



**NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY  
ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**David A. Paterson**  
*Governor*

**Informational Letter**

**Section 1**

<b>Transmittal:</b>	09-INF-18
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Center for Employment and Economic Supports
<b>Date:</b>	October 8, 2009
<b>Subject:</b>	5/08 Revisions to the LDSS-4826: "Food Stamp Benefits Application/Recertification" and LDSS-4826A: "How to complete the Food Stamp Benefits Application/Recertification"
<b>Suggested Distribution:</b>	Food Stamp Benefits Staff Temporary Assistance Staff Medicaid Directors CAP/TOP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991 Program Questions: Food Stamp Bureau – (518) 473-1469 Metro Region – (212) 961-8207 WMS Questions – (518) 474-8749
<b>Attachments:</b>	LDSS-4826: "Food Stamp Benefits Application/Recertification" (Rev. 5/08) and LDSS-4826A: "How to Complete the Food Stamp Benefits Application/Recertification" (Rev. 5/08)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

**Filing References**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
03 ADM-03 04 INF-11		18NYCRR 387.5(a)	SSL 95(11)	FSSB Sections IV and VI	

## I. Purpose

The purpose of this INF is threefold:

1. To introduce the revised Statewide 5/08 versions of:

- LDSS 4826: “Food Stamp Benefits Application/Recertification”
- LDSS-4826A: “How To Complete The Food Stamp Benefits Application/Recertification”

2. To inform local districts that the following “other than English” 5/08 versions have also been revised:

- LDSS-4826-AR: “Food Stamp Benefits Application/Recertification” (Arabic)
- LDSS-4826A-AR: “How To Complete the Food Stamp Benefits Application/Recertification” (Arabic)
- LDSS-4826-CH: “Food Stamp Benefits Application/Recertification” (Chinese)
- LDSS-4826A-CH: “How To Complete the Food Stamp Benefits Application/Recertification” (Chinese)
- LDSS-4826-HA: “Food Stamp Benefits Application/Recertification” (Haitian/Creole)
- LDSS-4826A-HA: “How To Complete the Food Stamp Benefits Application/Recertification” (Haitian/Creole)
- LDSS-4826-KO: “Food Stamp Benefits Application/Recertification” (Korean)
- LDSS-4826A-KO: “How To Complete the Food Stamp Benefits Application/Recertification” (Korean)
- LDSS-4826-RU: “Food Stamp Benefits Application/Recertification” (Russian)
- LDSS-4826A-RU: “How To Complete the Food Stamp Benefits Application/Recertification” (Russian)
- LDSS-4826-SP: “Food Stamp Benefits Application/Recertification” (Spanish)
- LDSS -4826A-SP: “How To Complete the Food Stamp Benefits Application/Recertification” (Spanish)

3. To notify local districts that, as long as they are using the 05/08 version of the LDSS-4826 and LDSS-4826A or later, they are no longer required to provide the Client Information Books (LDSS-4148A, LDSS-4148B and LDSS-4148C) to households that are applying or recertifying for Food Stamp Benefits *using* the LDSS-4826: “Food Stamp Benefits Application/Recertification”. This is because *information from the Client Information Books that must be provided to food stamp applicant households has been consolidated and included in the 5/08 LDSS-4826A*.

Districts must continue to provide the LDSS-4826A: “How to Complete the Food Stamp Benefits Application/Recertification and Applicant/Recipient Rights and Responsibilities for the Food Stamp Program” *to all households applying and recertifying for food stamp benefits*, and must continue to provide the Client Information Books upon request (LDSS-4148A, LDSS-4148B and LDSS-4148C).

## II. Background

03 ADM-03 introduced the Statewide “Food Stamp Benefits Application/Recertification” forms, LDSS-4826 and LDSS-4826A. Local districts were informed at that time that they must offer these simplified forms to households that are:

- Applying only for NTA Food Stamp benefits (instead of the LDSS-2921: “Statewide Common Application” form and Pub. 1301: “How to Complete the Application”);
- Recertifying for NTA Food Stamp benefits (instead of the LDSS-3174: “Recertification Form” and Pub. 1313: “How to Complete the Recertification”); or
- Applying or recertifying for NTA Food Stamp benefits as SSI recipients living alone or in group homes.

In addition, local districts were directed to continue to provide the Client Information Books (LDSS- 4148A, LDSS-4148B and LDSS-4148C) at Application/Recertification, including households that are not required to have a face to face interview.

## III. Forms Revisions:

The following is a listing of the changes and revisions to the 5/05 versions of the LDSS-4826: “Food Stamps Benefits Application/Recertification” and LDSS-4826A: “How To Complete The Food Stamp Benefits Application/Recertification” for the 5/05 versions:

### **Revisions to the LDSS-4826: “Food Stamp Benefits Application/Recertification”**

**General** – The revision date was **changed** on every page to (Rev.5/08).

#### **Cover:**

3<sup>rd</sup> Bullet now reads: “We must accept your application if, at minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process, *including the interview*, must be completed and we must interview you for us to determine your eligibility.”

