


WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

NOTICE OF RECERTIFICATION FOR
FOOD STAMPS.

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

NOTICE NUMBER: U5300U3950		DATE: February 4, 2010		CASE NUMBER: CNSFS11	
OFFICE	UNIT	WORKER JIM	UNIT OR WORKER NAME WASHINGTON CO. DEFAULT WKR.		TELEPHONE NO. 555-123-4567

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>518-746-2300</u>	//JIM  TAMMY PAUL KJHKJH KJH, NY 12032
OR Agency Conference	<u>518-746-2300</u>	
Fair Hearing information and assistance	<u>518-746-2300</u>	
Record Access	<u>518-746-2300</u>	
Child/Teen Health Plan	<u>518-746-2300</u>	

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.

FOOD STAMPS

You will not get food stamps after March 31, 2010 unless you reapply.

To reapply and continue to get food stamps without a break you must complete the enclosed recertification application and mail it to this agency in the envelope provided. Please use the enclosed DISTRICT ADDRESS INSERT SHEET (page 9), by folding it in half and making sure that the address appears in the window. Return the completed application as soon as possible in order to be able to continue to receive benefits.

You also must be interviewed to complete the recertification application process and continue your Food Stamp benefits.

A telephone interview has been scheduled for you on Friday, February 12, 2010 at 10:00 a.m..

If the date and time of the telephone interview we have scheduled is not good for you, or if there is a better number at which you can be reached, complete and return the CALL TIME REQUEST FORM (page 7). This will help us contact you at a day and time that may be more convenient to you.

In order to process your recertification application as soon as possible, we will attempt to call you before the scheduled interview to do your Telephone Interview, as long as we have received your completed application.

If we are unable to contact you on an earlier date and you do not complete the CALL TIME REQUEST FORM, the telephone interview will be conducted at the time and date scheduled above.

You will not be called and no interview will be conducted until after our office has received your signed recertification application. If you do not submit your recertification application and are not interviewed, you will not receive Food

Stamp Benefits after March 31, 2010.

PLEASE NOTE: You also have the option of a face-to-face interview at our offices. If this is what you prefer, please be sure to indicate this on the CALL TIME REQUEST FORM. We will then contact you to make arrangements for an interview.

You also may bring your recertification application into the office instead of mailing, but we must receive it by March 15th. **If it is not received by this date, you will not keep getting food stamps without a break.** We encourage you to fill this application out immediately and return it to ensure a timely processing of your continued benefits.

When you mail in your recertification application, please also send in proof of the following items if they apply to you and if you have not already provided proof:

- o earned income for the past four weeks.
- o any change in the source of household income.
- o any change in heating/utility expenses.
- o any medical expenses since you last applied, or were recertified for anyone in your household who is 60 years of age or older, or disabled.
- o any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs, and any other changes.

If you need help in getting any proof please let your worker know as soon as possible.

If you, a member of your household or your authorized representative, do not mail in your recertification application, be interviewed and provide any required proof, you will not get food stamps after March 31, 2010 unless you reapply and are eligible.

If any proof is still required after the interview, you will get a notice to tell you what you need to provide. You will be given at least ten days to provide it.

The recertification application should be as complete as possible but we must accept it if it has your name, address (if you have one) and signature. However, the application must be completed before you can get food stamps.

Application Rights

- o You have the right to ask for an application for Food Stamps. This office must accept the application as long as the application is signed and has a readable name (and address if you have one).
- o You have the right to apply for Food Stamps in person, by mail or through an authorized representative. A face-to-face interview may be scheduled at your request.

NOTICE

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may reapply for Food Stamps at the Social Security office instead of filing your recertification application at the Food Stamp office.

If you choose to do this, the Social Security office must receive your application by March 15th. They will interview you and send your application with the supporting documents to the Food Stamp office to see if you can still get food stamps.

This decision is based on Regulation 18 NYCRR 387.17.

SERVICES AND OTHER INFORMATION

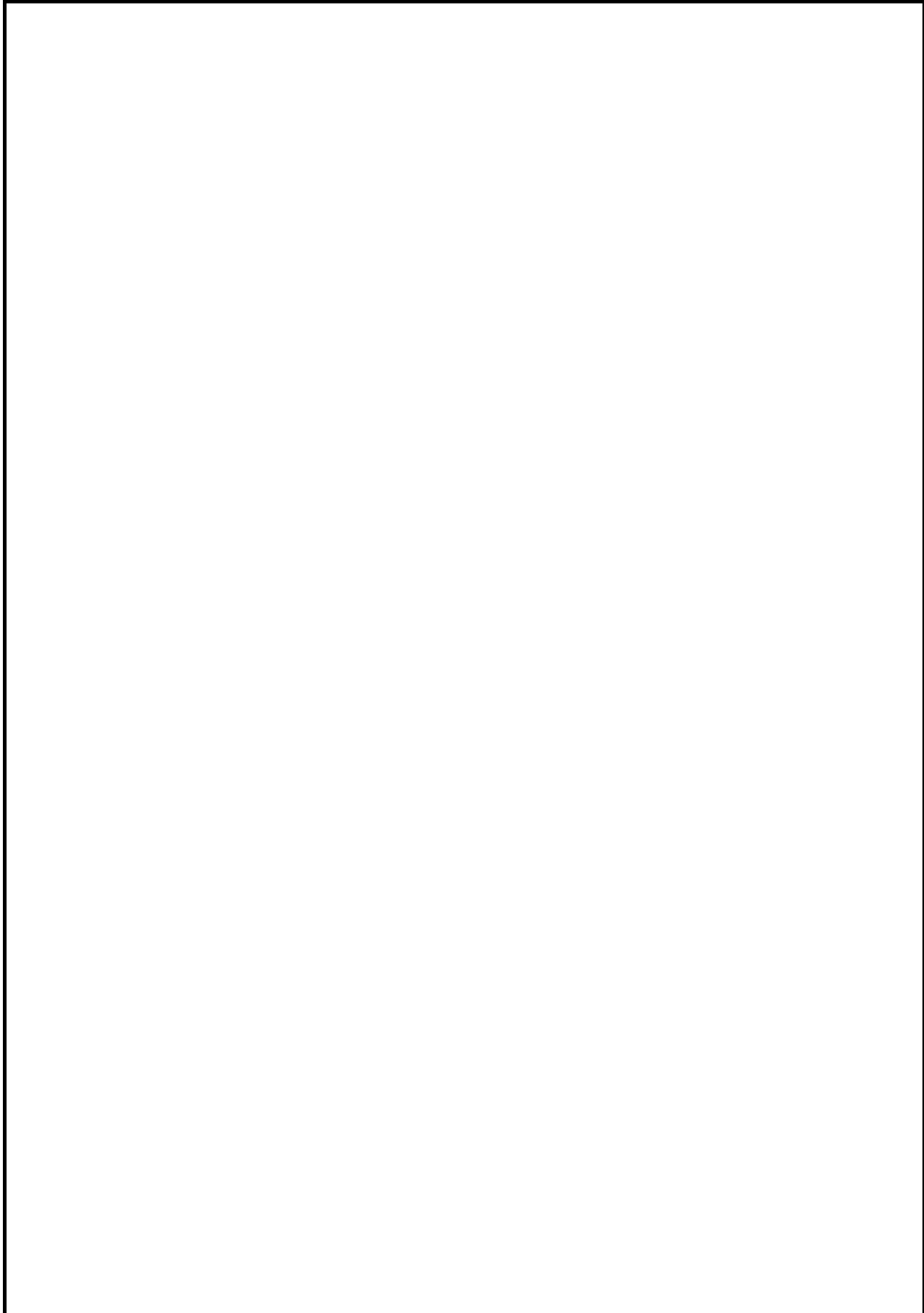
Your NYS Common Benefit Identification Card:

