



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #12-32-ELI

### DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

<b>Date:</b> December 11, 2012	<b>Subtopic(s):</b> Supplemental Nutrition Assistance
<b>AUDIENCE</b>	The instructions in this policy directive are for staff working in a Disaster Supplemental Nutrition Assistance Program (DSNAP) location and are informational for all other staff.
<b>POLICY</b>	As part of a disaster response, such as Tropical Storm Sandy, HRA can provide additional benefits and services to its applicants and participants. Benefits can be provided through the Disaster Supplemental Nutrition Assistance Program (DSNAP), where families in designated disaster areas may be eligible to receive a Supplemental Nutrition Assistance Program (SNAP) benefit that they would otherwise be ineligible for.
<b>BACKGROUND</b>	<p><u>DSNAP</u></p> <p>Beginning December 12, 2012, HRA will operate a Disaster Supplemental Nutrition Assistance Program (DSNAP) for residents of the following zip codes:</p> <ul style="list-style-type: none"> <li>• <b>Coney Island, Brooklyn:</b> Zip Codes 11224 and 11235</li> <li>• <b>Red Hook, Brooklyn:</b> Zip Code 11231</li> <li>• <b>Gerritsen Beach South of Allen Avenue, Brooklyn:</b> Partial area of Zip Code 11229</li> <li>• <b>Lower East Side, Manhattan:</b> Zip Code 10002</li> <li>• <b>Staten Island:</b> Southeast shore - Zip code 10306, and North Midland Beach South of Seaview Avenue - Partial area of Zip Code 10305</li> <li>• <b>Far Rockaway, Queens:</b> Zip Codes 11691, 11692, 11693, 11694, and 11697</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

### Hours of Operation

DSNAP applications will be accepted at 495 Clermont Avenue in Brooklyn from December 12 – 18, 2012, from 8:30 am – 6 pm.

The DSNAP location in Staten Island will operate from 4 pm – 8 pm on week days and 9am – 5 pm on the weekend.

New Dorp High School at 465 New Dorp Lane, Staten Island, NY 10306 will collect DSNAP applications from December 14 – 17, 2012. The hours of operation will be from 4pm – 8pm on Friday, December 14 and Monday, December 17, 2012, and 9 am – 5 pm on Saturday December 15 and Sunday December 16, 2012.

The alphabet criteria will not be used at the Staten Island location.

Households with last names beginning with letters **A** through **M** can apply at the Brooklyn location on the first day (December 12, 2012) and households with last names beginning with letters **N** through **Z** can apply at the Brooklyn location on the second day (December 13, 2012). Thereafter, households can apply on any of the remaining days at either location.

### DSNAP SUPPLEMENT FOR CURRENT SNAP HOUSEHOLDS

For households in the designated zip codes that are currently in receipt of SNAP, OTDA issued a supplement of their November SNAP benefit if their regular November SNAP benefit was less than the maximum benefit amount for their household size. These households do not have to apply for the DSNAP program to receive this one time supplement.

**Note:** Ineligible aliens, persons with sanctions and students can apply for DSNAP even if they are members of a household currently in receipt of SNAP because the SNAP supplement will not include them.

If the household's November benefit was equal to the maximum benefit allowed for the family size, a supplement was not issued and the household is not eligible for DSNAP.

For example, if a household of two received \$200 per month in SNAP benefits and the maximum allotment for that household size is \$367; the household received a supplement of \$167 to bring them up to the maximum benefit. If the household is already receiving the maximum benefit for their household size, a supplement was not issued.

The household's income and expenses for any time before October 27, 2012 and after November 25, 2012 is not relevant.

The ***“disaster benefit period”*** for DSNAP is the thirty day period beginning on either the date of the disaster or the date that preparations (such as mandatory evacuations) began for the disaster. For this DSNAP, the ***disaster benefit period*** is from October 27, 2012 through November 25, 2012. Therefore, the household must provide proof of income and resources and paid disaster related expenses that were unreimbursed during this time period.

### DSNAP Eligibility Criteria

A household must meet the following criteria to be determined eligible for DSNAP:

#### Basic Eligibility Criteria

- Must have lived in a designated DSNAP area at the time of the disaster. For this DSNAP it is October 27, 2012
  - If a homeless individual claims that he/she resided in a designated disaster area on October 27, 2012, he/she must verify that he/she was known to be homeless in the area.
- Must have experienced an adverse effect due to the disaster. The household must have experienced at least one of the following adverse affects:
  - A loss of income - includes reduction or termination of income, or a delay in receipt of income during the benefit period due to the disaster.
  - No access to liquid resources (banks and ATM's were not available). Note that this is an infrequent occurrence, as households can usually access their resources via online banking or ATMs even if bank branches are closed in the affected area.
  - Unreimbursable disaster related expenses
    - Disaster related expenses are expenses the household has paid out of pocket during the disaster benefit period (October 27, 2012 – November 25, 2012).
    - This can include damage to or destruction of the household's home or self-employment business.
    - Examples of disaster related expenses are:
      - Home or business repairs
      - Temporary shelter expenses
      - Evacuation expenses
      - Medical expenses due to personal injury
      - Disaster-related funeral expenses
      - Disaster-related pet boarding fees
      - Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools, and educational materials
      - Fuel for primary heating source
      - Clean-up items expense
      - Disaster-damaged vehicle expenses
      - Storage expenses
    - The cost of replacing food cannot be used as a disaster related expense, but restaurant expenses can be included as a disaster related expense.

Financial Eligibility

Take home pay includes automatic deposits into savings and checking accounts that are readily accessible.

- Must have purchased food during the DSNAP benefit period

Once the above criteria are met, the household must meet the following financial criteria:

- Must have net income at or below the DSNAP income limits (See **Attachment A**)
  - Unlike regular SNAP which includes separate tests for income and resources, for DSNAP net income (take home pay) and liquid resources (cash on hand, savings and checking accounts) are added together as part of the eligibility calculation.
  - DSNAP allows households to deduct certain unreimbursed expenses from their combined net income and available resources.
  - To determine the household's income for DSNAP eligibility, use the household's net income (take-home pay) received during the benefit period **plus** its accessible liquid resources. Evaluate the amount of disaster-related expenses (unreimbursed disaster related expenses paid out of pocket during the disaster benefit period) to determine the method for calculating the household's DSNAP financial eligibility and compare income to income limits on **Attachment A**.
    - If the unreimbursed disaster related expenses are equal to or greater than \$100, compare the net income (income plus available resources) to the amount in column **B** on **Attachment A**.
    - If the household has disaster related expenses greater than \$100 but income and available resources higher than the income limits in column **B** and the disaster related expenses exceed the amount in **Column C**, then determine eligibility by using the household's income plus resources minus the actual disaster related expense and compare the result to the income limits in column **D**.

For example, a household of one has more than \$100 in disaster related expenses, but its available income plus available resources for the disaster period is \$3000. Based on the disaster income limits in column **B** the household would not be eligible for DSNAP.

If the household has more than \$719 in unreimbursed disaster related expenses, the household could potentially be eligible for DSNAP based on the Disaster Gross Income Limits shown in column **D**, if the income and resources minus the unreimbursed disaster related expenses are less than the income limits in column **D**.

- If the unreimbursed disaster related expenses are less than \$100, compare the result of net income plus available resources minus unreimbursed disaster related expenses (actual expenses not the standard deduction) to the amount in column **D** on **Attachment A**.
- If the income and resources are greater than the income limits in column **B** or **D** for the applicant's household size, the household is not financially eligible for DSNAP.

### Verification Rules

DSNAP differs from regular SNAP. For regular SNAP, eligibility is contingent on what the applicant can verify. For DSNAP, once identity has been verified, the information on the application is considered to be accurate and correct unless the available verification or subsequent matches call it into question.

Verification rules are relaxed during the disaster to reduce administrative burden and because the household might not have access to usual verification sources. For DSNAP, verification rules are three tiered:

- Identity must be verified
- Residency and household composition should be verified where possible
- Loss of or inaccessibility of income or liquid resources should be verified if questionable

## **REQUIRED ACTION**

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### Triage

The Triage staff will be responsible for:

- Verifying the applicant's identity and residency
- Responding to basic questions applicants may have about the eligible areas or whether they can apply (ex: if the household is already in receipt of SNAP benefits, there is no need for them to submit a DSNAP application.)
- Ensuring that only the applicants that reside in one of the designated zip codes is given an application for DSNAP.
- Giving the applicants who received a DSNAP application packet a Purple ticket to the Application Area.
- Routing people with disabilities and senior citizens and people in need of interpreter services to the first floor Application Area.

**Note:** There will be on-site interpreters to assist Limited English Proficiency (LEP) applicants as well as language line availability for those applicants with language needs when there are no on-site interpreters.

While the applicants are waiting on line and before they are permitted to go to the Application Area, designated staff will ask the applicants the following questions:

- Do you have verification of your identity? If not, they should be told that they can either leave and come back with verification or that they can apply but that they will be denied immediately.
- Did your household live in one of the targeted zip codes or did you live there up until the storm hit? To be eligible for DSNAP the applicant must have resided in one of the designated areas on October 27, 2012. **If they did not, they are not eligible to apply.** If they did, ask if they have verification of their residence.
- Does everyone in your household currently receive SNAP benefits? **Households currently in receipt of SNAP benefits do not have to apply and are not eligible to apply for DSNAP.** For current SNAP households living in the targeted areas, OTDA supplemented the November SNAP benefit up to the maximum benefit allowed for the household size, if the household got less than the maximum allotment.
  - Household members not on the SNAP case, and sanctioned members of the household, including those with Intentional Program Violations (IPV), must apply for DSNAP as a separate case.

The designated Triage Worker should also inform the applicant that they may be asked to show proof of their income and disaster-related expenses during the disaster period.

Does not reside in the designated area or currently active for SNAP

If the applicant does not reside in one of the designated areas, or if everyone in his/her household is currently receiving SNAP benefits advise the applicant that he/she is not eligible for DSNAP. Do not give them a ticket to the application area.

Resides in the designated area and has ID

If the applicant has verification of identity and residency, give the applicant an application packet (that includes the Application for Disaster Supplemental Nutrition Assistance Program (SNAP) (**LDSS-4988** [Rev 11/12]), the Disaster Supplemental Nutrition Assistance Program [DSNAP] Information form (**FIA-1090**) and the Questions and Answers on Disaster Supplemental Nutrition Assistance Program (DSNAP) [**FIA-1088d**]) and a purple ticket to go to the Application Area where he/she will complete the DSNAP application and the **FIA-1090**.

Resides in the designated area but does not have ID

If the applicant does not have verification of identity or residency but maintains that he/she resides in one of the designated areas, give the applicant an application packet (as indicated above) and a purple ticket to the application area where he/she will complete the DSNAP application package.

**Application Area (Purple Ticket Area)**

The Application Area will be managed by Quadrant Captains. The Quadrant Captains are responsible for:

- Ensuring that applicants receive the DSNAP applications and ancillary forms.
- Ensuring that non English speaking applicants receive the appropriate assistance either through an on site interpreter or through the language line. If interpreter services are needed give the client a Yellow ticket to the LEP section.
- Reviewing the completed DSNAP application and the **FIA-1090** for completeness
- Conducting a pre-screening interview to determine if the application is completely filled out and all available documents have been presented. If the application is not completely filled out, advise the applicant to fill in the missing information.
- Verifying the applicant’s identity, residence and unreimbursed disaster related expenses
- Putting the applicant’s documents in a folder for copying
- Determining whether or not the applicant should be referred to Investigation, Revenue and Enforcement Administration (IREA) section, and making referrals to IREA as required
- Routing completed applications, not referred to IREA, to the Registration Area
- Keeping a tally of all applicants referred to IREA and all applications routed to the Registration Area. Use the Quadrant Captain Tally Sheet to report the total applications referred to registration and the total number of applicants referred to IREA.

The need for interpreter services should have been noted in Triage, but if it was not refer the applicant to the Interpreter section.

POS will do the final calculation as indicated in the Eligibility Determination section of this procedure.