4<sup>th</sup> Bullet now reads: “You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, *ineligible alien* parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.”

5<sup>th</sup> Bullet now reads: “You can still apply *and be eligible* for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.”

#### **Page 1:**

Questions at the bottom of the page:

Question 2 now reads: “Has a court issued a **warrant because** it found that you **or anyone living with you is** fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony?”

Question 3 now reads: “Are you or is anyone living with **you in violation** of probation or parole according to a court?”

Last sentence: “If you are recertifying for Food Stamp Benefits, list on Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out **of your household**).”

**Page 2:**

Added the following to the Resources Section: “Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.”

**Page 3:**

Last 2 paragraphs were added:

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

If you get more Food Stamp 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 Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

**Page 4:**

Added the first two paragraphs:

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, 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 expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp 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.

4<sup>th</sup> Paragraph now reads: **“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, TA, MA, or FS benefits** applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.”

Changed last sentence to read: “If you or anyone applying/recertifying does not have an SSN, a SSN must be applied for at the Social Security Agency.”

**Page 5:**

Moved **CITIZENSHIP/IMMIGRATION STATUS** section to the top of the page.

Added the following sentence: “**For the Food Stamp Benefits Program**, citizenship must be documented only if questionable.”

The following information was changed: The Husband/Wife signature section was removed.

(Note: An authorized representative must be designated in writing by the Head of Household or other responsible adult member of the household along with their signature. This can be done separately or on the application. If this is done on the application then the Head of Household or other responsible adult member of the household must sign the application. If the authorized representative is designated separate from the application then the authorized representative **or** the Head of Household or other responsible adult member must sign the application .

**Page 6:**

In the Agency Use Only Section, check boxes were added for In-Person Interview and Telephone Interview.

**Revisions to the LDSS-4826A:**

**“How To Complete the Food Stamp Benefits Application/Recertification”**

**General:**

The revision date was **changed** throughout to (Rev.5/08).

**Page 1:**

The following information was changed:

The Title: How to Complete the Food Stamp Benefits Application/Recertification and Applicant/Recipient Rights and Responsibilities for the Food Stamp Program

Section: When You Are Applying For Food Stamp Benefits, the 3<sup>rd</sup> and 4<sup>th</sup> Bullets have changed to read:

- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process including the interview must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.

### **Where You Can Apply For Food Stamp Benefits**

If you live **outside** of New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

Last sentence on the page should read:

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**

### **Page 2:**

The following information was changed:

#### **INSTRUCTIONS ON HOW TO COMPLETE THE FOOD STAMP APPLICATION/RECERTIFICATION**

Under Section 1 – OTHER PHONE should read: **OTHER PHONE: PRINT** another phone number where you can be reached, if you have one.

Section 2: Sign your name and date, **ONLY** if you want to submit your application without completing the next page at this time. You must complete the application for us to determine your eligibility.

### **Page 3:**

The following information was changed:

- Section 4: Answer all questions in section 4. Fill in names of any individuals who are not U.S. Citizens.
- Section 6: Resources: Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.

### **Page 4:**

Sections 9 and 10 were reversed. Section 10 also includes a new 2<sup>nd</sup> paragraph.

Note at bottom of the page should read: **Note: The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect your eligibility or the amount of assistance that you will be given by this agency.**

### **Page 5-10:**

This information is all new to the LDSS-4826A. It includes the rights and responsibilities and penalty language taken from the client information books: LDSS-4148A: “What You Should Know About Your Rights and Responsibilities”, LDSS-4148B: “What You Should Know About Social Services Programs” and the LDSS-4148C: “What You Should Know If You Have an Emergency”. Please see the Purpose and Background Sections of this INF for further clarification as to why the information was added.

#### IV. Forms Ordering

The 5/08 versions of the Statewide LDSS-4826: “Food Stamps Benefits Application/Recertification” (English) and LDSS-4826A: “How To Complete The Food Stamp Benefits Application/Recertification” (English) was delivered to the Upstate (Albany) and HRA (New York City) warehouses in October 2008. All districts received an initial supply of these revised English forms.

Printing of the “other than English Forms” in Arabic, Chinese; Haitian/Creole; Korean; Russian and Spanish; will follow. When the “other than English” versions are printed, **only New York City** will automatically receive supplies. All other districts must order supplies of the “other than English” forms using the procedure described below.

