



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #15-01-EMP

(This Policy Directive Replaces PB #12-117-EMP)

DEMONSTRATING COMPLIANCE AT CONCILIATION ON PENDING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) EMPLOYMENT AND TRAINING (E&T) SANCTIONS

Date: January 12, 2015	Subtopic(s): Employment
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AUDIENCE The instructions in this policy directive are for Job Center staff, Back to Work (B2W) Representatives and are informational for all others.

POLICY Cash Assistance / Supplemental Nutrition Assistance Program (CA/SNAP) participants who fail to comply with an assigned work activity must be offered an opportunity at their Conciliation appointment to avoid a SNAP sanction by demonstrating compliance with a SNAP E&T work requirement.

For individuals in receipt of Cash Assistance (CA) and SNAP benefits who are subject to SNAP E&T sanctions, the offer of an opportunity to avoid a SNAP sanction will be part of the CA Conciliation process.

See [PB #02-177-ELI](#) for information on the simplified SNAP plan.

Individuals who are the caretaker of a child under six or of an incapacitated person are normally exempt from SNAP E&T work requirements. However, under the simplified SNAP plan, the SNAP caretaker exemption does not apply when the individual:

- is in receipt of Family Assistance (FA) or Safety Net Federally Participating (SNFP);
- is not exempt from CA work requirements; and
- fails to comply with a work experience program (WEP) assignment.

These individuals are subject to both CA and SNAP sanctions. Therefore, an opportunity to demonstrate compliance with a SNAP E&T work requirement must be offered at Conciliation when a failure to comply was determined to be both willful and without good cause.

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

Individuals who are subject to and complying with FA/SNFP work requirements are exempt from SNAP work requirements. If they fail to comply with those requirements, they are subject to an employment sanction for both CA and SNAP. These individuals must also be offered an opportunity to demonstrate compliance with a SNAP E&T work requirement at Conciliation when the failure to comply was determined to be both willful and without good cause.

BACKGROUND

Effective December 29, 2014, the temporary moratorium on SNAP E&T sanctions for participant noncompliance with employment requirements that had been in effect since December 14, 2012, was lifted. As a result, the block on the following Welfare Management System (WMS) SNAP case closing and individual sanction codes for SNAP participants that were previously in place was removed:

- WE1** Failure to comply with employment requirements:
1st occurrence
- WE2** Failure to comply with employment requirements:
2nd occurrence
- WE3** Failure to comply with employment requirements:
3rd and subsequent occurrences

Additionally, the moratorium on the use of the following SNAP case and individual denial codes for applicant voluntary job quit and case closing and individual sanction codes for participant voluntary job quit was lifted as of December 29, 2014.

- N31** Voluntary Quit: Applicant, 1st occurrence
- N32** Voluntary Quit: Applicant, 2nd occurrence
- N33** Voluntary Quit: Applicant, 3rd and subsequent occurrences
- N41** Voluntary Quit: Recipient, 1st occurrence
- N42** Voluntary Quit: Recipient, 2nd occurrence
- N43** Voluntary Quit: Recipient, 3rd and subsequent occurrences

Voluntary Quit Provision

The SNAP voluntary quit provision applies to individuals who are subject to SNAP work requirements and who, without good cause, voluntarily:

- quit a job that provided 30 or more hours per week of employment; or
- quit a job that provided weekly earnings of at least 30 times the federal minimum wage; or
- reduced their work effort from 30 or more hours per week to an extent that after the reduction the individual is working less than 30 hours per week and is earning a weekly amount that is less than 30 times the federal minimum wage.

For SNAP applicants, the above voluntary quit provision applies if the voluntary quit or the voluntary reduction in work hours without good cause occurred within 30 days prior to the date of application. Applicant voluntary quit sanctions are not subject to Conciliation. However, a SNAP participant who voluntarily quits his/her employment must be offered Conciliation.

The moratorium on the use of SNAP sanctions continues for non-compliance with SNAP work requirements (other than applicant voluntary quit) by a SNAP applicant who is subject to the SNAP work requirements and has not received benefits under the expedited processing rules.

SNAP E&T sanctions that were initiated between August 3, 2009 and December 14, 2012 are not to be considered when determining the sanction level (1st, 2nd, or 3rd and subsequent) of any new SNAP E&T sanctions. SNAP E&T sanctions that were initiated during this period have already been deleted from the client infraction screen in WMS. SNAP E&T sanctions imposed prior to August 3, 2009 remain in WMS and are considered when determining the sanction level of any new SNAP E&T sanctions.

Conciliation Notices

Individuals who fail to comply with an assigned work requirement and are subject to a SNAP E&T sanction, will be mailed one of the following newly created Conciliation notices:

Newly created
Conciliation notices

- Conciliation Notification / Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (**FIA-1103a**);
- Conciliation Notification for Activity Period Continued / Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (**FIA-1103b**); or
- Conciliation Notification for Activity Period Discontinued / Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (**FIA-1103c**)

These notices inform individuals that even if he/she does not have a good cause reason for failing to comply with an assigned work requirement, he/she may avoid a SNAP sanction by keeping the Conciliation appointment and demonstrating compliance with SNAP E&T work requirements.

