NOTICE OF INTENT TO CHANGE BENEFITS:

PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEDICAL ASSISTANCE COVERAGE AND SERVICES (TIMELY & ADEQUATE)

PART A

NOTIC DA			/ .0	0101711102	0012.0.02		ADDRESS OF AGENCY/CEN	,	
CASE NUMBER CIN NUMBER									
	CASE	E NAME (And C/O Nar	ne if Pre	L sent) AND ADDR	RESS				
Γ	_						L TELEPHONE NO. FOR DNS OR HELP		
						OR	Agency Conference		
							Fair Hearing information and assistance Record Access		
	_						Legal Assistance information		
OFFIC	E NO.	UNIT NO.	WOR	KER NUMBER	UNIT OR WORKER	RNAME		TELEPHONE NUMBER	
We are CHANGING your benefits as explained below and on PART B, next to the checked box(es) ☑: SEE PART B FOR SNAP AND FAIR HEARING INFORMATION.									
PUBLIC ASSISTANCE									
REDUCE your Public Assistance Benefit effective from \$ to \$									
INCREASE your monthly Public Assistance benefit for that period effective									
	•	e(s)] We cannot add the					has been ad	ded to your case.	
		lame:	e ioliov	virig iridividuai					
	N	lame:			Reason(s)				
	□ CONTINUE your Public Assistance Benefit unchanged at \$								
A RECOUPMENT at the rate of percent (%) is being taken against your Public Assistance. If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by Medical Assistance. Your worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. The recoupment rate must be at least 5%. This decision is based on 18 NYCRR 352.31(d). DISCONTINUE your Public Assistance grant effective The REASON for this action is									
The above decision(s) is based on 18 NYCRR									
	DICAL ASSIS	-	tance c	overage for Ir	name(s)]			_unchanged.	
	CONTINUE	the Medical Assis	tance o	coverage for [r	name(s)]				
	at						so we car	n tell you the information we need.	
	pending our	review of eligibility	y. We v	vill send you c	our decision within	n thirty days.			
	REDUCE the	e Medical Assistar	nce cov	erage effectiv	/e	from full	for [nam	ne(s)]	
	household y) is your mo	our size is \$ nthly excess incor			$_{}$. The differei	nce between	your net income and this	ith a SPENDDOWN. Your total gross The difference between allowable income standard for a family standard (\$	
	Pay-In Progr DISCONTIN		tance f	or [name(s)]					
	Medical Assistance coverage will continue under Transitional Medical Assistance (See attached Medical Assistance Fact Sheet). Medical Assistance coverage will continue until due to receipt of/increase in child or spousal support payments. The above decision(s) is based on 18 NYCRR								
SERVICES – If you are getting Social Services and lose your Public Assistance and Medical Assistance Benefits, we will need to see if you still can get Social Services at your next scheduled recertification. This does not necessarily mean that you will no longer be able to get Social Services. At your recertification, we will do a redetermination to see if you can continue to get Social Services. If you have any questions, please contact your services worker or call the general phone number at the top of this notice.									

\checkmark	Social Services can give you education and counseling about birth control and can assist you in getting medical care to									
	help you plan for your desired family or to prevent unwanted pregnancies.									
	Even if you are no longer eligible for Public Assistance or Medical Assistance. Social Services may provide information									

Even if you are no longer eligible for Public Assistance or Medical Assistance, Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.

For further information, please contact your services worker or call the general phone number on the front of this notice.

- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, SNAP Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.