You should have a New York State Common Benefit Identification card. Even though you are no longer eligible for benefits, keep your card in a safe place. The same card will be used again if you become eligible for benefits in the future.

HEAP: Although you may no longer be eligible for Public Assistance, Food Stamps,

or Medical Assistance, you still may be eligible for assistance with your heating costs by applying for the Home Energy Assistance Program (HEAP). Information on HEAP can be obtained by calling the general telephone number as listed on page 1 of this notice.

—
—



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 food stamps, you must ask for a fair hearing by **May 5, 2010**. 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 fax or by telephone or electronically.

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 U5300U3950.

OR FAX: Send a copy of this notice to fax number **(518) 473-6735**

OR ONLINE: Complete the online request form at:
http://www.otda.state.ny.us/oah/forms.asp

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.

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.

(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 : **TAMMY PAUL**
Address : **KJHKJH**
KJH, NY 12032

District No: **53**
Notice No. : **U5300U3950**
Case Number: **CNSFS11**
Telephone :

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



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:

ADVOCATE 12399, XXX, XXX, NY 12356

Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866

Telephone: (518) 587-5188

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

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of 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.

INFORMATION

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers 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.

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**



CALL TIME REQUEST FORM
FOOD STAMP PHONE RECERTIFICATION

TAMMY PAUL

CNSFS11

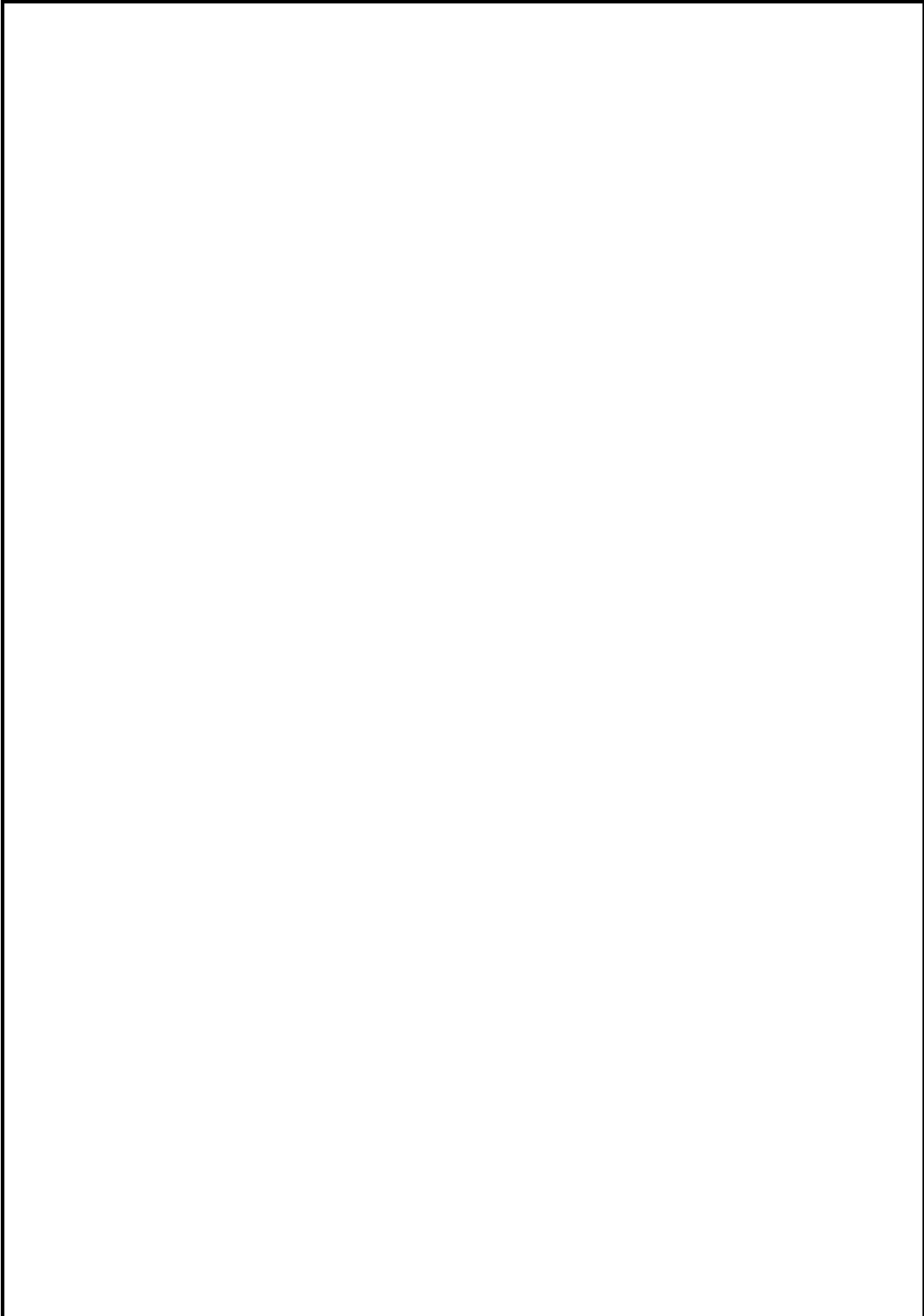
Please provide us with the PHONE NUMBER where you can most easily be reached:

To assist us in scheduling a TELEPHONE interview, please indicate below the times you are generally available:

	<u>Morning</u>	<u>Afternoon</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

If you do not want a telephone interview and want a face-to-face interview, please indicate this on the line below and return this form to our office.