Upon completion of the **LDSS-4988** and the **FIA-1090** the Quadrant Captain will screen the application and the **FIA-1090** along with any documentation the applicant wishes to submit for completeness and determine if a second review is needed by IREA.

Runners are used to make copies and escort applicants to different areas.

If the application, **FIA-1090**, or the applicant verbally indicates that he/she:

Identifying Questionable Applications

- is employed by HRA or OTDA,
- is homeless without a mailing address,
- does not have a valid photo identification,
- submits a signed affidavit in lieu of photo identification,
- does not have proof of residence,
- has seven (7) or more members in his/her household,
- is an authorized representative for ten (10) or more households
- has no verifiable income and no other household members have income,
- submits a verification letter that appears on its face to be suspicious (e.g. documents seem similar to documents submitted by another applicant indicating a possible forgery)

The Quadrant Captain should then:

- give the applicant the original copies of his/her documents back along with an Orange ticket to the IREA section and
- annotate the DSNAP Referral to IREA (**IREA-110**), indicating the reason for the referral, and attach it to the case folder. The case folder will be routed to the IREA section.

The applicant should then be directed to the IREA section for a second review.

IREA staff can follow the instructions beginning on page 10 to register the application and conduct the interview in POS

IREA staff will be responsible for making copies of the documents, registering the application and completing the interview and eligibility determinations in POS and giving the applicant an Action Taken On Your Disaster Supplemental Nutrition Assistance Program (SNAP) Case (**LDSS-4989**).

If the application and employment form is completed properly and there is no questionable information, or the applicant is not in one of the above categories, the Quadrant Captain must:

- Sign the Receipt for Disaster Supplemental Nutrition Assistance Program (DSNAP) Application form (**FIA-1088b**) and give it along with the documents to the Runner to make copies.
- When the Runner returns, put the application and copies of the documents including the signed copy of the **FIA-1088b** in a DSNAP case folder



- Give the applicant his/her original documents and the original signed **FIA-1088b** and the Supplemental Nutrition Assistance Program (SNAP) Income Guidelines (**W-138Q**). The **W-138Q** provides information to the DSNAP applicant about the SNAP program and how to apply.
- Advise the applicant that he/she will receive a decision notice in the mail.

The Quadrant Captain will forward the DSNAP folder to the Registration Area.

The Quadrant Captain will note on the Tally Sheet the number of applicants referred to IREA and the number of applications routed to the Registration Area. The Tally Sheet will be collected daily.

### **Registration Area**

Applications collected in Staten Island will be registered and processed in Brooklyn

Applications collected at the Staten Island DSNAP location must be delivered to the Brooklyn DSNAP Registration Area on a daily basis for registration and eligibility determination.

The Registration Area will include Supervisory staff as well as Registration Clerks.

The Registration Supervisor is responsible for:

- Tallying all applications submitted for registration on a daily basis.
  - There must be separate tally sheets for applications collected in Staten Island and applications collected in Brooklyn
  - The daily tally sheet for Staten Island will be used to confirm all applications reported by Staten Island for back office processing. Use the Registration Supervisor Tally Sheet to record the number of applications received and the number of applications routed to the Eligibility Determination area.
- Distributing the work to the Data Entry staff.
- Forwarding completed registrations to the IREA Clearance staff for TALX and SOLQ look ups.

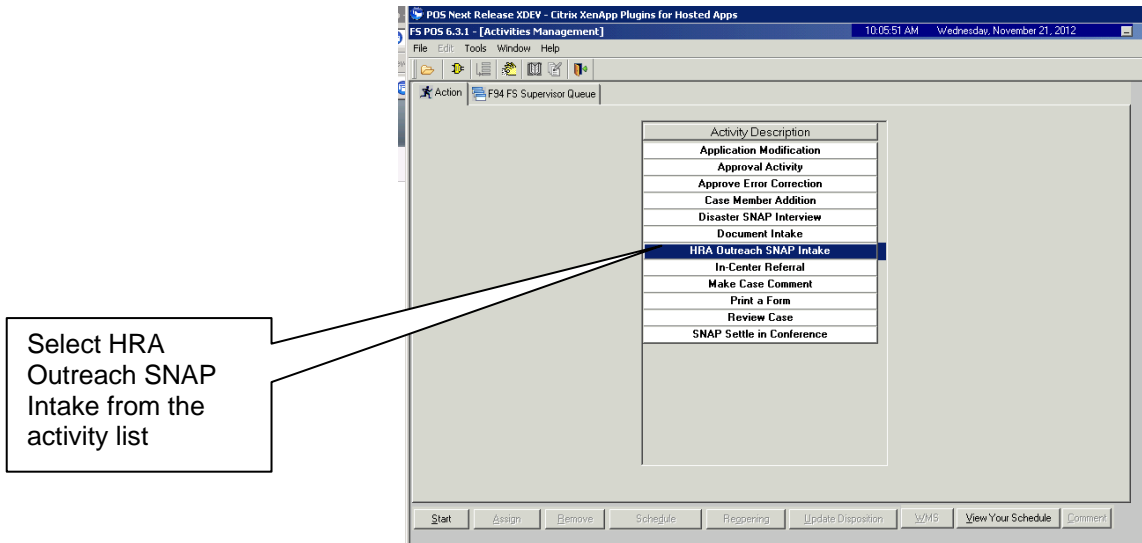
The Data Entry Staff will be responsible for registering the cases in POS with the following office designations:

- **F94** – applications collected in Brooklyn
- **F95** – applications collected in Staten Island

### **Registration Clerk**

Upon receipt of the DSNAP folder from the Supervisor, the Registration Clerk will access POS and enter the relevant data as follows:

- Select HRA Outreach SNAP Intake from the activity list and then click **Start**. The next screen is the **Adults in the Household** Screen.



- Review the application and the ancillary forms in the DSNAP folder to answer the relevant questions in POS.
- Enter the required demographic information for each adult member of the household applying for DSNAP. In the **Applying for** box select **FS**. The **Multi Ethnic** fields are must fill fields. **Yes** or **NO** must be selected in the Hispanic/Latino field then the other fields as appropriate.  
**Note:** As with regular SNAP, applicants cannot be required to answer the race/ethnicity questions on the application. If not answered, the worker should make their best guess at ethnicity.

To remove a person, highlight the First Name and hit the 'Delete' button on the keyboard, then highlight the Last Name and hit the 'delete' button again. All other entries for the individual will be removed by the system.

Select FS for all DSNAP applications

Yes or No must be checked for Hispanic/Latino then at least one Yes for one of the other ethnicities

- On the **Children in the Household** screen enter the required demographic information for each child listed on the DSNAP application.

To remove a person, highlight the First Name and hit the 'Delete' button on the keyboard, then highlight the Last Name and hit the 'delete' button again. All other entries for the individual will be removed by the system.

Select FS in the Applying For field.

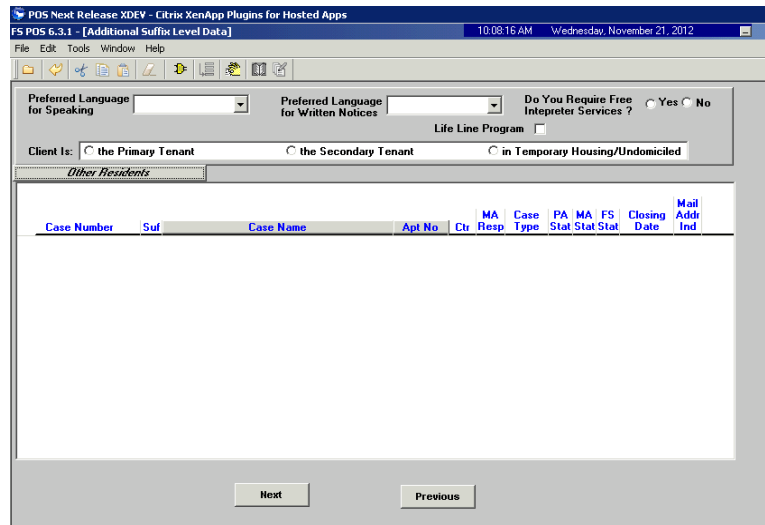
Yes or No must be checked for Hispanic/Latino then at least one Yes for one of the other ethnicities

- After the demographics for all of the children have been entered click **Next**. The next window will be the **Address Information** window.

Click the Verify Zip button to verify the address and ensure the address is in one of the designated Zip Codes.

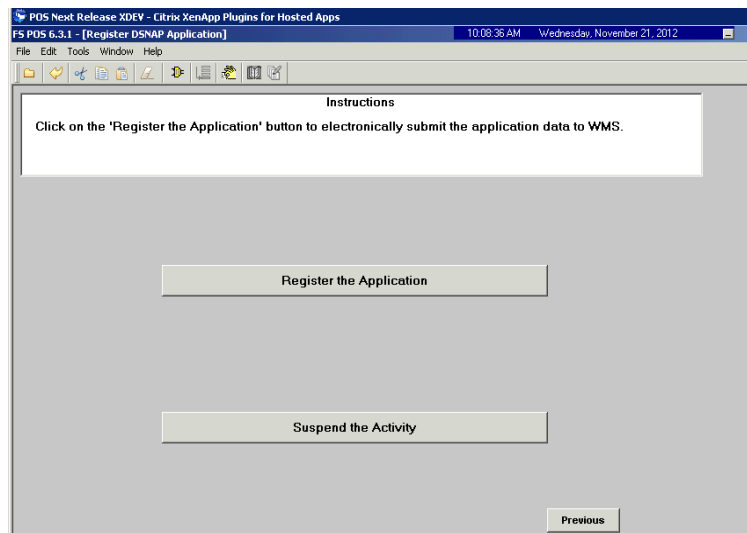
The applicant's address on October 27 should be entered in the present address field.

- Enter the applicant's permanent address in the **Present Address** fields.
- If the applicant was displaced as a result of the storm and has a mailing address or alternate address, enter that address in the **Mailing Address** field.
- Click the **Verify Address** button to start the collateral contact search to verify if the address is legitimate and to verify that the address is in one of the designated zip codes.
- A message will appear indicating whether or not the address was found in one of the designated zip codes or not. Click **OK** to remove the message.
- Click **Next** and the **Additional Suffix Level Data** window will appear.

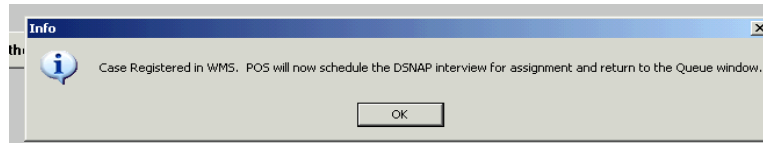


This **Additional Suffix Level Data** window (shown above) will display active cases at the permanent residence.

- Review the results to ensure that the applicant is not listed as having an active SNAP or CA/SNAP case.
- Review the Disaster Supplemental Nutrition Assistance Program (DSNAP) Information Document (**FIA-1090**) to determine the language read and language spoken. Based on the applicant’s selection, select the appropriate Preferred Language for Speaking and Preferred Language for Written Notices from the drop down boxes.
- Click **Next** and the **Register DSNAP Application** window appears.



- Select **Register the Application** and the info pop up window appears informing the Worker that the case has been registered.



- Click **OK** to close out the action. The case will appear in the DSNAP queue for the Eligibility Determination Area to process.
- If IREA is doing the application registration, the case will appear in the IREA Worker's queue.

### **IREA Clearance Area**

Cases registered by IREA do not have to go to the IREA Clearance Area.

Once the application has been registered, The Registration Area Supervisor must ensure the DSNAP case record is sent to the IREA Clearance Area for a TALX inquiry and a SOLQ look up.

A Runner will be utilized to transport the case records to specific areas

Designated IREA staff will put the match results in the DSNAP case record and send the case record to the DSNAP Eligibility Determination Area. If there is no TALX hit, stamp the back of the application "cleared".

Once the clearances are completed, the DSNAP case folders must be routed to the Eligibility Determination Area.

