



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #17-10-OPE (This Policy Directive Replaces PD #15-07-OPE)

REVISIONS TO THE MAIL APPLICATION REFERRAL UNIT (MARU)

Date: May 19, 2017	Subtopic(s): SNAP Applications
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AUDIENCE The instructions in this policy directive are for staff in all Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Centers. They are informational for all other staff.

REVISIONS TO THE PRIOR DIRECTIVE

The policy directive has been revised to:

- Update the page references where applicant signatures are entered on the Supplemental Nutrition Assistance Program (SNAP) Application/ Recertification form (**LDSS-4826**) which was revised in July 2016. Signatures are entered on **Page 2** and **Page 8**.
- Update the Mail Application Referral Unit (MARU) mailing address so that it now reads:
*HRA/Family Independence Administration
Supplemental Nutrition Assistance Program
Mail Application Referral Unit (MARU)
P.O. Box 29197
Brooklyn, NY 11201-9956.*
- Reflect the new name of the updated Human Resources Administration (HRA) online portal which is now called "ACCESS HRA" and is reached at www.nyc.gov/accesshra. The former version of the website was named "ACCESS NYC".
- Change the Incomplete Supplemental Nutrition Assistance Program (SNAP) Application Form (**W-901K**) to include revised instructions and references to the **Page 2** and **Page 8** signature pages on the **LDSS-4826**.
- Change How to Process an Electronic Application (E-App) for Supplemental Nutrition Assistance Program (SNAP) Benefits (**Attachment A**) to include new references to ACCESS HRA.

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

- Revise the description of the process, now automated, by which the **Applicant Interview Log** is updated with a **Failed To Keep (FTK)** appointment status when an applicant misses the scheduled telephone eligibility interview.
- Make minor language updates to reflect current information.

POLICY

All individuals have the right to either request a Supplemental Nutrition Assistance Program (SNAP) Application/Recertification form (**LDSS-4826**) in person or request that the Application be sent to them by mail. SNAP applications may be submitted by mail, fax (including Right-Fax), in person or electronically. SNAP applications may be completed and submitted by an authorized representative. A SNAP application that is received will be considered filed if it meets the minimum requirements of containing at least the applicant's name, address (if they have one), and signature on **Page 2** or **Page 8** of the SNAP application.

The date that a SNAP application meeting the minimum requirements is received by the appropriate Center is considered the SNAP filing date. SNAP applications received by mail or fax that do not meet the minimum requirements must be mailed back to the applicant immediately.

BACKGROUND

Paper SNAP
Applications
(**LDSS-4826**)

The Mail Application Referral Unit (MARU) was established to centralize the receipt of all mailed and faxed Supplemental Nutrition Assistance Program (SNAP) Application/ Recertification (**LDSS-4826**) forms. For the purposes of this procedure, all references to a paper application shall refer to SNAP initial applications (not recertifications) received via mail, fax, and Right-Fax.

Special business reply envelopes (**W-90A**), addressed to MARU, facilitate the centralized receipt of all mailed SNAP applications. SNAP applications with business reply envelopes are available in all:

- NCA SNAP Centers;
- Application Kits mailed by the Human Resources Administration (HRA)'s Infoline;
- Nutrition Outreach and Education Program (NOEP) locations; and;
- Community-Based Organizations (CBO's) that perform SNAP outreach.

MARU staff date stamp the received SNAP applications that meet the minimum requirements for filing a SNAP application, complete the intake process by remotely accessing the appropriate SNAP Home Center using the Paperless Office System (POS), and

schedule the initial eligibility interviews with the appropriate Telephone Interview Processing Services (TIPS) location or SNAP Home Center.

MARU staff members are also responsible for ensuring that SNAP applications are properly signed. SNAP applications that do not contain a signature on either **Page 2** or **Page 8** of the application are considered unsigned and, therefore, do not meet the minimum requirements for filing a SNAP application. Unsigned SNAP applications must be returned to the applicant immediately.

FIA uses the Incomplete Supplemental Nutrition Assistance Program (SNAP) Application Form (**W-901K**) to notify applicants that they have submitted an unsigned SNAP application. Form **W-901K** instructs applicants to sign **Page 2** and **Page 8** of the SNAP application and mail it back immediately in the enclosed business reply envelope.

Electronic applications
(E-Apps)

New York City residents can electronically submit applications for SNAP benefits (E-Apps) at HRA's website, ACCESS HRA, www.nyc.gov/accesshra (formerly ACCESS NYC). ACCESS HRA software is also programmed with business rules to perform the screening for expedited SNAP processing based on the information provided by the applicant in their E-App. The filing date for faxed and electronic applications that are submitted after HRA's business hours is the following business day. Electronic applications have a filing date automatically generated on the electronic form. HRA's Management Information Systems (MIS) uses the information on the E-App to pre-fill the **SNAP E-application Submission** activity in the POS central office database.

POS automatically registers E-Apps in the Welfare Management System (WMS) prior to the start of the **SNAP E-application Submission** activity performed by the MARU Worker. E-Apps that are not successfully registered in WMS must be registered by the MARU Workers.

Auto-assignment
process for E-Apps that
are successfully
registered in WMS.

The E-Apps that are successfully registered in WMS are transferred by POS into the **MARU E-Apps** queue. The POS auto-assignment process then transfers the E-App from the **MARU E-Apps** queue to the **SNAP Eligibility Specialist** queue for the MARU Worker to perform the **SNAP E-application Submission** activity.

The MARU Worker must always work on the oldest case first. To ensure that the oldest case is worked on, the MARU Worker clicks

on the **Due Date** column header to sort the case from oldest to newest.

Note: Do not click on the **Case No** (sic) column header to sort the **SNAP E-application Submission** cases.

The auto assignment process runs from 8:00 AM to 4:00 PM. When the auto-assignment process stops at 4:00 PM, all new E-Apps are assigned by POS to the **MARU E-Apps** queue. The MARU Supervisor is responsible for assigning the cases from the **MARU E-Apps** queue to the available MARU Workers and/or from a MARU Worker's **SNAP Eligibility Specialist** queue to the **MARU E-Apps** queue.

The E-Apps that are received overnight, and are successfully registered in WMS, are assigned to the **MARU E-Apps** queue and then auto-assigned by POS each day, before 8:00 AM, to the available **SNAP Eligibility Specialist** queues.

Refer to [PB #14-50-SYS](#) (Attachment A, item #12).

The **SNAP E-application Submission** activities are assigned from the **MARU E-Apps** queue as follows:

- POS retrieves all MARU Workers that are scheduled to work for that day;
- POS sorts the list of the MARU Workers based on their scheduled report time;

Note: If the MARU Worker's scheduled arrival and departure times are not indicated in the **Schedule** field of the **Worker Schedule Assignment** window, POS assumes a default work schedule of 9:00 AM to 5:00 PM.

- POS assigns the **SNAP E-application Submission** activities from the **MARU E-Apps** queue using a round robin process.

At the end of the business day, the MARU Supervisor re-assigns all cases that were not started by the MARU Workers to the **MARU E-Apps** queue, to be included in the next morning's auto assignment process.

Manual assignment of E-Apps that are not successfully registered in WMS.

The E-Apps that are not successfully registered in WMS are transferred by POS to the **MARU E-Apps Exception** queue and must be manually assigned by a MARU Supervisor to a MARU Worker's **SNAP Eligibility Specialist** queue.

REQUIRED ACTION

Workers at NCA SNAP Centers and HRA’s Infoline must send SNAP applications by mail upon request. When mailing SNAP application kits, Workers must be sure to include the **W-90A** business reply envelope addressed to:

Revised.

HRA/Family Independence Administration
 Supplemental Nutrition Assistance Program
 Mail Application & Referral Unit (MARU)
 P.O. Box 29197
 Brooklyn, NY 11201-9956

SNAP applicants must be informed that they may also apply electronically using ACCESS HRA at www.nyc.gov/accesshra, in person at an NCA SNAP Center, by faxing their application to MARU at (718) 834-3296/3299 or (917) 639-1111, or by mailing the application in the business reply envelope provided for them.

Electronic Application (E-App) Processes

All E-App submissions require an interview with the applicant or authorized representative to establish eligibility for SNAP benefits. The process used by the MARU Worker varies based on whether the automatic application registration in WMS was successful or not successful.

E-App automatic application registration successful.

If the automatic application registration of an E-App is successful in WMS, the MARU Worker is responsible for scheduling the initial telephone/in-person eligibility interview by completing the **SNAP E-application Submission** activity for the cases assigned to his/her **SNAP Eligibility Specialist** queue in POS. Applications that were successfully registered display a WMS application registration (app-reg) number in the **Case No** field of the **SNAP Eligibility Specialist** queue. The WMS app-reg number consists of nine numbers followed by one letter (for example 012345678A).

Refer to **Attachment A**.

For detailed instructions, refer to How to Process an Electronic Application (E-App) for Supplemental Nutrition Assistance Program (SNAP) Benefits (**Attachment A**).

The MARU Worker must:

- Click on the **Due Date** column header to sort his/her queue;
- Select the activity in his/her queue with the oldest due date and click the **Start** button;

Appointment Scheduler.

- Click the **Appointment Scheduler** button on the **Center Selection** window;
- Complete the following actions when POS opens the **Appointment Scheduler**:
 - Click the **Next** button on the **Working Families Hardship Waiver** and **Expedited Processing Pre-Screening** windows;

LDSS-3938 NYC is saved to the **HRA One Viewer**.

Note: The SNAP Application Expedited Processing Summary Sheet – NYC (**LDSS-3938 NYC**) is saved to the **HRA One Viewer** when the Worker clicks the **Next** button on the **Expedited Processing Pre-Screening** window.

- Review the information in the bottom section of the **Appointment Scheduling** window, including:
 - Best Available Times;
 - Preferred Contact Number;
 - SNAP File Date; and
 - Preferred Language for Speaking

Note: If the applicant indicates that s/he is homebound or that a home visit is needed, refer to PB #16-26-OPE for instructions on scheduling the initial eligibility interview.

- Select an appointment time for the initial telephone/in-person eligibility interview based on the determination for expedited SNAP processing and the applicant’s stated best available time;
 - If the applicant is eligible for expedited SNAP processing, the appointment must be scheduled within two calendar days (48 hours) from the application file date.
 - If the applicant is not eligible for expedited SNAP processing, the appointment must be scheduled within five calendar days from the application file date.
- Call the applicant to confirm the appointment date and time for the initial telephone/in-person eligibility interview, which will be conducted by a TIPS/Home Center Worker;
- Click on the **Case Comment** button;
- Enter a detailed case comment to document the contact

- with the applicant and then click the **OK** button;
- Click the **Next** button on the **Appointment Scheduling** window;
- Verify that the interview appointment date and time that was selected is displayed on the **Appointment Confirmation** window; and

Note: If a contact number was not provided by the applicant, an in-person eligibility interview must be scheduled. The MARU Worker must use the **Previous** button to navigate to the **Working Families Hardship Waiver** window; select the **No** radio button for the question “*Does the applicant want to conduct their interview by telephone?*” and then use the **Next** button to navigate to the **Appointment Scheduling** window to book an in-person eligibility interview.

