

**GENERAL INFORMATION SYSTEM**  
**Center for Employment & Economic Supports**

December 23, 2014

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**TO:** Subscribers**SUGGESTED DISTRIBUTION:** Commissioners, TA Directors, SNAP Directors, WMS Coordinators,  
Staff Development Coordinators**FROM:** Phyllis D. Morris, Deputy Commissioner  
Center for Employment and Economic Supports**SUBJECT:** SSI COLA and NYSNIP Standard Benefit Amount Adjustments**EFFECTIVE DATE:** January 1, 2015**CONTACT PERSON:** SNAP Bureau at 1-800-343-8859, ext. 3-1469  
Upstate WMS at 1-800-343-8859, ext. 3-7991  
NYC WMS at 212-961-8185**Background**

Every year, the Social Security Administration (SSA) evaluates the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) data to determine if a cost of living adjustment (COLA) should be made to RSDI (regular Social Security and Social Security Disability benefits) and federal Supplemental Security Income (SSI) benefits to reflect an increase or decrease in the cost of living. The CPI-W increased by 1.7% from the end of the third quarter of 2013 to the end of the third quarter of 2014. Therefore, effective January 1, 2015, RSDI and SSI recipients will receive a 1.7% COLA increase. SSA and SSI benefits will be increased accordingly.

14 INF 12 announced the COLA increase to SSI benefits.

**Purpose**

The purpose of this GIS is to inform the local social services districts about the effect of the annual COLA on Supplemental Nutrition Assistance Program (SNAP) benefits, and, in particular, on the benefits of SNAP recipients participating in the New York State Nutrition Improvement Project (NYSNIP). The GIS also provides a sample of the notices sent to affected households notifying them about the change in SNAP benefits.

**Program Implications**

On November 16, 2014, as part of the 2015 January mass re-budgeting/authorization (MRB/A), New York State Nutrition Improvement Project (NYSNIP) benefit levels were adjusted effective January 1, 2015. This adjustment to SNAP benefit amounts is required because of the increase to SSI monthly benefits due to the annual COLA.

Information regarding the WMS MRB/A of Temporary Assistance and SNAP benefit levels for Upstate WMS, was provided in **ABEL Transmittal 14-4 which was released 11/5/14.**

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The new NYSNIP SNAP benefit amounts (see attached table of NYSNIP Benefit Levels effective 01/01/15) are effective for any **NYSNIP FS Shelter Type** budgets with a **FROM Date** of January 1, 2015 or later.

**\$246 New NYSNIP “High” Shelter Cost Threshold**

**New** NYSNIP households having cases opened, and existing NYSNIP households recertified, effective January 1, 2015 or later and having shelter costs **greater than \$246** will be considered to be “High Shelter” (Shelter Type 94 or 96) cases by the standard of the project. Conversely, effective January 1, 2015, **new** and recertifying NYSNIP households having shelter costs of **\$246 or less** will be considered to be “Low Shelter” (Shelter Type 95 or 97) cases by the standard of the project. This change to the shelter threshold was migrated on November 20, 2014 for budgets having a **FROM Date** of January 1, 2015 or later.

Only benefits in Shelter Types 95, 96 and 97 are affected by the SSI COLA increase.

NOTE: As previously explained in GIS 14 TA/DC023, released on June 20, 2014, if a NYSNIP case does not pay separately for heat (i.e. Fuel Type ‘0 – Heat Included in Shelter Costs’) or air conditioning AND has not received HEAP payment(s) totaling greater than \$20.00 in the current or previous 12 months, they are not entitled to receive the Heating/Cooling Standard Utility Allowance (HCSUA) as part of their standard benefit. Therefore new tiers were created for Shelter Types 96 and 97 that do NOT include the HCSUA. ABEL grants the NO SUA Shelter Type 96 and 97 tiers when the HT/AC Indicator does NOT equal ‘X – Standard Allowance.’

**NYSNIP BENEFITS MATRIX BY SHELTER TYPES**  
**01/01/15 - 09/30/15**

HOUSEHOLD		MONTHLY FOOD STAMP BENEFIT AMOUNT		
		New York City	Nassau/Suffolk	Upstate
Shelter Type 94 (High Shelter/SUA)	SSI Only	\$194	\$194	\$194
	Other Income	\$194	\$194	\$194
Shelter Type 95 (Low Shelter/SUA)	SSI Only	\$194	\$188	\$163
	Other Income	\$194	\$179	\$154
Shelter Type 96 (High Shelter/ SUA/\$21 HEAP)	SSI Only	\$194	\$194	\$194
	Other Income	\$194	\$194	\$194
Shelter Type 96 (No SUA)	SSI Only	\$26	\$26	\$26
	Other Income	\$17	\$17	\$17
Shelter Type 97 (Low Shelter/ SUA/\$21 HEAP)	SSI Only	\$194	\$188	\$163
	Other Income	\$194	\$179	\$154
Shelter Type 97 (No SUA)	SSI Only	\$16	\$16	\$16
	Other Income	\$16	\$16	\$16
Shelter Type 98 (No Shelter or SUA Data)	SSI Only	\$16	\$16	\$16
	Other Income	\$16	\$16	\$16

A sample of one of the CNS notices being sent to affected households is attached to this GIS.

