OTDA-4357-EL (Rev. 7/01)

GIS 09 TA/DC024

GENERAL INFORMATION SYSTEM Center for Employment & Economic Supports

August 18, 2009

Page: 1

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 October 1, 2009

EFFECTIVE DATE: October 1, 2009

CONTACT PERSON: FS Questions – Food Stamp Bureau (518) 473-1469

MRB/A Upstate Questions- John Pezzulo (518) 473-3468

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

The standard deduction amounts that will be used in the annual FS mass re-budgeting for October 1, 2009:

Household Size	Standard Deduction
1	\$141
2	\$141
3	\$141
4	\$153
5	\$179
6+	\$205

The minimum allotment for one and two-person households remains at \$16.

Maximum Excess Shelter Deduction: \$459

Homeless Shelter Deduction: \$143 (unchanged)

Boarder/Lodger Exclusion: \$200 for one person and \$367 for two persons (unchanged)

Dependent Care Deduction: \$ Actual Expense Allowed (No limit)

Household	200% of	Monthly Income	Maximum Gross	Maximum Net	Maximum	
size	Poverty**	Elderly/Disabled	Monthly Income	Monthly	Allotment	
		Separate/Household	130% of Poverty	Income		
		165% of Poverty*		100% of		
				Poverty		
1	\$1,805	\$1,490	\$1,174	\$903	\$200	
2	\$2,428	\$2,004	\$1,579	\$1,215	\$367	
3	\$3,052	\$2,518	\$1,984	\$1,526	\$526	
4	\$3,675	\$3,032	\$2,389	\$1,838	\$668	
5	\$4,298	\$3,547	\$2,794	\$2,150	\$793	
6	\$4,922	\$4,061	\$3,200	\$2,461	\$952	
7	\$5,545	\$4,575	\$3,605	\$2,773	\$1,052	
8	\$6,168	\$5,089	\$4,010	\$3,085	\$1,202	
Each Add'l	+\$623	\$+515	\$406	+\$312	+\$150	
Member						

GIS 09 TA/DC024

GENERAL INFORMATION SYSTEM Center for Employment & Economic Supports

August 18, 2009

Page: 2

*Elderly (60 years of age or older) or disabled household members (and their spouses) who are incapable of buying food or preparing meals due to a disability may apply as a separate food unit if the income of the others with whom the individual resides (excluding the income of the elderly or disabled individual and spouse) do not exceed the 165% limit.

**FS households containing an aged or disabled individual, and households that pay out-of-pocket dependent care costs that pass the 200% gross income test and do not contain a FS-sanctioned or an Intentional Program Violation (IPV) member are categorically eligible for FS benefits.

There will be no change to the amounts of the HT/AC SUA (Combined Heat/Utility/Phone SUA in NYC), Non-Heating SUA and Phone SUA:

Geographic Area	HT/AC SUA	UTIL SUA	PHONE SUA		
NYC	\$781	\$308	\$33.00		
Nassau & Suffolk	\$727	\$286	\$33.00		
Rest of State	\$645	\$261	\$33.00		

There will be no changes to the standard benefit amounts for the New York State Nutrition Improvement Program (NYSNIP).

NYSNIP BENEFITS MATRIX BY SHELTER TYPES

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

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. Please note that the attached mass notice is also being used to update the gross monthly income standards (130% of poverty level) to those households subject to six-month reporting rules.



NOTICE OF INTENT TO CHANGE FOOD STAMPS OCTOBER '09/UPSTATE

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

General Telephone No. for Questions or Help:

Dear Food Stamp Recipient:

Beginning October 1, 2009, some items used to figure the amount of food stamps a household gets will change. These changes are the result of Federal Cost Of Living Adjustments (COLAS). The maximum amounts of food stamp benefits per household size, known as the "Thrifty Food Plan" amounts, will not change. The Standard Deduction for households of 1 to 3 persons will **decrease** by \$3.00. The Standard Deduction for households of five persons, and by \$8.00 for households of six or more persons. The Standard Deduction for households of 1 to 3 persons is now \$141. For households of four persons, the Standard Deduction has increased to \$153, for households of five persons to \$179 and for households of six or more persons to \$205. The Food Stamp Maximum Excess Shelter Deduction is increasing to \$459. These changes may affect the amount of food stamps you get.

<u>See Chart # 1 below.</u> Based on these changes to the Standard Deduction amounts, the dollar amount shown below under your household size is the amount by which your monthly food stamp benefit may change.

	(CHART	#1							
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Typical Amount of Food Stamp Change	(-1)	(-1)	(-1)	2	2	3	3	3	3	3

If you are a one or two-person household currently receiving \$16.00 a month in food stamp benefits, the amount of your food stamp benefits may not change.

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

The Standard Utility Allowance (SUA) amounts have not changed.

Reporting Rules:

Most Food Stamp households with income only have to report changes every six months. Every six months, you either will be asked to re-certify or will be mailed a form for you to use to report changes. The one exception to this rule is if your household's gross monthly income becomes more than 130% of the federal poverty level. Your gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you receive your check. Your total gross monthly income includes all income any member of your household receives during the calendar month.

<u>See Chart # 2 below</u>: The dollar amount shown under your household size shows the new 130% income limit for your household, <u>as of October 1, 2009</u>. If your household's gross monthly income is greater than this amount, you must report the new gross monthly income amount to your social services office by phone, in writing, or in person within 10 days after the end of the month.

		СН	IART#2							
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Report Household Gross Income over 130% Income Limit	\$1174	\$1579	\$1984	\$2389	\$2794	\$3200	\$3605	\$4010	\$4416	\$4822

Some households still must report changes affecting their eligibility for or the amount of their food stamp benefits within 10 days of the month following the month in which the change occurred. You must follow this reporting rule, if your household receives Temporary Assistance, or if your household has no income at all, or if your household has no income earned from employment and all adults are either over age 60 or disabled, or if you receive SSI/SSD and you live in a state-certified group home. Also, if your household has a seasonal migrant farm worker, or if your household is certified for fewer than four months, or if your household is homeless ("undomiciled", without any shelter).

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. <u>CONFERENCE</u> (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. <u>STATE FAIR HEARING</u> YOU HAVE **90** DAYS FROM THE DATE YOUR OCTOBER 2009 FOOD STAMP BENEFITS BECOME AVAILABLE TO ASK FOR A FAIR HEARING.

THE DATE YOUR OCTOBER FOOD STAMP BENEFITS BECOME AVAILABLE IS THE DATE YOU CAN ACCESS YOUR OCTOBER 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 or online.

<u>Mail</u>: 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

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.