

New York State Nutrition Improvement Project (NYSNIP) Food Stamp Case Information Collection Sheet

CASE NAME:

CASE NUMBER:

AFTER YOU ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS REPORT, YOU MUST SIGN, DATE AND RETURN THIS REPORT, TO THE ADDRESS TO THE RIGHT →

LDSS**ADDRESS
CITY, STATE ZIP**

Because we do not have any information about how much you pay for shelter costs and whether or not you live in either public or subsidized housing where heating costs are included in your rent, you are eligible only to receive one of the two minimum food stamp benefit amounts approved for this project. If you answer the questions below in **SECTION 1**, and provide proof (if necessary) of your current shelter expenses, it will help us determine if you are eligible for more food stamp benefits than you now receive.

Also, if you do pay a utility or fuel company for your heating costs, or, if you just pay for your utility costs, and you answer the questions in **SECTION 2** and **SECTION 3**, it will help us determine if you are eligible to receive an annual Home Energy Assistance Program (HEAP) payment. It also will provide us with the information we need, if you are eligible, to determine if you should automatically receive a HEAP payment without having to file an application.

Please be sure you or your authorized representative sign and date the SIGNATURE SECTION on the reverse of this form.

SECTION 1 - Answer questions 1 – 3. Only answer question 4 if you live in either public or subsidized housing where heat is included in the rent.

1. Do you still live at the address to which this notice was sent? Yes No (If you answered “No”, please write your new address below.)

Your New Address: (include Apt. #)

City/Town:

State:

Zip Code:

NY

2. Do you pay more than \$229 each month in shelter costs? Yes No (i.e., rent, or mortgage payments, and tax and insurance payments on the property?)

(If you answered “Yes” to this question, please attach proof of these expenses, such as, a landlord’s statement, receipt or cancelled check or money order.)

3. Do you live in either public or subsidized housing where heat is included in your rent? Yes No

4. If you do live in either public or subsidized housing where heat is included in your rent, do you either

- **pay your landlord a monthly excess charge just for air conditioning?** Yes No
- **pay an electric bill to a utility and use an air conditioner to cool your home?** Yes No

(If you answered “Yes” to either of these questions, please attach proof of this expense, such as, a landlord’s statement, receipt or cancelled check, money order, or electric bill.)

SECTION 2 - Answer questions 1 – 7 only if you pay for your own heat.

1. Do you pay for your own heat? Yes No

2. My main source of heat is:

Fuel Oil Electric Heat Natural Gas Coal or Wood Kerosene Propane or Bottled Gas

3. Is the heating bill in your name? Yes No If “No,” the bill is in whose name?

4. What is this person’s relationship to you?

5. What is your heating account number (if you have one)?

6. What is your heating company’s name?

7. What is your heating company’s address?

Address:

City/Town:

State:

Zip Code:

**MAKE SURE TO ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS FORM,
READ THE IMPORTANT INFORMATION ON THE REVERSE OF THIS FORM AND REMEMBER,
YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST RETURN THIS FORM SIGNED AND DATED
TO THE ADDRESS THAT APPEARS IN THE BOX ABOVE**

SECTION 3 - Answer questions 1 - 6 *only if you pay for your utilities.*1. Do you pay a *utility* company directly for your lights, cooking or hot water? Yes No2. Is the *utility* bill in your name? Yes No If "No," the bill is in whose name? _____

3. What is this person's relationship to you? _____

4. What is your *utility* account number (if you have one)? _____5. What is your *utility* company's name? _____6. What is your *utility* company's address?

Address: _____

City/Town: _____

State: _____

Zip Code: _____

IMPORTANT INFORMATION SECTION – Read Carefully

The amount of Food Stamp Benefits you receive as a participant in NYSNIP is based on shelter costs, your income and whether or not you live in subsidized housing where heating, cooling and utility costs are included in the rent. If you are getting the maximum monthly Food Stamp Benefit for one person (\$200), you **must** participate in NYSNIP. If you are not receiving the maximum monthly benefit, certain circumstances or changes in your living expenses **may** make you eligible for more Food Stamp Benefits if you do not participate in NYSNIP. Specifically,

- If you pay **more than \$35** each month in un-reimbursed medical expenses, that is, medical expenses that you must pay yourself, that are not paid either by Medicare, Medicaid or any other health insurance.
- If your rent is **more than \$425 per month**.
- If your monthly income decreases by \$75 or more due to a reduction of your SSI grant.

If you have any of these circumstances, you should report and verify this information to your Food Stamp Center to find out if you **may** be eligible for more Food Stamp Benefits if you do not participate in NYSNIP.

AUTHORIZED REPRESENTATIVE SECTION – If you are an Authorized Representative, fill out this section.

You can authorize someone who knows your household circumstances to handle matters related to your food stamp case (such as providing and verifying the information requested above) for you. You can also authorize someone outside your household to use your food stamp benefits to buy food for you. If you want to do this, have your authorized representative sign in the signature section at the bottom of this page, and print the person's name, address and phone number below.

Print Authorized Representative's Name: _____

Auth. Rep. Phone Number:

()

Authorized Representative's Address: _____

City/Town: _____

State: _____

Zip Code: _____

SIGNATURE SECTION - Make sure to do the following:

- Print the Recipient's Name and Social Security Number, if known.
- Sign, Date and Return this form to the address listed on the first page of this form.

Print the Recipient's Name: _____

Print the Recipient's Social Security Number (if known): _____

Recipient/Authorized Representative Signature

Date Signed

X

We are pleased that you participate in the Food Stamp Program and would like for you to continue to participate.