### **Eligibility Determination Area**

This area will include a Distribution Supervisor and Eligibility Determination Workers.

The Distribution Supervisor is responsible for:

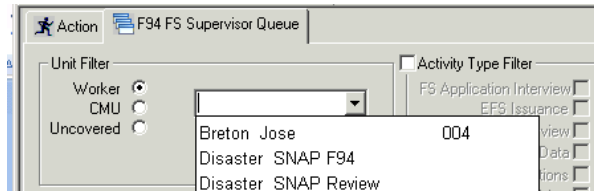
- Receiving the DSNAP case folders from the IREA Clearance Area after the application has been registered
- Assigning the work to the Eligibility Determination Worker
- Keeping a tally of the number of DSNAP cases received and the number of cases assigned to each worker. Use the Eligibility Distribution Supervisor Tally Sheet to record the number of cases assigned
- Securing all DSNAP case records for scanning and indexing after eligibility is determined

The Eligibility Determination Worker is responsible for:

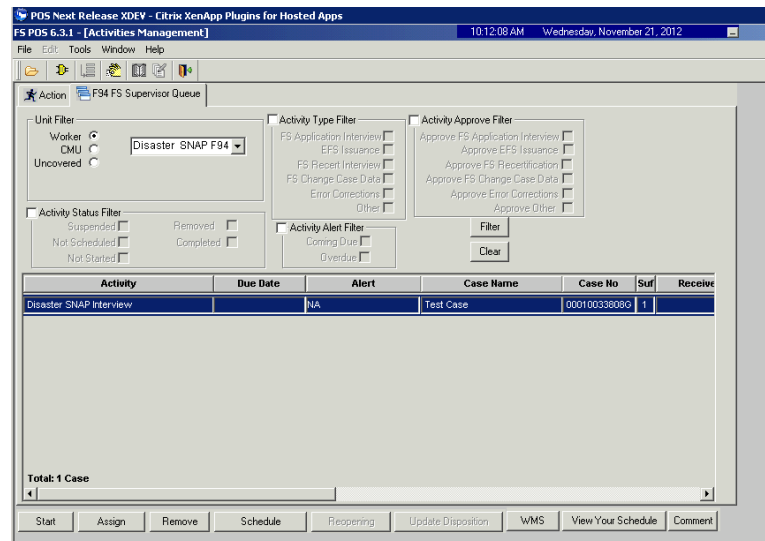
- Completing the required screens in POS
- Determining eligibility based on information the applicant provided and results of clearances received

Upon receipt of the DSNAP case folder, the Distribution Supervisor must assign the case to the Eligibility Determination Worker. The Supervisor will access the DSNAP queue and assign the case to the Eligibility Determination Worker.

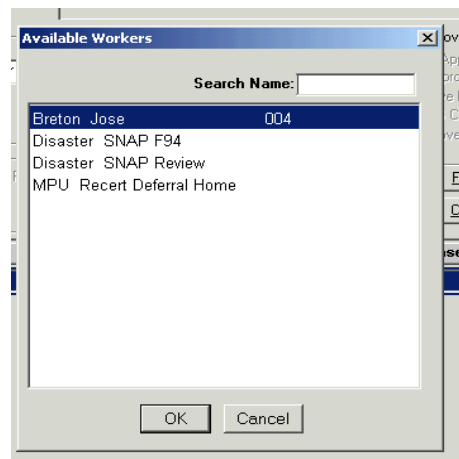
Assignment Window



- From the Activity menu Select Worker in the filter and a drop down menu will appear.
- Select the **Disaster SNAP F94** (Select **Disaster SNAP F95** for the Staten Island DSNAP location) to select the DSNAP queue.



- The window will display all cases listed in the DSNAP queue. Select the case then click **Assign**. A list of available workers will be displayed.



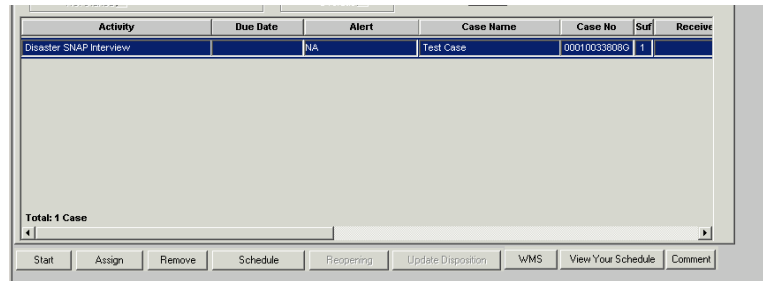
- Select the Worker to assign the case to then click **OK**. Once assigned, the case will appear in the Worker's queue.

In addition, the Supervisor will have the Runner deliver the case record to the assigned Worker.

Eligibility Determination

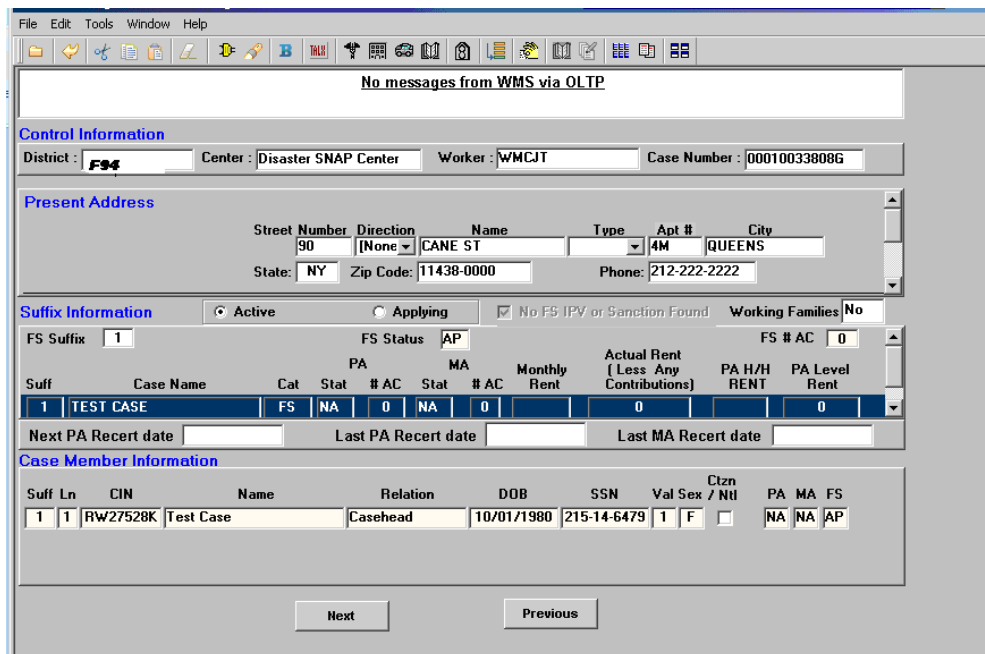
The Eligibility Determination Worker will access the case from his/her queue in POS

**Eligibility Determination Worker's queue**



- Select the case from the queue and click **Start**. The next window to appear is the **Household Composition** window.

**Household Composition window**

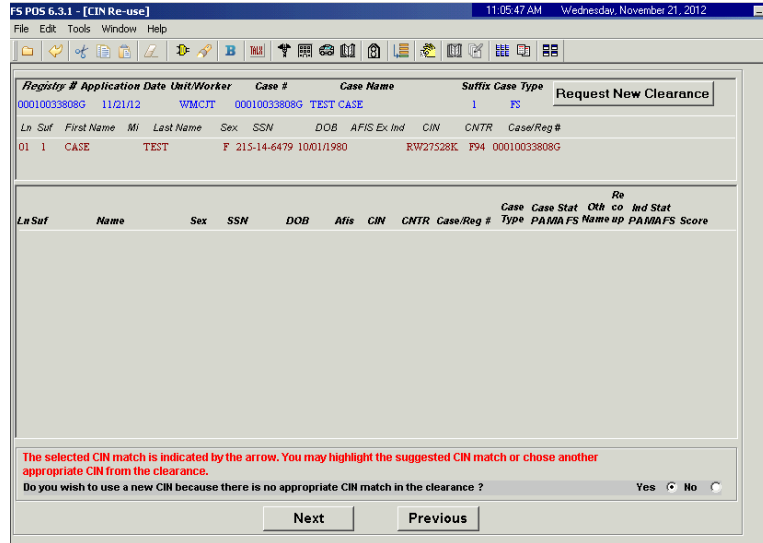




- Review the information in the DSNAP case folder including the TALX and SOLQ results if any. If there are discrepancies with the match results and the information provided on the application, consult with the Supervisor and/or IREA staff to determine whether a referral to IREA is necessary.
- Review the information on this screen to ensure that it is correct.
- If corrections are required an application modification must be done to make the necessary corrections
- Click **Next** to move to the next window. The next window to appear is the **Address Information** window.

- Review the information on this screen to ensure that it is correct. Click **Next** and the **Additional Suffix Level Data** window appears.

- Click **Next** and the **Clearance** window appears.



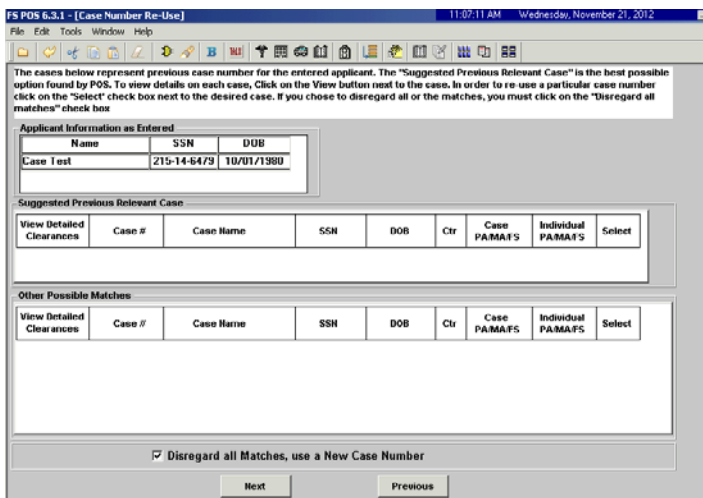
Review the Disaster Supplemental Nutrition Assistance Program (DSNAP) Information Document (**FIA-1090**)

If the CIN score is less than 101 an application modification is not required. WMS will allow the worker to select a new CIN.

Case numbers can be reused in limited instances.

Case Number Re-Use

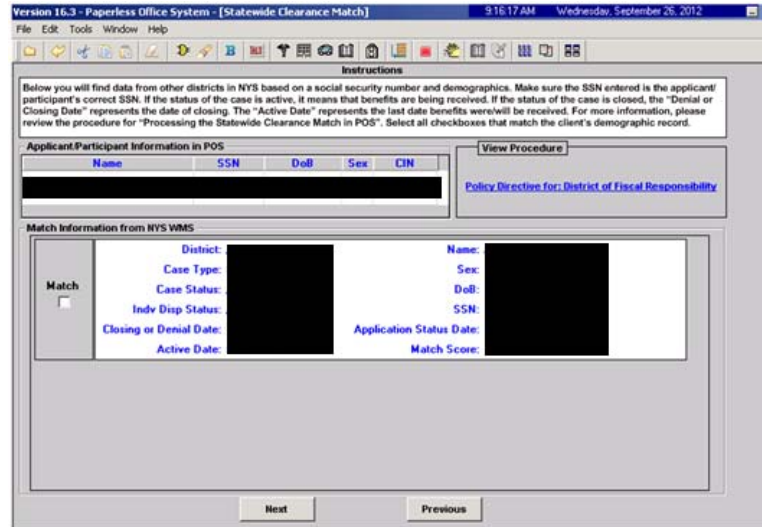
- Review the clearance results and select the CIN in accordance with the CIN Hierarchy process, **EXCEPT** in the following situation:
  - If the person is not a U.S Citizen but is known to WMS as a payee for an active CA/SNAP or NCA SNAP case, do not select the CIN associated with the line on the active case. If the CIN score is 101 or greater do an application modification to change the DOB to **10272012** and run a new clearance. The new clearance should present a CIN score less than 101 then select a new CIN. A known CIN for a non citizen should not be selected.
- After the CINs have been selected, click **Next**. The next window is the **Case Number Re-use** window. See PB #12-48-SYS for instructions on when to reuse a case number.