- Click the **Schedule the Appointment** button.

After the appointment is successfully scheduled, POS returns the MARU Worker to the **SNAP Eligibility Specialist** queue. The MARU Worker must repeat the actions listed above for each **SNAP E-application Submission** activity in his/her queue for which the automatic application registration was successful.

Automatic Application Registration Not Successful

E-App automatic application registration is not successful.

If the automatic registration of an E-App is not successful in WMS, POS transfers the case to the **MARU E-Apps Exception** queue. The MARU Supervisor then manually assigns the E-Apps to the MARU Worker’s **SNAP Eligibility Specialist** queue.

The MARU Worker will need to register the case and schedule the initial telephone/in-person eligibility interview by completing the **SNAP E-application Submission** activity for the cases that have been assigned to their **SNAP Eligibility Specialist** queue in POS. Applications that were not successfully registered display a placeholder number in the **Case No** field of the **SNAP Eligibility Specialist** queue. The placeholder number consists of twelve numbers (for example 150208012345).

Refer to **Attachment A**. For detailed instructions refer to **Attachment A**.

The MARU Worker must:

- Select the activity in his/her queue with the lowest placeholder number and click the **Start** button;
- Click the **Update H/H Comp or Address** button on the **Household Screen** window;
- Remove Social Security Numbers (SSNs) that are determined by WMS to be invalid from the **Adults in Household** and **Children in Household** windows and click the **Next** button;

Note: Enter a detailed case comment regarding each SSN that is deleted.

- Click the **Next** button on the **Food Stamp Household Composition** window;
- Update the mailing address information provided by the applicant so that it corresponds to the POS data fields on the **Address Information** window, if necessary:
 - For example, if the applicant entered an address of 216 East 112th St into ACCESS NYC, the MARU Worker must update the POS *Present Address* fields as follows:
 - **St No** – 216
 - **Dir** – East
 - **Name** – 112th
 - **Type** – Street
- Click the **Next** button on the **Address Information** window;
- Click the **Appointment Scheduler** button on the **Center Selection** window; and

Note: The **FS Center** field is pre-filled with the SNAP Home Center for the case based on the zip code of the present address or General Post Office address provided by the applicant.

- Follow the instructions that start on page 6, next to the left margin note “Appointment Scheduler” when the **Appointment Scheduler** opens.

The MARU Worker must repeat the actions listed above for each **SNAP E-application Submission** activity in his/her queue for which the automatic application registration was not successful and enter a detailed case comment regarding the actions taken.

Appointment Notices for E-App Submissions

Management Information Systems (MIS) Mail Distribution is responsible for printing and mailing the Supplemental Nutrition Assistance Program (SNAP) Eligibility Interview Appointment Notice (**W-119**) and the accompanying SNAP Documentation Guide (**W-129G**) to applicants that submit the SNAP application electronically. The **W-119** informs the applicant of his/her eligibility interview appointment date and time. The **W-129G** provides suggested documentation applicants can provide to verify the SNAP eligibility factors necessary to determine the applicant's eligibility for SNAP benefits.

The forms are electronically transmitted to MIS Mail Distribution by SNAP POS when the MARU Worker successfully schedules the initial telephone/in-person eligibility interview appointment using the **Appointment Scheduler**. The forms are mailed to the applicant on the next business day.

Paper Application Process

On a daily basis MARU Clerks must:

Open and review SNAP applications to ensure that they contain the applicant's name, address (if they have one), and a signature on either **Page 2** or **Page 8**;

Unsigned applications.

If an application is unsigned, the MARU Clerk must prepare Form **W-901K** and mail it to the applicant along with a **W-90A** business reply envelope, the original unsigned NCA SNAP application, and any accompanying documentation.

If the application contains the applicant's name, address (if they have one), and a signature on either **Page 2** or **Page 8**, the MARU Clerk must:

- Date stamp the SNAP application (this will become the SNAP filing date);
- Maintain a log of applications using the Supplemental Nutrition Assistance Program Pending Applications Control (**W-706B**) card and annotate the SNAP application file date in the first column of Form **W-706B**;
- Determine the appropriate Home Center by looking up the applicant's zip code;
- Place each SNAP application along with its accompanying documentation in a manila folder and write the applicant's Home

Refer to the [NCA SNAP Zip Code Guide](#).

- Center number on the outside; and
- Forward all manila folders containing SNAP applications and accompanying documentation to the MARU Supervisor.

After the MARU Clerk has completed the initial processing, the MARU Group Supervisor must:

- Review the contents of each SNAP application folder;
- Prepare the Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program Supervisor's Assignment of Cases (**W-119B**) form and assign each case to a MARU Worker;
- Distribute the folder containing the SNAP applications and supporting documentation to the MARU Worker for further processing; and
- Maintain a log to monitor the number of applications assigned to each MARU Worker using the Control of Assignments/Referrals: Subject (**W-708**) form.

The MARU Worker must:

- Remotely access the SNAP Home Center indicated on the case folder using POS;
- Review the application to ensure that it has a signature on **Page 8**;
 - If there is no signature on **Page 8** of the application, the Worker must enter a case comment in POS notifying the TIPS/Home Center Worker that he/she must obtain the applicant's signature on either the Supplemental Nutrition Assistance Program Benefits Application Attestation Signature Form (**W-129B**) (for telephone eligibility interviews), or on **Page 8** of the SNAP application (for in-person eligibility interviews);

Note: If there is a signature on **Page 8** of the application but not on **Page 2**, the MARU Worker will continue the intake and screening process. In this situation, a case comment is not necessary.

- Complete the POS intake process and screen each application to determine if the household is eligible for expedited SNAP (ESNAP) processing;

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

Eligible for ESNAP processing:

- If there is a working telephone number on the application, the Worker must:
 - Call the applicant to schedule an initial telephone eligibility interview to be conducted by a TIPS Worker within two calendar days (48 hours) from the application file date; and
 - Document the contact in POS with a case comment;

- If there is no telephone number listed on the application or if the telephone number listed is illegible, not working, or discontinued, the Worker must:
 - Schedule an in-person eligibility interview to be conducted at the Home Center within five calendar days from the application file date;
 - Mail forms **W-119** and **W-129G** to the applicant; and
 - Annotate the reason why an interview could not be conducted within 48 hours on Part Four of the Supplemental Nutrition Assistance Program (SNAP) Application Expedited Processing Summary Sheet (**LDSS-3938 NYC**).

Not Eligible for ESNAP processing:

- If there is a working telephone number on the application, the Worker must:
 - Call the applicant to schedule an initial telephone eligibility interview to be conducted by a TIPS Worker within five calendar days from the application file date; and
 - Document the contact in POS with a case comment;

- Scan and index the application and all supporting documents.

Initial Eligibility Interview Process for all SNAP Application Submissions

NCA SNAP applicants must complete an application eligibility interview within thirty calendar days of their application filing date.

Initial eligibility interviews.

The TIPS and Home Center Workers must:

- Conduct all initial eligibility interviews scheduled by the MARU

Workers, as follows:

- TIPS Workers conduct telephone interviews; and
- Home Center Workers conduct in-person interviews.

Revised.

Refer to [PD #13-29-ELI](#) and [PB #16-71-OPE](#) for details on processing applicants who fail to keep their initial eligibility interview.

Note: If the TIPS Worker makes two telephone contact attempts within the scheduled interview timeframe and the applicant cannot be reached, the appointment is marked automatically “Failed To Keep” (FTK) in the **Application Interview Log**. If an applicant fails to keep his/her in-Center eligibility interview appointment, the Home Center Worker must update the **Application Interview Log** on the day following the missed interview. In both cases when the **Log** is updated with the FTK, SNAP POS electronically transmits the Supplemental Nutrition Assistance Program Request For Contact/Missed Interview (**LDSS-4753**) form to MIS Mail Distribution on the next business day.

- Check to ensure that **Page 8** of the SNAP application is signed. If **Page 8** of the application is not signed, the Worker must inform the applicant that his/her signature is required, and:

For telephone eligibility interviews:

- Advise the applicant that he/she will be receiving the Supplemental Nutrition Assistance Program Benefits Application Attestation Signature Form (**W-129B**) that must be signed and returned before an eligibility determination can be made; and
- Prepare and send form **W-129B** to the applicant along with a return envelope.

For in-person eligibility interviews:

- Have the applicant sign **Page 8** of the SNAP application at the initial eligibility interview.

SNAP benefits may not be issued until the applicant has signed either **Page 8** of the SNAP application or form **W-129B**.

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications

There are no additional POS implications.

Supplemental
Nutrition Assistance
Program
Implications

There are no additional SNAP implications.

Medicaid
Implications

There are no MA implications.

**LIMITED ENGLISH
PROFICIENT (LEP)
AND DEAF/HARD-
OF-HEARING
IMPLICATIONS**

For Limited English Proficient (LEP) and deaf/hard-of-hearing applicants and participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #16-14-OPE](#) and [PD #16-16-OPE](#).

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

To avoid inappropriate adverse actions, process all changes of address and address corrections immediately. Ensure that the address is complete, including any “in care of” designation and the apartment number. Prior to initiating a case closing for inability to locate, the Eligibility Specialist reviews the case record documentation and the Welfare Management System (WMS) to ensure that all information corresponds.

Conferences

If an applicant comes to the NCA SNAP Center and requests a conference, the Receptionist must alert the Center Director’s designee that the applicant is to be seen. If the applicant contacts the Eligibility Specialist directly, advise the applicant to call the NCA SNAP Center Director’s designee.

In Model Offices, the Receptionist at Main Reception will issue a SNAP Conf/Appt/Problem ticket to the applicant to route him/her to the NCA SNAP Reception area and does not need to verbally alert the Center Director. The NCA SNAP Receptionist will alert the Center Director once the applicant is called to the NCA SNAP Reception desk.

The NCA SNAP Center Director’s designee will listen to and evaluate the applicant’s complaint regarding the SNAP case. After reviewing the documentation, case record, and discussing the issue with the Supervisor/Eligibility Specialist, the Center Director’s designee will make a decision. The NCA SNAP Center Director’s

designee will decide to resolve or defend the case based on all factors and on whether the case action was done correctly, and that documents necessary to defend the action are available.

The NCA SNAP Center Director's designee is responsible for ensuring that further appeal by the applicant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets All Evidence Packets must contain a detailed case history (e.g., copies of SNAP POS "Case Comments", History Sheet [**W-25**], copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken).