I do NOT want a TELEPHONE INTERVIEW.
Please contact me to make arrangements for an interview at your office. (Please mark with an 'X' if this applies to you.)




WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

[DISTRICT ADDRESS INSERT SHEET]

NOTICE NUMBER: U5300U3950		DATE:		CASE NUMBER: CNSFS11	
------------------------------	--	-------	--	-------------------------	--

OFFICE	UNIT	WORKER JIM	UNIT OR WORKER NAME	TELEPHONE NO.
--------	------	---------------	---------------------	---------------

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS	
GENERAL TELEPHONE NO. _____ FOR QUESTIONS OR HELP		//JIM  WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990	

OR Agency Conference _____			
Fair Hearing information and assistance _____			
Record Access _____			
Child/Teen Health Plan _____			

This is the DISTRICT ADDRESS INSERT SHEET.

Fold this sheet squarely in half.

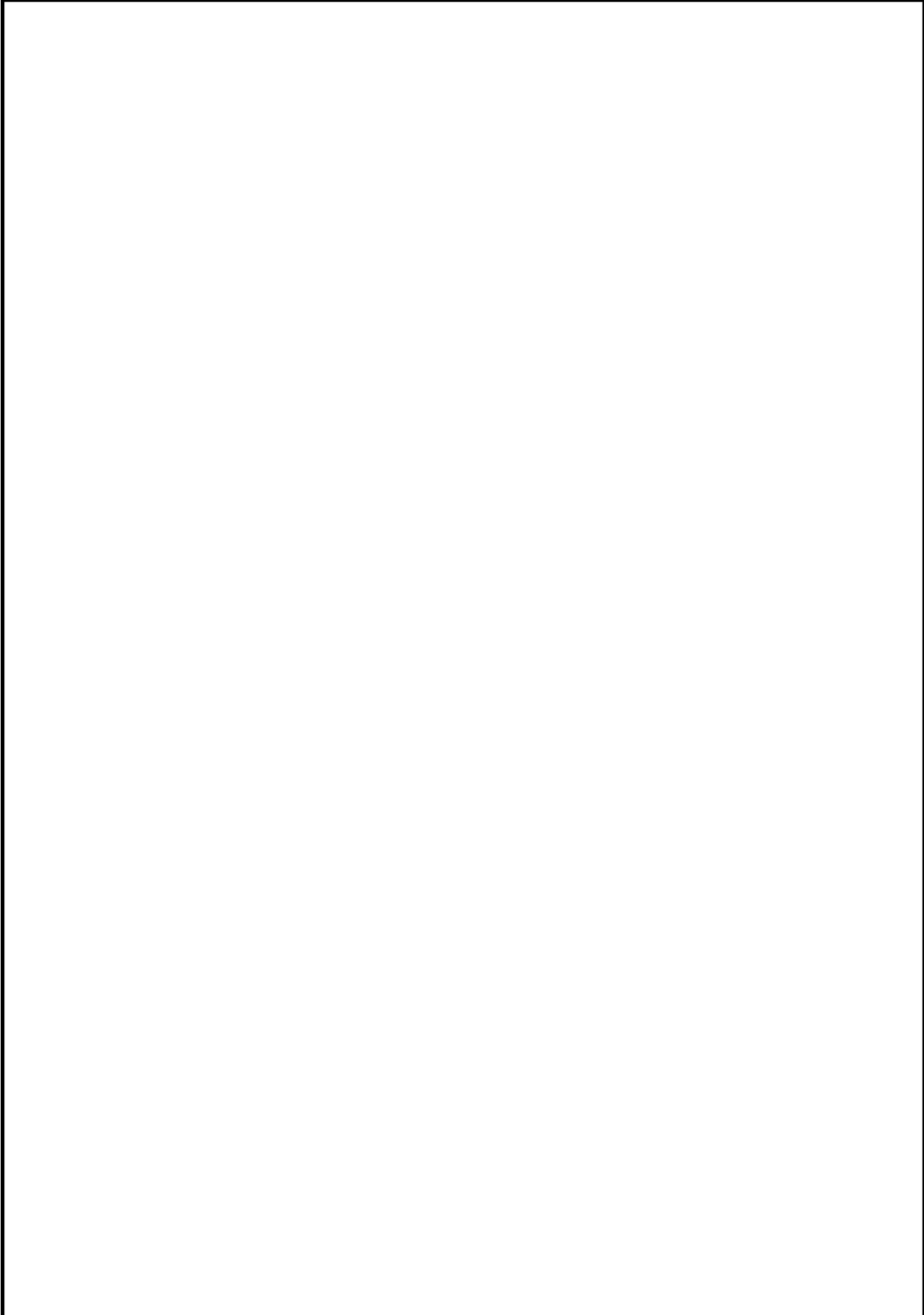
Place the folded sheet and your completed application into the envelope provided so that the district address appears through the envelope window.

Secure the postage paid envelope and mail.

Telephone Interview Date Friday, February 12, 2010 at 10:00 a.m..

Case Name: TAMMY PAUL







FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION



Use this form if Applying For Food Stamp Benefits Only

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

This application can only be used to apply for Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process, including the interview, must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

Need Food Stamp Benefits Right Away? You May Be Eligible For Expedited Processing of your Food Stamp Benefits Application.