- If the applicant is known to an inactive case number and he/she was the payee or case head of the inactive case, select the case number to re-use. If the case number cannot be reused because the applicant was not the case head or payee of the inactive case then click on the “**disregard all matches, use a new case number**” check box then click **Next**. The State-wide Clearance window will appear.

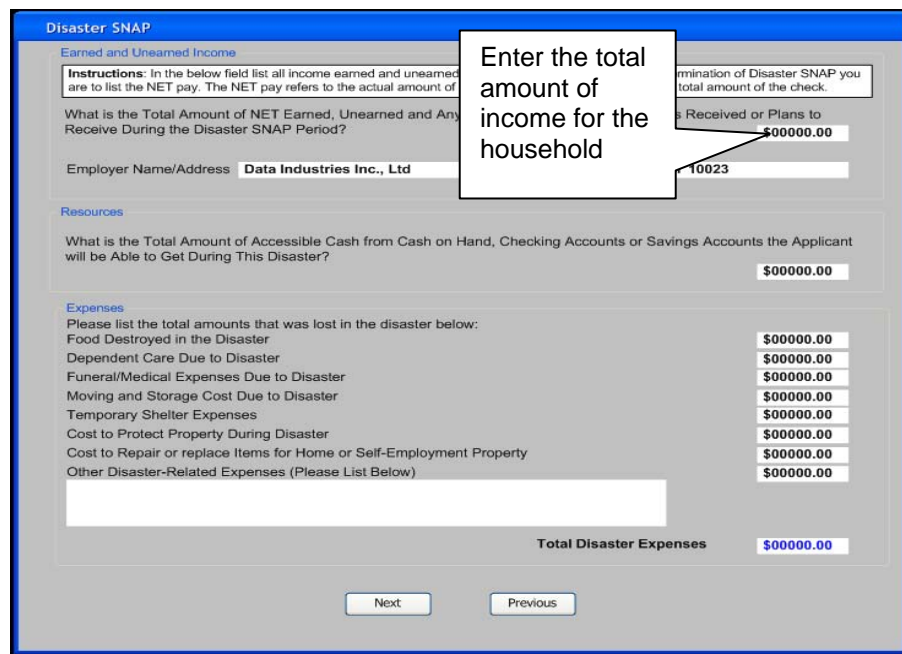
**Note:** individuals in SN status on an active case or noncitizens acting as Payees on an active case must get a new case number.

State-wide Clearance



- If there is a match, follow the instructions outlined in **PD #12-28-ELI**. Click **Next** and the **DSNAP** windows will appear.

POS will determine the appropriate income guidelines to apply based on the amount of unreimbursed disaster related expenses entered.



- Enter the amounts for Income, Resources and Disaster Related Expenses in the appropriate boxes. Click **Next** to go to the 2<sup>nd</sup> **DSNAP** window.

FS POS 6.3.1 - [Disaster SNAP Household] 2:03:39 PM Monday, December 03, 2012

File Edit Tools Window Help

INSTRUCTIONS: Please indicate whether the individual is a U.S. citizen/national or is a SNAP eligible non-citizen (such as a Lawful Permanent Resident with 5 years in status or Refugee).  
If the individual is a SNAP ineligible non-citizen or has a current sanction or IPV, then they may be eligible for Disaster SNAP only. If any household members are currently active for SNAP benefits on a CA case or NCA case please indicate below.  
After you have made selections for each household member, click the 'Run Clearance' button to determine the potentially eligible household members.  
After the household size is determined please 'Run Rules' to verify potential eligibility.

**Disaster SNAP Household Size**

Name	Citizen	Has IPV/SN	Noncitizen - SNAP	Noncitizen - D-SNAP	AC On CA/SNAP Case	Lexis/Nexis
Whatever Do	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fail

Are you or anyone in your household employed by NYS, NYC HRA or a local social service district? (Any State or local employee working for Dept. of Social Services in any capacity)  Yes  No

Total number of individuals who may be able to receive Disaster SNAP benefits. This does not include any individuals already in receipt of SNAP benefits.

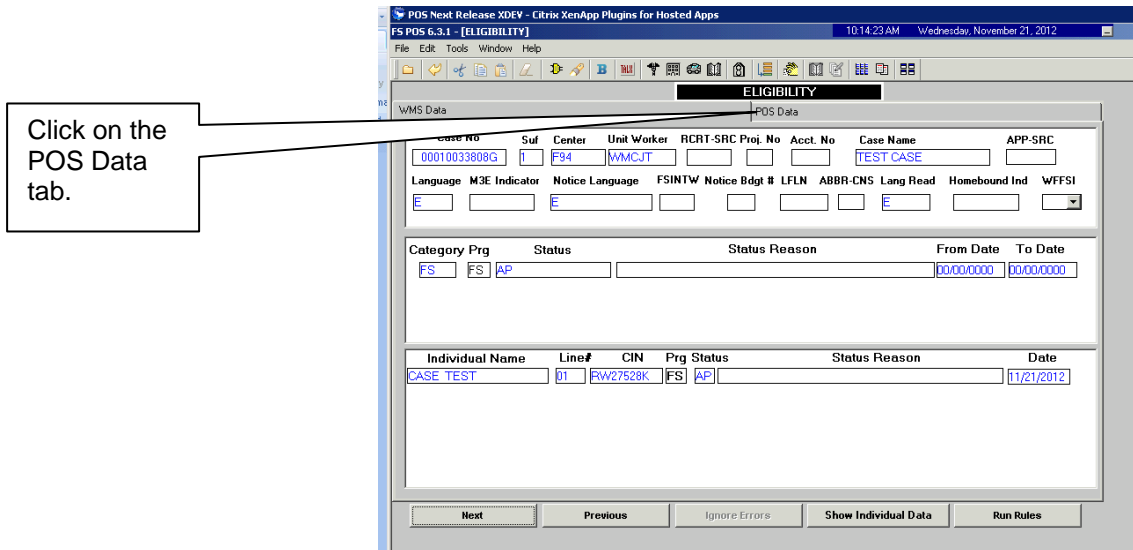
**Eligibility**

Based on the information provided, the Disaster SNAP case is financially:

**Note:** Ineligible aliens, persons with sanctions and students can apply for DSNAP even if they are members of a household currently in receipt of SNAP.

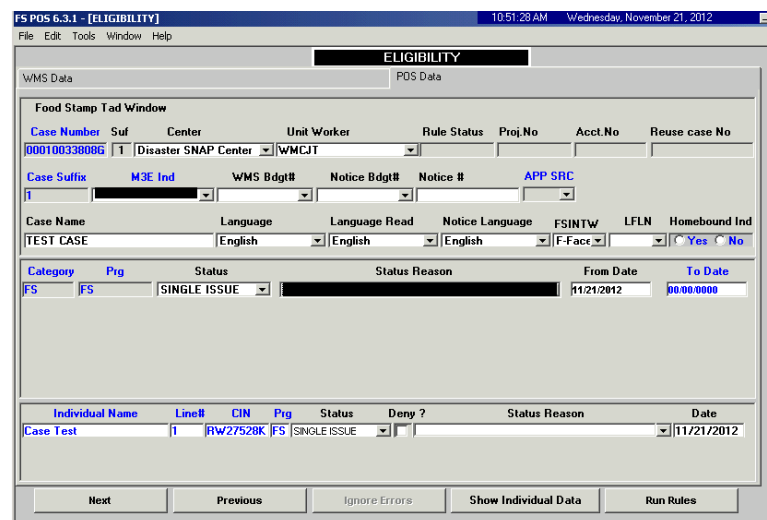
This screen helps to determine who should be removed from the DSNAP household. POS will populate the **Has IPV/SN**, **Active on CA/SNAP Case**, and the **LexisNexis** fields as appropriate. The Worker must check the other boxes as they apply to each member of the household.

- Once the appropriate check boxes have been checked for all household members, click **Run Clearances**. POS will remove all members currently active on a SNAP case from the DSNAP household count.
- Then click **Run Rules**. Based on the information entered on the previous screen, POS will determine if the house is financially eligible for DSNAP.
- If the LEXISNEXIS box says **FAIL**, a referral to the IREA section is required. When the Worker clicks **Next**, the activity is suspended and POS places the DSNAP interview into the **Disaster SNAP Review F94** queue.
- If a referral to IREA is not required, click **Next** after the Financial Eligibility has been determined and the WMS Data window will appear.



Entry is not allowed on this screen.

- Click the **POS Data** tab to move to the **POS Data** window.



POS will prefill the status and reason code fields.

- If the household is not eligible for DSNAP:
  - Alert the Supervisor to review the case. If the Supervisor agrees then the case can be rejected.
  - Select **Reject** from the Status drop down menu
  - Select **Y99 (Other)** from the Status Reason drop down menu
  - Click **Run Rules** then **OK** to go to the Notice Data Entry window to complete the **LDSS 4989**

- If the household is eligible for DSNAP
  - select **Single Issue** from the **Status** drop down menu
  - select **064** from the **Status Reason** drop down menu
  - select **Single Issue** from the **Status** drop down menu and **064** from the **Status Reason** drop down menu for each eligible household member
  - select **Accept** from the **Status** drop down menu and **Y99** from the **Status Reason** drop down menu for each ineligible household member. These would be household members currently in receipt of SNAP benefits.
  - the **FROM** date will be populated by POS, no entry is required.
  - click on the **Show Individual Data** tab to make entries on the individual line.

If POS determines that some members of the household are currently in receipt of SNAP, the person must be rejected for DSNAP.

Individual Data window

For undocumented aliens and aliens with less than five years in a qualified status select **Lawfully Admitted for Permanent Residence (LPR) with 40 Qualifying Quarters (S)**

The screenshot shows the 'ELIGIBILITY' window with the following fields and values:

- Case:** Test
- Sex:** F
- Marital Status:** Married/never married
- Hispanic/Latino:** No
- Asian:** No
- Native Hawaiian/Other Pacific Islander:** No
- American Indian/Alaska Native:** No
- Black or African American:** No
- White:** No
- Birth Date:** 10/01/1980
- SSN:** 215-14-6479
- Student ID:** 1
- Alien No:** A000000000
- Date of Status:** 00/00/0000
- Date Entered Country:** 00/00/0000
- Emp Code:** SSI
- VET:** VET
- Waivers:** D/A, IVD, LF, TL, 0th
- Exemption Indicator:** AFIS-EX

The alien number for noncitizens and undocumented aliens must be **A000000000**

After the required entries have been made click **Run Rules**

Information about alien status is not required for DSNAP eligibility but it is required to process the case in WMS.

If the applicant is a non citizen (documented or undocumented alien), enter

- **A000000000** as the alien number
- **99/99/9999** as the **Date of Status (DOS)** and **Date of Entry (DEC)**
- **S** (Lawfully Admitted For Permanent Residence (LPR) with 40 Qualifying Quarters) in the **Alien/Citizenship Indicator (ACI)** field
- Click **Run Rules** then **OK** and the next window to appear is the **Single Issue Grant Data Entry** window.

Single Issue Grant window

Code	Description	From / To	Created	Amount	Next Month Amount	Special	Status
19	19 - Disaster Related Issuance	11/01/2012-11/30/2012	11/21/2012	\$200.00			Ready

- POS will populate this window with the issuance code, From and dates, and the grant amount. Click **Next** if the status is **Ready**. If the status is not **Ready** then there is an error on the grant. The next window is the **Forms Data Entry** window.

	Yes	No
Referral/Information Letter (Form W-34A)	<input type="radio"/>	<input type="radio"/>
Action Taken on Your Disaster SNAP Case (Form LDSS-4989)	<input checked="" type="radio"/>	<input type="radio"/>

- Select **YES** to create the Action Taken on Your Disaster SNAP Case (**LDSS 4989**)

- If the DSNAP application is being approved, click **Approved** then click **OK**.
- If the DSNAP application is being denied, click **Denied** and select the reason for the denial, then click **OK**. The next window is the **Print Forms Window**.