Upon receipt of the revised forms, all existing copies of the previous 5/05 versions of the LDSS-4826 (English); LDSS-4826A (English); LDSS-4826-AR (Arabic); LDSS-4826A-AR (Arabic); LDSS-4826-CH (Chinese); LDSS-4826A-CH (Chinese); LDSS-4826-HA (Haitian/Creole); LDSS-4826A-HA (Haitian/Creole); LDSS-4826-KO (Korean); LDSS-4826A-KO (Korean); LDSS-4826-RU (Russian); LDSS-4826A-RU (Russian); LDSS-4826-SP (Spanish) and LDSS-4826A-SP (Spanish) **must be destroyed**.

Any initial or future requests for the 5/08 versions of LDSS-4826 (English); LDSS-4826A (English); LDSS-4826-AR (Arabic); LDSS-4826A-AR (Arabic); LDSS-4826-CH (Chinese); LDSS-4826A-CH (Chinese); LDSS-4826-HA (Haitian/Creole); LDSS-4826A-HA (Haitian/Creole); LDSS-4826-KO (Korean); LDSS-4826A-KO (Korean); LDSS-4826A-RU (Russian); LDSS-4826A-RU (Russian); LDSS-4826-SP (Spanish) and LDSS-4826A-SP (Spanish) should be submitted on Form OTDA-876 (Rev. 6/98): “Request for Forms or Publications” and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

In addition, for local district staff, electronic PDF versions of all of the notices referenced in this INF can be accessed on the OTDA Intranet website at <http://otda.state.ny.net/otda/ldss/eforms/default.htm>.

#### Issued By

**Name:** Russell Sykes  
**Title:** Deputy Commissioner  
**Division/Office:** Center for Employment and Economic Supports



## FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION



### ***Use this form if Applying For Food Stamp Benefits Only***

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

*This application can only be used to apply for Food Stamp Benefits.*

### **When You Are Applying For Food Stamps Benefits**

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process, including the interview, must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

### **Need Food Stamp Benefits Right Away?**

#### **You May Be Eligible For Expedited Processing of your Food Stamp Benefits Application.**

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

### **Where You Can Apply For Food Stamp Benefits**

If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

### **Having Problems Coming To Us For A Food Stamp Benefits Appointment?**

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION**

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	<input type="checkbox"/> Apply <input type="checkbox"/> Recertify	Lang
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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Other phone where you can be reached: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_

Other Name: \_\_\_\_\_ Are You: ☐ Applying or ☐ Recertifying ☒ Do you want to receive notices in: ☐ Spanish and English or ☐ English Only

**We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →**

APPLICANT/REPRESENTATIVE SIGNATURE

DATE SIGNED

**List everyone who lives with you even if they are not applying. List yourself first.**

L N	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/ or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*								
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U			
1								<input checked="" type="checkbox"/>		self	<input checked="" type="checkbox"/>												
2																							
3																							
4																							
5																							
6																							
7																							
8																							

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

Are you and is everyone living with you a US citizen? ☐ Yes ☐ No If No, who is not a citizen? \_\_\_\_\_

Has a court issued a warrant because it found that you or anyone living with you is fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony? ☐ Yes ☐ No

Are you or is anyone living with you in violation of probation or parole according to a court? ☐ Yes ☐ No

Have you or has anyone living with you ever been disqualified from receiving Food Stamp Benefits because of fraud or intentional program violation? ☐ Yes ☐ No

Are you or is anyone in your household applying for or receiving Food Stamp Benefits or Temporary Assistance in another place? ☐ Yes ☐ No

Are you or is anyone living with you blind, disabled or pregnant? ☐ Yes ☐ No If Yes, who \_\_\_\_\_

Are you or is anyone living with you a veteran? ☐ Yes ☐ No If Yes, who \_\_\_\_\_

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? ☐ Yes ☐ No

If you are recertifying for Food Stamp Benefits, list on the Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out of your household).

**You may use the page 6 if you need more room or there is other information that you think we might need.**

**Go to Page 2**

**INCOME**

List **ALL** your income and the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Amount paid \$ \_\_\_\_\_. How often paid (e.g., weekly, monthly) \_\_\_\_\_.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? ☐ Yes ☐ No

Do you or does anyone living with you have any potential income that has not yet been received? ☐ Yes ☐ No If Yes, explain on Page 6.

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Are you or is anyone living with you participating in a strike? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

**RESOURCES**

Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts) \$ \_\_\_\_\_ Belongs to \_\_\_\_\_.

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates) ☐ Yes ☐ No

If Yes, amount \$ \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_.

How many cars, trucks or other vehicles do you or anyone in your household have?