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

**NOTICE OF DECISION ON YOUR  
SUPPLEMENTAL NUTRITION ASSISTANCE.**

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

<b>NOTICE NUMBER:</b> U5300Y0021		<b>DATE:</b> November 19, 2014		<b>CASE NUMBER:</b> NYSNIP141W	
<b>OFFICE</b>	<b>UNIT</b>	<b>WORKER</b> JIM	<b>UNIT OR WORKER NAME</b> WASHINGTON CO. DEFAULT WKR.		<b>TELEPHONE NO.</b> 555-123-4567

<u>AGENCY TELEPHONE NUMBERS</u>		<u>CASE NAME / AND ADDRESS</u>
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>518-746-2300</u>	//JIM  SARA WELCH 878 MILLER RD, ALBANY, NY 12201
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.**

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$167.00 to \$163.00. This is because:

- o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

**How we figured your SNAP Benefits:**

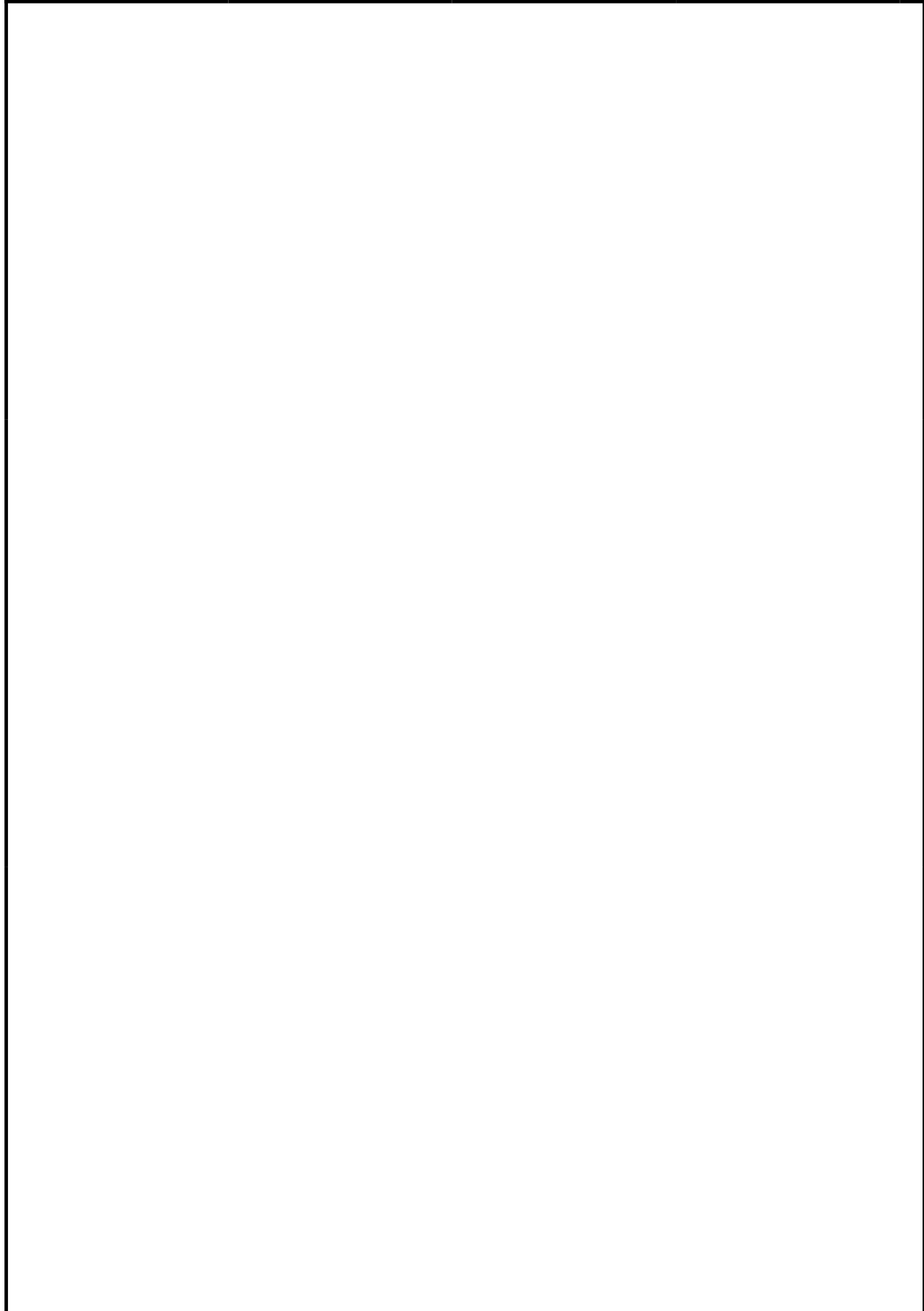
Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$163.00 monthly beginning January, 2015.
- o You have no earned or unearned income other than Supplemental Security Income (SSI).
- o You pay \$246.00 or LESS for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

**SERVICES AND OTHER INFORMATION**

**Your Case Information Online:**

You can also check your case status and budget information online. Go to [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov) to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.



