



Office of Temporary and Disability Assistance

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Informational Letter

Section 1

Transmittal:	18-INF-13
To:	Social Services District Commissioners
Issuing Division/Office:	Integrated Family Assistance Programs / Employment and Income Support Programs
Date:	July 30, 2018
Subject:	Revisions to the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (LDSS-4826) (Rev. 2/18) and How to Complete the SNAP Application/Recertification and Applicant/Recipient Rights and Responsibilities (LDSS-4826A) (Rev. 2/18)
Suggested Distribution:	Employment Coordinators Temporary Assistance Directors SNAP Directors Staff Development Coordinators
Contact Person(s):	Employment Services Advisor or Employment and Advancement Services at: (518) 486-6106 for Questions Regarding SNAP E&T requirements SNAP Policy Liaison at: (518) 473-1469 for questions regarding SNAP eligibility and reporting
Attachments:	Attachment 1 – Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (LDSS-4826) Attachment 2 – How to Complete the SNAP Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP (LDSS-4826A)
Attachment Available Online:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
17-INF-16		18 NYCRR 387.5(a) 18 NYCRR 385.3		Temporary Assistance and SNAP Employment Policy Manual Section 385.3	7 CFR §273.7 GIS TA/DC052 18TA/WMS004

Section 2

I. Purpose

The purpose of this informational letter is to inform social services districts (districts) of revisions to the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification ([LDSS-4826](#)) (Rev.2/18) and How to Complete the SNAP Application/Recertification and Applicant/Recipient Rights and Responsibilities ([LDSS 4826A](#)) (Rev. 2/18).

II. Background

The SNAP application/recertification form and instructions must be offered to households in New York State that are applying or recertifying only for SNAP benefits. The current SNAP application and instructions have been revised to include updated instructions for completing education level, highest grade completed, and primary language spoken for each adult SNAP applicant and recipient in the household who is 16 years of age or older. This information does not impact a household's eligibility for SNAP benefits, but must be requested by the district to meet federal SNAP Employment and Training (SNAP E&T) reporting requirements outlined in 7 CFR 273.7. Districts were previously informed of the SNAP E&T reporting measures in [16TA/DC052](#) and required updates to the [LDSS-4826](#) and [LDSS-4826A](#) in [17-INF-16](#). This INF was developed in response to subsequent further guidance around the SNAP E&T reporting measures received from the United States Department of Agriculture (USDA).

The SNAP application/recertification instructions have now been updated to accurately reflect SNAP applicant/recipient responsibilities as well as requirements for Able-Bodied Adults Without Dependents (ABAWDs).

III. Program Implications

Districts must continue to provide the SNAP application/recertification form and instructions to households in New York State that are applying or recertifying only for SNAP benefits. Districts must also make certain that information regarding each individual adult's circumstances is correctly entered and updated on a timely basis on the Welfare Management System (WMS); this includes instructions for completing each adult SNAP recipient's educational attainment, highest grade completed and English as a primary language as reported on the SNAP application (see information provided below regarding changes to the SNAP application/recertification form and instructions) on WMS at the time of application or recertification (see Systems Implication section below). Additionally, any updates to an adult SNAP recipient's educational attainment, highest grade completed, or English as a primary language must also be entered on WMS on a timely basis.

The LDSS-4826 and LDSS-4826A have been updated with the following language to collect data which is necessary to meet the federal SNAP E&T reporting requirements outlined in 7 CFR 273.7:

- **LDSS-4826 Updates** – The following information will be added/changed to the “EDUCATION/TRAINING AND LANGUAGE” chart on page 4:
 - “Highest School Grade Completed” was added as a column in the chart. Districts should direct applicants and/or recipients to indicate the highest grade each adult in the household who is 16 years of age or older, actually completed.
 - The primary language column was changed from:
 - ♦ “Is English the individual's primary language or secondary language?” to: “What is the Individual's primary language spoken?”
 - Under “Highest Level of Education,” the code of “9-Unknown” will be changed to “8-Unknown”.

- The instructions for the chart were updated to explain how the “Highest School Grade Completed” should be entered (e.g., if applicant dropped out of high school in 11th grade, the highest grade completed is 10th grade).
- The “Note” below, the chart was revised to the following:
 - ♦ “The provision of information regarding highest level of education, highest school grade and primary language spoken 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 meet federal reporting requirements.”
- **LDSS-4826A Updates** – The following updates have been made to the [LDSS-4826A](#)
 - Section 7: “EDUCATION/TRAINING AND LANGUAGE” has been updated to explain how to complete the “Highest Grade Completed” section of the chart and that the provision of highest school grade collected in the chart is voluntary.
 - Below is a summary of changes made under the section “AN APPLICANT/RECIPIENT OF SNAP HAS SEVERAL RESPONSIBILITIES:”
 - ♦ Language was updated for SNAP applicants and/or recipients to provide documentation (to the satisfaction of the district) to verify an exemption for SNAP work requirements;
 - ♦ References to “you” have been changed to “individual” or “he/she” to address all SNAP household members;
 - ♦ Language was added for ABAWDs to contact the district immediately if they are meeting the ABAWD work requirement;
 - ♦ Language referencing Good Cause for an ABAWD not meeting the ABAWD work requirement was added; and,
 - ♦ “Immediately” was added to the document directing ABAWDs to contact the district to regain SNAP eligibility.

IV. Systems Implication

OTDA has requested a system enhancement to WMS and myWorkspace to add a new field for districts to report the primary language spoken for each SNAP applicant or recipient who is 16 years of age or older as entered on the [LDSS-4826](#) that is completed by the SNAP household. Districts will not enter this information as reported on the LDSS-4826 on WMS at this time, even though SNAP households may include this information when completing the SNAP application. Districts will be notified separately when this field has been moved to production for data entry.

Districts are directed to use the “Educational Status” field on Screen 3 of WMS to enter each individual’s “Highest Grade Completed”. The available inputs are “00” for “No Formal Education” and “01-12” for “Grade Level Completed in Primary/Secondary School Including Secondary Level Vocational School or Adult High School.”

V. Forms Ordering Information

The revised English version of the LDSS-4826: “*Supplemental Nutrition Assistance Program (SNAP) Application*” and the LDSS-4826A: “*How to Complete the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities*” are forms printed by the New York State Office of Temporary and Disability Assistance (OTDA).

The above referenced documents have been posted on the OTDA Intranet website at: http://otda.state.ny.net/ldss_eforms/default.htm and may be available for downloading by local districts for reproduction locally, depending on print specifications.

Upon the release of this INF all previous versions of the “*Supplemental Nutrition Assistance Program (SNAP) Application*” and the “*How to Complete the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities*” **must immediately be destroyed** and replaced with the revised 2/18 version.

Any future requests for printed copies of the English versions, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

E-mail: forms.orders@otda.ny.gov
social services districts (districts) online forms ordering system: <http://formorders/>
Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at: (518) 474-9522.
- Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.

Issued By

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Title: Deputy Commissioner
Division/Office: Integrated Family Assistance Programs