PRINT FORMS WINDOW

- Click **PRINT** to print the selected forms from the **Notice Data Entry** window.
- Click **Next** and the next window is the **Approval** window.



Approval window

Click **XMIT** to send the transaction directly to WMS.

- Click **XMIT** to complete the activity and process the transaction. After case is processed, the transaction will be sent directly to WMS and the notice will be mailed out by MIS.

DSNAP cases interviewed by IREA must be approved by a Supervisor. Therefore, from the Print Forms window IREA staff must click **Next** to complete the activity and send the case to the Supervisor for review and approval.

The Supervisor must review the activity and select **Approve** so that the benefit can be generated.

If the activity is being approved, the decision notice must be given to the applicant along with the **W-138Q**.

If the activity is being returned to the worker for correction, click **Return Back to Worker**. The case will appear in the Worker's queue to make the necessary corrections.

### Lost or Undelivered Electronic Benefit Issuance Cards (EBT)

If the DSNAP applicant contacts a Job Center, SNAP office or the DSNAP office about the non delivery or loss of an EBT card staff must advise the applicant to go to the Over the Counter (OTC) site at 39A Walker St. (ground floor) N.Y. N.Y. 10013 and present the **LDSS 4989** or the **FIA-1088b** to security. The applicant will be directed to the HRA staff at the OTC. The HRA staff person will take the necessary steps to generate a referral for an EBT card and then route the applicant to the appropriate person at the OTC to receive the card.

**PROGRAM  
IMPLICATIONS**

Paperless Office System (POS) Implications

If you are experiencing any **POS errors** at the **Vanderbilt F94 location** during the **DSNAP activity**, please send an email to the **DSNAP POS** mailbox. Please specify your name and location in the subject line (4<sup>th</sup> Floor Intake etc) and the specific activity you are working on, for instance DSNAP Intake, DSNAP interview, or IREA worker. The DSNAP POS mailbox will be monitored throughout the day to assist staff with processing the DSNAP case successfully.

Supplemental Nutrition Assistance Program Implications

Households currently in receipt of SNAP benefits should not apply for DSNAP. The households received an automatic DSNAP supplement if their grant was less than the maximum grant for their family's size.

Medicaid Implications

There are no Medicaid implications.

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**LIMITED ENGLISH PROFICIENCY (LEP) AND HEARING-IMPAIRED IMPLICATIONS**

For Limited English Proficiency (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

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**FAIR HEARING IMPLICATIONS**

DSNAP applicants have a right to a fair hearing if they wish to contest the agency's decision. Current fair hearing processes will apply to DSNAP applicants. Evidence packets must include the **LDSS-4988**, **LDSS-4989** and any document the applicant submitted with his/her application. The interview and eligibility determination will be conducted in POS, therefore, the relevant POS screens should be included in the evidence packet where possible.

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**REFERENCES**

Robert T. Stafford Disaster Relief and Emergency Assistance Act  
 Food and Nutrition Act of 2008  
 7CFR 273.1(a), 273.2(f), 273.7, 273.8(e), 273.9(a), 273.10(e), and 273.10(f)  
 7 CFR 280  
 D-SNAP Guidance Handbook Toolkit  
 Disaster SNAP Guidance

**ATTACHMENTS**

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

<b>FIA-1090</b>	Disaster Supplemental Nutrition Assistance Program (DSNAP) Information Document
<b>FIA-1090 (S)</b>	Disaster Supplemental Nutrition Assistance Program (DSNAP) Information Document
<b>FIA-1088b (E-S)</b>	Receipt for Disaster Supplemental Nutrition Assistance Program (DSNAP) Application
<b>FIA-1088d</b>	Answers on Disaster Supplemental Nutrition Assistance Program (DSNAP)
<b>FIA-1088d (S)</b>	Answers on Disaster Supplemental Nutrition Assistance Program (DSNAP)
<b>LDSS-4989</b>	Action Taken On Your Disaster Supplemental Nutrition Assistance Program (Snap) Case
<b>LDSS-4989 (S)</b>	Action Taken On Your Disaster Supplemental Nutrition Assistance Program (Snap) Case
<b>LDSS-4988</b>	Application for Disaster Supplemental Nutrition Assistance Program (Rev. 12/12)
<b>LDSS-4988 (S)</b>	Application for Disaster Supplemental Nutrition Assistance Program (Rev. 12/12)
<b>IREA-110</b>	D-SNAP Referral to IREA
<b>Attachment A</b>	Disaster Income Guide Lines And Maximum Snap Allotment Based On Household Size

## DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (DSNAP) INFORMATION DOCUMENT

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We require this information only to facilitate the processing of your case. Alien status does not affect Disaster Supplemental Nutrition Assistance Program (DSNAP) eligibility.

<b>EMPLOYMENT INFORMATION</b>	
Between October 27, 2012 and November 25, 2012, I was: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	
Take home pay: \$ _____	Monthly Hours worked: _____
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Day of the week paid: _____
Employer's Name: _____	Employer's Phone Number: _____
Employer's Address: _____	
Between October 27, 2012 and November 25, 2012, was anyone else who lives with you: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	
Who: _____	
Take home pay: \$ _____	Monthly Hours worked: _____
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Day of the week paid: _____
Employer's Name: _____	Employer's Phone Number: _____
Employer's Address: _____	

<b>CITIZENSHIP INFORMATION</b>
Are you a US Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>LANGUAGE INFORMATION</b>
What is your preferred spoken language? Please select only <b>ONE</b> .
<input type="checkbox"/> Arabic <input type="checkbox"/> Haitian - Creole <input type="checkbox"/> Korean <input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____
Do you require free interpreter services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written notices can be sent in the languages listed below. Please select only <b>ONE</b> . If your preferred language is not listed, please check (☑) English.
<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian - Creole <input type="checkbox"/> Russian
<input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Spanish

## DOCUMENTO INFORMATIVO DEL PROGRAMA DE ASISTENCIA DE NUTRICIÓN SUPLEMENTARIA PARA DESASTRE (DSNAP)

Nombre del Solicitante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nosotros necesitamos esta información sólo para facilitar la tramitación de su caso. El estado de extranjería no afecta su elegibilidad para el Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP).

### INFORMACIÓN DE EMPLEO

Entre el 27 de octubre, 2012 y el 25 de noviembre, 2012, estuve/fui:

Empleado(a)    Trabajador(a) independiente    Desempleado(a)

Salario neto: \$ \_\_\_\_\_ Horas mensuales trabajadas: \_\_\_\_\_

Paga:    Semanal    Quincenal    Mensual   Día de paga semanal: \_\_\_\_\_

Nombre del Empleador: \_\_\_\_\_ Núm. de Teléfono del Empleador: \_\_\_\_\_

Dirección del Empleador: \_\_\_\_\_

Entre el 27 de octubre, 2012 y el 25 de noviembre, 2012, estuvo/fue alguien que vive con usted:

Empleado(a)    Trabajador(a) independiente

Quién: \_\_\_\_\_

Salario neto: \$ \_\_\_\_\_ Horas mensuales trabajadas: \_\_\_\_\_

Paga:    Semanal    Quincenal    Mensual   Día de paga semanal: \_\_\_\_\_

Nombre del Empleador: \_\_\_\_\_ Núm. de Teléfono del Empleador: \_\_\_\_\_

Dirección del Empleador: \_\_\_\_\_

### INFORMACIÓN DE CIUDADANÍA

¿Es usted ciudadano(a) de los EE.UU.?    Sí    No

### INFORMACIÓN DE IDIOMA

¿Qué idioma prefiere hablar? Por favor elija sólo **UNO**.

arábigo    coreano    español    inglés  
 chino    criollo haitiano    ruso    otro idioma

¿Necesita servicios de intérprete gratuitos?    Sí    No

Se pueden enviar avisos por escrito en los idiomas listados a continuación. Por favor elija sólo **UNO**. Si el idioma que prefiere usted no figura entre los listados más abajo, por favor marque (☑) inglés.

arábigo    coreano    español    inglés  
 chino    criollo haitiano    ruso

### Receipt for Disaster Supplemental Nutrition Assistance Program (DSNAP) Application

Please complete the following:

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

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

Last 4 digits of Social Security Number: \_\_\_\_\_

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

SAMPLE

This form serves as verification that you have submitted a completed and signed application for the Disaster Supplemental Nutrition Assistance Program (DSNAP) to the Human Resources Administration (HRA). HRA will review your application. Additional checks may be done on the income and resource information you provided on your application, and on prior or duplicate participation in the Supplemental Nutrition Assistance Program. After we have completed these checks, you will receive a decision in the mail.

This receipt is only valid if it is signed by an HRA employee.

If you have any questions about DSNAP, you can contact the HRA Infoline at **(718) 557-1399**.

\_\_\_\_\_  
Print Name of HRA Employee

\_\_\_\_\_  
Signature of HRA Employee

\_\_\_\_\_  
Date

(vea al dorso)

### Recibo de la Solicitud del Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP)

Favor de llenar la siguiente información:

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Últimos 4 dígitos  
del Número de Seguro Social: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

El presente formulario sirve de comprobante que usted ha entregado una solicitud llenada y firmada para el Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP) a la Administración de Recursos Humanos (HRA). La HRA revisará su solicitud. Se pueden efectuar controles adicionales a la información sobre ingreso y recursos que usted proporcionó en su solicitud, y a la participación previa o duplicada en el Programa de Asistencia de Nutrición Suplementaria. Una vez realizados estos controles, usted recibirá una decisión en el correo.

Este recibo es válido solamente si está firmado por un empleado de la HRA.

Si usted tiene alguna pregunta sobre su DSNAP, favor de llamar a la Línea Informativa (Infoline) de la HRA al **(718) 557-1399**.

\_\_\_\_\_  
Print Name of HRA Employee

\_\_\_\_\_  
Signature of HRA Employee

\_\_\_\_\_  
Date

## Questions and Answers on Disaster Supplemental Nutrition Assistance Program (DSNAP)

### What is DSNAP?

DSNAP (Disaster Supplemental Nutrition Assistance Program) provides temporary food assistance to affected households in the aftermath of a natural disaster. Individuals and families can receive a one-time payment if they lived in the identified disaster area, and meet certain other eligibility requirements. The state makes a request for DSNAP to the USDA only after the federal government declares a “major disaster” in an affected area.

### Who is eligible for DSNAP?

- People currently **NOT** in receipt of SNAP.
- To be eligible for a DSNAP benefit the applicant must have lived in one of the ten zip codes or two partial zip codes on October 27, 2012:
  - **Coney Island, Brooklyn:** Zip Codes 11224 and 11235
  - **Red Hook, Brooklyn:** Zip Code 11231
  - **Gerritsen Beach South of Allen Avenue, Brooklyn:** Partial area of Zip Code 11229
  - **Lower East Side, Manhattan:** Zip Code 10002
  - **Staten Island:** Southeast shore - Zip code 10306, and North Midland Beach South of Seaview Avenue - Partial area of Zip Code 10305
  - **The Rockaways, Queens:** Zip Codes 11691, 11692, 11693, 11694, and 11697
- The applicant must have incurred and paid for disaster-related expenses from October 27, 2012 to November 25, 2012.
- Replacement of food lost cannot be counted as a disaster related expense.
- To receive benefits, applicants must prove their identity and have lived in one of the affected zip codes on October 27, 2012. They should also provide any relevant documentation regarding income, resources, and family composition, from October 27, 2012 to November 25, 2012. This information will be reviewed and independently verified.

### If a household already receives SNAP benefits can they also receive DSNAP?

People who receive recurring SNAP benefits and resided in the ten zip codes and two partial zip codes on October 27, 2012, will automatically receive DSNAP if the benefit amount received for November 2012 was less than the maximum amount allowed for their household size. Current SNAP recipients should not come in to apply and will be turned away if they do. Current SNAP households who received the maximum SNAP benefit for the month of November will not receive a supplement.