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

Where You Can Apply For Food Stamp Benefits

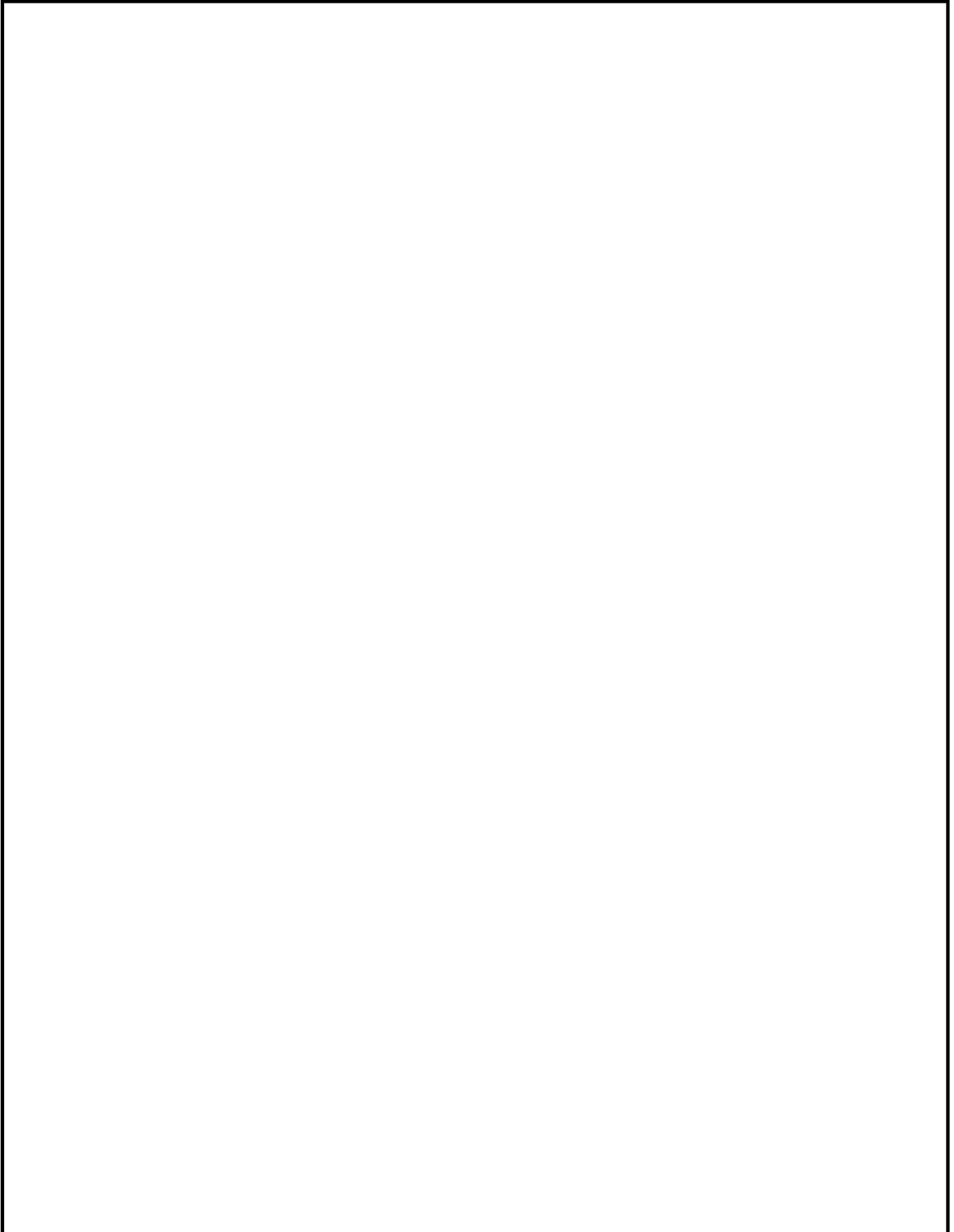
If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

Having Problems Coming To Us For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	Apply	Recertify	Lang
------------------	----------------	---------------	------	--------	-----------	-------------	-----------------	---------	----------	-------	-----------	------

Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.# _____ City _____, NY Zip Code _____

Mailing Address (if different) _____ Apt.# _____ City _____, NY Zip Code _____

Other Name: _____ Are You: Applying or Recertifying Do you want to receive notices in: Spanish and English or English **Only**

1

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →

APPLICANT/REPRESENTATIVE SIGNATURE _____ DATE SIGNED _____

2

List everyone who lives with you even if they are not applying. List yourself first.

L N	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*									
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U				
1								✓		self	✓													
2																								
3																								
4																								
5																								
6																								

3

*Race/Ethnic Codes: I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White, U - Unknown (MA Only)

Are you and is everyone living with you a US citizen? Yes No If No, who is not a citizen? _____

Has a court issued a warrant because it found that you or anyone living with you is fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony? Yes No

Are you or is anyone living with you in violation of probation or parole according to a court? Yes No

Have you or has anyone living with you ever been disqualified from receiving Food Stamp Benefits because of fraud or intentional program violation? Yes No

Are you or is anyone in your household applying for or receiving Food Stamp Benefits or Temporary Assistance in another place? Yes No

Are you or is anyone living with you blind, disabled or pregnant? Yes No If Yes, who _____

4

Are you or is anyone living with you a veteran? Yes No If Yes, who _____

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? Yes No

If you are recertifying for Food Stamp Benefits, list on the Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out of your household)

You may use the page 6 if you need more room or there is other information that you think we might need. Go to Page 2

NOTICE NUMBER : U5300U3950

page: 13

XL234B (01/10)

INCOME

List **ALL** your income and the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training? Yes No If Yes, who _____.

Amount paid \$ _____. How often paid (e.g., weekly, monthly) _____.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? Yes No

Do you or does anyone living with you have any potential income that has not yet been received? Yes No If Yes, explain on Page 6.

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? Yes No If Yes, who _____.

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

Yes No If Yes, who _____.

Are you or is anyone living with you participating in a strike? Yes No If Yes, who _____.

RESOURCES

Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts)

\$ _____ Belongs to _____.

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates) Yes No

If Yes, amount \$ _____ Type _____ Owner _____.

How many cars, trucks or other vehicles do you or anyone in your household have?

#1 Year _____ Make _____ Model _____ Owner _____

#2 Year _____ Make _____ Model _____ Owner _____

Do you or anyone applying own any property including your own home? Yes No if yes, list property _____ Owner _____

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for Food Stamp Benefits? Yes No

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

Own home or paying for home Renting Migrant/seasonal farmworker No permanent residence Live with relatives or friends

List expenses: Monthly rent or mortgage payment \$ _____ Tax on home per year \$ _____ Insurance on home per year \$ _____.

Pay separately for Heat? Yes No If yes, specify type of heating: Gas Electric Oil Wood Coal Propane Other (list) _____

Heat Co. Name _____ Heat Co. Acct. No. _____

You may use the page 6 if you need more room or there is other information that you think we might need.