CA only participants or CA/SNAP participants who are not subject to the SNAP E&T work requirements will not receive one of the above new notices. These individuals will continue to receive the following notices in accordance with current procedure.

- Conciliation Notification (**W-532A**);
- Conciliation Notification for Activity Period Continued (**W-532B**); or
- Conciliation Notification for Activity Period Discontinued (**W-532C**)

Note: SNAP participants who are not in receipt of CA benefits are not currently assigned by the Agency to any mandatory work activities. Therefore, these individuals are not subject to SNAP E&T sanctions.

New NYCWAY codes for SNAP demonstrated compliance

The following action codes have been created in the NYCWAY system for the SNAP demonstrated compliance process:

- 134U** SNAP Second Chance Not Applicable (System Generated)
- 134Q** SNAP Second Chance Required (System Generated)
- 134S** Given SNAP Demonstrated Compliance Referral/Return Appointment
- 134C** Returned, Completed SNAP Demonstrated Compliance
- 134N** Returned, Did not Complete SNAP Demonstrated Compliance
- 134F** Failed to Return for SNAP Demonstrated Compliance Appt.

To be eligible for the opportunity to demonstrate compliance with SNAP E&T work requirements, the individual must report to his/her Conciliation appointment.

Individuals who are granted good cause, or who do not willfully fail to comply with a CA work requirement, will not be sanctioned for CA or SNAP. Therefore, they do not need to demonstrate compliance with a SNAP work assignment. NYCWAY will post action code **134U**.

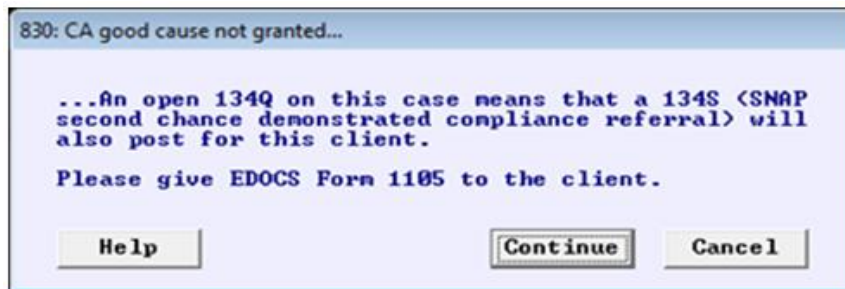
Individuals subject to both CA and SNAP work requirements who willfully and without good cause fail to comply with a CA work requirement, must be informed that, although the sanction for CA will not be stopped, a SNAP sanction can be avoided by demonstrating compliance with a SNAP E&T work requirement. NYCWAY will post action code **134Q** which indicates that this individual must be offered an opportunity to demonstrate compliance with a SNAP E&T work requirement.

How to demonstrate compliance

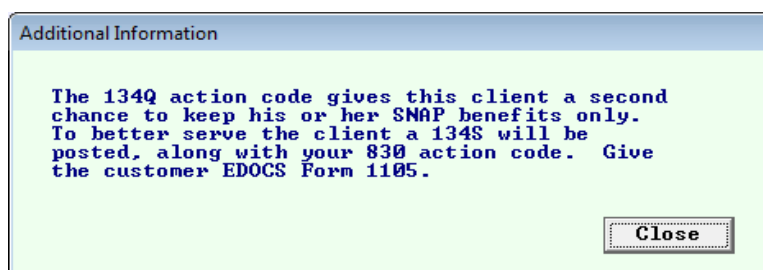
To demonstrate compliance with a SNAP E&T work requirement, the individual must perform a minimum of 12 hours of self-directed job search activities. This individual must be given a Declaration of Job Search Activities for Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (**FIA-1105**) to record the 12 hours of job search activities to demonstrate his/her compliance with a SNAP E&T work requirement.

Good Cause not granted

If the Conciliation Worker posts action code **830** (CA Good Cause Not Granted) and the individual is subject to SNAP E&T work requirements, the following message will appear in NYCWAY:



If the Conciliation Worker selects “Help” the following message will appear in NYCWAY:



After viewing the message above, the Conciliation Worker must select “Close” to go back to the previous display.

If the Conciliation Worker selects “Continue”, NYCWAY will display code **830** and the system will post code **134S**.

If the Conciliation Worker selects “Cancel” neither action code **830** or action code **134S** will appear. Select “Cancel” if action code **830** was posted in error.