REFERENCES

7 CFR 273.2
[Supplemental Nutrition Assistance Program Source Book \(SNAPSB\)](#), Section 4

RELATED ITEMS

[PD #13-29-ELI](#)
[PD #14-13-OPE](#)
[PB #14-50-SYS](#)
[PB #16-26-OPE](#)
[PB #16-71-OPE](#)

ATTACHMENTS

Attachment A How to Process an Electronic Application (E-App) for Supplemental Nutrition Assistance Program (SNAP) Benefits (Rev. 5/19/17)

W-119 Supplemental Nutrition Assistance Program (SNAP) Eligibility Interview Appointment Notice (Rev. 12/12/14)

W-119 (S) Supplemental Nutrition Assistance Program (SNAP) Eligibility Interview Appointment Notice (Rev. 12/12/14 (Spanish))

W-119B Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Supervisor's Assignment of Cases (Rev. 3/31/15)

W-129B Supplemental Nutrition Assistance Program (SNAP) Application/Recertification Attestation Signature Form (Rev. 5/19/16)

W-129B (S) Supplemental Nutrition Assistance Program (SNAP) Application/Recertification Attestation Signature Form (Rev. 5/19/16)

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

- W-129G** Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (Rev. 12/8/15)
- W-129G (S)** Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (Spanish) (Rev. 12/8/15)
- W-706B** Supplemental Nutrition Assistance Program (SNAP) Pending Applications Control (Rev. 3/31/15)
- W-708** Control of Assignments/Referrals (Rev. 2/25/11)
- W-901K** Incomplete Supplemental Nutrition Assistance Program Application Form (Rev. 5/19/17)
- W-901K (S)** Incomplete Supplemental Nutrition Assistance Program Application Form (Spanish) (Rev. 5/19/17)

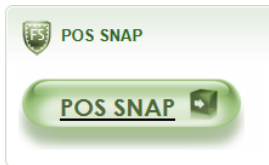
How to Process an Electronic Application (E-App) for Supplemental Nutrition Assistance Program (SNAP) Benefits

New York City (NYC) residents are able to submit electronic applications (E-Apps) for Supplemental Nutrition Assistance Program (SNAP) benefits through the ACCESS HRA website at <http://www.nyc.gov/accesshra>. The E-Apps are electronically submitted to the Human Resources Administration (HRA) for processing by the Mail Application Referral Unit (MARU).

MARU staff complete the **SNAP E-application Submission** activity to process SNAP applications received from ACCESS HRA.

POS Login

The MARU Worker clicks on the **POS SNAP** link to log into the Paperless Office System (POS).



The MARU Worker then enters his/her user ID (first four letters of last name and last four numbers of Social Security Number) and password.



SNAP E-Application Submission Activity – Application Registration Successful

POS has the ability to automatically register E-Apps in the Welfare Management System (WMS). E-Apps that are successfully registered in WMS are processed differently by the MARU Worker than E-Apps that are not successfully registered in WMS.

If the E-App automatic application registration process is successful, the MARU Worker completes a shortened version of the **SNAP E-application Submission** activity in POS, which involves only the **Appointment Scheduler**.

The shortened version of the **SNAP E-application Submission** activity includes the following windows:

- Center Selection;
- Working Families Hardship Waiver;
- Expedited Processing Pre-Screening;
- Appointment Scheduling; and
- Appointment Confirmation.

SNAP E-Application Submission Activity – Application Registration Not Successful

If the E-App automatic application registration process is not successful, the MARU Worker completes the full **SNAP E-application Submission** activity in POS. The data entered by the applicant in the ACCESS HRA website pre-fills the E-App Intake activity.

The complete version of the **SNAP E-application Submission** activity includes the following windows:

- Household Screen;
- Adults in Household;
- Children in Household;
- Food Stamp Household Composition;
- Address Information;
- Center Selection;
- Working Families Hardship Waiver;
- Expedited Processing Pre-Screening;
- Appointment Scheduling; and
- Appointment Confirmation.

SNAP Eligibility Specialist Queue

Each MARU Worker has an assigned **SNAP Eligibility Specialist** queue. E-Apps are placed into the queues of the MARU Workers that process E-Apps by the POS Auto-Assignment process or manually by a MARU Supervisor. The MARU Worker selects an activity from his/her queue and clicks the **Start** button to begin processing the E-App intake.

The **Case No** column displays the case number assigned to the E-App as follows:

- If the E-App is automatically registered in WMS, the assigned WMS application registration (app-reg) number appears in the **Case No** field. The WMS app-reg number consists of nine numbers followed by one letter (for example 012345678A).
- If the E- App is not automatically registered in WMS, a 12-digit placeholder number appears in the **Case No** field. The first six digits indicate the date the application was received and the last six digits indicate the POS placeholder number. For example, if a case number is 150208012345 the application was received on February 8, 2015 (150208) and the POS placeholder number is 012345. The oldest application has the lowest placeholder case number. The WMS app-reg number will be generated when the application is registered.

The MARU Worker must always work on the oldest case first. The MARU Worker sorts the cases, from oldest to newest, by clicking on the **Due Date** column header.

The screenshot shows the 'FS POS 9.2 - [Activities Management]' application window. The title bar indicates the time is 4:13:07 PM on Friday, February 20, 2015. The interface includes a menu bar (File, Edit, Tools, Window, Help) and a toolbar with various icons. The main window is titled 'Queue' and shows a list of activities for center 'F61' and unit 'REP1'. The list includes filters for Unit Filter, Activity Type Filter, Activity Approve Filter, Activity Status Filter, and Activity Alert Filter. Below the filters is a table with the following columns: Activity, Due Date, Alert, Case Name, Case No, Suf, and Center. The table contains 8 rows of data, all with 'SNAP E-application Submission' as the activity and 'NA' as the alert. The Case No column shows values like 75B, 32A, 29H, 52J, 37E, 72I, 75F, and 09E. At the bottom of the table, it says 'Total: 8 Cases'. Below the table is a row of buttons: Start, Assign, Remove, Schedule, Reggping, Update Disposition, WMS, View Your Schedule, and Comment.

Activity	Due Date	Alert	Case Name	Case No	Suf	Center
SNAP E-application Submission		NA		75B	1	
SNAP E-application Submission		NA		32A	1	
SNAP E-application Submission		NA		29H	1	
SNAP E-application Submission		NA		52J	1	
SNAP E-application Submission		NA		37E	1	
SNAP E-application Submission		NA		72I	1	
SNAP E-application Submission		NA		75F	1	
SNAP E-application Submission		NA		09E	1	

Processing the SNAP E-application Submission activity

Household Screen window

This window contains information about the case including **Present Address**, **Suffix Information**, and **Case Member Information**.

To continue, the MARU Worker clicks the **Update H/H Comp or Address** button on the window.

FS POS 8.3.1 - [Household Screen] 12:49:21 PM Tuesday, February 10, 2015

File Edit Tools Window Help

No messages from WMS via OLTP

Control Information
 District : 66 Center : E-Apps Worker : Case Number :

Present Address
 Street Number Direction Name Type Apt # City
 (Non) State: Zip Code: Phone:

Suffix Information Active Applying No FS IPV or Sanction Found Working Families No
 SNAP Suffix 1 SNAP Status AP SNAP# AC 0
 CA MA Monthly Rent Actual Rent (Less Any Contributions) PA H/H RENT PA Level Rent

Suff	Case Name	Cat	Stat	# AC	Stat	# AC	Monthly Rent	Actual Rent (Less Any Contributions)	PA H/H RENT	PA Level Rent
1				0		0		0		0

Next CA Recert date Last CA Recert date Last MA Recert date

Case Member Information

Suf	Ln	CIN	Name	Relation	DOB	SSN	Val	Sex	Ctnz/Ntl	CA	MA	SNAP
1	1								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AP

Next Previous Update H/H Comp Or Address

Adults in Household window

This window contains information about the head of household and individuals age 18 or older. If the applicant does not enter information for the fields listed below, the following default values are pre-filled by POS to allow the registration of the case in WMS:

- **Date of birth** – 1/1/1911 is entered.
- **Sex** – F (female) is entered.
- **Ethnicity (Multi Ethnic Fields)** – **Yes** is entered for all ethnicity fields.

Note: An example of an E-App with the default values entered by POS is shown in the screen shot below.

The MARU Worker must not change the default values. When default values are used, the TIPS Interviewer conducting the telephone interview or the Home Center Interviewer conducting the in-person interview will be required to confirm and enter the correct information.

If an invalid Social Security Number (SSN) is provided for a household member, WMS will not complete the auto app-reg. The MARU Worker must delete the invalid SSN to register the case and enter a detailed case comment regarding the deletion of each SSN.

To continue, the MARU Worker clicks the **Next** button on the window.

The screenshot shows the 'Adults' window in the FS PDS 9.2 software. The window title is 'FS PDS 9.2 - [Adults In Household]' and the system clock shows '11:15:15 AM Friday, February 20, 2015'. The window contains the following fields and controls:

- Last Name:** [Empty]
- First Name:** [Empty]
- Middle Name:** [Empty]
- Relationship:** Casehead (dropdown)
- Sex:** F (dropdown)
- Individual is a:**
 - Spouse of Casehead
 - Casehead
 - None of the above
- Applying For:**
 - MA
 - SNAP
 - None
- Suffix:** 1 (dropdown)
- D.O.B:** 01/01/1911
- SSN:** [Empty]
- Other Name(s):** Yes No
- Marital Status:** [Empty]
- Multi Ethnic Fields:**
 - Hispanic/Latino:** Yes No
 - Asian:** Yes No
 - Native Hawaiian/Other Pacific Islander:** Yes No
 - Native American or Alaska Native:** Yes No
 - Black or African American:** Yes No
 - White:** Yes No

At the bottom of the window, there are two buttons: 'Next' and 'Previous'.

Children in Household window

This window contains information about children younger than 18 years of age.

If an invalid Social Security Number (SSN) is provided for a household member, WMS will not complete the auto app-reg. The MARU Worker must delete the invalid SSN to register the case and enter a detailed case comment regarding the deletion of each SSN.

To continue, the MARU Worker clicks the **Next** button on the window.

FS POS 9.2 - [Children In Household] 11:15:41 AM Friday, February 20, 2015

File Edit Tools Window Help

Children

Last Name First Name Middle Name Relationship to First Casehead Sex

Applying For

SNAP
 MA
 None

Affiliated Suffix: 1

D.O.B: 00/00/0000

Required for Applying Children ONLY

SSN: - - - - - Other Name(s): Yes No

Marital Status: Single/Never Married

Multi Ethnic Fields

Hispanic/Latino: Yes No Asian: Yes No Native Hawaiian/Other Pacific Islander: Yes No

Native American or Alaska Native: Yes No Black or African American: Yes No White: Yes No

List Parents' Names Even If Not On Birth Certificate

Mother's - Maiden Name: [dropdown] First Name: [dropdown] Middle Name: [text field]

Father's - Last Name: [dropdown] First Name: [dropdown] Middle Name: [text field]

Next Previous

Food Stamp Household Composition window

This window indicates whether the household members buy food and/or prepare meals with the casehead.

To continue, the MARU Worker clicks the **Next** button on the window.

FS POS 9.2 - [Food Stamp Household Composition] 11:16:04 AM Friday, February 20, 2015

File Edit Tools Window Help

Does this person buy food and/or prepare meals with

Casehead [] [] [] Suffix []

Suffix	First Name	Last Name	Mid	Relation	
[]	[]	[]	[]	[]	<input checked="" type="radio"/> Yes <input type="radio"/> No

Next Previous

Address Information window

This window contains addresses, telephone, and Authorized Representative information.

If the applicant's entire address appears in the **Name** field, the MARU Worker must update the information to correspond with the actual POS *Present Address* fields on the **Address Information** window.