Go to Page 3

NOTICE NUMBER : U5300U3950

5

6

7

Page: 14

XL234C (01/10)

LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

Pay for air conditioning, either in your electric bill or as a separate fee? Yes No

Pay separately for utilities (other than heating/cooling)? Yes No (for example, lights, cooking gas, washer/dryer fees, garbage/trash, water, initial installation of utilities).

Does anyone else pay any of these expenses for you (some examples are Section 8 or other subsidy program)?

Yes No If yes, who pays what? _____

7

Do you or does anyone living with you pay court-ordered child support? Yes No If yes, who _____

Name(s) of child(ren) support is being paid for _____

Payment amount \$ _____ Frequency of payments (for example, weekly, bi-weekly, monthly) _____

Are you, and/or anyone living with you, blind/disabled or at least age 60? If so, does such person have medical bills? Yes No If yes, list on the page 6 what they are for, how much and who is responsible for payment.

Are you, and/or anyone living with you, on Medicaid with a spenddown? Yes No If yes, who _____ Amount \$ _____

Are you, and/or anyone living with you (16 years old or older) enrolled in school or training? Yes No If yes, who _____ where _____

You may use the page 6 if you need more room or there is other information that you think we might need.

READ THE IMPORTANT INFORMATION BELOW

FOOD STAMP BENEFITS (FS) PENALTY WARNING – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your: ■ First IPV, you will not be able to get FS for one year. ■ Second IPV, you will not be able to get FS for two years.

8

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

If you get more Food Stamp Benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

NOTICE NUMBER : U5300U3950

page: 15

XL234D (01/10)



READ THE IMPORTANT INFORMATION BELOW (cont'd)

Any expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp Benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

CONSENT – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

CONSENT FOR RELEASE OF CONFIDENTIAL UNEMPLOYMENT INSURANCE (UI) INFORMATION – I authorize the New York State Department of Labor (DOL) to release any confidential information, maintained by DOL for Unemployment Insurance (UI) purposes, to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with State and local agency employees working in local social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of, TA, MA, or FS benefits applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

SUA (STANDARD UTILITY ALLOWANCE) INFORMATION – I understand that Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, my household intends to apply for a HEAP benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

TELEPHONE ALLOWANCE INFORMATION – I understand that Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated pay phone. If I do not have any cost to make phone calls, I will let my worker know.

CHANGES – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, pregnancy status or address to the best of my knowledge or belief in accordance with my reporting requirements.

REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES – I understand that my household must report child care and utility expenses in order to get a Food Stamp Benefits (FS) deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a FS deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for FS or may increase my FS. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of FS in future months in accordance with the rules for change reporting and processing changes.

PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN) – The collection of SSN's is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you or anyone applying/recertifying does not have an SSN, a SSN must be applied for at the Social Security Agency.

CITIZENSHIP/IMMIGRATION STATUS – I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of my self and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

For the Food Stamp Benefits Program, citizenship must be documented only if questionable.

8

NOTICE NUMBER • U5300U3950

Page: 16

XL234E (01/10)

READ THE IMPORTANT INFORMATION BELOW (cont'd)

NON-DISCRIMINATION NOTICE – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

LIFELINE: For applicants/recipients of Food Stamp Benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do not want this information released, check this box

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-only applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, you must do so in writing. You may do so by printing the person's name, address and phone number below. When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, both the Authorized Representative and the Food Stamp Benefits Head of Household or other responsible adult member of the household must sign and date the signature sections at the bottom of this page.

IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, PRINT THE PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER DIRECTLY BELOW.

Name _____ Address _____ Phone _____

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.

APPLICANT SIGNATURE X	DATE SIGNED 10
Authorized Representative SIGNATURE X	DATE SIGNED

IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name _____ Address _____ Phone _____

NOTICE NUMBER : U5300U3950

page: 17



Use this area for additional information:

Who: _____ Explanation: _____

Who: _____ Explanation: _____

Who: _____ Explanation: _____

11

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE

12

DATE

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Employed by: Social Services District Provider Agency

(Specify) _____

Reason ____/____/____ Withdrawal Denial Recert. Closing

Eligibility Approved by _____ Date _____

FS Authorization Period: From _____ To _____

IN-PERSON INTERVIEW TELEPHONE INTERVIEW

Comments:

NOTICE NUMBER : U530003950

Page: 18

XL234G (01/10)

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.).

Box 8: The completion of this box is optional.

Box 9: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only. (*Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.)

Box 12: This application must be signed and dated in ink.

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL



VOTER REGISTRATION FORM

IMPORTANT!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

New York State Board of Elections, 40 Steuben Street,
Albany, New York 12207-2109
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.state.ny.us

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

“If you are not registered to vote where you live now, would you like to apply to register here today?”

YES (If you check yes, please complete **VOTER REGISTRATION APPLICATION** at the bottom of page)

NO because I choose not to register OR

I am already registered at my current address OR

I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

_____/_____/_____
(Signature) (Date)

(Please Print Name)

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/07)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day worker

1	Are you a U. S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form.		2	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form unless you will be 18 by the end of the year.		For Board use only!	
	3	Last Name		First Name	Middle Initial		Suffix
4	Address where you live (do not give P.O. address)		Apt. No.	City/Town/Village		Zip Code	
5	Address where you get your mail (if different from above)		P.O. Box, stair route, etc.		Post Office	Zip Code	
6	Date of Birth	7	Sex (circle) M F	8	Home Tel. Number (optional)		
10	The last year you voted	Your Address was (give house number, street, and city)			9	ID Number - Check the applicable box and provide your number <input type="checkbox"/> New York DMV number _____ If you do not have a New York DMV number, please provide: <input type="checkbox"/> Last four digits of your Social Security Number _____ <input type="checkbox"/> I do not have a New York Driver's license number or a Social Security Number	
11	In county/state	Under the Name (if different from your name now)					
11	Choose a party -- Check one box only <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY			Please note: In order to vote in a primary election , you must be enrolled in one of these parties. *See reverse		12	
AFFIDAVIT: I swear or affirm that • I am a citizen of the United States • I will have lived in the county, city or village for at least 30 days before the election. • I meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.						_____ (Signature or Mark in Ink)	_____ (Date)



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION AND APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR THE FOOD STAMP PROGRAM



Use This Form If Applying For Food Stamp Benefits Only

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

This application can only be used to apply for Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process including the interview must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

Need Food Stamp Benefits Right Away?