### What if someone lost a lot of food?

Food loss alone does not qualify a household for DSNAP. Applicants may only be considered eligible for DSNAP if they sustained damage to a home or self-employment business, lived in these hardest hit areas on October 27, 2012, and had storm-related expenses or loss of income, which must be disclosed.

### What if an applicant doesn't want to, or cannot, disclose certain information on the DSNAP application?

When applying for DSNAP, applicants must be honest about their personal information. Applicants must have been living in the affected area as of October 27, 2012, and must report their income and resources accurately. Making false statements on an application for government benefits like DSNAP constitutes welfare fraud – a felony.



## Questions and Answers on Disaster Supplemental Nutrition Assistance Program (DSNAP) (Continued)

### What is the process to apply for DSNAP?

After you pass through triage where we will determine if you have proof of identity and also lived in one of the selected zip codes, you will be directed to another area to fill out your DSNAP application and the Disaster Supplemental Nutrition Assistance Program (DSNAP) Information Document. You should also be prepared to give us any documents you have brought which indicate your identity, place of residence on October 27, 2012, income, resources, Sandy related expenses and household size. We will make copies of these documents and return them to you. After you complete your application, please give it to the HRA worker responsible for the area where you are sitting. This worker will review your application for completeness and legibility and will ask you some questions to clarify any answer which is unclear. After the HRA worker has reviewed your application and everything is satisfactorily completed, you will be given a receipt acknowledging we have received your application. If there are still questions about your application, you will be interviewed by another HRA worker to determine your eligibility.

### When will I hear if I am eligible for DSNAP?

You should receive a notice in the mail telling you whether you were approved or denied for DSAP benefits within three to seven days.

### If I am approved what will happen?

If you are approved you will receive an approval notice in the mail. Also within three to seven days, you will receive your Electronic Benefit Card in a separate mailing. In a third mailing you will receive your PIN.

### What if I had an interview at the DSNAP location?

If you had an interview at the DSNAP location, you should already have received a decision notice there. If you are approved, you also will receive your Electronic Benefit Card and your PIN in separate mailings.

### What are the instructions for filling out the application?

Information for completing the Application for Disaster Supplemental Nutrition Assistance (DSNAP) (Form LDSS-4988):

- **Part A – HOUSEHOLD SITUATION:** Check YES or NO for each question.
- **Part B – HOUSEHOLD MEMBERS:** List only the individuals that were part of your household on October 27, 2012. Do not list any individuals with whom you are temporarily staying due to the disaster.
- **Part C – INCOME:** List the total net income received during the period October 27, 2012 through November 25, 2012. This includes income such as Social Security benefits and net wages received after automatic payroll deductions such as taxes, insurance premiums, union dues, and 401k contributions.
- **Part D – RESOURCES:** List your available resources as of October 27, 2012.
- **Part E – EXPENSES:** List your household's un-reimbursed disaster related expenses that were incurred during the period October 27, 2012 through November 25, 2012. List any expenses for food purchased at restaurants from October 27, 2012 through November 25, 2012 in the line labeled "other disaster related expenses".
- **Part F – ELIGIBILITY COMPUTATION:** Do not enter any information in Part F of the application.

### What if I want to apply for ongoing Supplemental Nutrition Assistance Program (SNAP) benefits?

We will give you information at the exit that will tell you how to apply for ongoing SNAP benefits.

## Preguntas y Respuestas sobre el Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP)

### ¿Qué es DSNAP?

El Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP) provee asistencia alimentaria temporal a las familias afectadas a raíz de un desastre natural. Las personas y familias pueden recibir un pago único si estaban residiendo en la zona identificada de desastre, y si cumplen ciertos requisitos para elegibilidad. El estado solicita DSNAP del USDA sólo después de que el gobierno federal declare un “desastre mayor” en una zona afectada.

### ¿Quién es elegible para DSNAP?

- Las personas que actualmente **NO** reciben beneficios de SNAP.
- Para ser elegible para un beneficio de DSNAP el solicitante debe haber residido el 27 de octubre, 2012, en uno de los diez códigos postales o los dos códigos postales parciales:
  - **Coney Island, Brooklyn:** códigos postales 11224 y 11235
  - **Red Hook, Brooklyn:** código postal 11231
  - **Gerritsen Beach al sur de Allen Avenue, Brooklyn:** zona parcial del código postal 11229
  - **Lower East Side, Manhattan:** código postal 10002
  - **Staten Island:** Southeast shore - código postal 10306 y North Midland Beach al sur de Seaview Avenue - zona parcial del código postal 10305
  - **The Rockaways, Queens:** códigos postales 11691, 11692, 11693, 11694, y 11697
- El solicitante debe haber incurrido en y pagado los gastos relacionados con el desastre desde el 27 de octubre, 2012, hasta el 25 de noviembre, 2012.
- El reemplazo de alimentos perdidos no se considera un gasto relacionado con el desastre.
- Para recibir beneficios, los solicitantes deben comprobar su identidad y haber residido en uno de los códigos postales afectados el 27 de octubre, 2012. También, deben proporcionar toda documentación pertinente a ingreso, recursos y composición de la familia, desde el 27 de octubre, 2012, hasta el 25 de noviembre, 2012. Esta información será revisada y verificada independientemente.

### ¿Si el hogar ya está recibiendo beneficios de SNAP puede recibir DSNAP también?

Las personas que reciben beneficios recurrentes de SNAP y que residía en uno de los diez códigos postales y dos códigos postales parciales el 27 de octubre, 2012, recibirá DSNAP automáticamente si la cantidad del beneficio recibido de noviembre, 2012, fue menos de la cantidad máxima permitida por el tamaño de su hogar. Los beneficiarios actuales de SNAP no deben venir en persona para entregar solicitud, y serán rechazados si lo hacen. Los hogares actuales de SNAP que recibieron el beneficio máximo de SNAP por el mes de noviembre no recibirán suplemento.

### ¿Qué tal si alguien perdió mucha comida?

La pérdida de comida en sí no le da derecho a DSNAP al hogar. Los solicitantes sólo se consideran elegibles para DSNAP si sufrieron daño a la casa o al negocio propio, residieron en las zonas más afectadas el 27 de octubre, 2012, e incurrieron en gastos a raíz de la tormenta o la pérdida de ingreso, toda la cual información debe ser revelada.

### ¿Qué tal si un solicitante no desea, o no puede revelar cierta información en la solicitud para DSNAP?

Al presentar solicitud para DSNAP, los solicitantes deben ser honestos en cuanto a su información personal. Los solicitantes deben haber residido en la zona afectada a partir del 27 de octubre, 2012, y deben reportar con exactitud su ingreso y sus recursos. Hacer declaraciones erróneas en una solicitud para beneficios gubernamentales como DSNAP constituye fraude del bienestar público – un delito.

## Preguntas y Respuestas sobre el Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP) (A continuación)

### ¿Cuál es el trámite para presentar solicitud para DSNAP?

Tras pasar por el triaje, en el cual determinaremos si usted tiene comprobante de identidad y también residía en uno de los códigos postales seleccionados, usted será dirigido a otra parte para llenar su solicitud de DSNAP y el documento informativo para el Programa de Asistencia de Nutrición Suplementaria de Desastre (DSNAP). También, usted debe estar preparado para entregarnos todos los documentos que ha traído consigo que comprueban su identidad, domicilio en el 27 de octubre, 2012, ingreso, recursos, gastos relacionados con Sandy y composición del hogar. Nosotros haremos fotocopias de estos documentos y se los devolveremos. Tras llenar su solicitud, favor de entregársela al (a la) trabajador(a) de la HRA responsable por el lugar en el cual usted se sienta. Este(a) trabajador(a) revisará su solicitud para que esté completa y legible y le hará unas preguntas para aclarar cualquier respuesta que no esté clara. Tras revisar su solicitud y que todo esté llenado de manera satisfactoria, el (la) trabajador(a) le entregará a usted un recibo para acusar recibo de su solicitud. De tener más preguntas en cuanto a su solicitud, otro(a) trabajador(a) lo/la entrevistará para determinar su elegibilidad.

### ¿Cuándo me informarán si soy elegible para DSNAP?

Usted debe recibir un aviso por correo dentro de tres a siete días que le informará si fue aprobado(a) o rechazado(a) para beneficios de DSNAP.

### ¿Qué pasará si me aprueban?

Si lo (la) aprueban, usted recibirá un aviso de aprobación por correo. También, dentro de tres a siete días, recibirá separadamente por correo su Tarjeta Electrónica de Beneficios (EBC). Usted recibirá en un tercer envío por correo su Número de Identificación Personal (PIN).

### ¿Qué tal si me entrevistaron en el local de DSNAP?

Si lo (la) entrevistaron en el local de DSNAP, usted ya debía haber recibido un aviso de la decisión allí. Si lo (la) aprueban, también recibirá su Tarjeta Electrónica de Beneficios (EBC) y su PIN por separado en el correo.

### ¿Cuáles son las instrucciones para llenar la solicitud?

Información para llenar la Solicitud para el Programa de Asistencia de Nutrición Suplementaria para Desastre (DSNAP) (Formulario **LDSS-4988**):

- **Parte A – SITUACIÓN DEL HOGAR:** Marque *SÍ* o *NO* para cada pregunta.
- **Parte B – MIEMBROS DEL HOGAR:** Haga una lista sólo de las personas que formaron parte de su hogar el 27 de octubre, 2012. No incluya a las personas que estén residiendo en su hogar temporalmente a raíz del desastre.
- **Parte C – INGRESO:** Haga una lista del ingreso neto total recibido durante el período del 27 de octubre, 2012, hasta el 25 de noviembre, 2012. La lista debe incluir ingreso como beneficios de Seguro Social e ingreso neto salarial recibido después de deducciones automáticas de nómina, como impuestos, primas de seguro, cuotas sindicales y contribuciones al 401k.
- **Parte D – RECURSOS:** Haga una lista de sus recursos disponibles a partir del 27 de octubre, 2012.
- **Parte E – GASTOS:** Haga una lista de los gastos relacionados con el desastre y no reembolsados en que el hogar incurrió durante el período del 27 de octubre, 2012, hasta el 25 de noviembre, 2012. Haga una lista de comida comprada en restaurantes desde el 27 de octubre, 2012, hasta el 25 de noviembre, 2012, en la línea denominada "otros gastos relacionados con el desastre".
- **Parte F – COMPUTACIÓN DE ELEGIBILIDAD:** No anote ninguna información en la Parte F de la solicitud.

### ¿Qué tal si quiero presentar solicitud para beneficios recurrentes de SNAP?

Nosotros le daremos información a la salida que le informe cómo presentar solicitud para beneficios continuos de SNAP.

## ACTION TAKEN ON YOUR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CASE

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:		
CASE NUMBER:	CIN NUMBER:			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<h1 style="font-size: 100px; opacity: 0.5;">SAMPLE</h1>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP: _____		
		DR) Ag Conferen F) aring Infor A) ssistance S) Legal Assistance Information		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

The action(s) taken on your application/recertification request for SNAP dated \_\_\_\_\_ is explained below, next to the checked box(es).

### DISASTER SNAP BENEFITS NOT PICKED UP WITHIN 90 DAYS CANNOT BE REPLACED.

- APPROVED** for Disaster SNAP for \_\_\_\_\_ to \_\_\_\_\_.
- You will get \$ \_\_\_\_\_. You may access your benefits on \_\_\_\_\_.

**(Note:** This approval is conditional. Additional checks may be done on the income and resource information you provided on your application, and on prior or duplicate participation in this D-SNAP. If you are subsequently determined to be ineligible, a notice of denial will be sent to you.)