For example, if the applicant entered an address of 216 East 112th Street into ACCESS HRA, the MARU Worker must update the *Present Address* fields as follows:

- **St No** – 216
- **Dir** – East
- **Name** – 112th
- **Type** – Street

The screen shots below shows the updated information in the example above.

A default address of **99 Undomiciled, Brooklyn, NY 11201** is pre-filled on the **Address Information** window if the applicant is undomiciled and did not:

- Enter a mailing address; and
- Select a General Post Office (GPO) address.

To continue, the MARU Worker clicks the **Next** button on the window.

The screenshot shows the 'FS POS 9.2 - [Address Information]' window. The title bar includes the time '11:18:14 AM' and the date 'Friday, February 20, 2015'. The window has a menu bar with 'File', 'Edit', 'Tools', 'Window', and 'Help'. Below the menu bar is a toolbar with various icons. The main content area is divided into three sections: 'Present Address', 'Mailing Address', and 'E-mail Address'. The 'Present Address' section has a tab labeled 'Present Address' and a question 'Is the applicant/participant undomiciled?' with radio buttons for 'Yes' and 'No'. Below this are fields for 'St No/Dir/Name' (216 EAST 112TH), 'Type' (Street), 'Apt #', and 'City'. There are also fields for 'State' (NY) and 'Zip Code'. Below these are fields for 'Primary Phone', 'Ext.', 'Alternate Phone', and 'Ext.'. A 'Number for Text Messaging' field is also present. The 'Mailing Address' section has a tab labeled 'Mailing Address' and an 'Instructions' button. It has fields for 'Care of Name', 'St No/Dir/Name' ([None]), 'Type', 'Apt #', and 'City'. There are also fields for 'State' and 'Zip Code'. Below these are radio buttons for 'Delete Mailing Address' (Yes/No). The 'E-mail Address' section has a tab labeled 'E-mail Address' and an 'E-mail' field. There are radio buttons for 'Verified' (Yes/No) and a 'Resend Verification' checkbox. Below these are radio buttons for 'Delete Email Address' (Yes/No). At the bottom of the window are two buttons: 'Next' and 'Previous'.

Address Information window

Continuation of the **Address Information** window.

The screenshot shows a software window titled "FS POS 9.2 - [Address Information]" with a timestamp of "11:18:27 AM Friday, February 20, 2015". The window contains three distinct address entry sections, each with a header and a set of input fields:

- Authorized Representative:** Includes a header box, a text field for "St No/Dir/Name", a dropdown menu currently set to "[None]", a "Type" dropdown, "Apt #" and "City" text fields, and "State" and "Zip Code" text fields.
- Former Address:** Identical layout to the Authorized Representative section.
- Undomiciled Address:** Identical layout to the Authorized Representative section.

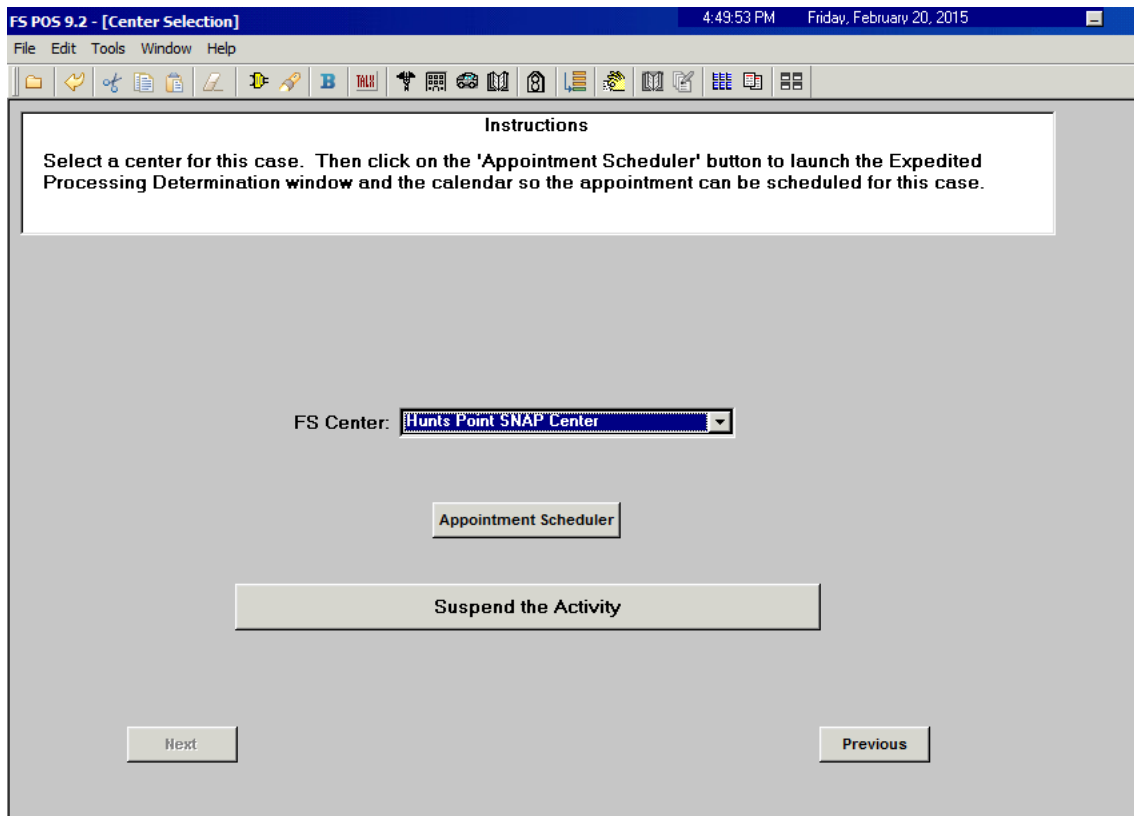
At the bottom of the window, there are two buttons: "Next" and "Previous".

Center Selection window

This window is pre-filled with the SNAP center, in the **FS Center** field, for the case based on the zip code of the residential address entered or the GPO selected by the applicant on the E-App.

The outcome of the automatic app-reg process determines which of the following actions occurs when the MARU Worker clicks on the **Appointment Scheduler** button:

- If the case was successfully registered in WMS, POS launches the **Appointment Scheduler**; or
- If the case was not successfully registered in WMS, POS communicates with WMS to register the case, and then POS launches the **Appointment Scheduler**.



Appointment Scheduler

Working Families Hardship Waiver window

This window is pre-filled with the information entered by the applicant on the ACCESS HRA website.

If the applicant prefers an in-person interview, the question “*Does the applicant want to conduct their interview by telephone?*” will be set to **No** and the response cannot be changed.

If the applicant requested a telephone interview and did not provide a telephone number, the MARU Worker must change the **Yes** response to the question “*Does the applicant want to conduct their interview by telephone?*” to **No** so that an in-person interview can be scheduled.

Note: The MARU Worker will not know that the telephone number was not provided until s/he reaches the **Appointment Confirmation** window, at which point s/he will need to use the **Previous** button to navigate back to the **Working Families Hardship Waiver** window to change the interview type from telephone to in-person.

To continue, the MARU Worker clicks the **Next** button on the window.

The screenshot shows a web application window titled "Appointment Scheduler". The window has a blue header bar with a "Close" button. Below the header, there are two tabs: "SNAP Intake" (highlighted in green) and "Working Families Hardship Waiver" (highlighted in blue). The "Working Families Hardship Waiver" section contains the following content:

Working Family SNAP Initiative

Is any adult(18 years of age or older) member of your HouseHold either working 30 or more hours per week or earning \$217.50 or more per week? Yes No

Are any two(2) adult members of your household each working 20 or more hours per week or earning \$145 or more per week? Yes No

Does the household qualify for WFFSI?
No

Telephone Interview Selection

Does the applicant want to conduct their interview by telephone? Yes No

Hardship Waiver Reason

At the bottom of the window, there are two buttons: "Previous" (with a left arrow) and "Next" (with a right arrow).

Expedited Processing Pre-Screening window

This window is pre-filled with the information entered by the applicant on the ACCESS HRA website. The Appointment Scheduler automatically connects to WMS to determine whether the household has already received SNAP benefits in the month of application.

If the expedited processing determination cannot be completed based on the information submitted by the applicant, the checkbox **Expedited Determination cannot be completed** is automatically selected.

To continue, the MARU Worker clicks the **Next** button on the window.

Note: The SNAP Application Expedited Processing Summary Sheet – NYC (LDSS-3938 NYC) is saved to the **HRA OneViewer** when the **Next** button is clicked.

The screenshot shows a web application window titled "Appointment Scheduler" with a "Close" button. The main content area is titled "Expedited Processing Pre-Screening" and contains a form with the following elements:

- Expedited Processing Determination**: A checkbox labeled "Expedited Determination cannot be completed" is checked.
- Household qualifies for expedited processing?**: A "Yes" button is selected, and a text box contains "Income \$150 or less and resources \$100 or less".
- Is the household already receiving SNAP benefits this month?**: A "No" button is selected.
- Income for the household this month:** A text box with a dollar sign and "0".
- Liquid Resources for the household:** A text box with a dollar sign and "0".
- Shelter Type for the household:** A dropdown menu with "Other" selected.
- Did the household enter a domestic violence shelter this month?**: Radio buttons for "Yes" and "No", with "No" selected.
- Rent/Mortgage expense for the household this month:** A text box with a dollar sign and "0".
- Does the household have a Heat/Air Conditioning expense separate from rent/mortgage this month?**: Radio buttons for "Yes" and "No", with "No" selected.
- Did the household receive a HEAP payment totaling greater than \$20 in the current month or in the immediately preceding 12 months?**: Radio buttons for "Yes" and "No", with "No" selected.
- Does the household have a utility expense separate from rent/mortgage this month?**: Radio buttons for "Yes" and "No", with "No" selected.
- Does the household pay an additional cost for use of a washer and/or dryer in their home or apartment?**: Radio buttons for "Yes" and "No", with "No" selected.
- Is this a migrant/seasonal farm worker household?**: Radio buttons for "Yes" and "No", with "No" selected.
- Was the only income for this household terminated before this month?**: Radio buttons for "Yes" and "No", with "No" selected.
- Is the only income for this household new and will no more than \$25 gross income be received within ten days after application?**: Radio buttons for "Yes" and "No", with "No" selected.

At the bottom of the form, there are two buttons: "Previous" and "Next".

Appointment Scheduling Window

This window allows the MARU Worker to select a date and time for the initial telephone eligibility interview appointment. The bottom section of the window is pre-filled with the information submitted by the applicant on the ACCESS HRA website, including:

- Best Available Times;

Note: If the applicant did not indicate a preferred interview time, the field will display “Not found.”

- Preferred Contact Number;
- SNAP File Date;
- Preferred Language for Speaking; and
- Name.