You May Be Eligible For Expedited Processing Of Your Food Stamp Benefits Application.

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farm worker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

Where You Can Apply For Food Stamp Benefits

If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

Having Problems Coming To Us For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances, we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**

INSTRUCTIONS ON HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION

Please **PRINT** clearly in blue or black ink.

Do **NOT** print in the shaded areas.

Be sure to complete each section.

If you are applying as someone's representative, please print information about that person, not yourself.

SECTION 1: APPLICANT INFORMATION

NAME: PRINT your legal name including your first name, middle initial and last name.

TELEPHONE NUMBER: PRINT your home phone number.

OTHER PHONE: PRINT another phone number where you can be reached, if you have one.

RESIDENCE ADDRESS: PRINT the street, avenue, road, etc., where you now live. PRINT the city you live in. PRINT your zip code.

MAILING ADDRESS: PRINT your mailing address if it is different from your residence.

OTHER NAME: PRINT any maiden names, names from a previous marriage, or other names that any person listed has or now uses.

Check (✓) whether you are applying or recertifying for Food Stamp Benefits.

Check (✓) if you wish to receive notices in Spanish **and** English or just English.

SECTION 2: Sign your name and date, **ONLY** if you want to submit your application without completing the next page at this time. You must complete the application for us to determine your eligibility.

SECTION 3: HOUSEHOLD MEMBERS INFORMATION:

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

PRINT your full name first. Then **PRINT** the names of the other people who live with you:

PRINT the date of birth, Social Security Number (if the individual does not have a SSN, enter "none"), marital status and sex for each person applying.

Check (✓) Yes or No to tell us who is applying.

For **each** person in the household, **PRINT** how they are related to you (for example: wife, son, friend, etc.).

Check (✓) Yes if that person buys and/or prepares food with you.

Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino.

Enter Y (Yes) or N (No) for each race *.

Race/Ethnic codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

U – Unknown (**MA ONLY**)

*These answers are optional but, if not completed, the interviewer may have to record them by observation. This information will not affect your eligibility.

NOTICE NUMBER : U5300U3950

page : 22

SECTION 4: Answer all questions in section 4. Fill in names of individuals who are not U.S. citizens.

SECTION 5: INCOME: List all your income and the income of everyone living with you. PRINT the name of the person receiving the income, the source of income and how often it is received. Income can include: Regular job (wages), income before strike, on-the-job-training, military reserves, national guard, work study, alimony, child support, educational assistance (grants, scholarships, etc.), friends or relatives (other than loans), public assistance, pensions or retirement, Supplemental Security Income (SSI), Social Security benefits, veterans benefits, unemployment benefits, worker’s compensation, babysitting, taxi driving, cleaning homes or other buildings, farming/ranching, income from a roomer, income from a boarder or arts and crafts.

NOTE: Foster Care Payments and Food Stamp Benefits – You may choose to include the foster care child or adult in the Food Stamp Benefits household. If you do, any associated foster care payments will be counted as income. All other income or resources of the foster care child also will be counted. If you have any questions about this, make sure to ask your worker.

Be sure to answer all other questions in section 5.

SECTION 6: RESOURCES: Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.

Answer all the questions in Section 6 for yourself and everyone who is applying for Food Stamp Benefits. List the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Resources may include any of the following: cash on hand, cash held by others, checking or savings account, savings bonds, individual retirement account, pension plan, individual development account, stocks/bonds, mutual funds, trust fund, money market certificates, buildings, land, rental property, vacation or recreational property or house other than home.

SECTION 7: LIVING ARRANGEMENTS AND EXPENSES:

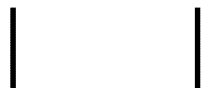
PRINT the amount you pay for rent, mortgage, room and board or other housing. List the dollar (\$) amount that you pay for your property taxes and homeowner’s insurance (including fire insurance).

If you pay for your heat separately, check (✓) what type of heat you have.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have telephone costs or air conditioning costs and if you do, who pays the separate expense?
- anyone pays court-ordered child support and if so, who, how much and the frequency of payments?
- anyone applying has any medical bills such as in-home nursing service, dentures, hearing aid, eyeglasses, seeing eye dog or service animal, health insurance and medical payments, hospital or nursing care, medical or dental services, prescription drugs or medical transportation?
- anyone in your household is on Medicaid, with a spenddown and if so, who and how much?
- anyone in your household is enrolled in school or in a training program and if so, who and where?

Be sure to answer all other questions in section 7.



SECTION 8: LEGAL STATEMENTS: Read this section carefully or have someone read it to you.

For **Lifeline**, Food Stamp applicants/recipients must check (✓) the box if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.

Note: NY State Law provides for fine or jail, or both, for a person found guilty of obtaining Food Stamp Benefits by hiding the facts or not telling the truth.

SECTION 9: FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE: If you want someone from outside your household to get the Food Stamp Benefits or to buy the food for you, PRINT their name, address and phone number.

SECTION 10: SIGNATURES: Sign your name. If you are an Authorized Representative, both you and the head of household must sign and date the signature sections on page 5 of the Application/Recertification.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, **both the** Authorized Representative and the Head of Household or another responsible adult member of the household must sign and date the signature sections on Page 5 of the Application/Recertification.

SECTION 11: ADDITIONAL INFORMATION: Use this section to let us know additional information that you think we might need to know.

SECTION 12: CONSENT TO WITHDRAW: If you decide you no longer wish to apply for Food Stamp Benefits, sign your name and enter date. You may reapply at any time.

Note: The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect your eligibility or the amount of assistance that you will be given by this agency.

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services Programs and to deter fraud.

NOTICE NUMBER : U5300U3950

Page : 24

READ THE IMPORTANT INFORMATION BELOW
APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR THE FOOD STAMP PROGRAM

Additional information regarding your rights and responsibilities is contained in the Client Information Books (LDSS-4148A; LDSS-4148B and LDSS-4148C). These books can be obtained at your local district.