The Conciliation Worker can obtain an **FIA-1105** from eDocs. The Worker must enter the identifying information on the top right hand corner of the form and enter a return date. NYCWAY will calculate the return date and list that date as the future action date (FAD). The return FAD/date will be the later of the end of the Conciliation period or three business days from the date the form is given to the individual. The individual must be instructed to return to the Job Center to submit a signed and completed **FIA-1105** to the Conciliation Worker that lists at least 12 hours of self-directed job search.

The Conciliation Worker must scan and index a copy of the **FIA-1105** that contains the due date for the return of the form.

If the individual returns and submits a signed and completed **FIA-1105** in a timely manner that lists a minimum of 12 hours of self-attested job search, the Conciliation Worker will post action code **134C** in NYCWAY. The signed and completed **FIA-1105** must be scanned and indexed into the HRA Viewer.

If the individual returns and submits an **FIA-1105** that does not list a minimum of 12 hours of self-attested job search, the Conciliation Worker will post action code 134N in NYCWAY. The incomplete **FIA-1105** must be scanned and indexed into the HRA Viewer.

The Conciliation Worker will be required to pull up the **SNPRF** worklist in NYCWAY of individuals who had code **134S** posted and who have not returned an **FIA-1105** by the FAD date. For these cases, the Conciliation Worker must post action code **134F**.

See [PD #08-23-OPE](#) for the Manual NOI Process

When it is determined that the individual's failure to comply with a work requirement was willful and without good cause and the case requires manual processing, individuals with NYCWAY action code **134C** or **134U**, are to be sanctioned for CA only and individuals with NYCWAY action codes **134N** or **134F** are to be sanctioned for both CA and SNAP.

PROGRAM IMPLICATIONS

POS Implications	There are no POS Implications
Cash Assistance Implications	Individuals who fail to comply with a CA work requirement cannot avoid a CA sanction by demonstrating compliance. Individuals who willfully and without good cause fail to comply with a CA work requirement must be sanctioned for CA.
Medicaid Implications	SNAP E&T requirements do not apply to Medicaid eligibility

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #14-24-OPE](#) and [PD #14-18-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Workers are reminded that adequate or timely notification must be sent to all applicants/participants when an adverse action is taken. In addition, the applicant/participant should be given the opportunity to resolve the infraction issue without having to resort to a Fair Hearing.

Conferences in Job Centers If the individual comes to the Job Center and requests a Conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen by an FH&C Associate Job Opportunity Specialist I (AJOS I) or Supervisor I. If the individual calls the JOS/Worker directly, the JOS/Worker must instruct him/her to call the FH&C unit.

The FH&C AJOS I/Supervisor I will listen to and evaluate any material presented by the participant, review the case file, and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS I/Supervisor I will explain the reason for the Agency’s action(s) to the participant.

If the determination is that the participant’s failure to comply with a work requirement was not both willful and without good cause or if the outstanding NOI needs to be withdrawn for other reasons, the FH&C AJOS I/Supervisor I will Settle in Conference (SIC) the pending action, enter Action Code **820** (Good Cause Granted) in NYCWAY with detailed case notes, and forward to the appropriate JOS/Worker all the documents submitted to verify and support the SIC action. The JOS/Worker is responsible for taking any corrective action necessary.

Evidence Packets All evidence packets must contain relevant copies of appointment notices, assignment letters, employment declarations, and employment assessments.

REFERENCES

[14-ADM-06](#)
[GIS 12 TA/DC035](#)
 7CFR 273.7(f)
 18 NYCRR 385.12(b), 385.13

RELATED ITEMS

NYC Employment Process Manual, Sections XIV and XV
[PD #08-23-OPE](#) Guide to Manual Notice of Intent (NOI) Process for NOI Clerks
[PB #02-177-ELI](#) Clarification of Simplified Food Stamp Plan Rules

ATTACHMENTS

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

- FIA-1103a (E)** Conciliation Notification/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance
- FIA-1103a (S)** Conciliation Notification/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Spanish)
- FIA-1103b (E)** Conciliation Notification for Activity Period Continued/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance
- FIA-1103b (S)** Conciliation Notification for Activity Period Continued/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Spanish)
- FIA-1103c (E)** Conciliation Notification for Activity Period Discontinued/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance
- FIA-1103c (S)** Conciliation Notification for Activity Period Discontinued/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Spanish)
- FIA-1105 (E)** Declaration of Job Search Activities for Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance
- FIA-1105 (S)** Declaration of Job Search Activities for Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Spanish)

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

This notice may affect your household's temporary assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Center below by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or stopped.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why on

you: _____

SAMPLE

If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate.

To avoid having your household's temporary assistance and/or SNAP benefits reduced or stopped, you must report to the location below. At the meeting, you must provide a good cause reason why you did not comply with your work activity assignment or document that you are exempt from work requirements. Even if you do not have a good cause reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. At the meeting, the conciliation worker will instruct you on how to demonstrate compliance in order to avoid a SNAP sanction and a reduction in your SNAP benefits.

