

This information is being provided in this alternate format for informational purposes only. To apply, you must submit an application in written, non-alternative format.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP The LDSS-4826 Supplemental Nutrition Assistance Program (SNAP)

Application/Recertification can ONLY be used to apply or recertify for SNAP

If you are blind or seriously visually impaired and need an application or these instructions in an alternative format, you may request them from your social services district (SSD). The following alternative formats are available:

- Large print;
- Data format (a screen reader-accessible electronic file);
- Audio format (an audio transcription of the instructions or application questions); and
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

Applications and instructions are also available for download in large print, data format and audio format from www.otda.ny.gov. Please note that applications are available in audio format and Braille solely for informational purposes. In order to apply, you must submit an application in written, non-alternative format.

If you have any disabilities that prevent you from completing this application and/or from waiting to be interviewed, please notify your SSD. The SSD will make

every effort to provide a reasonable accommodation to address your needs.

If you require another accommodation, or need other help completing this application, please contact your SSD. We are committed to assisting and supporting you in a professional and respectful manner.

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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP (LDSS-4826)

The LDSS-4826 application can ONLY be used to apply or recertify for SNAP

If you are only applying or recertifying for SNAP you can use the LDSS-4826 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.

When You Are Applying For SNAP

- You can file an application the same day you receive it. 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.
- You must complete the application process, including having an interview and signing the certification statement on page 8 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP 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 non-citizen parents can apply for SNAP for their children and receive benefits for their eligible children.

- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

Need SNAP Benefits Right Away? You May Be Eligible For Expedited Processing of your SNAP 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 eligible to get SNAP within 7 calendar days of the date you apply. When a resident of an institution is jointly applying for SSI and SNAP prior to leaving the institution, the recorded filing date of the application is the date of release of the applicant from the institution.

Where You Can Apply For SNAP

If you live **outside of** New York City, you can apply on-line at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed to or dropped off at that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, you can apply on-line at <http://www.nyc.gov/hra>, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling **1-718-557-1399** or toll free **1-800-342-3009**.

SNAP Interviews

SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.

When You Are Recertifying For SNAP

- You must submit the signed recertification application before the interview.

- If you miss your interview, it is your responsibility to contact the social services district to reschedule the interview and avoid having your case closed.

INSTRUCTIONS ON HOW TO COMPLETE THE SNAP APPLICATION/RECERTIFICATION

Be sure to complete each section by PRINTING clearly in blue or black ink.

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

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

ALTERNATIVE FORMATS: Check "YES" or "NO" to indicate whether you are blind or seriously visually impaired and would like to receive written notices in an alternative format. If "Yes," check the type of format you would like. Alternative formats are available in large print, data CD, audio CD, or Braille, if you assert that none of the other alternative formats are equally effective for you.

If you require another accommodation, or need other help completing this application, please contact your SSD.

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 been known by or now uses.

Check (✓) whether you are applying or recertifying for SNAP.

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

SECTION 2: Sign your name, date, and provide your address (if you have one) **ONLY** if you want to submit your application without completing the next page at this time to establish your application filing date. You must complete the application process, including the interview and sign on page 8 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 Social Security Number (if the individual does not have a SSN, enter “none”), date of birth, 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 or No 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

The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

SECTION 4: Answer all questions in section 4. Be sure to provide the names of individuals who are not U.S. citizens.

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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), temporary 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 SNAP – You may choose to include the foster care child or adult in the SNAP 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 SNAP. 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 SNAP. List the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings with non-household members.** 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: EDUCATION/TRAINING AND LANGUAGE:

Enter the name of each applying person in the household aged 16 or older, including yourself. For each person, put an “X” in the box in the “Highest Level of Education” section, using the education and training codes shown on the SNAP Application (LDSS-4826). Check only one box per person. If you enter an “X” in the “0” column for a person, (indicating they do not have a high school diploma or a high school equivalency diploma), enter their highest school grade completed in the “Highest School Grade Completed” box). Leave the “Highest School Grade Completed” box blank if the “0” column is not checked for a person in high school or obtaining a high school equivalency diploma. Please identify the primary language spoken for each individual in the SNAP household that is age 16 or older. The primary language is the language the individual speaks most often.

NOTE: The provision of information regarding highest level of education, highest school grade and primary languages spoken is voluntary. It will not affect the

eligibility of the persons applying or the level of benefits received. The information is requested to meet federal reporting requirements.

