

**GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports**

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TO: Commissioners; TA & FS Directors; WMS Coordinators; CAP Coordinators; MA Directors

FROM: Russell Sykes, Deputy Commissioner, Center for Employment & Economic Supports

SUBJECT: Updated – Food Stamp Standards for **April 1, 2009**

EFFECTIVE DATE: **April 1, 2009**

CONTACT PERSON: FS Questions – Food Stamp Bureau (518) 473-1469
MRB/A NYC Questions- Pat Bennett (212) 961-8185

As of **April 1, 2009** the Food Stamp standards are as follows:

The standard deduction amounts that will be used in the annual FS mass rebudgeting for **April 1, 2009**:

Household Size	Standard Deduction
1	\$144
2	\$144
3	\$144
4	\$147
5	\$172
6+	\$197

The minimum allotment for households of one and two persons has increased from \$14 to \$16.

Maximum Excess Shelter Deduction: \$446
 Homeless Shelter Deduction: \$143 (unchanged)
 Boarder/Lodger Exclusion: \$200 for one or \$367 for two
 Dependent Care Deduction: Actual Expense Allowed (No limit)

Household size	200% of Poverty	Monthly Income Elderly/Disabled Separate/Household 165% of Poverty	Maximum Gross Monthly Income 130% of Poverty	Maximum Net Monthly Income 100% of Poverty	Maximum Allotment
1	1733	1430	1127	867	200
2	2333	1925	1517	1167	367
3	2933	2420	1907	1467	526
4	3533	2915	2297	1767	668
5	4133	3410	2687	2067	793
6	4733	3905	3077	2367	952
7	5333	4400	3467	2667	1,052
8	5933	4895	3857	2967	1,202
Each Add'l Member	600 +	495 +	390 +	300 +	150 +

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The standardized benefit amounts for NYSNIP (New York State Nutrition Improvement Program) will be updated as part of this Mass Rebudget for **April 1, 2009**.

NYSNIP BENEFITS MATRIX BY SHELTER TYPES
4/01/09

HOUSEHOLD		MONTHLY FOOD STAMP BENEFIT AMOUNT		
		New York City	Nassau/Suffolk	Rest of State
Shelter Type 94 (High Shelter/SUA)	SSI Only	\$200	\$200	\$200
	Other Income	\$200	\$200	\$200
Shelter Type 95 (Low Shelter/SUA)	SSI Only	\$200	\$200	\$185
	Other Income	\$200	\$192	\$176
Shelter Type 96 (High Shelter/SUA/\$1 HEAP)	SSI Only	\$200	\$200	\$200
	Other Income	\$200	\$200	\$200
Shelter Type 97 (Low Shelter/SUA/\$1 HEAP)	SSI Only	\$200	\$200	\$185
	Other Income	\$200	\$192	\$176
Shelter Type 98 (No Shelter or SUA Data)	SSI Only	\$60	\$60	\$60
	Other Income	\$56	\$56	\$56

A copy of the mass notice sent to recipients is attached. If the notice does not print properly and a hard copy is needed, please request a faxed copy via the contacts listed above.

These changes are being made as a result of the passage of the American Recovery and Reinvestment Act. Effective April 1, 2009, the Act increased the Thrifty Food Plan amounts used to calculate food stamp benefit amounts by 13.6%.



**NOTICE OF INTENT TO CHANGE FOOD STAMPS
APRIL '09/NYC**

Case Number:
Loc. Off./Unit/Worker:

General Telephone No. for
Questions or Help:

Dear Food Stamp Recipient:

There will be changes to an item used to figure the amount of food stamps a household gets. This change is due to a new Federal law.

The standard of Maximum Food Stamp Benefits (known as the Thrifty Food Plan or "TFP") has increased. These changes **may increase** the amount of food stamps you get. The changes will take place beginning with your April 2009 Food Stamp benefits.

Look at Chart # 1 below. The dollar amount shown under your household size is the largest increase you could get in your monthly food stamps based on the Maximum Food Stamp Benefit change only. For example, if you are a food stamp household of two, your monthly food stamp benefits, beginning in April, could increase by as much as \$44.00. The actual increase will depend on your circumstances.

CHART # 1										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Maximum Amount of Food Stamp Increase	\$24	\$44	\$63	\$80	\$95	\$114	\$126	\$144	\$162	\$180

IF YOU ARE AN SSI RECIPIENT LIVING ALONE IN THE COMMUNITY WHO IS PARTICIPATING IN THE NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP), YOUR FOOD STAMP BENEFIT WILL CHANGE AS FOLLOWS:

- If your March Food Stamp benefit was \$32, beginning in April 2009, your ongoing benefit will be \$56 per month.**
- If your March Food Stamp benefit was \$36, beginning in April 2009, your ongoing benefit will be \$60 per month.**
- If your March Food Stamp benefit was \$176, beginning in April 2009, your ongoing benefit will be \$200 per month.**

The Regulations which allow us to do this are 18 NYCRR 387.10, 387.12, 387.15 and 387.16.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

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

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

1. **CONFERENCE** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.]
2. **STATE FAIR HEARING** – YOU HAVE **90 DAYS** FROM THE DATE YOUR APRIL 2009 FOOD STAMP BENEFITS BECOME AVAILABLE TO ASK FOR A FAIR HEARING.

THE DATE YOUR APRILFOOD STAMP BENEFITS BECOME AVAILABLE IS THE DATE YOU CAN ACCESS YOUR APRIL FOOD STAMP BENEFITS WITH YOUR PLASTIC ID CARD.

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

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

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

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

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

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, New York or 330 West 34th Street, NYC.

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

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

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

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

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

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

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

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

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

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

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