- DENIED** for Disaster SNAP because:
- You did not live in the disaster area at the time of the disaster.
  - Your available income and resources are more than the disaster SNAP standards.
  - You are not planning to buy food during the month.
  - Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The above decision(s) is based on the Food Stamp Act of 1977, as amended, Section 5 (h) (7 U.S.C. 2014 (h)) and 7 C.F.R. part 280 and disaster waivers issued by the United States Department of Agriculture.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

**ACTION TAKEN ON YOUR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CASE**

NAME:	ADDRESS:	CASE NUMBER:
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**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors.
2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE:** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To get the conference phone number for the conference, write to us on the **front** of this notice. Sometimes this is the best way to get your problem solved. We will try to do this when you have asked for a fair hearing.

2. **STATE FAIR HEARING:** If you do not want to ask for a

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **on-line**.

**Writing:** Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**On-line:** Complete an on-line request form at: <http://otda.ny.gov/oah/>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or on-line, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that tells you when and where the fair hearing will be held.

As the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to use at the address on the **front** of this notice.

# MEDIDAS TOMADAS EN SU CASO DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP, POR SUS SIGLAS EN INGLÉS) POR DESASTRES

FECHA DEL AVISO:		NOMBRE Y DIRECCIÓN DEL ORGANISMO/CENTRO U OFICINA DISTRITAL		
NÚMERO DE CASO:	NÚMERO DE CIN:	NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS U OBTENER AYUDA		
NÚMERO DE CASO (y nombre C/O si está presente) Y DIRECCIÓN				
<h1>SAMPLE</h1>		Revisión con el organismo de asistencia nutricional y asistencia legal		
		Acceso al registro		
		Información de asistencia legal		
		Información de asistencia legal		

NO. DE OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR	NOMBRE DE LA UNIDAD O DEL TRABAJADOR	NO. DE TELÉFONO
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La(s) medida(s) tomadas en su solicitud/pedido de recertificación para el SNAP de fecha \_\_\_\_\_ se explica(n) más abajo, al lado de la(s) casilla(s) marcada(s).

### LOS BENEFICIOS DEL SNAP POR DESASTRES QUE NO SEAN RECOGIDOS DENTRO DE LOS 90 DÍAS NO PUEDEN SER REEMPLAZADOS.

- APROBADO** el SNAP por desastres por \_\_\_\_\_ para \_\_\_\_\_.
- Usted recibirá \$ \_\_\_\_\_. Usted puede acceder a sus beneficios el \_\_\_\_\_.

(Aviso: Esta aprobación es condicional. Se puede llevar a cabo investigaciones adicionales acerca de la información salarial y de recursos que usted ha proporcionado en su solicitud, y en su participación anterior o duplicada en este D-SNAP. Si se determina posteriormente que usted no es eligible, se le enviará un anuncio del rechazo.)

- NEGADO** el SNAP por desastres debido a que:
- Usted no vivía en el área del desastre al momento de la ocurrencia.
  - Sus ingresos y recursos disponibles son mayores que los estándares del SNAP por desastres.
  - Usted no planea comprar alimentos durante el mes.
  - Otro: \_\_\_\_\_

La(s) decisión(ones) se basa en la Ley de Cupones de Alimentos de 1977, según enmienda, Artículo 5 (h) (Código 7 de EE.UU. (USC, por sus siglas en inglés 2014 (h)) y Código 7 de las Disposiciones Federales (CFR, por sus siglas en inglés) parte 280 y exenciones por desastres emitidas por el Departamento de Agricultura de Estados Unidos.

**MEDIDAS TOMADAS SOBRE SU CASO DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP, POR SUS SIGLAS EN INGLÉS) POR DESASTRES**

NOMBRE:	DIRECCIÓN:	NÚMERO DE CASO:
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**SECCIÓN DE REUNIÓN Y AUDIENCIA DE IMPARCIALIDAD - ¿USTED PIENSA QUE ESTAMOS EQUIVOCADOS?**

Si usted piensa que nuestra decisión está equivocada, puede solicitar una revisión de la misma. Nosotros corregiremos nuestros errores. Usted puede hacer tanto el 1 como el 2:

1. Solicite una reunión (conferencia) con uno de nuestros supervisores.
  2. Solicite una audiencia de imparcialidad del estado ante un funcionario de audiencias estatal.
1. **REUNIÓN:** (reunión informal con nosotros) – Si usted piensa que nuestra decisión está equivocada o no la comprende, por favor llámenos para coordinar una reunión. Para hacer esto, llame al número de teléfono para reuniones en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de este aviso. Algunas veces, esta es la forma más rápida de resolver cualquier problema que pueda tener. Lo alentamos a que haga esto, incluso si ha solicitado una audiencia de imparcialidad.
  2. **AUDIENCIA DE IMPARCIALIDAD DEL ESTADO:** usted tiene **90 días** a partir de la fecha de este aviso para solicitar una audiencia de imparcialidad.

**CÓMO SOLICITAR UNA AUDIENCIA DE IMPARCIALIDAD:** puede solicitar una audiencia de imparcialidad por escrito, por teléfono, por fax o en línea.

**Por escrito:** Envíe una copia de ambos lados de este aviso *lleno* a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Para Personas con Discapacidades del Estado de Nueva York, P.O. Box 1930, Albany, New York 12201. Por favor conserve una copia para usted.

- Deseo una audiencia de imparcialidad. No estoy de acuerdo con las medidas del organismo. (Usted puede explicar más abajo la razón por la que no está de acuerdo, pero no tiene que incluir una explicación por escrito).

**Teléfono:** 800-342-3334 (POR FAVOR TENGA ESTE AVISO CON USTED CUANDO LLAME).

**Fax:** Envíe una copia por fax del anverso y el reverso de este aviso al: (518) 473-6735 o

**En línea:** Llene un formulario de solicitud en línea a: <http://otda.ny.gov/oah/>

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por fax o en línea, por favor escriba para solicitar una audiencia de imparcialidad antes del plazo.

**QUÉ ESPERAR EN UNA AUDIENCIA DE IMPARCIALIDAD:** el estado le enviará un aviso indicando cuándo y dónde se realizará la audiencia de imparcialidad.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que nuestra decisión está equivocada. Usted puede traer un abogado, un pariente, un amigo o a alguien que lo ayude a hacer esto. Si no puede venir personalmente, puede enviar a alguien que lo represente. Si envía a alguien a la audiencia en su lugar, que no sea un abogado, debe proporcionarle una carta que le muestre al funcionario de audiencias que desea que esta persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante tendrán la oportunidad de explicar por qué estamos equivocados y una oportunidad de brindarle al funcionario de audiencias documentación por escrito que explique la razón por la que estamos equivocados.

Para ayudar a explicar en la audiencia por qué piensa que estamos equivocados, debe traer testigos que lo puedan ayudar. También debe traer cualquier documentación que tenga, como: boletas de pago, contratos de alquiler, recibos, facturas, certificados médicos.

En la audiencia, usted y su abogado u otro representante pueden hacer preguntas a los testigos que traigamos o que ustedes traigan para ayudar en su caso.

**ASISTENCIA LEGA:** si usted piensa que necesita un abogado para ayudarlo con este problema, puede obtener uno sin costo alguno para usted, comunicándose con su Sociedad de Asistencia Legal u otro grupo de defensoría legal. Para obtener el nombre de otros abogados, verifique su directorio telefónico bajo "Abogados".

**ACCEDA A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS:** para ayudar a prepararse para la audiencia, usted tiene el derecho de ver su expediente. Si nos llama o nos escribe, nosotros le brindaremos copias gratuitas de los documentos de su expediente, las que entregaremos al funcionario de audiencias en la audiencia imparcial. También, si nos llama o nos escribe, le brindaremos copias gratuitas de otra documentación de su expediente que usted considere que pueda necesitar para prepararse para su audiencia de imparcialidad. Para solicitar documentación o saber cómo ver su expediente, llámenos al número de teléfono de Acceso al registro en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de este aviso.

Si desea copias de documentos del expediente de su caso, debe solicitarlas con anticipación. Estas le serán provistas dentro de un tiempo razonable antes de la fecha de la audiencia. La documentación le será enviada por correo postal únicamente si solicita específicamente que así se haga.

**INFORMACIÓN:** si desea más información sobre su caso, cómo solicitar una audiencia de imparcialidad, cómo ver su expediente o cómo obtener copias adicionales de la documentación, llámenos a los números telefónicos en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de ese aviso.



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

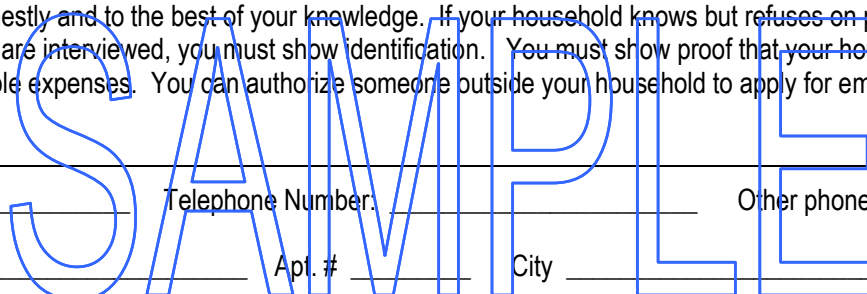
(Pursuant to 7 CFR 280)

*We will consider all applicants without regard to color, race, sex, age, disability, religion, national origin or political belief.*

**DO NOT WRITE IN SHADED AREAS**

APPLICATION DATE:	INTERVIEW DATE	CENTER/OFFICE	UNIT	WORKER	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERSION	LANG E OR S	LANG READ (NYC) XXXXXXXXXXXX
DISASTER AUTHORIZATION PERIOD:		PAYMENT PERIOD		HH SIZE		PAYMENT AMOUNT		1 <sup>ST</sup> CARD NUMBER		
FROM:	TO:	FROM:	TO:			\$		XXXXXXXXXXXXXXXXXXXXXXXXXXXX		

**INSTRUCTIONS:** Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any required information, it will not be eligible to receive SNAP benefits. When you are interviewed, you must show identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use your SNAP benefits.



Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Other phone where you can be reached: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code: \_\_\_\_\_

**PART A – HOUSEHOLD SITUATION**

**YES      NO**

1. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions:		
Did the disaster damage or destroy your home or self-employment property?		
Does your household have any additional un-reimbursed expenses as a result of the disaster?		
While the effects of the disaster are being cleaned up, will your household be buying food?		
Did the disaster delay, reduce or stop your household's income?		
Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster?		
2. Are you a current SNAP Participant? If so, STATE: _____ COUNTY: _____		
3. Are you or anyone in your household employed by New York State, NYC HRA or a local social services district?		



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD IN PART B.** List each household member's Social Security Number (SSN), Date of Birth, and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster SNAP is operating. The SSN will be used to identify your household members and to make sure they are eligible for SNAP. It will also be used for computer matching, program reviews or audits.