SECTION 8: 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.

If you pay for your heat separately, check (✓) what type of heat you have and fill in the name of the heating company and your account number.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have air conditioning costs and if you do, who pays the separate expense?
- anyone pays legally obligated child support and if so, who, how much, the frequency of payments, and the name of the child(ren) support is being paid for?
- anyone in household applying, who is disabled or at least age 60 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, and enrollment status?
- If you or anyone who lives with you age 16 or older who is applying is pregnant, select “Yes” and print your/their name in the space provided following this question.
- If you or anyone who lives with you age 16 or older has any condition that keeps you/them from working or from doing certain kinds of work, select “Yes” and print your/their name in the space provided following this question.

Be sure to answer all other questions in section 8.

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SECTION 9: LEGAL STATEMENTS,

RESPONSIBILITIES AND PENALTIES: Read this section carefully or have someone read it to you.

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

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 costs, 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.

NON-DISCRIMINATION NOTICE – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution

is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be available in languages other than English. Persons with disabilities who require alternative means of communication to obtain 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.

To file a program discrimination complaint, a complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<http://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling

(833) 620-1071, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistance Secretary for Civil Rights (ASCR) about the

nature and date of alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

This institution is an equal opportunity provider.

SECTION 10: SNAP AUTHORIZED REPRESENTATIVE:

If you want someone from outside your household to apply for SNAP benefits or get an authorized representative EBT card to buy the food for you, PRINT their name, address and phone number, unless the authorized representative has been otherwise designated by the household in writing.

SECTION 11: SIGNATURES: Sign your name. If you are an Authorized Representative, both you and a responsible adult household member must sign and date the signature sections on page 8 of the Application/Recertification.

When an Authorized Representative is applying on behalf of a SNAP 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 8 of the Application/Recertification.

SECTION 12: ADDITIONAL INFORMATION: Use this section to let us know additional information that you think we might need to know.

SECTION 13: CONSENT TO WITHDRAW: If you decide you no longer wish to apply for SNAP, 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 SNAP

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 social services district, and on-line.

YOU HAVE *RIGHTS*:

- As an Applicant/Recipient of SNAP you must be interviewed as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
- SNAP interviews are usually done over the telephone. If you prefer an in-office interview, you must request one from your social services district.

- You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one at no cost to you. You cannot be denied access to services because you are not fluent in English or hearing or speech impaired. Social Services 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 social services district.
- If you have a disability, you have the same right to access and be interviewed for SNAP as someone who does not have a disability.
- Within 30 days of the date you filed your completed application and interview for SNAP, you must be told if your application is approved or denied. If you are eligible for expedited processing you must be told within 7 days after the date you turned in your application if you are qualified for SNAP and/or advised if additional documentation is needed.
- You must be given a written notice telling you if your application for SNAP is approved or denied:

- If your Application is approved, this notice will tell you the amount of SNAP 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.

WHAT IS A 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 social services district's decision about your case was wrong. After the Fair Hearing, the State will issue a written decision which will state whether the social services district's decision was right or wrong. The written decision may order the social services district to correct your case.

TIME LIMITS TO ASK FOR A FAIR HEARING

If you want to ask for a Fair Hearing for SNAP, call **right away** because there are time limits. If you wait too long, you may not be able to get a Fair Hearing. **If you 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 SNAP 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 SNAP benefits at any time within the certification period.

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

HOW TO ASK FOR A FAIR HEARING

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://otda.ny.gov/hearings/>

In writing: If you received a notice, 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*

Walk-In: If you live in New York City you may also make your request in person by walking into the **Office of Administrative Hearings, Office of Temporary & Disability Assistance, 14 Boerum Place, Brooklyn, New York**

EMERGENCY - 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.

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.

INTERPRETERS – You have the right to an interpreter at no cost to you, if English is not your primary language, or if you are hearing or speech impaired.

AID CONTINUING - 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 SNAP benefits will, in most instances, stay the same ("**aid continuing**") until the Fair Hearing decision is made. If you do not get a notice about your case, and your benefits are stopped or reduced, at the same time that you ask for a Fair Hearing, you can ask that your SNAP benefits be restored ("**aid continuing**") until the Fair Hearing decision is made.

However, if you get "**aid continuing**" and you lose the Fair Hearing, you may 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 SNAP benefits 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.

HOW TO PREPARE 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 related to your hearing, and the social services district does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it.