\_\_\_ #1 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

\_\_\_ #2 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

Do you or anyone applying own any property including your own home? ☐ Yes ☐ No if yes, list property \_\_\_\_\_ Owner \_\_\_\_\_

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for Food Stamp Benefits? ☐ Yes ☐ No

**LIVING ARRANGEMENTS AND EXPENSES**

Check all the descriptions that apply to your household:

☐ Own home or paying for home ☐ Renting ☐ Migrant/seasonal farmworker ☐ No permanent residence ☐ Live with relatives or friends

List expenses:

Monthly rent or mortgage payment \$ \_\_\_\_\_ Tax on home per year \$ \_\_\_\_\_ Insurance on home per year \$ \_\_\_\_\_.

Pay separately for Heat? ☐ Yes ☐ No If yes, specify type of heating: ☐ Gas ☐ Electric ☐ Oil ☐ Wood ☐ Coal ☐ Propane ☐ Other (list) \_\_\_\_\_

Heat Co. Name \_\_\_\_\_ Heat Co. Acct. No. \_\_\_\_\_

**You may use the page 6 if you need more room or there is other information that you think we might need.**

**Go to Page 3**

## LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

Pay for air conditioning, either in your electric bill or as a separate fee? ☐ Yes ☐ No

Pay separately for utilities (*other than heating/cooling*)? ☐ Yes ☐ No (*for example, lights, cooking gas, washer/dryer fees, garbage/trash, water, initial installation of utilities*).

Does anyone else pay any of these expenses for you (*some examples are Section 8 or other subsidy program*)?

☐ Yes ☐ No *If yes, who pays what?* \_\_\_\_\_

Do you or does anyone living with you pay court-ordered child support? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_

Name(s) of child(ren) support is being paid for \_\_\_\_\_

Payment amount \$ \_\_\_\_\_ Frequency of payments (*for example, weekly, bi-weekly, monthly*) \_\_\_\_\_

Are you, and/or anyone living with you, blind/disabled or at least age 60? If so, does such person have medical bills? ☐ Yes ☐ No *If yes, list on the page 6 what they are for, how much and who is responsible for payment.*

Are you, and/or anyone living with you, on Medicaid with a spenddown? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_ *Amount \$* \_\_\_\_\_

Are you, and/or anyone living with you (*16 years old or older*) enrolled in school or training? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_ *where* \_\_\_\_\_

**You may use the page 6 if you need more room or there is other information that you think we might need.**

## READ THE IMPORTANT INFORMATION BELOW

**FOOD STAMP BENEFITS (FS) PENALTY WARNING** – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your: ■ First IPV, you will not be able to get FS for one year. ■ Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

If you get more Food Stamp 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 Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

**READ THE IMPORTANT INFORMATION BELOW (cont'd)**

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, 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 expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp 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 Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

**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, TA, MA, or FS benefits applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

**SUA (STANDARD UTILITY ALLOWANCE) INFORMATION** – I understand that Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, my household intends to apply for a HEAP benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

**TELEPHONE ALLOWANCE INFORMATION** – I understand that Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated pay phone. If I do not have any cost to make phone calls, I will let my worker know.

**CHANGES** – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, 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 Food Stamp Benefits (FS) 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 FS 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 FS or may increase my FS. 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 FS in future months in accordance with the rules for change reporting and processing changes.

**PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN)** – The collection of SSN's is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for 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. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you or anyone applying/recertifying does not have an SSN, a SSN must be applied for at the Social Security Agency.

**READ THE IMPORTANT INFORMATION BELOW (cont'd)**

**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 my self 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 Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

**For the Food Stamp Benefits Program**, citizenship must be documented only if questionable.

**NON-DISCRIMINATION NOTICE** – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**LIFELINE: For applicants/recipients of Food Stamp Benefits:** The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

**If you do not want this information released, check this box** ☐

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

**AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS 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 below. When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, both the Authorized Representative and the Food Stamp Benefits Head of Household or other responsible adult member of the household must sign and date the signature sections at the bottom of this page.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**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.**

APPLICANT SIGNATURE  X	DATE SIGNED 10
Authorized Representative SIGNATURE  X	DATE SIGNED

**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 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Use this area for additional information:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

11

**I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION.** I understand that I may reapply at any time.

SIGNATURE

DATE

12

***For Agency Use Only***

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Who Obtained Eligibility Information: \_\_\_\_\_ Date \_\_\_\_\_

Employed by: ☐ Social Services District ☐ Provider Agency

(Specify) \_\_\_\_\_

Reason \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Withdrawal ☐ Denial ☐ Recert. Closing

Eligibility Approved by \_\_\_\_\_ Date \_\_\_\_\_

FS Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

☐ **IN-PERSON INTERVIEW** ☐ **TELEPHONE INTERVIEW**

**Comments:**



## HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR THE FOOD STAMP PROGRAM



### ***Use This Form If Applying For Food Stamp Benefits Only***

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

*This application can only be used to apply for Food Stamp Benefits.*

### **When You Are Applying For Food Stamps Benefits**

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process including the interview must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

### **Need Food Stamp Benefits Right Away?**

#### **You May Be Eligible For Expedited Processing Of Your Food Stamp Benefits Application.**

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farm worker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

### **Where You Can Apply For Food Stamp Benefits**

If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

### **Having Problems Coming To Us For A Food Stamp Benefits Appointment?**

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**

## INSTRUCTIONS ON HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION

Please **PRINT** clearly in blue or black ink.