AS AN APPLICANT/RECIPIENT OF FOOD STAMP BENEFITS YOU HAVE RIGHTS:

TO HAVE AN INTERVIEW:

- The interview must be scheduled as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
- You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English or hearing or speech impaired.
Local districts may utilize the TTY/TTD relay systems to gain access to services for Hearing or speech impaired applicants/recipients. If you have any special needs you can request special accommodations from your local district.
- If you have a disability, you have the same right to access and be interviewed for the Food Stamp Program as someone who does not have a disability.
- You must be told, within 30 days of the date you turned in (filed) your Application for Food Stamp Benefits, if your Application is approved or denied. If you are eligible for expedited processing you must be told within 5 days after the date you turned in (filed) your Application if you are qualified for Food Stamp Benefits.
- You may request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during the social services district's office hours. **The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income.** The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.
- Get a written notice telling you if your application for Food Stamp Benefits is approved or denied:
 - If your Application is approved, this notice will tell you the amount of Food Stamp Benefits you will get;
 - If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

TO A CONFERENCE AND/OR FAIR HEARING

If you think any decision about your case is wrong, or you do not understand any decision, talk to your worker right away. If you still disagree or do not understand, you have the right to a **Conference** and/or a **Fair Hearing**.

CONFERENCE - A Conference is when you meet with someone other than the person who made the decision about your case. At the Conference this person will review that decision. Sometimes a Conference is the fastest way to solve any problems you may have. We encourage you to ask for one **even if you have requested a Fair Hearing**. However, Conferences are voluntary, and you can request a Fair Hearing even if you do not request a Conference. To ask for a Conference, call or write your local department of social services.

A CONFERENCE IS NOT A FAIR HEARING. If you are told that your case is being closed, or that your food stamp benefits or other help you are getting will change, and the problem is not settled through a Conference, you must ask for a **Fair Hearing** to keep your food stamp benefits or other help you are getting from being stopped or changed. Your time to request a fair hearing and your right to "aid to continue" will not be extended by requesting or having a conference.

NOTE: A request for a Conference is not a request for a Fair Hearing. If you want a Fair Hearing, you must request one.

NOTICE NUMBER : U530003950

Page: 25

XL235E (01/10)



READ THE IMPORTANT INFORMATION BELOW (cont'd)

FAIR HEARING - A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the decision about your case was wrong. The State will then issue a written decision which will state whether the local department of social services decision was right or wrong. The written decision may order the local department of social services to correct your case.

At a Fair Hearing you will have a chance to explain why you think the decision is wrong.

TIME LIMITS TO ASK FOR A FAIR HEARING - If you want to ask for a Fair Hearing for Food Stamp Benefits, call **right away** because **there are time limits**. If you wait too long, you may not be able to get a Fair Hearing.

NOTE: If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.

If you **do** get a notice about your case and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. **Be sure to read all of the notice carefully.**

If your notice tells you that your Food Stamp Benefits **have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within 90 days from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough Food Stamp Benefits at anytime within the certification period.**

If you **do not** get a notice about your case, and your benefits are denied, stopped or reduced you can also ask for a Fair Hearing.

HOW TO ASK FOR A FAIR HEARING

If you **do** get a notice about your case and you want to ask for a Fair Hearing, the notice will tell you how. **Be sure to read all of the notice carefully.**

If you get a notice telling you that your benefits will be stopped or reduced, and you ask for a Fair Hearing before the **effective date** on your notice, your money or other help will, in most instances, stay the same ("**aid continuing**") until the Fair Hearing decision is made. If the notice was not sent before the effective date, and you ask for a Fair Hearing within **10** days of the **postmark date** of the notice, you also have the right to have your money or other help stay the same ("**aid continuing**") until the Fair Hearing decision is made.

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will have to pay back any benefits that you received as "aid continuing" while waiting for the Fair Hearing decision.

If you **do not** want the money or other help you have been getting to stay the same until the Fair Hearing decision is made, you must tell this to the New York State Office of Temporary and Disability Assistance when you call or write for a Fair Hearing.

If you **do not** get a notice about your case, and your benefits are stopped or reduced, you can still ask for a Fair Hearing. At the same time that you ask for a Fair Hearing, you can ask that your money or other help be restored ("**aid continuing**").

NOTICE NUMBER : U5300U3950

Page : 26

XL235F (01/10)

READ THE IMPORTANT INFORMATION BELOW (cont'd)

WHAT YOU SHOULD DO FOR A FAIR HEARING

The New York State Office of Temporary and Disability Assistance will send you a notice, which tells you when and where the Fair Hearing will be held.

To help you get ready for the Fair Hearing, you have the right to look at your case record and get free copies of the forms and papers which will be given to the Administrative Law Judge at the Fair Hearing. You can also get free copies of any other papers in your case record which you think you may need for the Fair Hearing. Usually, you can get these papers before the hearing or at the hearing at the latest. If you ask for any papers, and the local department of social services does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it.

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a decision about your case is wrong. If you cannot go to the Fair Hearing, you can send someone else in your place. If you are sending someone who is not a lawyer to the Fair Hearing, you should give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that this person is taking your place.

To help you explain at the Fair Hearing why you think the decision is wrong, you should also bring any witnesses who can help you and any information you have such as:

- Pay stubs
- Bills
- Receipts
- Leases
- Doctor's Statements

Someone from your local department of social services will also be at the Fair Hearing to explain the decision about your case. You or your representative will be able to question this person and present your side of the case. You or your representative will also be able to question any witnesses who you bring to help you.

If you think you need a lawyer to help you with your Fair Hearing, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services Office. For the names of other lawyers, call your local Bar Association.

NOTE: If you ask, you will be able to get back the money you had to pay for public transportation, child care and other necessary expenses to go to the fair hearing. If no public transportation is available, you may be able to get back the money you had to pay for another type of transportation. If you are unable to use public transportation because of a medical problem, you may be able to get back the money you had to pay for another type of transportation. However, you may be asked to provide medical verification.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing Request to: 518-473-6735

Online: Complete online request form at <http://www.otda.state.ny.us.us/oah/forms.asp>

NOTICE NUMBER : U5300U39950

page : 27

XL235G (01/10)



READ THE IMPORTANT INFORMATION BELOW (cont'd)

In writing: For notices, fill in the supplied space and send a copy of the notice, or write to:

**Fair Hearing Section
NYS Office of Temporary and Disability Assistance
Fair Hearings
P.O. Box 1930
Albany, New York 12201-1930**

Please keep a copy of any notice for yourself

If you live in New York City you may also make your request in person by walking into the office listed below.

Walk-In (New York City Only) Bring a copy of the notice, or ask for a hearing on a matter not based on a notice, to:

**Office of Administrative Hearings
Office of Temporary & Disability Assistance
14 Boerum Place
Brooklyn, New York**

or

330 W. 34th Street, 3rd Fl., New York, New York

NOTE: For New York City emergency fair hearings only – Call 800-205-0110. Do not use this telephone number for anything except emergencies. Requests that do not involve emergencies will not be taken at this number.