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.**

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any proof that will help document what occurred. The Conciliation Worker may require you to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the proof to the meeting with the Conciliation Worker. The Conciliation Worker will use this proof to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you claim you are exempt from SNAP work requirements, you must provide proof so we can decide whether or not you should be exempt from these requirements. Exemptions from participation in SNAP work activities may include, but are not limited to: being under 16 or 60 years of age or older, or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you **do not** report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance benefits and/or SNAP benefits, or that your temporary assistance benefits and/or SNAP benefits will be reduced or stopped. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Fecha de Vencimiento: _____
Teléfono: _____
Centro de Trabajo: _____
Código de Acción: _____

Aviso de Conciliación/Cumplimiento Demostrado del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Este aviso puede afectar los beneficios de asistencia temporaria y del Programa de Asistencia de Nutrición Suplementaria (SNAP) de su hogar. Estimamos que usted ha rehusado, intencionalmente y sin motivo justificado, cumplir un requisito de trabajo. Usted tiene que comunicarse con el Centro más abajo para la fecha mencionada a continuación, para explicar la razón por la cual usted no cumplió con los requisitos de trabajo. De lo contrario, la asistencia temporaria y/o los beneficios del SNAP de su hogar podrían ser reducidos o terminados.

Nos gustaría hablar con usted sobre las dificultades que pueda tener con los requisitos de actividad de trabajo y acerca de la(s) razón(es) por la(s) cual(es) el _____ usted

Si no podemos llegar a un acuerdo respecto a su participación en una actividad de trabajo, tomaremos una determinación sobre su falta o rechazo intencionados y sin motivo justificado de comparecer o cooperar.

Para evitar que se reduzcan o interrumpan los beneficios de su hogar de asistencia temporal y/o SNAP, usted tiene que presentarse al local más abajo. En la reunión, usted debe proporcionar motivo justificada por el cual usted no cumplió su asignación de actividad de trabajo o documentar que esté exento(a) de los requisitos de trabajo. Aun cuando usted no tenga motivo justificado por su incumplimiento de su asignación de actividad de trabajo, o aun si no documenta una exención de los requisitos de trabajo de SNAP, puede evitar una sanción de SNAP si demuestra su cumplimiento de una asignación de actividad de trabajo de SNAP. En la reunión, el/la Trabajador(a) de Conciliación le indicará cómo demostrar su cumplimiento para evitar una sanción de SNAP y la reducción de sus beneficios de SNAP.

Nota: Los beneficios de SNAP de su hogar serán reducidos o terminados si usted no toma ninguna acción. **Ésta es la única oportunidad de cumplir las actividades de trabajo de SNAP para evitar la pérdida de beneficios.**

La siguiente cita ha sido programada para que usted asista a una entrevista con un Trabajador de Conciliación en la dirección indicada más abajo:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Si usted no puede asistir a esta cita, puede venir cualquier día antes de la fecha de vencimiento indicada arriba y solicitar hablar con un Trabajador de Conciliación.

Al presentarse usted tendrá la oportunidad de explicarle al Trabajador de Conciliación por qué no se presentó o no cooperó. El Trabajador de Conciliación actuará de mediador y tratará de resolver cualquier problema. Es responsabilidad suya proporcionar las razones por las cuales usted no se presentó o no cooperó y proporcionar cualquier prueba que sirva para documentar lo sucedido. El Trabajador de Conciliación puede exigirle que usted proporcione prueba para justificar cualquier razón(es) que usted alegue por no presentarse o no cumplir los requisitos de trabajo. Se aceptan las siguientes pruebas: carta por parte de su médico, carta por parte de la escuela de sus hijos, carta por parte de la corte, u otro documento similar que explique por qué usted no se presentó o cooperó según la asignación. Usted debe traer las pruebas a la reunión con el Trabajador de Conciliación. El Trabajador de Conciliación utilizará esta documentación para determinar si usted en realidad tuvo causa justificada o no. Se denomina causa justificada a un suceso o circunstancia ajena a su voluntad que le impide cumplir los requisitos de trabajo. Si se determina que sí tuvo causa justificada, usted será excusado(a) por los días que no se presentó a su cita o a su actividad de trabajo asignada. Nosotros le notificaremos de nuestra decisión.

Algunos ejemplos de razón(es) justificada(s) de no cooperar con el requisito de trabajo podrían incluir , pero no se limitan, a las siguientes:

- Usted o su niño estaban enfermos el día de la actividad laboral;
- Usted tuvo una emergencia en el hogar;
- Usted no tenía quien le cuidara a su niño menor de 13 años de edad; o
- Usted no pudo participar debido a una situación de violencia doméstica.

