

GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

October 24, 2013

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TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA Directors, SNAP Directors,
Staff Development Coordinators

FROM: Phyllis Morris, Deputy Commissioner
Center for Employment and Economic Supports

SUBJECT: Release of Revised LDSS-4943 "Supplemental Nutrition Assistance Program (SNAP) Benefits
Categorical Eligibility Desk-Aid"

EFFECTIVE DATE: Immediately

CONTACT PERSON: BMS Document Services @ 1-800-343-8859, ext. 4-9522

The purpose of this GIS message is to inform social services districts (SSDs) that the LDSS-4943: "Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid," has been updated to reflect the new SNAP Poverty levels that went into effect October 1, 2013.

The revised English version of the LDSS-4943: "Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid," is a Camera Ready Only form.

The above referenced document has been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.

Upon the release of this GIS all previous versions of the "Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid," must immediately be destroyed and replaced with the revised 9/13 version.

Any future requests for master camera ready copies of the English version, 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

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E-mail: forms.orders@otda.ny.gov

Social Services Districts (SSD) online forms ordering system: <http://formorders/>

Fax: (518) 402-0084

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

Supplemental Nutrition Assistance Program (SNAP) Benefits

Categorical Eligibility Desk-Aid

SNAP Household: All TA/SSI Members

<p>SNAP Household is <u>not</u> subject to:</p> <ul style="list-style-type: none"> • 130% GIT • 100% NIT • Resource Test 	<p>ABEL Categorical Eligibility Indicator (CE):</p> <p>Y: Categorically Eligible – All TA/SSI</p>
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SNAP Households: Expanded Categorical Eligibility

(This does not include SNAP households with Dependent Care costs)

<p>SNAP Household must pass only:</p> <ul style="list-style-type: none"> • 130% Gross Income Test (GIT) (<i>effective 10/1/13</i>) <table border="1"> <thead> <tr> <th>Household Size</th> <th>Maximum Gross Monthly Income 130% of Poverty</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,245</td> </tr> <tr> <td>2</td> <td>\$1,681</td> </tr> <tr> <td>3</td> <td>\$2,116</td> </tr> <tr> <td>4</td> <td>\$2,552</td> </tr> <tr> <td>5</td> <td>\$2,987</td> </tr> <tr> <td>6</td> <td>\$3,423</td> </tr> <tr> <td>7</td> <td>\$3,858</td> </tr> <tr> <td>8</td> <td>\$4,294</td> </tr> <tr> <td>Each Add'l Member</td> <td>+ \$436</td> </tr> </tbody> </table> <p>Exception:</p> <ul style="list-style-type: none"> • Household with a sanctioned or disqualified individual is not Categorical Eligible 	Household Size	Maximum Gross Monthly Income 130% of Poverty	1	\$1,245	2	\$1,681	3	\$2,116	4	\$2,552	5	\$2,987	6	\$3,423	7	\$3,858	8	\$4,294	Each Add'l Member	+ \$436	<p>ABEL Categorical Eligibility Indicator (CE):</p> <p>N: Categorical Eligible – Not all TA/SSI</p>
Household Size	Maximum Gross Monthly Income 130% of Poverty																				
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Each Add'l Member	+ \$436																				

SNAP Household with Sanctioned Member

<p>SNAP household must pass:</p> <ul style="list-style-type: none"> • 130% Gross Income Test (GIT) • 100% Net Income Test (NIT); and • Resource Test (\$2,000) <p>Exception: SNAP household contains an aged or disabled individual <u>must</u> pass:</p> <ul style="list-style-type: none"> • 100% NIT; and • Resource Test (\$3,250) 	<p>ABEL Categorical Eligibility Indicator (CE):</p> <p>S: Sanctioned for SNAP</p>
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SNAP Household with Aged (60 or Older)/Disabled Member

SNAP household must pass:

- 200% GIT (*effective 10/1/13*)

200% of Poverty Guidelines Chart

Family Size	Monthly Income
1	\$1,915
2	\$2,585
3	\$3,255
4	\$3,925
5	\$4,595
6	\$5,265
7	\$5,935
8	\$6,605
Each Add'l Member	\$670

OR if the household's income is greater than 200%

- 100% NIT; and
- Resource Test (\$3,250)

ABEL Categorical Eligibility Indicator (CE):

N: Categorically Eligible – Not all TA/SSI

A: A/D – Not CE Eligible

SNAP Household with Out of Pocket Dependent Care Costs

(*These are households that do not have any aged or disabled members and do not have any individuals who are sanctioned or disqualified.*)

SNAP household must pass:

- 200% GIT

200% of Poverty Guidelines Chart

(*Effective 10/1/13*)

Family Size	Monthly Income
1	\$1,915
2	\$2,585
3	\$3,255
4	\$3,925
5	\$4,595
6	\$5,265
7	\$5,935
8	\$6,605
Each Add'l Member	\$670

ABEL Categorical Indicator (CE)

N: Categorical Indicator not all TA/SSI