Do **NOT** print in the shaded areas.

Be sure to complete each section.

If you are applying as someone's representative, please print information about that person, not yourself.

### **SECTION 1: APPLICANT INFORMATION**

**NAME: PRINT** your legal name including your first name, middle initial and last name.

**TELEPHONE NUMBER: PRINT** your home phone number.

**OTHER PHONE: PRINT** another phone number where you can be reached, if you have one.

**RESIDENCE ADDRESS: PRINT** the street, avenue, road, etc., where you now live. PRINT the city you live in. PRINT your zip code.

**MAILING ADDRESS: PRINT** your mailing address if it is different from your residence.

**OTHER NAME: PRINT** any maiden names, names from a previous marriage, or other names that any person listed has or now uses.

Check (✓) whether you are applying or recertifying for Food Stamp Benefits.

Check (✓) if you wish to receive notices in Spanish **and** English or just English.

**SECTION 2:** Sign your name and date, **ONLY** if you want to submit your application without completing the next page at this time. You must complete the application for us to determine your eligibility.

### **SECTION 3: HOUSEHOLD MEMBERS INFORMATION:**

**LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.**

**PRINT** your full name first. Then **PRINT** the names of the other people who live with you:

**PRINT** the date of birth, Social Security Number (if the individual does not have a SSN, enter "none"), marital status and sex for each person applying.

Check (✓) Yes or No to tell us who is applying.

For **each** person in the household, PRINT how they are related to you (for example: wife, son, friend, etc.).

Check (✓) Yes if that person buys and/or prepares food with you.

Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino.

Enter Y (Yes) or N (No) for each race \*.

Race/Ethnic codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White **U** – Unknown **(MA ONLY)**

\*These answers are optional but, if not completed, the interviewer may have to record them by observation. This information will not affect your eligibility.



**SECTION 4:** Answer all questions in section 4. Fill in names of individuals who are not U.S. citizens.

**SECTION 5: INCOME:** List all your income and the income of everyone living with you. PRINT the name of the person receiving the income, the source of income and how often it is received. Income can include: Regular job (wages), income before strike, on-the-job-training, military reserves, national guard, work study, alimony, child support, educational assistance (grants, scholarships, etc.), friends or relatives (other than loans), public assistance, pensions or retirement, Supplemental Security Income (SSI), Social Security benefits, veterans benefits, unemployment benefits, worker's compensation, babysitting, taxi driving, cleaning homes or other buildings, farming/ranching, income from a roomer, income from a boarder or arts and crafts.

**NOTE:** Foster Care Payments and Food Stamp Benefits – You may choose to include the foster care child or adult in the Food Stamp Benefits household. If you do, any associated foster care payments will be counted as income. All other income or resources of the foster care child also will be counted. If you have any questions about this, make sure to ask your worker.

Be sure to answer all other questions in section 5.

**SECTION 6: RESOURCES:** Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.

Answer all the questions in Section 6 for yourself and everyone who is applying for Food Stamp Benefits. List the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Resources may include any of the following: cash on hand, cash held by others, checking or savings account, savings bonds, individual retirement account, pension plan, individual development account, stocks/bonds, mutual funds, trust fund, money market certificates, buildings, land, rental property, vacation or recreational property or house other than home.

**SECTION 7: LIVING ARRANGEMENTS AND EXPENSES:**

PRINT the amount you pay for rent, mortgage, room and board or other housing. List the dollar (\$) amount that you pay for your property taxes and homeowner's insurance (including fire insurance).

If you pay for your heat separately, check (✓) what type of heat you have.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have telephone costs or air conditioning costs and if you do, who pays the separate expense?
- anyone pays court-ordered child support and if so, who, how much and the frequency of payments?
- anyone applying has any medical bills such as in-home nursing service, dentures, hearing aid, eyeglasses, seeing eye dog or service animal, health insurance and medical payments, hospital or nursing care, medical or dental services, prescription drugs or medical transportation?
- anyone in your household is on Medicaid, with a spenddown and if so, who and how much?
- anyone in your household is enrolled in school or in a training program and if so, who and where?

Be sure to answer all other questions in section 7.

**SECTION 8: LEGAL STATEMENTS:** Read this section carefully or have someone read it to you.

For **Lifeline**, Food Stamp applicants/recipients must check (✓) the box if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.