Si usted alega que está exento(a) de los requisitos de trabajo de SNAP, debe proporcionar una prueba para que nosotros podamos decidir si usted debe de estar exento(a) de los mismos. Las exenciones de la participación en actividades de trabajo de SNAP pueden incluir no exclusivamente: tener menos de 16 años o más de 60 años de edad, o ser física o mentalmente incapaz de trabajar. La prueba de exención podría incluir una declaración de su médico o profesional sanitario que le cuide u otros documentos que justifiquen su situación.

Si usted tiene un problema de salud físico o mental que le impida participar en una actividad de trabajo, usted será enviado a nuestro proveedor médico para determinar si debe ser exmido de los requisitos de trabajo.

Además, si tiene una queja de Igualdad de Oportunidades de Empleo (Equal Employment Opportunity – EEO), debe presentarla primero en su local ante el funcionario de EEO. Si no obtiene resultados satisfactorios de este proceso o si por algún motivo no desea acudir a un funcionario de EEO, la queja puede ser incluida como parte del proceso de conciliación/agravios.

Si usted **no** se presenta a la entrevista, o no se presenta al Centro para la fecha de vencimiento indicada en la página 1, usted recibirá un Aviso de Intención (Notice of Intent) informándole que no es elegible para recibir asistencia temporaria y/o beneficios del SNAP, o que sus beneficios de asistencia temporaria y/o beneficios de SNAP, serán reducidos o suspendidos. El aviso le proporcionará un período de 10 días durante el cual puede solicitar una conferencia que le brindará la oportunidad de resolver la disputa sobre el incumplimiento. Después de recibir el Aviso de Intención usted tiene derecho a solicitar una Audiencia Imparcial si no está de acuerdo con nuestra decisión. Usted tiene derecho a una Audiencia Imparcial aún si no solicita conferencia.

Favor de notar: El incumplimiento de los requisitos de trabajo de asistencia temporaria no afecta su elegibilidad de Medicaid. No existen requisitos de trabajo para Medicaid.

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Continued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

This notice may affect your household's temporary assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or stopped.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. You may continue your work activity while a determination is being made. Child care and transportation services will continue as long as you participate.

To avoid having your household's temporary assistance and/or SNAP benefits reduced or stopped, you must report to the location below. At the meeting, you must provide a good cause reason why you did not comply with your work activity assignment or document that you are exempt from work requirements. Even if you do not have a good cause reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. At the meeting, the conciliation worker will instruct you on how to demonstrate compliance in order to avoid a SNAP sanction and a reduction in your SNAP benefits.

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.**

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any proof that will help document what occurred. The Conciliation Worker may require you to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the proof to the meeting with the Conciliation Worker. The Conciliation Worker will use this proof to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you claim you are exempt from SNAP work requirements, you must provide proof so we can decide whether or not you should be exempt from these requirements. Exemptions from participation in SNAP work activities may include, but are not limited to: being under 16 or 60 years of age or older, or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you **do not** report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or SNAP benefits, or that your temporary assistance benefits and/or SNAP benefits will be reduced or stopped. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Fecha de Vencimiento: _____
Teléfono: _____
Centro de Trabajo: _____
Código de Acción: _____

Aviso de Conciliación para la Continuación del Período de Actividad/ Cumplimiento Demostrado del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Este aviso puede afectar la asistencia temporaria y los beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) de su hogar. Estimamos que usted ha rehusado, intencionadamente y sin motivo justificado, cumplir un requisito de trabajo. Usted tiene que comunicarse con el Centro más abajo para la fecha mencionada a continuación, para explicar la razón por la cual no cumplió con los requisitos de trabajo, o de lo contrario la asistencia temporaria y/o los beneficios de SNAP de su hogar podrían ser reducidos o terminados.

Nos gustaría hablar con usted sobre las dificultades que pueda tener con los requisitos de actividad de trabajo y acerca de la (s) razón(es) por la(s) cual(es) usted:

SAMPLE

Usted no reunió el número de horas requeridas o no cooperó durante el período de _____ a _____. Si no podemos llegar a un acuerdo acerca de su participación en una actividad de trabajo, decidiremos si usted no se presentó o rehusó cooperar injustificada e intencionadamente. Puede continuar con su actividad de trabajo mientras se tome la decisión. Los servicios de cuidado infantil y de transporte continuarán, siempre y cuando usted siga participando.

Para evitar que se reduzcan o interrumpan los beneficios de su hogar de asistencia temporal y/o SNAP, usted tiene que presentarse al local más abajo. En la reunión, usted debe proporcionar motivo justificada por el cual usted no cumplió su asignación de actividad de trabajo o documentar que esté exento(a) de los requisitos de trabajo. Aun cuando usted no tenga motivo justificado por su incumplimiento de su asignación de actividad de trabajo, o aun si no documenta una exención de los requisitos de trabajo de SNAP, puede evitar una sanción de SNAP si demuestra su cumplimiento de una asignación de actividad de trabajo de SNAP. En la reunión, el/la Trabajador(a) de Conciliación le indicará cómo demostrar su cumplimiento para evitar una sanción de SNAP y la reducción de sus beneficios de SNAP.