Select a Date and Time for the Interview Appointment Schedule a Same Day Interview

Appt. Time	Tuesday 02/10/2015	Wednesday 02/11/2015	Thursday 02/12/2015	Friday 02/13/2015	Saturday 02/14/2015	Sunday 02/15/2015	Monday 02/16/2015	Tuesday 02/17/2015	Wednesday 02/18/2015
09:30 AM (09:30 AM - 01:30 PM)	-14	-11	-1	3	0	X	X	3	3
10:30 AM (10:30 AM - 02:30 PM)	-14	-7	-1	7	0	X	X	3	3
11:30 AM (11:30 AM - 03:30 PM)	-7	-7	0	1	0	X	X	3	3
12:30 PM (12:30 PM - 04:30 PM)	0	-3	0	-1	0	X	X	3	3
01:30 PM (01:30 PM - 05:30 PM)	-12	-3	2	3	0	X	X	3	3
02:30 PM (02:30 PM - 06:30 PM)	-12	-3	2	3	0	X	X	3	3
03:30 PM (03:30 PM - 07:30 PM)	-4	1	3	3	0	X	X	3	3
04:30 PM (04:30 PM - 08:30 PM)	-1	2	3	3	0	X	X	3	3

Best Available Times
The applicant indicated that the best times to call for an interview are: 12:00PM -1:00PM

SNAP File Date: February 9, 2015
Preferred Language for Speaking: English
Name: _____

Previous Next Case Comment

The MARU Worker must document his/her contact with the applicant by adding a case comment. The MARU Worker clicks the **Case Comment** button to open the **Case Comment** window (see screen shot on the following page).

Attachment A (Rev. 05/19/2017)

The MARU Worker must:

- Type the case comment in the **Comments** field; and
- Click the **OK** button to close the **Case Comment** window.

Note: The case comment is saved to POS when the MARU Worker clicks the **Next** button on the **Appointment Scheduling** window.

The screenshot shows a window titled "Enter a Comment for the Appointment Case". The window has a header with "SNAP Intake" on the left and "Appointment Scheduling" on the right. Below the header, there are three input fields: "Case Number:", "Suffix:", and "CIN:". Below these fields is a large text area labeled "Comments:" containing the text "This is a sample comment for the case". At the bottom left of the text area, it says "1963 characters left". At the bottom of the window, there are two buttons: "OK" and "Cancel".

The MARU Worker is returned to the **Appointment Scheduling** window when s/he clicks the **OK** button on the **Case Comment** window.

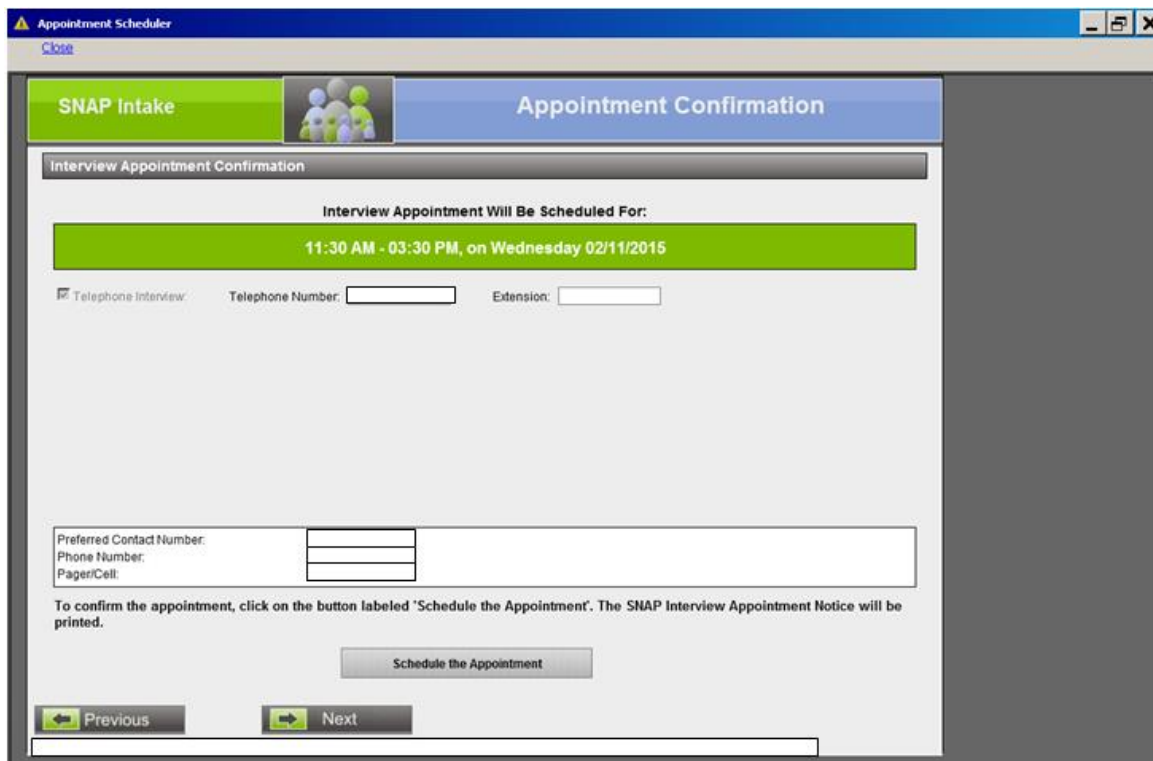
To continue, the MARU Worker clicks the **Next** button on the **Appointment Scheduling** window.

The screenshot shows the bottom portion of the "Appointment Scheduling" window. It includes a section for "Best Available Times" with the text "The applicant indicated that the best times to call for an interview are: 12:00PM -1:00PM". Below this is a "Preferred Contact Number:" field. To the right, there is a "SNAP File Date:" field with the value "February 9, 2015" and a "Preferred Language for Speaking:" field with the value "English". Below these fields is a "Name:" field. At the bottom, there are three buttons: "Previous", "Next", and "Case Comment".

Appointment Confirmation window

This window allows the MARU Worker to save the selected interview appointment. The MARU Worker clicks the **Schedule the Appointment** button to save the interview appointment. This action automatically sends a message to MIS Mail Distribution to print the Supplemental Nutrition Assistance Program (SNAP) Eligibility Interview Appointment Notice (**W-119**) and the accompanying Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (**W-129G**). MIS Mail Distribution mails the **W-119** and **W-129G** to the applicant.

The **Appointment Scheduler** automatically returns the MARU Worker to his/her **SNAP Eligibility Specialist** queue after the interview appointment has been successfully saved to POS.



The screenshot shows a web application window titled "Appointment Scheduler" with a "Close" button in the top right corner. The main content area has a header with "SNAP Intake" on the left and "Appointment Confirmation" on the right. Below the header is a section titled "Interview Appointment Confirmation" which displays "Interview Appointment Will Be Scheduled For:" followed by a green bar containing the text "11:30 AM - 03:30 PM, on Wednesday 02/11/2015". Below this, there is a checkbox for "Telephone Interview" and input fields for "Telephone Number" and "Extension". Further down, there are input fields for "Preferred Contact Number", "Phone Number", and "Pager/Cell". A message states: "To confirm the appointment, click on the button labeled 'Schedule the Appointment'. The SNAP Interview Appointment Notice will be printed." Below this message is a "Schedule the Appointment" button. At the bottom of the form are "Previous" and "Next" navigation buttons.

MARU Supervisor Responsibilities for Assigning E-Apps to MARU Worker Queues

MARU E-Apps Queue

The MARU Supervisor is responsible for assigning cases from the **MARU E-Apps** queue when the POS auto-assignment process stops at 4:00 PM. The MARU Supervisors assign the E-Apps to the available MARU Workers and/or from a MARU Worker's **SNAP Eligibility Specialist** queue to the **MARU E-Apps** queue.

At the end of the business day, the MARU Supervisor re-assigns all cases that originated from the **MARU E-Apps** queue that were not started by the MARU Workers back to the **MARU E-Apps** queue, to be included in the next morning's auto assignment process.

MARU E-Apps Exception Queue

The MARU Supervisor is responsible for monitoring and assigning the cases from the **MARU E-Apps Exception** queue at all times. The cases in this queue are not part of the POS auto-assignment process to a MARU Worker's **SNAP Eligibility Specialist** queue.

The MARU Supervisor must always assign the oldest case first. The MARU Supervisor sorts the cases, from oldest to newest, by clicking on the **Due Date** column header.

The screenshot shows the 'Activities Management' interface. The main table displays the following data:

Activity	Due Date	Alert	Case Name	Case No	Suf	Center
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
SNAP E-application Submission		NA			1	F29
Total:						

Conducting the SNAP Application Interview

Telephone interviews are conducted by the regional Telephone Interview Processing Services (TIPS) Centers, which are assigned on the basis of the applicant's residence address/General Post Office (GPO) zip code.

In-person interviews are conducted at the applicant's Home Center, which is assigned on the basis of the applicant's residence address /GPO zip code.

SNAP Application Interview Log

The **E-App** field on the **Application Interview Log** window allows HRA Workers to know which applications were filed via the ACCESS HRA website. POS automatically assigns cases to TIPS Workers based on staff schedules and availability. The Agile Communication Environment (ACE) is a telephonic system that was integrated into POS to assist the telephone interview process. TIPS Workers initiate the telephone interview process directly from their queue. ACE records all contact attempts and results.

For more detailed information, refer to [PB #13-116-SYS](#).

BA Type	Center	Intake Date	Case Number	Case Name	Appt Date	Appt Time	Appt Status	CBO	Tel	EApp	Contact No
										No	
										Yes	
										Yes	
										Yes	
										Yes	
										Yes	
										No	
										Yes	
										Yes	
										No	

Messages for Applications with Default Values

If the applicant does not enter information for the fields listed below, the following default values are pre-filled by POS to allow the registration of the case in WMS:

- **Date of birth** – 1/1/1911 is entered;
- **Sex** – F (female) is entered; and
- **Ethnicity (Multi Ethnic Fields)** – **Yes** is entered for all ethnicity fields.

When a default value was used, a message appears when the interviewer clicks the **Next** button on the **Case Member Information** window:

- The applicant did not provide all of the required information to register the application and system defaults may have been used. Please verify the following: Date of Birth, Sex, Address, Ethnicity and Language Fields. Please make all necessary changes when the application modification is launched.

SNAP POS starts the **Application Modification** activity to allow the Worker to enter the correct date of birth, sex, address, ethnicity and/or language information.

The screenshot shows the 'Case Member Information' window in FS POS 9.2. The window title is 'FS POS 9.2 - [Case Member Information]' and the system clock shows '11:49:08 AM Friday, February 20, 2015'. The window contains a warning message: 'The 'Case Member Information' window lists the individuals who are currently on the case. Please ask the applicant/recipient whether anyone who lives with them is not listed in the 'Case Member Information' section.' Below the message is a table with the following data:

Suff	Ln	CIN	Name	Relation	DOB	SSN	Val	Sex	Citizen / National	SNAP	AFIS/ST
1	1			Casehead			1	F	<input type="checkbox"/>	NA NA AP	<input type="checkbox"/>

Below the table are sections for 'Household Composition' and 'Interview Disposition'. The 'Household Composition' section has a question: 'Is there anyone who lives with you who is not listed above?' with radio buttons for 'Yes' and 'No'. The 'Interview Disposition' section has fields for 'Appointment Date', 'Appointment Time', 'E-App' (radio buttons for 'Yes' and 'No'), 'Failed to Keep?' (radio buttons for 'Yes' and 'No'), 'Telephone Interview?' (radio buttons for 'Yes' and 'No'), 'Telephone Number', and 'Extension'. At the bottom, there is a 'Next Action' field with the text 'Please click the 'Next' button to continue.' and two buttons: 'Next' and 'Previous'.