**Note:** NY State Law provides for fine or jail, or both, for a person found guilty of obtaining Food Stamp Benefits by hiding the facts or not telling the truth.

**SECTION 9: FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE:** If you want someone from outside your household to get the Food Stamp Benefits or to buy the food for you, PRINT their name, address and phone number.**SECTION 10: SIGNATURES:** Sign your name. If you are an Authorized Representative, both you and the head of household must sign and date the signature sections on page 5 of the Application/Recertification.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, **both the** Authorized Representative and the Head of Household or another responsible adult member of the household must sign and date the signature sections on Page 5 of the Application/Recertification.

**SECTION 11: ADDITIONAL INFORMATION:** Use this section to let us know additional information that you think we might need to know.**SECTION 12: CONSENT TO WITHDRAW:** If you decide you no longer wish to apply for Food Stamp Benefits, sign your name and enter date. You may reapply at any time.

**Note:** The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect your eligibility or the amount of assistance that you will be given by this agency.

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services Programs and to deter fraud.

## READ THE IMPORTANT INFORMATION BELOW

### APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR THE FOOD STAMP PROGRAM

Additional information regarding your rights and responsibilities is contained in the Client Information Books (LDSS-4148A; LDSS-4148B and LDSS-4148C). These books can be obtained at your local district.

#### AS AN APPLICANT/RECIPIENT OF FOOD STAMP BENEFITS YOU HAVE *RIGHTS*:

##### **TO HAVE AN INTERVIEW:**

- The interview must be scheduled as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
- You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English or hearing or speech impaired.  
Local districts may utilize the TTY/TTD relay systems to gain access to services for Hearing or speech impaired applicants/recipients. If you have any special needs you can request special accommodations from your local district.
- If you have a disability, you have the same right to access and be interviewed for the Food Stamp Program as someone who does not have a disability.
- You must be told, within 30 days of the date you turned in (filed) your Application for Food Stamp Benefits, if your Application is approved or denied. If you are eligible for expedited processing you must be told within 5 days after the date you turned in (filed) your Application if you are qualified for Food Stamp Benefits.
- You may request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during the social services district's office hours. **The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income.** The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.
- Get a written notice telling you if your application for Food Stamp Benefits is approved or denied:
  - If your Application is approved, this notice will tell you the amount of Food Stamp Benefits you will get;
  - If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

##### **TO A CONFERENCE AND/OR FAIR HEARING**

If you think any decision about your case is wrong, or you do not understand any decision, talk to your worker right away. If you still disagree or do not understand, you have the right to a **Conference** and/or a **Fair Hearing**.

**CONFERENCE** - A Conference is when you meet with someone other than the person who made the decision about your case. At the Conference this person will review that decision. Sometimes a Conference is the fastest way to solve any problems you may have. We encourage you to ask for one **even if you have requested a Fair Hearing**. However, Conferences are voluntary, and you can request a Fair Hearing even if you do not request a Conference. To ask for a Conference, call or write your local department of social services.

**A CONFERENCE IS NOT A FAIR HEARING.** If you are told that your case is being closed, or that your food stamp benefits or other help you are getting will change, and the problem is not settled through a Conference, you must ask for a **Fair Hearing** to keep your food stamp benefits or other

help you are getting from being stopped or changed. Your time to request a fair hearing and your right to "aid to continue" will not be extended by requesting or having a conference.

**NOTE:** A request for a Conference is not a request for a Fair Hearing. If you want a Fair Hearing, you must request one.

### READ THE IMPORTANT INFORMATION BELOW (*cont'd*)

**FAIR HEARING** - A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the decision about your case was wrong. The State will then issue a written decision which will state whether the local department of social services decision was right or wrong. The written decision may order the local department of social services to correct your case.

At a Fair Hearing you will have a chance to explain why you think the decision is wrong.

**TIME LIMITS TO ASK FOR A FAIR HEARING** - If you want to ask for a Fair Hearing for Food Stamp Benefits, call **right away** because **there are time limits**. If you wait too long, you may not be able to get a Fair Hearing.

**NOTE:** If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.

**If you do get a notice about your case** and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. **Be sure to read all of the notice carefully.**

**If your notice tells you that your Food Stamp Benefits have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within 90 days from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough Food Stamp Benefits at anytime within the certification period.**

**If you do not get a notice about your case**, and your benefits are denied, stopped or reduced you can also ask for a Fair Hearing.

### **HOW TO ASK FOR A FAIR HEARING**

**If you do get a notice about your case** and you want to ask for a Fair Hearing, the notice will tell you how. **Be sure to read all of the notice carefully.**

If you get a notice telling you that your benefits will be stopped or reduced, and you ask for a Fair Hearing before the **effective date** on your notice, your money or other help will, in most instances, stay the same ("**aid continuing**") until the Fair Hearing decision is made. If the notice was not sent before the effective date, and you ask for a Fair Hearing within **10** days of the **postmark date** of the notice, you also have the right to have your money or other help stay the same ("**aid continuing**") until the Fair Hearing decision is made.