You should also bring to the Fair Hearing any witnesses who can help you and any information you have such as: **Pay stubs, Bills, Receipts, Leases, Doctor's statements**, to help you explain why you think the social services district's decision is wrong.

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a social services district's decision about your case is wrong. 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.

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

Someone from the social services district will also be at the Fair Hearing to explain the social services district's decision about your case. You or your representative will be able to question this person and any witnesses from the social services district.

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 must give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that you want this person to take your place at the Fair Hearing. If the Administrative Law Judge decides that your presence is required, and your testimony is necessary, the hearing may be re-

scheduled for another day for you to appear. You will be notified of the new day by mail.

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.

TO LOOK AT YOUR CASE AND COMPUTER RECORDS:

Once you apply for SNAP 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.

AN APPLICANT/RECIPIENT OF SNAP HAS SEVERAL RESPONSIBILITIES:

Employment Requirements for SNAP Applicants and Recipients

Unless an individual documents to the satisfaction of the social services district that the individual is exempt (not required to participate) from SNAP work requirements (as described below), the individual must:

- Accept a job or a referral to a job opening;
- Not quit a job or choose to work less than 30 hours each week without having a good reason;
- Provide information regarding their employment status and availability for work; and
- Participate in work activities as assigned by the social services district

An individual is exempt from SNAP work requirements if documentation is provided to the satisfaction of the social services official that the individual is:

- Younger than 16 years of age or 60 years of age or older.
- Mentally or physically disabled, incapacitated or ill and unable to engage in work activities.
- Responsible for the care of a dependent child under the age of six. If you are participating in work experience under a federally-funded Temporary Assistance program, this exemption from SNAP work requirements does not apply.
- Subject to and complying with a work requirement under a federally funded Temporary Assistance program.
- Responsible for the care of an incapacitated person.
- An applicant for or recipient of Unemployment Insurance Benefits.
- A regular participant in a drug or alcohol treatment program.

- A student enrolled at least half-time in a recognized school, training program or institution of higher education
- Employed at least 30 hours a week or earning at least the equivalent of 30 times the federal minimum wage per week
- An applicant for Supplemental Security Income (SSI) and SNAP benefits under the joint processing provisions; or
- A 16 or 17 year old individual who is not the head of household or who is attending school or an employment program at least half-time

If an individual fails or refuses to comply with a SNAP work assignment or quits a job, the individual may become ineligible for SNAP benefits. The length of time that the individual is ineligible for SNAP benefits depends on the number of times the individual has been sanctioned for not complying with a work requirement.

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

Additional Eligibility Requirements for SNAP Recipients who are Able-Bodied Adults without Dependents (ABAWDs)

An individual who is required to comply with SNAP work requirements, must meet additional SNAP eligibility requirements unless the individual is:

- Homeless;
- 24 years of age or younger and who was in foster care on their 18th birthday;
- Under 18 years of age or 53 years of age or older;
- Living in a SNAP household that includes a member who is under 18 years of age;

- A Veteran;
- A recipient of disability benefits from a public or private source, such as NYS disability benefits;
- Pregnant; or
- Unable to work at least 80 hours a month due to a physical or mental limitation.

NOTE: *Only the individual who meets one or more of the conditions listed above would be exempt from ABAWD requirements. Other ABAWDs in the SNAP household would still be required to comply with ABAWD requirements in order to continue to receive SNAP benefits for more than 3 months in a 36-month period.*

Individuals who are not exempt from the Additional Eligibility Requirement listed above are an ABAWD and are only eligible to receive SNAP benefits for three months in a 36 month period unless that individual:

- Works (including “in-kind” work and volunteer work) for at least 80 hours per month;
- Participates in an employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs;

- Participates in a qualifying work/training program approved by the social services district for at least 80 hours per month;
- Complies with a Work Experience Program (WEP) assignment for the number of hours per month equal to their household's SNAP benefit divided by the higher of the federal or State minimum wage;
- Participates in a program under the Workforce Innovation and Opportunity Act which may include job search, job readiness, occupational skills training and education activities, or the Trade Act of 1974 for at least 80 hours per month; or,
- Participates in a combination of work or qualifying work programs for at least 80 hours per month.

NOTE: The federal ABAWD requirements listed above apply to each ABAWD in the SNAP household.