The system will continue to display the warning message in subsequent activities, but will not start the Application Modification activity:

Attachment A (Rev. 05/19/2017)

- The applicant did not provide all of the required information to register the application and system defaults may have been used. Please verify the following: Date of Birth, Sex, Address, Ethnicity and Language Fields.

Message in Case Member Information Window



New TAD business rule for default values

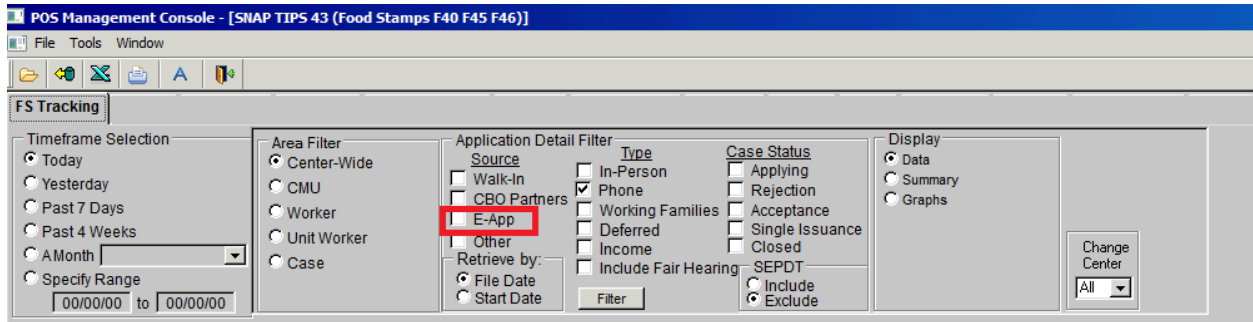
When the applicant enters partial information in the ACCESS HRA websites and default values are used to allow registration of the case in WMS, a new TAD business rule in the **SNAP Application Interview** will warn the Worker and Supervisor processing the case decision to verify the date of birth, sex, ethnicity, address and language information for the case;

- **Message:** Please verify the DOB, Sex, Address and Language Info for this E-App.
- **Additional Procedure:** The applicant did not provide all of the required information to register the application and system defaults may have been used. Please verify the following: Date of Birth, Sex, Address, and Language Fields.

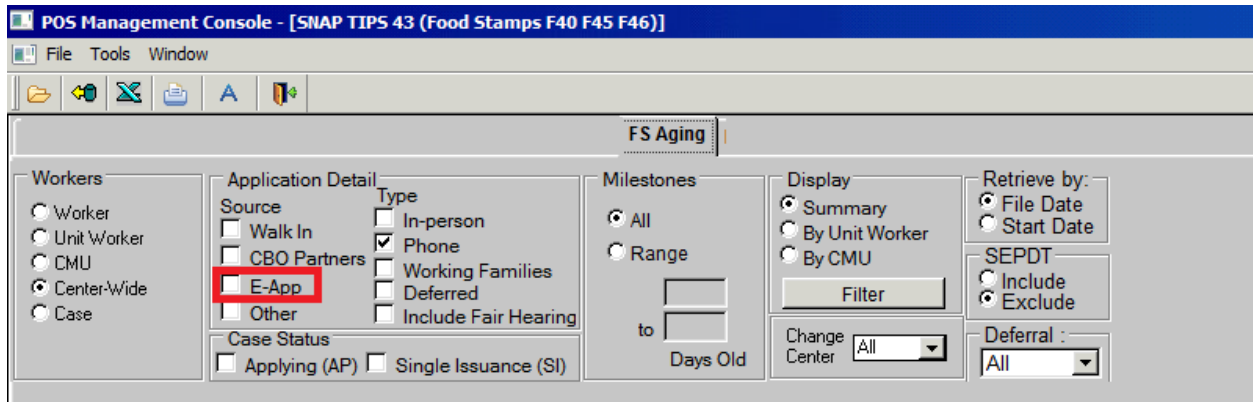
E-App Filter for Reports Generated in the POS Management Console

The E-App filter allows SNAP management to generate reports related to the **FS Tracking**, **FS Aging** and **FS Timeliness** for applications filed through the ACCESS HRA website.

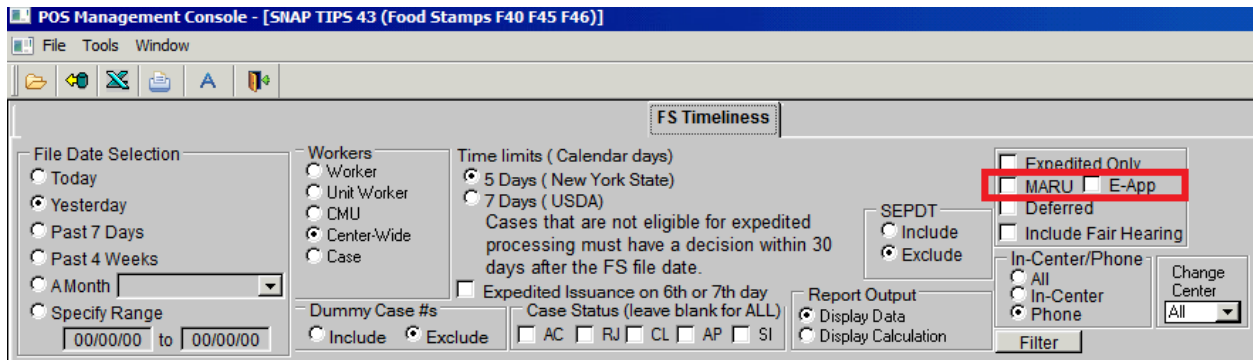
FS Tracking Tab



FS Aging Tab



FS Timeliness Tab



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

Supplemental Nutrition Assistance Program (SNAP) Eligibility Interview Appointment Notice

We received your application for SNAP benefits on _____
Date

We have scheduled a telephone interview for you:

Interview Date: _____ between: _____ and _____

Telephone number that we will contact you at: _____

We have scheduled an in-office eligibility interview for you:

Interview Date: _____ Time: _____

Office Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you cannot keep the interview, please call us at: _____ to reschedule.

Failure to keep your eligibility interview can result in the denial of your application.

To receive SNAP benefits on an ongoing basis, you must verify the identity, income, household composition, and residence, and may be asked to verify citizenship or current alien status, of all individuals on your application. Following your eligibility interview, you can mail, fax, or drop off copies of your documents at any center, verifying the eligibility factors specific to your application. We have enclosed the SNAP Documentation Guide (**W-129G**) to help identify what documents you will need.

Based on the information you provided on your application, we have determined:

- Your household is eligible for Expedited SNAP service. At the time of your interview, if you are determined eligible for SNAP benefits, you will be issued benefits within five (5) calendar days of your application filing date.
- Your household is ineligible for Expedited SNAP service.
- You did not provide enough information to determine eligibility for Expedited SNAP service. However, at the time of your interview, we will evaluate your household again for Expedited SNAP service. If you are found to be eligible for expedited service and are also eligible for SNAP benefits, you will be issued benefits within five (5) calendar days of your initial interview.

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

Aviso de Cita para Entrevista de Elegibilidad del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Recibimos su solicitud para beneficios de SNAP el _____.
Fecha

Le hemos programado a usted una entrevista telefónica:

Fecha de entrevista: _____ entre las: _____ y las _____

Número telefónico al cual le llamaremos: _____

Le hemos programado a usted una entrevista de elegibilidad en persona:

Fecha de entrevista: _____ Hora: _____

Nombre de la oficina: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Si usted no puede cumplir esta cita, por favor llámenos al: _____ para reprogramarla.

El incumplimiento de su entrevista de elegibilidad puede resultar en la denegación de su solicitud.

Para recibir beneficios de SNAP de manera continua, usted debe verificar la identidad, los ingresos, la composición del hogar, y domicilio y se le puede pedir que verifique la ciudadanía o estado actual de extranjero de cada persona en su solicitud. Tras cumplir su entrevista de elegibilidad, usted puede enviar por correo postal, fax, o dejar las copias de sus documentos en cualquier centro que comprueben los factores de elegibilidad específicos de su solicitud. Hemos adjuntado el Guía de Documentación de SNAP (W-129G [S]) para ayudarle a identificar cuáles documentos se necesitarán.

Hemos determinado lo siguiente según la información que usted ha proporcionado en su solicitud:

- Su hogar reúne los requisitos para el servicio Acelerado de SNAP. Si se determina en la entrevista que usted es elegible para beneficios de SNAP, se le expedirán a usted beneficios dentro de cinco (5) días calendarios tras la fecha de presentación de su solicitud.
- Su hogar no reúne los requisitos para el servicio Acelerado de SNAP.
- Usted no proporcionó suficiente información para determinar su elegibilidad para el servicio Acelerado de SNAP. No obstante, volveremos a evaluar su hogar para el servicio Acelerado de SNAP durante su entrevista. Si se le determina elegible para el servicio acelerado, y también se determina que usted reúne los requisitos para beneficios de SNAP, se expedirán los beneficios dentro de cinco (5) días calendarios tras su entrevista inicial.

Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Supervisor's Assignment of Cases

SNAP Center: _____

Date: _____

Eligibility Worker	Eligibility Worker	Eligibility Worker	Eligibility Worker	Eligibility Worker
Case Name	Case Name	Case Name	Case Name	Case Name

SAMPLE

Prepared by: _____
Signature of Supervisor

For: _____
Application/Recertification Unit

Date: _____

Application File Date: _____

Center: _____

Supplemental Nutrition Assistance Program (SNAP) Application/Recertification Attestation Signature Form (Supplement to the LDSS-4826)

This is a supplement to the State-approved Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (LDSS-4826). Your signature on this form is an acknowledgement that you have received the information on this form, taken from the SNAP Application/Recertification (LDSS-4826), about your rights and responsibilities as an applicant for SNAP benefits. Your signature on this form also is a sworn statement that any information that you have provided or will provide as part of your application is correct to the best of your knowledge. This will allow us to conduct your eligibility interview over the telephone.

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP benefits. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP-IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found guilty of making a false statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.

Additionally, a court may bar an individual from participation in SNAP for an additional 18 months.

Permanent disqualification of an individual for:

- The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.
- The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of \$500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)
- The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of controlled substances. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- All third SNAP-IPV Intentional Program Violations.

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit an act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

Additionally, the following is not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for actions that include:

- Using or having in your possession EBT cards that do not belong to you, without the card owner's consent; or
- Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit; or
- Allowing someone else to use your Electronic Benefit Transfer (EBT) card in exchange for cash, firearms, ammunition, explosives or drugs, or to purchase food for individuals who are not members of the SNAP household.

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

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

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

CONSENT – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for SNAP benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a SNAP Quality Control Review.

