li> </ul>	<ul style="list-style-type: none"> <li>• NYSNIP cases (identified by Shelter type codes 94-98)</li> <li>• NYSCAP cases (Identified by FR Code C)</li> </ul>
		<b>ESAP Reporting Rules</b> (See Reverse)
		<ul style="list-style-type: none"> <li>• ESAP Cases (Identified by FR Code X)</li> </ul>
<b>“Simplified” 6-Month Reporting Rules (See Below)</b>		
<p>The only changes that HH's subject to simplified reporting are required to report (other than at recert or on their Periodic Report) is if their total HH income exceeds 130% of the poverty level for their household size (as set at the time of their last certification) and when the hours of work for an Able Bodied Adult Without Dependents (ABAWD) who is in your SNAP household go below 80 hours a month within 10 days after the end of that month.</p> <p><b>For simplified reporting HH's, if reported during the course of the certification period, only the following changes reported can be reflected in the SNAP benefit calculations:</b></p> <ul style="list-style-type: none"> <li>• Total HH monthly income exceeds 130% of the poverty level (This report must be documented in writing. If reported by phone, worker must send a written request to client to confirm information).</li> <li>• The information is considered verified upon receipt.</li> <li>• The information is reported at recert.</li> <li>• The information is reported on a simplified periodic mailer (except “Simplified Deduction” see explanation in next column).</li> <li>• The HH requests to have case closed.</li> <li>• Changes resulting in a TA budget change.</li> <li>• The HH voluntarily reports and verifies information.</li> </ul>	<p><b>For all SNAP HH's that are certified for 7 full months or more and have earned (includes TA cases if all earnings belong to an NTA individual) and/or unearned income:</b></p> <ul style="list-style-type: none"> <li>• These cases are sent a periodic mailer (LDSS-4310) which must be returned by the 10<sup>th</sup> day of the sixth month of their cert period, even if they have no changes to report.</li> <li>• Changes reported in the mailers must be processed even if it causes a decrease - unless the decrease is to a “Simplified Deduction” (non-move shelter, medical, or child care expenses).</li> <li>• If client does not return a completed mailer, they must be sent timely notice to close SNAP case.</li> <li>• WMS report WINRO-656 is used to identify households sent a report &amp; required to return it.</li> </ul> <p><b><u>TA Face-to Face Recertification WAIVERS:</u></b></p> <p>TA-SNAP households with only unearned income and authorized for a year under waiver are still subject to SNAP simplified reporting rules. These households receive a TA six-month eligibility questionnaire developed and distributed by HRA/FIA (mail-in TA recert with SNAP penalty language under a TA waiver):</p> <p>Completion of the TA six-month mail-in recert <b>IS</b> also a SNAP requirement for these households.</p>	