If the ABAWD is meeting any of the requirements listed above, but has not notified the social services district, the individual should immediately contact the social services district and provide documentation of their participation to avoid becoming ineligible for SNAP benefits after receiving SNAP benefits for 3 months in a 36-month period. If the

ABAWD is not participating in work or qualifying activities for at least 80 hours per month and wants to receive SNAP benefits beyond the 3 month limit and is unable to secure paid employment of at least 80 hours a month, the ABAWD should immediately contact the social services district to discuss the work or work programs that are available to permit the ABAWD to meet their federal ABAWD requirement.

In addition, the ABAWD must provide documentation of participation in unpaid work activities on a monthly basis and report to the social services district within 10 days after the end of the month if the ABAWD's work hours go below 80 hours a month. Failure to comply with these requirements without good cause may result in the ABAWD being ineligible for SNAP benefits.

GOOD CAUSE

An individual may also have a good cause reason that prevented the individual from complying with work requirements, working or participating in ABAWD qualifying activities for at least 80 hours in the month. Good cause is an event or circumstance beyond an individual's control that prevents an individual from meeting the work requirements including the ABAWD

requirement during the month. Good cause examples may include but are not limited to: a temporary illness or a household emergency. An individual is required to provide proof of any good cause or exemption from the work requirements including the ABAWD work rules, when requested by the social services district. Proof of good cause or exemption could include a statement from a medical professional providing the individual's care.

If an individual believes that they have good cause for not meeting the work requirements including the ABAWD requirements or the individual believes that they should be exempt from the requirements because they meet one of the conditions identified above or live in an area with an approved ABAWD waiver, the individual should immediately contact the social services district and provide supporting documentation. If an ABAWD does not meet the federal ABAWD requirements and loses eligibility for SNAP as a result, the individual may be able to receive SNAP again, if otherwise eligible, and should immediately contact the social services district to discuss what they need to do to regain SNAP eligibility.

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

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.

RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:

As an Applicant/Recipient of SNAP, you are responsible to reschedule a missed interview before the 30th day after the date you applied to avoid losing SNAP.

RESPONSIBILITY TO PROVIDE PROOF

When you are applying for SNAP, you will be asked to provide proof of certain things. Your worker will advise you of what is needed. Document requirements may vary for

different assistance programs. If the social services district already has proof of certain things that do not change such as social security number, you do not need to prove it again.

By having proof of identity and other important documents when you first apply for assistance, you may be able to get help sooner.

If you are dropping off documents at your social services office, ask for a receipt which should include the district name, your name, the date, time, list of each specific document being left, and the name of the worker giving you the receipt.

You must provide the proof that your worker tells you is needed to have your eligibility for SNAP determined. If you have trouble getting the requested proof, make it known to your worker.

NON-CITIZEN ELIGIBILITY INFORMATION

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

You may be eligible for SNAP if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swains Island), or a qualified alien. A qualified non-citizen for SNAP 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 a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act; or
3. A non-citizen admitted as a Hmong or Highland Laotian, including the spouse (or un-remarried surviving spouse) or unmarried dependent child; or
4. A refugee admitted under section 207 of the INA; or
5. A non-citizen granted asylum under section 208 of the INA; or
6. A non-citizen whose deportation has been withheld under section 243(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. A non-citizen admitted as a Cuban or Haitian entrant under section 501(e) of the Refugee Education Assistance Act of 1980; or
8. A non-citizen who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act of 2000; or
9. A lawfully residing alien who is on active duty in the U.S. Armed Forces, an honorably discharged veteran whose discharge is not because of immigration status, his or her spouse, unmarried dependent children, or un-remarried surviving spouse; or
10. A non-citizen admitted as an Amerasian; or
11. A non-citizen lawfully admitted for permanent residence under the INA and who has 5 years in status; or
12. A non-citizen paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status; or
13. A battered spouse or child, parent of a battered child or child of a battered parent with a petition pending or

approved under 8 USC 1641(c) who entered before 8/22/96 or has 5 years in status; or

14. Non-citizens also may be eligible for SNAP if:

- They are lawfully admitted for permanent residence and have earned, or can be credited with 40 quarters of work; or
- They are in a qualified status listed above and receive certain disability or blindness benefits; or
- They are in a qualified status listed above and are under 18 years old; or
- They are lawfully in the U.S. on August 22, 1996 and are blind, disabled or 60 years of age or older; or
- They are Iraqi or Afghani nationals granted special immigration status under section 101(a)(27) of the INA or have been granted conditional entry under section 203(a)(7) of the INA as in effect before 4/1/80.