

F15 FOOD STAMP SITE
25 HUDSON ST
NEW YORK, NY 10013

NOTICE OF DECISION ON YOUR
SUPPLEMENTAL NUTRITION ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

PROGRAM CODE = F15

NOTICE NUMBER: N0600G3777		DATE: May 28, 2014		CASE NUMBER: 010006886F	
OFFICE F15	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.	
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			TW 1000 LENOX NEW YORK, NY 10027		

OR Agency Conference					
Fair Hearing information and assistance					
Record Access					
Child/Teen Health Plan					
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.					
In the fall of 2014, there will be a period of time when your EBT card will not work for cash or food purchases, or to withdraw cash for as long as 24 hours while NYS changes EBT vendors. You will need to plan your cash and food purchases, and cash withdrawals, accordingly. When known, the exact date(s) and projected timeframe for the downtime will be posted on OTDA's (www.otda.ny.gov), on myBenefits (www.mybenefits.ny.gov), on the EBT helpline (1-888-328-6399) and on the OTDA helpline (1-800-342-3009).					
SUPPLEMENTAL NUTRITION ASSISTANCE					
Your application for continued SNAP benefits is APPROVED from June 1, 2014 to May 31, 2018.					
The following individuals are approved for SNAP benefits:					
FSCASE AUGTSTX					
You will get \$189.00 in SNAP benefits each month.					
If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.					
This decision is based on Regulations 18 NYCRR 387.8, 387.14 and 387.15.					
How we figured your SNAP Benefits:					
Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.					
o You have no earned or unearned income other than Supplemental Security Income (SSI).					

- o You will get \$189.00 for the month of June, 2014.
- o You pay \$242.01 or MORE for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

SERVICES AND OTHER INFORMATION**IMPORTANT REMINDER****Protect Your Electronic Benefit Transfer (EBT) Benefits from Thieves.**

If someone calls you do not ever give out personal information, such as your social security number, EBT card number, or EBT personal identification number (PIN). Even if the caller claims to be a local agency worker, a State, a Federal or an EBT official, do not give them your personal information. If your EBT card is lost, stolen or damaged you must first call EBT Customer Service at 1-888-328-6399 to stop the card so it may no longer be used. Then contact your local assistance center for a replacement card.

Remember - if someone has personal information about you and has your EBT card (or knows your card number) they can steal all of your EBT benefits.

Free Nutrition Information

All SNAP recipients are eligible for **Eat Smart New York (ESNY)** - Free nutrition education classes which teach you how to shop smart and stretch your food dollars. For more information and to find out if ESNY is available in your county, call 1-800-342-3009 or go online at:

<http://www.otda.state.ny.us/main/programs/nutrition/>.

CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

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

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **August 26, 2014**. This is the deadline even if you asked for a meeting (conference) with us.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334

When you call, please tell the worker the number of this notice which is N0600G3777.

OR FAX: Send a copy of this notice to fax no. (518) 473-6735.

OR ONLINE: Complete the online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

OR WALK-IN: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which 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 or 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.

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

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.)

Name : TW
Address : 1000 LENOX
NEW YORK, NY 10027

District/Office No: 66/F15
Notice No. : N0600G3777
Case Number: 010006886F
Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting:

THE LEGAL AID SOCIETY (HARLEM), 2090 ADAM CLAYTON POWELL, JR. BLVD., NEW YORK, NY 10027
Telephone: (212) 663-3293
HARLEM LEGAL SERVICES, 144 WEST 125TH STREET, NEW YORK, NY 10027
Telephone: (212) 222-7800

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which 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 (718) 722-5012, or FAX (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of your 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.

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201



Helping Hands for People in Need

Check your eligibility for a wide range of economic supports at www.myBenefits.ny.gov. The resources below are available to help you make ends meet. If you have additional questions about the information below, you may call the NYS toll free hotline number: 1-800-342-3009.

Nutrition Assistance – to help feed your family and stretch your food budget. Visit www.myBenefits.ny.gov.

- **Education** - Food Stamp recipients are eligible for **free** nutrition education to help you make sound nutritional choices.
- **School Breakfast and Lunch** - free or reduced price meals are available to school children from low-income households.
- **Women, Infants and Children (WIC)** - healthy food for low-income pregnant, post partum or breastfeeding women, as well as infants and children up to age 5, call **1-800-522-5006**.

Tax Credits – to supplement your wages and help provide for your children. Visit www.myBenefits.ny.gov.

- **The Federal and State Earned Income Tax Credits (EITC)** – Low-income taxpayers may qualify for both a Federal and State EITC. New York City residents may qualify for an additional City credit.
- **Federal Child Tax Credit and Additional Child Tax Credits** – Low-income taxpayers with dependent children under age 17 may qualify for this federal tax benefit. The **Empire State Child Tax Credit** is a refundable credit for full-year New York residents with children ages 4-16. Call **1-800-829-1040**.
- **The Federal Child and Dependent Care Credit** is a tax benefit offered by the federal government. The **New York State Child and Dependent Care Credit** helps even more low-income families because, unlike the federal credit, it is refundable. New York City residents may qualify for an additional refundable City credit. Call **(518) 457-5181**.
- **Volunteer Income Tax Assistance (VITA)** is a program that provides free income tax preparation services for income eligible taxpayers. VITA sites are located in every county in the State and a list of their locations may be found on the [myBenefits](http://myBenefits.ny.gov) website.

Home Energy Assistance Program (HEAP) - Visit www.myBenefits.ny.gov.

HEAP assists eligible households in meeting their home energy needs including assistance with furnace repair and/or replacement and home weatherization. To apply, contact your local department of social services or your county office for the aging.

Health Insurance Programs – to help families that cannot afford medical care. Visit www.myBenefits.ny.gov.

- **Medicaid** is available for low-income individuals and families who meet income limits, requirements, and, if applicable, citizenship or immigration status. Call **1-800-541-2831** or in NYC call **1-718-557-1399** or **1-877-472-8411**.
- **Child Health Plus (CHP)** for children under 19 years old whose family income is too high to qualify for Medicaid. Call **1-800-698-4543**.
- **Family Health Plus (FHP)** for uninsured, low-income adults ages 19 through 64, with or without children, who are not eligible for Medicaid and have no other health insurance. Call **1-877-934-7587**.

Job Placement Services – Visit www.myBenefits.ny.gov and click on **Resources for Working Families**.

- **Food Stamp Employment and Training** provides work preparation and support services for Food Stamp recipients. Contact your local department of social services.
- **Workforce New York One-Stop System** provides job services through a network of local One-Stop centers and affiliate sites.

Social Security Disability Insurance and Supplemental Security Income (SSI) - Only individuals who have a disability and meet certain medical criteria may qualify for benefits under either program. Call **1-800-772-1213** or visit www.socialsecurity.gov

Child Support Program assists custodial parents in establishing paternity, obtaining, modifying and enforcing financial and medical support obligations. Visit www.childsupport.ny.gov or call **1-800-846-0773**.

Child Care Subsidies can enable parents or caretakers to work, engage in work-related activities or attend high school or equivalent training. Contact your local department of social services or visit www.ocfs.ny.us and click on "Child Care".

Domestic Violence – If you or someone you know is being abused and would like more information on what can be done to keep you, your family or neighbors safe, call **1-800-942-6906**.

