PA, MA, SNAP, Serv Change NOTICE OF INTENT TO CHANGE BENEFITS:

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

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NOTIC DA	CE	7.1102 001210102	,	AGENCY/CENTER OR DISTRICT OFFIC	CE			
	NUMBER CIN NUM	MBER						
			-					
	CASE NAME (And C/O Name if Present) AND	ADDRESS	OENEDAL TELEDIJONE	NO FOR				
			GENERAL TELEPHONE QUESTIONS OR HELP	NO. FOR				
			OR Agency Confe Fair Hearing ir and assistance					
	_		Record Access Legal Assistan	s ————————————————————————————————————				
OFFIC	E NO. UNIT NO. WORKER NUMI	BER UNIT OR WORKER N.	AME	TELEPHONE NUMBE	R			
We	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.							
PUE	BLIC ASSISTANCE	KI B FOR SNAF AND F	AIR HEARING INFORM	ATION.				
	REDUCE your Public Assistance Benefit effe	ctive	from \$	to \$				
	INCREASE your Public Assistance Benefit eff							
	[name(s)]			has been added t	o your case.			
	☐ We cannot add the following individua Name:	•						
	Name:							
	for medical needs not covered by Medic recoupment at this rate will cause an undi will be changed to a rate between 5 and 1 DISCONTINUE your Public Assistance grant REASON for this action is	ue hardship. If we decide 0%. The recoupment rate effective	e that the recoupment we must be at least 5%.	ill cause an undue hardship, the This decision is based on 18 NY	recoupment rate CRR 352.31(d).			
	above decision(s) is based on 18 NYCRR _				·			
	CONTINUE the Medical Assistance coverage CONTINUE the Medical Assistance coverage	e for [name(s)]		pending the	receipt of			
	information necessary to decide continued eli CONTINUE the Medical Assistance coverage				at			
		pending our re	view of eligibility. We wi	ill send you our decision within th				
	REDUCE the Medical Assistance coverage e							
	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 _				·			
get s your	NICES – If you are getting Social Services ar Social Services at your next scheduled recertification, we will do a redetermination tices worker or call the general phone number	fication. This does not not not see if you can continu	ecessarily mean that you	u will no longer be able to get So	ocial Services. At			

- 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 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 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.