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

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

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

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

CHANGES – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, able-bodied adult without dependents (ABAWD) status, including if my hours of work fall below 80 hours per month, pregnancy status or address to the best of my knowledge or belief in accordance with my reporting requirements.

REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES – I understand that my household must report child care and utility expenses in order to get a SNAP deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a SNAP deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for SNAP benefits or may increase my SNAP benefits. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of SNAP benefits in future months in accordance with the rules for change reporting and processing changes.

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

PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN) – The collection of SSNs is authorized for each household member with respect to SNAP benefits pursuant to the Food and Nutrition Act of 2008. The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. The information will be used to check identity and to verify earned and unearned income.

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

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

CITIZENSHIP/IMMIGRATION STATUS – I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of myself and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for SNAP benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

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

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

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

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

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

This institution is an equal opportunity provider.

AUTHORIZED REPRESENTATIVE –You can authorize someone who knows your household circumstances to **apply** for SNAP benefits for you. You can also authorize someone outside your household to get SNAP benefits for you and to use them to buy food for you. If you would like to authorize someone, you must do so in writing. You may do so by printing the person’s name, address and phone number in the appropriate section below.

When an Authorized Representative is applying on behalf of a SNAP benefits household that does not reside in an institution, **both** the Authorized Representative and a responsible adult member of the SNAP household must sign and date the signature sections at the bottom of this page, unless the Authorized Representative has been otherwise designated by the household in writing.

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.

Case Name: _____

Address: _____

_____ City

_____ State

_____ Zip Code

Date of Birth (optional): _____ Social Security Number (optional): _____

SAMPLE

Applicant's/Authorized Representative's Signature

IF APPLYING FOR SOMEONE ELSE AS AN AUTHORIZED REPRESENTATIVE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name: _____ Phone: _____

Address: _____

_____ City

_____ State

_____ Zip Code

IF YOU HELPED COMPLETE THIS APPLICATION/RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name: _____ Phone: _____

Address: _____

_____ City

_____ State

_____ Zip Code

IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, PRINT THE PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER DIRECTLY BELOW.

Name: _____ Phone: _____

Address: _____

_____ City

_____ State

_____ Zip Code

Fecha: _____
Fecha de
Presentación de Solicitud: _____
Centro: _____

Formulario para Firmar la Atestación de la Solicitud/Recertificación del Programa de Asistencia de Nutrición Suplementaria (SNAP) (Suplemento al LDSS-4826-SP)

El presente es un suplemento de la Solicitud/Recertificación del Programa de Asistencia de Nutrición Suplementaria (SNAP) (LDSS-4826-SP) aprobada por el Estado. Al usted firmar este formulario, da fe de haber recibido la información contenida en el mismo. Se ha tomado dicha información de la Solicitud/Recertificación de SNAP (LDSS-4826-SP), que detalla sus derechos y responsabilidades como solicitante de beneficios de SNAP. Su firma en este formulario también sirve como declaración jurada de que la información que usted ha proporcionado o proporcionará como parte de su solicitud es exacta y verídica, según su leal saber y entender. Esto nos permitirá llevar a cabo su entrevista telefónica de elegibilidad.

ADVERTENCIA DE SANCIÓN DE SNAP – Toda información que usted proporcione en relación con su solicitud para recibir los beneficios de SNAP estará sujeta a verificación de parte de las autoridades federales, estatales y municipales. Si usted presenta alguna información incorrecta, puede perder los beneficios de SNAP. Usted puede estar sujeto(a) a encausamiento penal si proporciona, a sabiendas, información incorrecta que afecte la elegibilidad de beneficios o la cantidad de los mismos. No es elegible para recibir beneficios de SNAP cualquier persona que infrinja una condición de la libertad a prueba o libertad condicional, o que haya huido para evitar encausamiento, arresto o pena efectiva por un delito mayor, y a quien persigan activamente las autoridades competentes.

Si se determina que un miembro del hogar de SNAP ha cometido una Infracción Deliberada del Programa (IPV), dicho miembro no podrá conseguir los beneficios de SNAP durante un período de:

- 12 meses por la primera IPV de SNAP;
- 24 meses por la primera IPV de SNAP;
- 24 meses por la primera IPV de SNAP, que se basa en una conclusión del tribunal que la persona usó o percibió beneficios de SNAP para una transacción que involucraba una sustancia controlada. (Las sustancias controladas incluyen drogas ilícitas o ciertas sustancias que requieren receta de médico.)
- 120 meses si se determina que ha prestado declaración falsa sobre su identidad o domicilio, con el fin de percibir simultáneamente cantidades múltiples de beneficios de SNAP, a menos que esté descualificado(a) permanentemente por la tercera IPV.

Además, un tribunal puede prohibir que una persona participe en SNAP por unos 18 meses adicionales.

Descualificación permanente de una persona por:

- La primera IPV de SNAP basada en el fallo del tribunal de haber usado o percibido beneficios de SNAP para una transacción que involucraba armas de fuego, municiones o explosivos.
- La primera IPV de SNAP basada en la declaración de culpabilidad por traficar beneficios de SNAP por una cantidad que suma \$500 o más. (El acto de traficar incluye el uso, la transferencia, la adquisición, la alteración o la posesión ilegal de las tarjetas de autorización o aparatos de acceso de SNAP.)
- La segunda IPV de SNAP basada en la conclusión del tribunal que una persona usó o percibió beneficios de SNAP para una transacción que involucre una sustancia controlada. (Las drogas ilícitas o ciertas sustancias que requieren una receta de médico.)
- Toda tercera IPV de SNAP.

Toda persona condenada por un delito mayor por a sabiendas usar, transferir, adquirir, alterar o poseer tarjetas de autorización o aparatos de acceso de SNAP puede ser multada por hasta \$250,000, encarcelada por hasta 20 años, o ambos. Dicha persona también puede estar sujeta a encausamiento conforme a las leyes federales y estatales correspondientes.

A usted se le puede determinar inelegible para SNAP o responsable por una IPV si:

- Presta declaración falsa o engañosa o tergiversa, oculta u obstruye los hechos con el fin de reunir los requisitos de beneficios o percibir una cantidad mayor de beneficios; o
- Compra un producto con los beneficios de SNAP con la intención de obtener dinero en efectivo por desechar dicho producto intencionadamente y devolver el recipiente para obtener la suma de depósito; o
- Comete o intenta cometer un acto que constituya una infracción de la ley federal o estatal con el fin de usar, presentar, transferir, adquirir, recibir, poseer o traficar beneficios de SNAP, tarjetas de autorización o documentos reutilizables que se hayan usado como parte del sistema de Transferencia Electrónica de Beneficios (EBT).

Además, no se permite lo siguiente, y a usted se le puede descualificar y/o estar sujeto(a) a sanciones por actos que incluyen:

- Usar o tener en su posesión tarjetas de EBT que no son propios de usted, sin el consentimiento del dueño de los mismos; o
- Usar los beneficios de SNAP para comprar artículos no alimentarios, tales como alcohol o cigarrillos, o para pagar la comida previamente adquirida mediante una tarjeta de crédito; o
- Permitir que otra persona use su tarjeta de Transferencia Electrónica de Beneficios (EBT) a cambio de dinero en efectivo, armas de fuego, municiones, explosivos o drogas, o para adquirir comida para personas que no formen parte del hogar de SNAP.

Si usted percibe más beneficios de SNAP de lo debido (sobrepago), tiene que devolverlos. Si su caso está activo, restaremos la cantidad del sobrepago de los futuros beneficios de SNAP. Si su caso está cerrado, usted puede restituir el sobrepago mediante cualesquier beneficios de SNAP sobrantes en su cuenta, o puede efectuar el pago en efectivo.

Si usted tiene un sobrepago que no se ha restituido, éste se enviará para recuperación, incluida la recuperación automatizada por parte del gobierno federal. Se pueden embargar los beneficios federales (como Seguro Social) y reembolsos tributarios, a los cuales usted tenga derecho, para restituir el sobrepago. Además, la deuda estará sujeta a tasas de tramitación.

Se usarán cualesquier beneficios de SNAP eliminados de su cuenta de EBT, para reducir los sobrepagos actuales. Si usted vuelve a solicitar beneficios de SNAP, y no ha restituido el saldo sin pagar, se reducirán sus beneficios de SNAP si comienza nuevamente a recibirlos. En esa coyuntura, a usted se le notificará de la cantidad reducida de beneficios otorgada.

CONSENTIMIENTO – Entiendo que al firmar este formulario de solicitud, consiento a que la Oficina de Asistencia Temporal y para Discapacitados (OTDA) del Estado de Nueva York o el Distrito local de Servicios Sociales verifique o confirme la información proporcionada, o para que se realice cualquier otra investigación en relación con mi solicitud para beneficios de SNAP. En caso necesario, proporcionaré información adicional. Además, cooperaré con el personal estatal y federal en la realización de toda revisión de control de calidad pertinente de SNAP.

Entiendo que al firmar esta solicitud/certificación, consiento a que se lleve a cabo cualquier investigación para verificar o confirmar la información proporcionada y otra investigación por cualquier agencia gubernamental autorizada en relación con los beneficios del Programa de Asistencia de Energía Doméstica (HEAP). Además consiento a permitir que se use la información proporcionada en esta solicitud para envíos a programas disponibles de asistencia de impermeabilización y a los programas para personas de bajos ingresos de mi compañía de servicios públicos. Entiendo que el estado utilizará mi número de seguro social para comprobar la obtención de HEAP con los contratistas de energía doméstica. Esta autorización también da permiso a que divulguen cualesquier de los contratistas de energía doméstica (incluida la compañía de servicios públicos) cierta información estadística, incluida pero sin limitarse a, mi uso anual de electricidad, gastos eléctricos, consumo de combustible, tipo de combustible, gasto anual de combustible e historial de pagos a la Oficina de Asistencia Temporal y para Discapacitados, al Distrito local de Servicios Sociales y al Departamento de Servicios Humanos y Sanitarios de los Estados Unidos, para evaluar el desempeño del Programa de Asistencia de Energía Doméstica para personas de Bajos Ingresos (LIHEAP).

CONSENTIMIENTO PARA LA DIVULGACIÓN DE INFORMACIÓN CONFIDENCIAL SOBRE SEGURO DE DESEMPLEADOS (UI) – Autorizo al Departamento de Trabajo (DOL) del Estado de Nueva York para que divulgue a la OTDA cualquier información confidencial, archivada por el DOL para propósitos de Beneficios de Seguro para Desempleo (UIB). Esta información incluye reclamaciones de UIB y expedientes salariales. Entiendo que la OTDA, junto con los empleados del Estado de Nueva York y empleados de las Oficinas locales del Distrito de Servicios Sociales, utilizarán la información de UIB para establecer o verificar la elegibilidad, la cantidad de beneficios de SNAP solicitada, y para llevar a cabo investigaciones del recibimiento indebido de parte mía de beneficios a los cuales no tenía derecho.