PART B – HOUSEHOLD MEMBERS													PART C - INCOME					
	First Name	M I	Last Name	Social Security Number (SSN) or applying member (If none, write "None")	Date of Birth	Marital Status	Sex M or F	Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*						Relationship to you	Source Type	Amount
								Yes	No	I	A	B	P	W	U			
1															SELF		\$	
2																	\$	
3																	\$	
4																	\$	
5																	\$	
6																	\$	
7																	\$	
8																	\$	
<b>TOTAL HOUSEHOLD INCOME</b>																	\$	

SAMPLE

\*Race/Ethnic Codes: I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White, U - Unknown

In Part D, list all cash your household will be able to get during this disaster. In Part E, list the disaster-caused expenses that your household paid or expects to pay during this disaster. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.**

PART D – RESOURCES	AMOUNT
Cash on Hand	\$
Checking Accounts	\$
Savings Accounts	\$
<b>TOTAL ACCESSIBLE CASH RESOURCES</b>	<b>\$</b>

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

PART E – EXPENSES		AMOUNT
Food destroyed in disaster		\$
Dependent care due to disaster		\$
Funeral/medical expenses due to disaster		\$
Moving and storage costs due to disaster		\$
Temporary Shelter expenses		\$
Cost to protect property during disaster		\$
Cost to repair or replace items for home or self-employment property		\$
Other disaster-related expenses		\$
	<b>TOTAL DISASTER EXPENSES</b>	\$
PART F – ELIGIBILITY COMPUTATION		AMOUNT
1. Total anticipated income		\$
2. Total accessible cash resources		\$
3. Add #1 and #2		\$
4. Total disaster expenses		\$
5. Total available funds (Subtract #4 from #3)		\$
6. Maximum Gross Income Limit (Amount from Disaster Table)		\$
7. <b>ELIGIBLE</b> (#5 is equal to or less than #6) Monthly Benefit Amount		\$
8. <b>INELIGIBLE</b> (#5 is greater than #6)		\$
PART G – PENALTY WARNING		
<p>If your household gets SNAP it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your SNAP benefits to make sure you were eligible for disaster aid. <b>DO NOT</b> give false information or hide information to get or to continue to get SNAP. <b>DO NOT</b> give or sell SNAP benefits or authorization documents to anyone not authorized to use them. <b>DO NOT</b> use SNAP benefits to buy unauthorized items such as alcohol or tobacco. <b>DO NOT</b> use another household's SNAP benefits for your household.</p>		
PART H – CERTIFICATION AND SIGNATURE		
<p>I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster, I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to a fair hearing orally or in writing.</p>		
<b>APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an x):</b>		<b>Date Signed:</b>

SAMPLE

**PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP, POR SUS SIGLAS EN INGLÉS)**

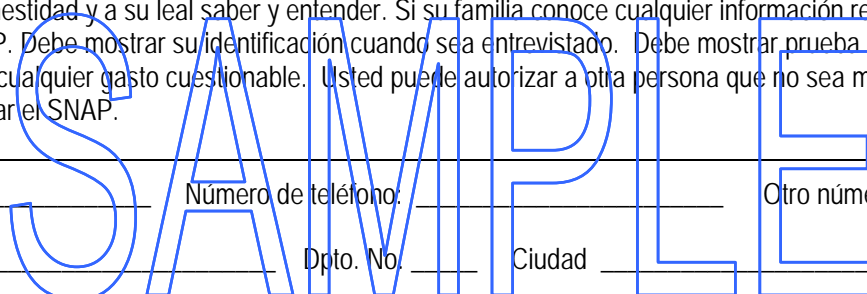
(De acuerdo al Código 7 de Disposiciones Federales [CFR, por sus siglas en inglés] 280)

*Consideraremos a todos los solicitantes sin importar el color, raza, sexo, edad, discapacidad, religión, nacionalidad o creencias políticas.*

**NO ESCRIBA EN LAS ÁREAS SOMBREADAS**

APPLICATION DATE:	INTERVIEW DATE	CENTER/OFFICE	UNIT	WORKER	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERSION	LANG E OR S	LANG READ (NYC) XXXXXXXXXX
DISASTER AUTHORIZATION PERIOD: FROM: TO:		PAYMENT PERIOD FROM: TO:		HH SIZE		PAYMENT AMOUNT \$		1 <sup>ST</sup> CARD NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXX		

**INSTRUCCIONES:** Llene esta solicitud con honestidad y a su leal saber y entender. Si su familia conoce cualquier información requerida, pero se rehúsa a propósito a brindarla, no será elegible para recibir beneficios del SNAP. Debe mostrar su identificación cuando sea entrevistado. Debe mostrar prueba que su familia vivió en el área de desastre al momento del mismo. Puede tener que verificar cualquier gasto cuestionable. Usted puede autorizar a otra persona que no sea miembro de su familia, a aplicar para recibir asistencia de emergencia y para obtener o utilizar el SNAP.



Nombre: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_ Otro número de teléfono: \_\_\_\_\_  
 Dirección de residencia: \_\_\_\_\_ Dpto. No. \_\_\_\_\_ Ciudad \_\_\_\_\_, N Y Código postal: \_\_\_\_\_  
 Dirección para envío de correspondencia (si es distinta): \_\_\_\_\_ Dpto. No. \_\_\_\_\_ Ciudad \_\_\_\_\_, N Y Código postal: \_\_\_\_\_

**PARTE A – SITUACIÓN DE LA FAMILIA**

**SÍ NO**

1. ¿Su familia vivía en el área del desastre al momento que ocurrió el mismo? Si la respuesta es sí, por favor responda las siguientes preguntas:		
¿El desastre dañó o destruyó su vivienda o su propiedad donde se desempeña como trabajador independiente?		
¿Su vivienda cuenta con algún gasto adicional no reembolsado como resultado del desastre?		
Mientras se limpian los efectos del desastre, ¿su vivienda comprará alimentos?		
¿El desastre retrasó, redujo o detuvo los ingresos de su hogar?		
¿Su familia cuenta con dinero en efectivo o en cuentas corrientes o de ahorro a las que no puede acceder debido a que el banco se encuentra cerrado debido al desastre?		
2. ¿Actualmente usted participa en el SNAP? De ser así, INDIQUE: CONDADO:		
3. ¿Alguien en su familia es empleado del estado de Nueva York, NYC HRA o un distrito de servicios sociales locales?		

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

Indique los miembros de su familia, incluyéndose, quienes se vieron afectados por el desastre, que viven y comen con usted. **SI SE ESTÁ QUEDANDO TEMPORALMENTE CON OTRA FAMILIA DEBIDO AL DESASTRE, NO INDIQUE LOS MIEMBROS DE ESA FAMILIA EN LA PARTE B.** Indique el Número de Seguro Social (SSN, por sus siglas en inglés), fecha de nacimiento, así como fuente y monto de ingresos llevados al hogar por cada miembro de su familia. Indique otros ingresos que los miembros de su familia hayan recibido o esperan recibir mientras opera el SNAP por el desastre. El SSN es requerido por ley y será utilizado para identificar a los miembros de su hogar y asegurar que sean elegibles para el SNAP. También será utilizado para las coincidencias informáticas, revisiones o auditorías del programa.

PARTE B – MIEMBROS DEL HOGAR													PARTE C - INGRESOS					
	Primer nombre	Inicial del segundo nombre	Apellido	Número de Seguro Social (SSN, por sus siglas en inglés) o miembro solicitante  (De no haber ninguno, escriba "Ninguno")	Fecha de nacimiento	Estado civil	Sexo M o F	¿Hispano o latino?		Ingreso S (Sí) o N (No) para cada raza*						Parentesco con usted	Tipo de fuente	Monto
								Sí	No	I	A	B	P	W	U			
1																UNO MISMO	\$	
2																	\$	
3																	\$	
4																	\$	
5																	\$	
6																	\$	
7																	\$	
8																	\$	
<b>TOTAL DE INGRESOS DE LA FAMILIA</b>																\$		

\*Raza/códigos étnicos: **I** - Indígena americano o alaskaño, **A** - Asiático, **B** - Negro o afroamericano, **P** - Nativo hawaiano o nativo de la Polinesia, **W** - Blanco, **U** - Desconocido

En la Parte D, indique todo el dinero en efectivo que su familia podrá conseguir durante este desastre. En la Parte E, indique los gastos ocasionados por el desastre que su familia pagó o espera pagar durante este desastre.

**NO INCLUYA LOS GASTOS QUE ALGUIEN FUERA DE SU FAMILIA PAGÓ O PAGARÁ.**

PARTE D – RECURSOS	MONTO
Dinero en efectivo a la mano	\$
Cuentas corrientes	\$
Cuentas de ahorros	\$
<b>TOTAL DE RECURSOS DE DINERO EN EFECTIVO ACCESIBLE</b>	\$

PARTE E – GASTOS		MONTO
Alimentos destruidos en el desastre		\$
Cuidado de dependientes debido al desastre		\$
Gastos de sepelio/médicos debido al desastre		\$
Costos de mudanzas y almacenaje debido al desastre		\$
Gastos de refugio temporal		\$
Costos de protección a la propiedad durante el desastre		\$
Costos de reparación o reemplazo de artículos de la vivienda o de la propiedad donde se desempeña como trabajador independiente		\$
Otros gastos relacionados al desastre		\$
<b>TOTAL DE GASTOS OCASIONADOS POR EL DESASTRE</b>		\$
PARTE F – CÁLCULO DE ELEGIBILIDAD		MONTO
1. Total de ingresos previstos		\$
2. Total de recursos de dinero en efectivo accesible		\$
3. Sume No.1 y No.2		\$
4. Total de gastos ocasionados por el desastre		\$
5. Total de fondos disponibles (reste No. de No.3)		\$
6. Límite de ingresos brutos máximos (monto de la tabla de desastre)		\$
7. <b>ELEGIBLE</b> (el No.5 es igual o menor al No.6)    Monto de beneficios mensuales		\$
8. <b>INELEGIBLE</b> (el No.5 es mayor al No.6)		\$
PARTE G – ADVERTENCIA DE SANCIÓN		
<p>Si su familia obtiene el SNAP debe seguir las normas indicadas más abajo. Nosotros podemos elegir a su familia para una revisión federal o estatal en algún momento después que reciba sus beneficios del SNAP para asegurar que eran elegibles para la asistencia por desastres. <b>NO</b> brinde información falsa ni oculte información para obtener o seguir recibiendo beneficios del SNAP. <b>NO</b> brinde ni venda beneficios del SNAP o documentos de autorización a nadie que no esté autorizado para utilizarlos. <b>NO</b> utilice los beneficios del SNAP para comprar artículos no autorizados como alcohol o tabaco. <b>NO</b> utilice otros beneficios del SNAP para su familia.</p>		
PARTE H – CERTIFICACIÓN Y FIRMA		
<p>Comprendo las preguntas en esta solicitud y las sanciones por ocultar o proporcionar información falsa. Mi familia necesita asistencia alimentaria inmediata como resultado del desastre, yo certifico bajo pena de perjurio, que la información brindada es correcta e íntegra a mi leal saber y entender. También autorizo la entrega de cualquier información necesaria para determinar la corrección de mi certificación. Entiendo que si no estoy de acuerdo con alguna de las medidas tomadas en mi caso, tengo el derecho de solicitar en forma oral o por escrito, una audiencia de imparcialidad.</p>		
SOLICITANTE, REPRESENTANTE AUTORIZADO O TESTIGO (si es firmado con una x):		Fecha de firma:

SAMPLE



**HUMAN RESOURCES ADMINISTRATION  
INVESTIGATION, REVENUE AND  
ENFORCEMENT ADMINISTRATION**

## **D-SNAP Referral to IREA**

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

Applicant's Name: \_\_\_\_\_  
Last **SAMPLE** First

- Works for HRA or NYS Office of Temporary & Disability Assistance
- Affidavit from collateral contact in lieu of ID/No valid photo ID
- SEVEN or more household members
- No proof of address
- Homeless/Un-domiciled
- No verifiable income and no other household members have income
- Suspicious documentation (i.e. documentation is similar to previously seen applications)
- Other \_\_\_\_\_



**HUMAN RESOURCES ADMINISTRATION  
INVESTIGATION, REVENUE AND  
ENFORCEMENT ADMINISTRATION**

Instruction to staff: Attach completed form to the case folder

**DISASTER INCOME GUIDE LINES AND  
MAXIMUM SNAP ALLOTMENT BASED ON HOUSEHOLD SIZE**

Household Size	<b><u>Disaster Income Limit (with DSED)</u></b> Use for Disaster Related Expenses <b>Equal to or Greater than \$100</b>	<b>Disaster Standard Expense Deduction (DSED) Amount</b>	<b><u>Disaster Income Limit</u></b> Use for Disaster Related Expenses <b>Less than \$100</b> or if ineligible using income limit in column B	Maximum SNAP Allotment
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1	\$2,268	\$719	\$1549	\$200
2	\$2,965	\$1,086	\$1879	\$367
3	\$3,411	\$1,354	\$2207	\$526
4	\$4,004	\$1,622	\$2557	\$668
5	\$4,452	\$1,545	\$2907	\$793
6	\$4,979	\$1,715	\$3264	\$952
7	\$5,363	\$1,768	\$3594	\$1,052
8	\$5,747	\$1,822	\$3924	\$1,202
Each Additional	+\$384		+\$330	+\$150