Nota: Los beneficios de SNAP de su hogar serán reducidos o terminados si usted no toma ninguna acción. **Ésta es la única oportunidad de cumplir las actividades de trabajo de SNAP para evitar la pérdida de beneficios.**

La siguiente cita ha sido programada para que usted asista a una entrevista con un Trabajador de Conciliación en la dirección indicada más abajo:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Si usted no puede asistir a esta cita, puede venir cualquier día antes de la fecha de vencimiento indicada arriba y solicite hablar con un Trabajador de Conciliación.

Al presentarse usted tendrá la oportunidad de explicarle al Trabajador de Conciliación por qué no se presentó o no cooperó. El Trabajador de Conciliación actuará de mediador y tratará de resolver cualquier problema. Usted tiene la responsabilidad de proporcionar la(s) razón(es) por la(s) cual(es) no se presentó o no cooperó y de proveer cualquier prueba que ayude a documentar lo ocurrido. El Trabajador de Conciliación puede exigirle que usted proporcione documentación para justificar cualquier razón(es) que usted alegue por no presentarse o no cumplir los requisitos de trabajo. Se aceptan las siguientes pruebas: carta por parte de su médico, carta por parte de la escuela de sus hijos, carta por parte de la corte, u otro documento similar que explique por qué usted no se presentó o no cooperó según la asignación. Usted debe traer las pruebas a la reunión con el Trabajador de Conciliación. El Trabajador de Conciliación utilizará esta prueba para determinar si usted en realidad tuvo causa justificada o no. Se denomina causa justificada a un suceso o circunstancia ajena a su voluntad que le impide cumplir los requisitos de trabajo. Si se determina que sí tuvo causa justificada, usted será excusado(a) por los días que no se presentó a su cita o a su actividad de trabajo asignada. Nosotros le notificaremos de nuestra decisión.

Algunos ejemplos de razón(es) justificadas de no cooperar con el requisito de trabajo podrían incluir, pero no se limitan, a las siguientes:

- Usted o su niño estaban enfermos el día de la actividad laboral;
- Usted tuvo una emergencia en el hogar;
- Usted no tenía quien le cuidara a su niño menor de 13 años de edad; o
- Usted no pudo participar debido a una situación de violencia doméstica.

Si usted alega que está exento(a) de los requisitos de trabajo de SNAP, debe proporcionar una prueba para que nosotros podamos decidir si usted debe de estar exento(a) de los mismos. Las exenciones de la participación en actividades de trabajo de SNAP pueden incluir no exclusivamente: tener menos de 16 años o más de 60 años de edad, o ser física o mentalmente incapaz de trabajar. La prueba de exención podría incluir una declaración de su médico o profesional sanitario que le cuide u otros documentos que justifiquen su situación.

Si usted tiene un problema de salud físico o mental que le impida participar en una actividad de trabajo, usted será enviado a nuestro proveedor médico para determinar si debe ser eximido de los requisitos de trabajo.

Además, si tiene una queja de Igualdad de Oportunidades de Empleo (Equal Employment Opportunity – EEO), debe presentarla primero ante el funcionario de EEO de su Agencia. Si no obtiene resultados satisfactorios de este proceso o si por algún motivo no desea acudir a un funcionario de EEO, la queja puede ser incluida como parte del proceso de conciliación/agravios.

Si usted **no** se presenta a la entrevista o al Centro para la fecha de vencimiento indicada en la página 1, usted recibirá un Aviso de Intención (Notice of Intent) que le informará de que no es elegible para beneficios de asistencia temporaria y/o de SNAP, o que sus beneficios de asistencia temporaria serán reducidos o terminados. El aviso le proporcionará un período de diez (10) días durante el cual puede solicitar una conferencia que le brindará la oportunidad de resolver la disputa sobre el incumplimiento. Después de recibir el Aviso de Intención, usted tiene derecho a solicitar una Audiencia Imparcial si no está de acuerdo con nuestra decisión. Usted tiene derecho a solicitar una Audiencia Imparcial aún si no solicita una conferencia.

Favor de notar: El incumplimiento de los requisitos de trabajo de asistencia temporaria no afecta su elegibilidad de Medicaid. No existen requisitos de trabajo para Medicaid.

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Discontinued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

This notice may affect your household's temporary assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or stopped.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

SAMPLE

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. Until a determination is reached, you must stop participating in the assigned work activity. Although your child care will continue, your transportation services have been terminated.

To avoid having your household's temporary assistance and/or SNAP benefits reduced or stopped, you must report to the location below. At the meeting, you must provide a good cause reason why you did not comply with your work activity assignment or document that you are exempt from work requirements. Even if you do not have a good cause reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. At the meeting, the conciliation worker will instruct you on how to demonstrate compliance in order to avoid a SNAP sanction and a reduction in your SNAP benefits.