TO LOOK AT YOUR CASE AND COMPUTER RECORDS:

Once you apply for food stamp benefits or other help, case records and computer records are kept about your case. Usually, you have the right to look at those records. However, you may **not** be able to look at all of the records. Your worker can explain the rules to you.

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, send you your records; **or** tell you why they will not give you your records; **or** tell you they have your request and they will determine if you are allowed to get your records within five working days of when they get your request letter.

REGARDING EMPLOYMENT:

If you do not agree that you are able to work, you should notify the local department of social services that you believe you should be exempt from participation in work activities. You will be notified by the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you are required to participate in food stamp work activities, you may be able to get help paying for certain work-related expenses. You also may be able to receive assistance with child care costs.

IF YOU ARE SUSPECTED OF FRAUD

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

NOTICE NUMBER : U5300U3950

Page : 28

READ THE IMPORTANT INFORMATION BELOW (cont'd)

AS AN APPLICANT/RECIPIENT OF FOOD STAMP BENEFITS YOU HAVE SEVERAL RESPONSIBILITIES:

EMPLOYMENT RESPONSIBILITIES FOR FOOD STAMP BENEFIT RECIPIENTS:

Unless you are exempt from work requirements as an applicant for or recipient of Food Stamp Benefits you must comply with certain rules, including participation in work activities and accepting a job. Your worker will explain these rules.

If you do not comply with the work requirements, you may lose your Food Stamp Benefits.

- There are several exemptions from participation in food stamp work requirements. Ask your worker if you qualify for one of the exemptions. You may be required to provide documentation to support your claim.

If you are not exempt from participation in work activities and do not comply with the work requirements, you may lose your Food Stamp Benefits. The length of time you will lose your benefits depends on the number of times you have failed to comply.

ADDITIONAL RESPONSIBILITIES AND REQUIREMENTS FOR FOOD STAMP BENEFITS RECIPIENTS WHO ARE ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)

If you are an able-bodied work registrant, you may also be required to meet additional Food Stamp Benefits eligibility requirements. Your worker will explain these requirements and the exemptions from the requirements.

If you are a work registrant and not exempt, you will only be eligible to receive Food Stamp Benefits for three months in every 36 months unless you are meeting the additional requirements.

If you want to continue to receive Food Stamp Benefits beyond the three month limit, you should ask your worker for a qualifying work or training opportunity.

If you lose your eligibility for Food Stamp Benefits because you did not meet the additional requirement for three or more months during which you received Food Stamp Benefits, you may be able to re-establish your eligibility in several different ways. Your worker will explain how to do this.

RESPONSIBILITY TO RESCHEDULE A MISSED INTERVIEW:

As a Applicant/Recipient of Food Stamp Benefits, you have the responsibility of rescheduling a missed interview before the 30th day after the date you applied to avoid losing Food Stamp Benefits.

RESPONSIBILITY TO PROVIDE PROOF

When you are applying for or getting help, you will be asked to provide proof of certain things. Your worker will tell you which of these things you **must** prove. Not all of these things are required for every program. You may have to prove some things for one program and not for another.

If you bring proof with you when you first come in to apply for assistance, you may be able to get help sooner.

If you drop documentation off at your local department of social services, you should ask for a receipt to prove what documentation you left. The receipt should have your name, the specific documentation that you dropped off, the time, date, district name and the name of the social services worker who provided the receipt.

NOTICE NUMBER : U5300U3950

Page: 29



READ THE IMPORTANT INFORMATION BELOW (cont'd)

If you cannot get the proof you need, ask your worker to help you. If the local department of social services already has proof of the things that do not change, such as your social security number, you do not need to prove them again.

If your worker tells you that you need additional papers and information to find out if you can get help, you must provide that proof. If you cannot get these papers and information, your worker must try to help you.

NON-CITIZEN ELIGIBILITY INFORMATION

Many non-citizens are qualified aliens who are eligible for Food Stamp Benefits. Even if you are not, your children may be eligible. Food Stamp Benefits should not affect your immigration status with respect to any USCIS decision regarding your immigration matter.

You may be eligible for Food Stamp Benefits if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swain Island), or a qualified alien. A qualified alien for food stamp eligibility is:

1. An American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA), or
2. A member of an Indian tribe that is a federally recognized Indian tribe (25 U.S.C. (450b(e)), or
3. An alien admitted as a Hmong or Highland Laotian, including spouse and dependent child, or
4. A refugee admitted under section 207 of the INA, or
5. An alien granted asylum under section 208 of the INA, or
6. An alien whose deportation has been withheld under section 234(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA, or
7. An alien admitted as a Cuban or Haitian entrant, or
8. An alien who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act, or
9. An alien who is on active duty in the U.S. armed forces or, an honorably discharged veteran, their spouse and dependent children, and the un-remarried surviving spouse and unmarried dependent children of an active duty member or veteran who has died, or
10. An alien admitted as an Ameriasian, or
11. An alien lawfully admitted for permanent residence under the INA-and who has 5 years in status, or
12. An alien paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status, or
13. An alien or parent or child of an alien-who has been battered or subjected to extreme cruelty in the U.S. by a family member and entered the U.S. before 8/22/96 or has 5 years in status, or
14. Aliens also may be eligible for Foods Stamp Benefits if:
 - They are lawfully admitted for permanent residence and have earned, or can be credited with 40 quarters of work;
 - They are in a qualified status listed above and receive certain disability or blindness benefits;
 - They are in a qualified status listed above and are under 18 years old;
 - They are lawfully in the U.S. on August 22, 1996 and are now blind or disabled, old, or was born on or before August 22, 1931.

RESPONSIBILITY TO ENROLL IN THE AUTOMATED FINGER IMAGING SYSTEM (AFIS) – IS THIS TRUE FOR FOOD STAMPS?

If you are applying for or receiving Food Stamps Benefits, you may be required to be entered into the Automated Finger Imaging System (AFIS) if you are an adult (18 years of age or older) or if you are the head of household.

NOTICE NUMBER : U5300U3950

Page : 30

XL235J (01/10)

NOTICE ATTACHMENTS

DSS-3668 (Rev. 1/03)

...PA-FS SHELTER VERIFICATION FORM.

DSS-4464.3

...POSTAGE PAID ENVELOPE FOR RETURNED APPLICATION.