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will have to pay back any benefits that you received as "aid continuing" while waiting for the Fair Hearing decision.

If you **do not** want the money or other help you have been getting to stay the same until the Fair Hearing decision is made, you must tell this to the New York State Office of Temporary and Disability Assistance when you call or write for a Fair Hearing.

**If you do not get a notice about your case**, and your benefits are stopped or reduced, you can still ask for a Fair Hearing. At the same time that you ask for a Fair Hearing, you can ask that your money or other help be restored ("**aid continuing**").

**READ THE IMPORTANT INFORMATION BELOW (*cont'd*)****WHAT YOU SHOULD DO FOR A FAIR HEARING**

The New York State Office of Temporary and Disability Assistance will send you a notice, which tells you when and where the Fair Hearing will be held.

To help you get ready for the Fair Hearing, you have the right to look at your case record and get free copies of the forms and papers which will be given to the Administrative Law Judge at the Fair Hearing. You can also get free copies of any other papers in your case record which you think you may need for the Fair Hearing. Usually, you can get these papers before the hearing or at the hearing at the latest. If you ask for any papers, and the local department of social services does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it.

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a decision about your case is wrong. If you cannot go to the Fair Hearing, you can send someone else in your place. If you are sending someone who is not a lawyer to the Fair Hearing, you should give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that this person is taking your place.

To help you explain at the Fair Hearing why you think the decision is wrong, you should also bring any witnesses who can help you and any information you have such as:

- **Pay stubs**
- **Bills**
- **Receipts**
- **Leases**
- **Doctor's Statements**

Someone from your local department of social services will also be at the Fair Hearing to explain the decision about your case. You or your representative will be able to question this person and present your side of the case. You or your representative will also be able to question any witnesses who you bring to help you.

If you think you need a lawyer to help you with your Fair Hearing, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services Office. For the names of other lawyers, call your local Bar Association.

**NOTE:** If you ask, you will be able to get back the money you had to pay for public transportation, child care and other necessary expenses to go to the fair hearing. If no public transportation is available, you may be able to get back the money you had to pay for another type of transportation. If you are unable to use public transportation because of a medical problem, you may be able to get back the money you had to pay for another type of transportation. However, you may be asked to provide medical verification.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

**Telephone:** Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

**Fax:** your Fair Hearing Request to: 518-473-6735

**Online:** Complete online request form at <http://www.otda.state.ny.us.us/oah/forms.asp>

**READ THE IMPORTANT INFORMATION BELOW (cont'd)**

**In writing:** For notices, fill in the supplied space and send a copy of the notice, or write to:

**Fair Hearing Section  
NYS Office of Temporary and Disability Assistance  
Fair Hearings  
P.O. Box 1930  
Albany, New York 12201-1930**

*Please keep a copy of any notice for yourself*

If you live in New York City you may also make your request in person by walking into the office listed below.

**Walk-In** (New York City Only) Bring a copy of the notice, or ask for a hearing on a matter not based on a notice, to:

**Office of Administrative Hearings  
Office of Temporary & Disability Assistance  
14 Boerum Place  
Brooklyn, New York  
or  
330 W. 34<sup>th</sup> Street, 3<sup>rd</sup> Fl., New York, New York**

**NOTE:** For New York City emergency fair hearings only – Call 800-205-0110. Do not use this telephone number for anything except emergencies. Requests that do not involve emergencies will not be taken at this number.

**TO LOOK AT YOUR CASE AND COMPUTER RECORDS:**

Once you apply for food stamp benefits or other help, case records and computer records are kept about your case. Usually, you have the right to look at those records. However, you may **not** be able to look at all of the records. Your worker can explain the rules to you.

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, send you your records; **or** tell you why they will not give you your records; **or** tell you they have your request and they will determine if you are allowed to get your records within five working days of when they get your request letter.

**REGARDING EMPLOYMENT:**

If you do not agree that you are able to work, you should notify the local department of social services that you believe you should be exempt from participation in work activities. You will be notified by the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you are required to participate in food stamp work activities, you may be able to get help paying for certain work-related expenses. You also may be able to receive assistance with child care costs.

**IF YOU ARE SUSPECTED OF FRAUD**

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

**READ THE IMPORTANT INFORMATION BELOW (*cont'd*)****AS AN APPLICANT/RECIPIENT OF FOOD STAMP BENEFITS YOU HAVE SEVERAL RESPONSIBILITIES:****EMPLOYMENT RESPONSIBILITIES FOR FOOD STAMP BENEFIT RECIPIENTS:**

Unless you are exempt from work requirements as an applicant for or recipient of Food Stamp Benefits you must comply with certain rules, including participation in work activities and accepting a job. Your worker will explain these rules.