DIVULGACIÓN DE INFORMACIÓN A PROVEEDORES DE SERVICIOS – Autorizo al Distrito de Servicios Sociales y el Estado de Nueva York a que compartan cualquier información relativa a los beneficios de SNAP que hayamos recibido yo o cualquier miembro del hogar, al que puedo dar autorización legal. Tomo dicha medida con fines de verificar mi elegibilidad para servicios y pagos relacionados con la administración del programa brindados por un contratista estatal o local. Tales servicios pueden incluir, pero sin limitarse a, servicios de colocación laboral o capacitación brindados para ayudarme a mí o a los miembros de mi hogar a obtener y conservar trabajo.

INFORMACIÓN DE SUA (SUBSIDIO ESTÁNDAR DE SERVICIOS PÚBLICOS) – Entiendo que los beneficiarios de SNAP reúnen los requisitos salariales categóricamente para HEAP. Si no he recibido un pago de HEAP que sume más de \$20 durante el mes actual o los 12 meses anteriores, ni tampoco otros beneficios semejantes del programa de asistencia energética, debo pagar por separado los gastos de calefacción, aire acondicionado o de servicios públicos para recibir un Subsidio Estándar de Servicios Públicos.

CAMBIOS – Acepto informar **con prontitud** a la agencia de todo cambio que se produzca pertinente a mis necesidades, ingresos, bienes inmuebles, situación de vivienda o domicilio, estado de Adulto Sano sin Dependientes (ABAWD), incluido el caso en que el número de mis horas de trabajo se reduzca a menos de 80 al mes, estado de embarazo o dirección postal, según mi leal saber y entender, y conforme a los requisitos de notificación.

REQUISITO DE REPORTAR/VERIFICAR LOS GASTOS DEL HOGAR – Entiendo que mi hogar debe reportar los gastos de cuidado infantil y servicios públicos para obtener una deducción de beneficios de SNAP que cubre dichos gastos. Además, entiendo que mi hogar debe reportar y comprobar los pagos de alquiler/hipoteca, impuestos inmobiliarios, seguros, gastos médicos y manutención de niños efectuados a toda persona que no forme parte del hogar, con fines de obtener una deducción de SNAP para cubrir dichos gastos. Entiendo que al no reportar/no verificar los gastos antemencionados, se interpretará como declaración por parte de mi hogar de que yo no deseo/nosotros no deseamos obtener la deducción por tales gastos no reportados/no verificados. La deducción por estos gastos puede resultar en que yo reúna los requisitos para recibir beneficios de SNAP, o aumentar la cantidad de beneficios de SNAP que yo reciba. Entiendo que puedo reportar/verificar estos gastos en cualquier momento futuro. Esta deducción se aplicaría al cálculo de beneficios de SNAP en los meses subsiguientes, conforme a las reglas de la notificación y tramitación de cambios.

Al solicitar beneficios de SNAP, entiendo que el Distrito de Servicios Sociales solicitará y usará la información disponible mediante el Sistema de Verificación de Elegibilidad e Ingresos para investigar mi solicitud, y si existen discrepancias, para verificar dicha información mediante contactos comprobatorios. Entiendo además que dicha información puede afectar mi elegibilidad de beneficios de SNAP y/o el nivel de beneficios de SNAP que yo reciba.

DECLARACIÓN DE LA LEY DE PRIVACIDAD – RECOPIACIÓN Y USO DEL NÚMERO DE SEGURO SOCIAL (SSN) – La recopilación de los números de seguro social de cada miembro del hogar, con respecto a los beneficios de SNAP, se autoriza conforme la Ley de Alimentos y Nutrición del 2008. Toda información recopilada servirá para determinar si su hogar reúne los requisitos o sigue reuniendo los mismos para recibir asistencia o beneficios. Verificaremos esta información por programas de cotejo informático. Dicha información además se utilizará para dar seguimiento al cumplimiento de las reglas del programa y para administrar el mismo. La información puede divulgarse a las agencias estatales y federales para la revisión oficial y a las autoridades competentes para la detención de toda persona que huya de la justicia. La información también se usará para verificar la identidad, los ingresos salariales y no salariales.

Si surge una demanda de SNAP contra su hogar, se puede enviar a las agencias federales y estatales la información de esta solicitud, incluidos los números de seguro social. Esta información también se enviará a las agencias de cobros privadas, para recobrar fondos impagos. Todo solicitante de SNAP debe proveer número de seguro social. Los números de seguro social de miembros ineligibles también se utilizarán y se divulgarán en la manera antemencionada. Si no tiene número de seguro social usted o cualquier persona que solicite/recertifique, deben solicitar tal número con la Administración de Seguro Social (SSA.gov).

Además de utilizar la información de la manera indicada anteriormente, el estado también la usa para preparar los datos estadísticos que detallan los beneficiarios de HEAP. El estado utiliza la información con fines de control de calidad para asegurarse de que los distritos locales se esfuerzen por hacer la mejor labor posible. Se usa para verificar su compañía eléctrica y para efectuar ciertos pagos a tales contratistas.

CIUDADANÍA/ESTADO MIGRATORIO – Juro y/o afirmo, so pena de perjurio, que la información proporcionada sobre el estado de ciudadanía y estado migratorio mío y de las personas que viven en mi hogar es exacta y verídica. Entiendo que la Oficina de Servicios de Ciudadanía e Inmigración de Estados Unidos (USCIS) puede examinar la autenticidad de la información proporcionada en relación con el estado migratorio del/de los solicitante(s) de SNAP.

Para beneficios de SNAP, la ciudadanía debe documentarse **sólo si resulta cuestionable**.

AVISO DE LA POLÍTICA ANTIDISCRIMINATORIA – Conforme a las leyes de derechos civiles federales, y las reglas y políticas de derechos civiles del Departamento de Agricultura de Estados Unidos (USDA), se prohíbe a la USDA, sus agencias, oficinas y empleados, en colaboración con las instituciones participatorias y administrativas de los programas de la USDA, discriminar en función de la raza, color, nacionalidad, sexo, filiación religiosa, discapacidad, edad, filiación política, o en represalia contra actividades previas de derechos civiles en cualquier programa o actividad realizada o financiada por la USDA.

Los discapacitados quienes requieren modos alternativos de comunicación para obtener información de programas (p.ej. braille, letra de imprenta, grabación auditiva, lenguaje de señas estadounidense, etc.), deben comunicarse con la agencia (estatal o local) en que solicitaron beneficios. Las personas sordas, impedidas de la audición o discapacitadas del habla pueden comunicarse con la USDA mediante el Servicio de Transmisión de Comunicación Federal al (800) 877-8339. Adicionalmente, está disponible la información del programa en idiomas además del inglés.

Para presentar queja de discriminación, llene el Formulario para Quejas de Discriminación del Programa de la USDA (AD-3027) en Internet: http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina de la USDA, o escriba una carta dirigida a la USDA e incluya en dicha carta toda la información solicitada del formulario. Para solicitar una copia del formulario de quejas, llame al (866) 632-9992. Presente su formulario llenado o carta a la USDA por:

- (1) Correo postal: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; o
- (3) Correo electrónico: program.intake@usda.gov.

Esta institución brinda igualdad de oportunidades.

REPRESENTANTE AUTORIZADO – Usted puede autorizar a una persona que conozca las circunstancias de su hogar para que **solicite** los beneficios de SNAP a nombre suyo. Además, puede autorizar a una persona que no sea miembro de su hogar para que obtenga los beneficios de SNAP a nombre suyo, y para que compre los alimentos para usted. Si usted desea autorizar a alguien, debe hacerlo por escrito. Puede tomar esta medida al escribir el nombre, dirección y número telefónico de dicha persona en la sección que corresponde a continuación.

Cuando un representante autorizado solicita en nombre de un hogar que reciba beneficios de SNAP y que no resida en una institución, **tanto** el representante autorizado como un miembro adulto responsable del hogar de SNAP, deben firmar y fechar la sección de firmas al final de esta página, a menos que se le haya designado por lo demás al Representante Autorizado por escrito.

CERTIFICACIÓN: Juro y/o afirmo, so pena de perjurio, que la información proveída o que proveeré al Distrito local de Servicios Sociales es verídica.

Nombre del Caso: _____

Dirección: _____

Ciudad

Estado

Código Postal

Date of Birth (optional): _____ Social Security Number (optional): _____

Firma del Solicitante/Representante Autorizado

SI PRESENTA SOLICITUD COMO REPRESENTANTE AUTORIZADO DE OTRA PERSONA, ESCRIBA EN LETRA DE MOLDE SU NOMBRE Y DIRECCIÓN / PUEDE INCLUIR VOLUNTARIAMENTE SU NÚMERO DE TELÉFONO.

Nombre: _____ Teléfono: _____

Dirección: _____

Ciudad

Estado

Código Postal

SI USTED AYUDÓ A OTRA PERSONA PARA LLENAR ESTA SOLICITUD/RECERTIFICACIÓN, ESCRIBA SU NOMBRE Y DIRECCIÓN. PUEDE INCLUIR VOLUNTARIAMENTE SU NÚMERO DE TELÉFONO.

Nombre: _____ Teléfono: _____

Dirección: _____

Ciudad

Estado

Código Postal

SI USTED DESEA AUTORIZAR A ALGUIEN, ESCRIBA EL NOMBRE, LA DIRECCIÓN Y EL NÚMERO DE TELÉFONO DE TAL PERSONA A CONTINUACIÓN.

Nombre: _____ Teléfono: _____

Dirección: _____

Ciudad

Estado

Código Postal

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

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

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

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

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

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

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

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

Information that may affect your SNAP work registration requirements

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

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

Supplemental Nutrition Assistance Program (SNAP) Documentation Guide

Expenses that may affect your SNAP eligibility or benefit amount

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Supplemental Nutrition Assistance Program (SNAP) Pending Applications Control

"A" Group Number: _____

Group/Section: _____

Card Number: _____

Date SNAP Appl. Filed	25th Day	Case Name	Case Number	Worker's Name	Interview	30th Day	SNAP Action Control						Mail/Fax				
							Expedited	Single Issue	Deferred	Accept	Reject	Appl. Returned No Signature	RFI Only	Date Rec'd	Due Date	Decision Comments	

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
NCA SNAP Center: _____

Incomplete Supplemental Nutrition Assistance Program (SNAP) Application Form

On _____, we received your SNAP application (**LDSS-4826**) but it was not signed. We cannot take action on your application until you sign and return it. We are returning the SNAP application and any supporting documents that you submitted.

Please sign **Page 2** and **Page 8** of your SNAP application. Please return it immediately with any supporting documents in the enclosed postage-paid envelope. Once we receive the signed application, we can review it and contact you for your interview.

SAMPLE

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro NCA de SNAP: _____

Formulario Incompleto de Solicitud del Programa de Asistencia de Nutrición Suplementaria (SNAP)

El _____, nosotros recibimos su solicitud de SNAP, pero no se había firmado. No podemos tramitar su solicitud hasta que usted la firme y la devuelva. Hemos devuelto la solicitud de SNAP y todo documento justificativo presentado por usted.

Favor de firmar la **página 2** y la **página 8** de su solicitud de SNAP y devolverla de inmediato con todo documento justificativo, en el adjunto sobre con franqueo pagado. Una vez recibamos la solicitud firmada, la revisaremos y nos comunicaremos con usted para su entrevista.