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.**

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any proof that will help document what occurred. The Conciliation Worker may require you to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the proof to the meeting with the Conciliation Worker. The Conciliation Worker will use this proof to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

if you claim you are exempt from SNAP work requirements, you must provide proof so we can decide whether or not you should be exempt from these requirements. Exemptions from participation in SNAP work activities may include, but are not limited to: being under 16 or 60 years of age or older or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you **do not** report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance benefits and/or SNAP benefits, or that your temporary assistance benefits and/or SNAP benefits will be reduced or stopped. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Fecha de Vencimiento: _____
Teléfono: _____
Centro de Trabajo: _____
Código de Acción: _____

Aviso de Conciliación del Período de Actividad Discontinuado/ Programa de Asistencia de Nutrición Suplementaria (SNAP) Cumplimiento Demostrado

Este aviso puede afectar la asistencia temporal y los beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) de su hogar. Estimamos que usted ha rehusado o dejado de cumplir un requisito de trabajo, intencionalmente o sin motivo justificado. Usted tiene que comunicarse con el Centro más abajo para la fecha mencionada a continuación, para explicar la razón por la cual no cumplió con los requisitos de trabajo. De lo contrario la asistencia temporal y/o los beneficios de SNAP de su hogar podrían ser reducidos o suspendidos.

Nos gustaría hablar con usted sobre las dificultades que pueda tener con los requisitos de actividad de trabajo y acerca de la(s) razón(es) por la(s) cual(es) usted:

SAMPLE

Usted no cumplió el requisito mínimo de horas de trabajo o no cooperó como debió durante el período de _____ al _____. Si no podemos llegar a un acuerdo acerca de su participación en una actividad de trabajo, decidiremos por nuestra parte si usted no se presentó o rehusó cooperar intencionalmente y sin motivo justificado. Hasta que se tome dicha decisión, usted tiene que dejar de participar en la actividad de trabajo asignada. Aunque su cuidado infantil continuará, sus servicios de transporte han sido terminados.

Para evitar que se reduzcan o interrumpan los beneficios de su hogar de asistencia temporal y/o SNAP, usted tiene que presentarse al local más abajo. En la reunión, usted debe proporcionar motivo justificada por el cual usted no cumplió su asignación de actividad de trabajo o documentar que esté exento(a) de los requisitos de trabajo. Aun cuando usted no tenga motivo justificado por su incumplimiento de su asignación de actividad de trabajo, o aun si no documenta una exención de los requisitos de trabajo de SNAP, puede evitar una sanción de SNAP si demuestra su cumplimiento de una asignación de actividad de trabajo de SNAP. En la reunión, el/la Trabajador(a) de Conciliación le indicará cómo demostrar su cumplimiento para evitar una sanción de SNAP y la reducción de sus beneficios de SNAP.

Nota: Los beneficios de SNAP de su hogar serán reducidos o terminados si usted no toma ninguna acción. **Ésta es la única oportunidad de cumplir las actividades de trabajo de SNAP para evitar la pérdida de beneficios.**

La siguiente cita ha sido programada para que usted asista a una entrevista con un Trabajador de Conciliación en la dirección indicada más abajo:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Si usted no puede asistir a esta cita, puede venir cualquier día antes de la fecha de vencimiento indicada más arriba y solicite hablar con un trabajador de conciliación.

Al presentarse usted tendrá la oportunidad de explicarle al Trabajador de Conciliación por qué no se presentó o no cooperó. El Trabajador de Conciliación actuará de mediador y tratará de resolver cualquier problema. Es responsabilidad suya proporcionar las razones por las cuales usted no se presentó o no cooperó y proporcionar cualquier prueba que sirva para documentar lo sucedido. El Trabajador de Conciliación puede exigirle que usted proporcione prueba para justificar cualquier razón(es) que usted alegue por no presentarse o no cumplir los requisitos de trabajo. Se aceptan las siguientes pruebas: carta por parte de su médico, carta por parte de la escuela de sus hijos, carta por parte de la corte, u otro documento similar que explique por qué usted no se presentó o cooperó según la asignación. Usted debe traer las pruebas a la reunión con el Trabajador de Conciliación. El Trabajador de Conciliación utilizará esta prueba para determinar si usted en realidad tuvo causa justificada o no. Se denomina causa justificada a un suceso o circunstancia ajena a su voluntad que le impide cumplir los requisitos de trabajo. Si se determina que sí tuvo causa justificada, usted será excusado(a) por los días que no se presentó a su cita o a su actividad de trabajo asignada. Nosotros le notificaremos de nuestra decisión.

Algunos ejemplos de razón(es) justificada(s) de no cooperar con el requisito de trabajo podrían incluir , pero no se limitan, a las siguientes:

- Usted o su niño estaban enfermos el día de la actividad laboral;
- Usted tuvo una emergencia en el hogar;
- Usted no tenía quien le cuidara a su niño menor de 13 años de edad; o
- Usted no pudo participar debido a una situación de violencia doméstica.