**If you do not comply with the work requirements, you may lose your Food Stamp Benefits.**

- There are several exemptions from participation in food stamp work requirements. Ask your worker if you qualify for one of the exemptions. You may be required to provide documentation to support your claim.

If you are not exempt from participation in work activities and do not comply with the work requirements, you may lose your Food Stamp Benefits. The length of time you will lose your benefits depends on the number of times you have failed to comply.

**ADDITIONAL RESPONSIBILITIES AND REQUIREMENTS FOR FOOD STAMP BENEFITS RECIPIENTS WHO ARE ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)**

If you are an able-bodied work registrant, you may also be required to meet additional Food Stamp Benefits eligibility requirements. Your worker will explain these requirements and the exemptions from the requirements.

If you are a work registrant and not exempt, you will only be eligible to receive Food Stamp Benefits for three months in every 36 months unless you are meeting the additional requirements.

If you want to continue to receive Food Stamp Benefits beyond the three month limit, you should ask your worker for a qualifying work or training opportunity.

If you lose your eligibility for Food Stamp Benefits because you did not meet the additional requirement for three or more months during which you received Food Stamp Benefits, you may be able to re-establish your eligibility in several different ways. Your worker will explain how to do this.

**RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:**

As a Applicant/Recipient of Food Stamp Benefits, you have the responsibility of rescheduling a missed interview before the 30<sup>th</sup> day after the date you applied to avoid losing Food Stamp Benefits.

**RESPONSIBILITY TO PROVIDE PROOF**

When you are applying for or getting help, you will be asked to provide proof of certain things. Your worker will tell you which of these things you **must** prove. Not all of these things are required for every program. You may have to prove some things for one program and not for another.

If you bring proof with you when you first come in to apply for assistance, you may be able to get help sooner.

If you drop documentation off at your local department of social services, you should ask for a receipt to prove what documentation you left. The receipt should have your name, the specific documentation that you dropped off, the time, date, district name and the name of the social services worker who provided the receipt.

### **READ THE IMPORTANT INFORMATION BELOW (*cont'd*)**

If you cannot get the proof you need, ask your worker to help you. If the local department of social services already has proof of the things that do not change, such as your social security number, you do not need to prove them again.

If your worker tells you that you need additional papers and information to find out if you can get help, you must provide that proof. If you cannot get these papers and information, your worker must try to help you.

### **NON-CITIZEN ELIGIBILITY INFORMATION**

Many non-citizens are qualified aliens who are eligible for Food Stamp Benefits. Even if you are not, your children may be eligible. Food Stamp Benefits should not affect your immigration status with respect to any USCIS decision regarding your immigration matter.

You may be eligible for Food Stamp Benefits if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swain Island), or a qualified alien. A qualified alien for food stamp eligibility is:

1. An American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA), or
2. A member of an Indian tribe that is a federally recognized Indian tribe (25 U.S.C. (450b(e))), or
3. An alien admitted as a Hmong or Highland Laotian, including spouse and dependent child, or
4. A refugee admitted under section 207 of the INA, or
5. An alien granted asylum under section 208 of the INA, or
6. An alien whose deportation has been withheld under section 234(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA, or
7. An alien admitted as a Cuban or Haitian entrant, or
8. An alien who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act, or
9. An alien who is on active duty in the U.S. armed forces or, an honorably discharged veteran, their spouse and dependent children, and the un-remarried surviving spouse and unmarried dependent children of an active duty member or veteran who has died, or
10. An alien admitted as an Amerasian, or
11. An alien lawfully admitted for permanent residence under the INA-and who has 5 years in status, or
12. An alien paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status, or
13. An alien or parent or child of an alien-who has been battered or subjected to extreme cruelty in the U.S. by a family member and entered the U.S. before 8/22/96 or has 5 years in status, or
14. Aliens also may be eligible for Foods Stamp Benefits if:
  - They are lawfully admitted for permanent residence and have earned, or can be credited with 40 quarters of work;
  - They are in a qualified status listed above and receive certain disability or blindness benefits;
  - They are in a qualified status listed above and are under 18 years old;
  - They are lawfully in the U.S. on August 22, 1996 and are now blind or disabled, old, or was born on or before August 22, 1931.





**RESPONSIBILITY TO ENROLL IN THE AUTOMATED FINGER IMAGING SYSTEM (AFIS) – IS THIS TRUE FOR FOOD STAMPS?**

If you are applying for or receiving Food Stamps Benefits, you may be required to be entered into the Automated Finger Imaging System (AFIS) if you are an adult (18 years of age or older) or if you are the head of household.