Si usted alega que está exento(a) de los requisitos de trabajo de SNAP, debe proporcionar una prueba para que nosotros podamos decidir si usted debe de estar exento(a) de los mismos. Las exenciones de la participación en actividades de trabajo de SNAP pueden incluir no exclusivamente: tener menos de 16 años o más de 60 años de edad, o ser física o mentalmente incapaz de trabajar. La prueba de exención podría incluir una declaración de su médico o profesional sanitario que le cuide u otros documentos que justifiquen su situación.

Si usted tiene un problema de salud físico o mental que le impida participar en una actividad de trabajo, usted será enviado a nuestro proveedor médico para determinar si debe ser eximido de los requisitos de trabajo.

Además, si tiene una queja de Igualdad de Oportunidades de Empleo (Equal Employment Opportunity – EEO), debe presentarla primero en su local ante el funcionario de EEO. Si no obtiene resultados satisfactorios de este proceso o si por algún motivo no desea acudir a un funcionario de EEO, la queja puede ser incluida como parte del proceso de conciliación/agravios.

Si usted **no** se presenta a la entrevista o al Centro para la fecha de vencimiento indicada en la página 1, revisaremos la evidencia para decidir si su ausencia o falta de cooperación fueron intencionales e injustificadas. Si determinamos que injustificada e intencionalmente usted faltó o rehusó cumplir con los requisitos de actividad de trabajo, usted recibirá un Aviso de Intención (Notice of Intent) que le informará de que no es elegible para beneficios de asistencia temporaria y/o de SNAP, o que sus beneficios de asistencia temporaria serán reducidos o suspendidos. El aviso le proporcionará un período de 10 días durante el cual puede solicitar una conferencia que le brindará la oportunidad de resolver la disputa sobre el incumplimiento. Después de recibir el Aviso de Intención, usted tiene derecho a solicitar una Audiencia Imparcial si no está de acuerdo con nuestra decisión. Usted tiene derecho a solicitar una Audiencia Imparcial aún si no solicita una conferencia.

Favor de notar: El incumplimiento de los requisitos de trabajo de asistencia temporaria no afecta su elegibilidad de Medicaid. No existen requisitos de trabajo para Medicaid.

Date: _____
 Case Number: _____
 Case Name: _____
 Telephone: _____
 Job Center: _____

Declaration of Job Search Activities for Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

To avoid a loss or reduction in your household's SNAP benefits due to your failure to comply with an assigned work activity without good cause, you must demonstrate compliance by performing a minimum of 12 hours of self-directed job search activities and returning this form to the location listed above by _____.

Note: Demonstrated compliance cannot be used for Cash Assistance.

Use the log below to record your job search activity. You must complete, sign, and return this form in person to the location listed above.

SAMPLE

Date of contact/activity	Description of activity	Name and address of employer (if applicable)	Person contacted (if applicable)	Telephone number/e-mail/website (as applicable)	Time spent on contact/activity*

*Include time spent on activities such as completing resumes, searching for employment on websites, databases, and help wanted ads, and time spent on employment interviews including travel time to and from the interview.

In signing this Declaration of Job Search Activities for SNAP Demonstrated Compliance, I certify that the above information is correct.

Participant signature

Date

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Teléfono: _____
 Centro de Trabajo: _____

Declaración de Actividades de Búsqueda de Trabajo para el Cumplimiento Demostrado del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Para evitar la pérdida o reducción de los beneficios de SNAP de su hogar por no cumplir una actividad de trabajo asignada sin motivo justificado, usted debe demostrar su cumplimiento realizando un mínimo de 12 horas de actividades de búsqueda de trabajo autodirigidas y devolviendo este formulario al local listado más arriba para el _____.

Nota: El cumplimiento demostrado no se puede usar para Asistencia en Efectivo.

Use el registro más abajo para anotar sus actividades de búsqueda de trabajo. Usted debe llenar, firmar, y devolver este formulario en persona al local listado más arriba.

Fecha de contacto/ actividad	Descripción de la actividad	Nombre y dirección del empleador (si corresponde)	Persona contactada (si corresponde)	Número telefónico/ e-mail/sitio Web (si corresponde)	Tiempo dedicado al contacto/ actividad*

*Incluya el tiempo dedicado a las actividades como llenar resúmenes, a la búsqueda de trabajo en sitios Web, base de datos, y anuncios de trabajo, y el tiempo dedicado a las entrevistas, incluido el tiempo de transporte a y de las entrevistas.

Al firmar esta Declaración de Cumplimiento Demostrado de Actividades de Búsqueda de Trabajo para SNAP, certifico que la información más arriba es correcta.

Firma del Participante

Fecha