**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.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **February 17, 2015**. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

**Keeping your Benefits the Same**

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**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.

(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.)

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Name : SARA WELCH  
Address : 878 MILLER RD,  
ALBANY, NY 12201

District No: 53  
Notice No. : U5300Y0021  
Case Number: NYSNIP141W  
Telephone :

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



When you call, please tell the worker the number of this notice which is **U5300Y0021**.

**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.ny.gov/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.

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

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**



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.

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LDSS-3151 (Rev. 8/12)

PAGE 1

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM**

CASE NUMBER

NYSNIP141W

(Please Print Clearly)

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.**

DATE:

COMPLETE THIS FORM AND MAIL TO:

**TO:**  
**ADDRESS:** SARA WELCH  
 878 MILLER RD,  
 ALBANY, NY 12201

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:  
**WASHINGTON COUNTY DSS**  
**383 BROADWAY**  
**FORT EDWARD, NY 12828-9990**  
  
**518-746-2300**

**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"?** YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> YES – Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	<input type="checkbox"/> NO – Go To Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> Go To "Simplified Reporting" on the top of page 2 of this form	

CHANGE REPORT FORM PAGE 2

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**SIMPLIFIED REPORTING RULES:** As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6 of this form

3. **If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.**

**CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or **savings institution** if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3250 for a household **with** an elderly or permanently disabled household member
- If anyone in your SNAP household is an **Able-Bodied Adult Without Dependents ("ABAWD")**, you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP CHANGE REPORTING for participants in NYSNIP:**

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- |  |   |
|--|---|
| - 60 years old or older                              | - getting veterans' disability benefits             |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI)         | - getting Railroad Retirement disability benefits   |
| - getting Social Security Disability payments        | - getting disability-based medical assistance       |

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).**

CHANGE REPORT FORM PAGE 4

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Use the Form Below to Report Changes

<p><b>CHANGE IN INCOME OR SOURCE OF INCOME</b> - If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2 of this form. If you are a Change Reporter, your reporting rules are also explained on Page 2.</p>							
NAME OF PERSON RECEIVING INCOME		SOURCE OF INCOME			NEW AMOUNT	HOW OFTEN RECEIVED	
1.					\$		
2.					\$		
3.					\$		
<p><b>CHANGE IN HOUSEHOLD</b> - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.</p>							
NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE	
1.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
2.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
3.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
4.			<input type="checkbox"/> Came Into household <input type="checkbox"/> Left Household		\$		
<p><b>CHANGE OF ADDRESS</b></p>							
NEW MAILING ADDRESS		CITY	STATE		ZIP CODE		
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)					TELEPHONE NUMBER WHERE YOU CAN BE REACHED		
					( ) Area Code		
<p><b>CHANGE IN HOUSING COSTS</b> - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.</p>							
Are you a roomer or boarder?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals		<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
<b>RENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you pay rent?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following separate from your rent?	YES	NO					
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
<b>MORTGAGE PAYMENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you have a mortgage payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following separate from your mortgage:	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
Are you living in section 8 or other subsidized housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHANGE REPORT FORM PAGE 5

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**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?  YES  NO

If "NO" explain:

CHECK HERE IF YOU HAVE **NO CHANGES TO REPORT** ABOUT YOUR SNAP HOUSEHOLD  NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6** 

**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get SNAP 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 SNAP; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; **or**
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP 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 SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP 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 SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation 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 SNAP benefits, 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.

**CERTIFICATION**

**I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.**

SIGNATURE

DATE

X

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

**NOTICE OF DECISION ON YOUR  
SUPPLEMENTAL NUTRITION ASSISTANCE.**

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

<b>NOTICE NUMBER:</b> U5300Y0046		<b>DATE:</b> November 19, 2014		<b>CASE NUMBER:</b> NYSNIP143W	
<b>OFFICE</b>	<b>UNIT</b>	<b>WORKER</b> JIM	<b>UNIT OR WORKER NAME</b> WASHINGTON CO. DEFAULT WKR.		<b>TELEPHONE NO.</b> 555-123-4567

<u>AGENCY TELEPHONE NUMBERS</u>		<u>CASE NAME / AND ADDRESS</u>
<b>GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP</b>	<u>518-746-2300</u>	//JIM  <b>GREG PAUL 8786 ULSTER ST, ALBANY, NY 12201</b>
<b>OR Agency Conference</b>	<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.**

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$31.00 to \$26.00. This is because:

- o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

**How we figured your SNAP Benefits:**

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

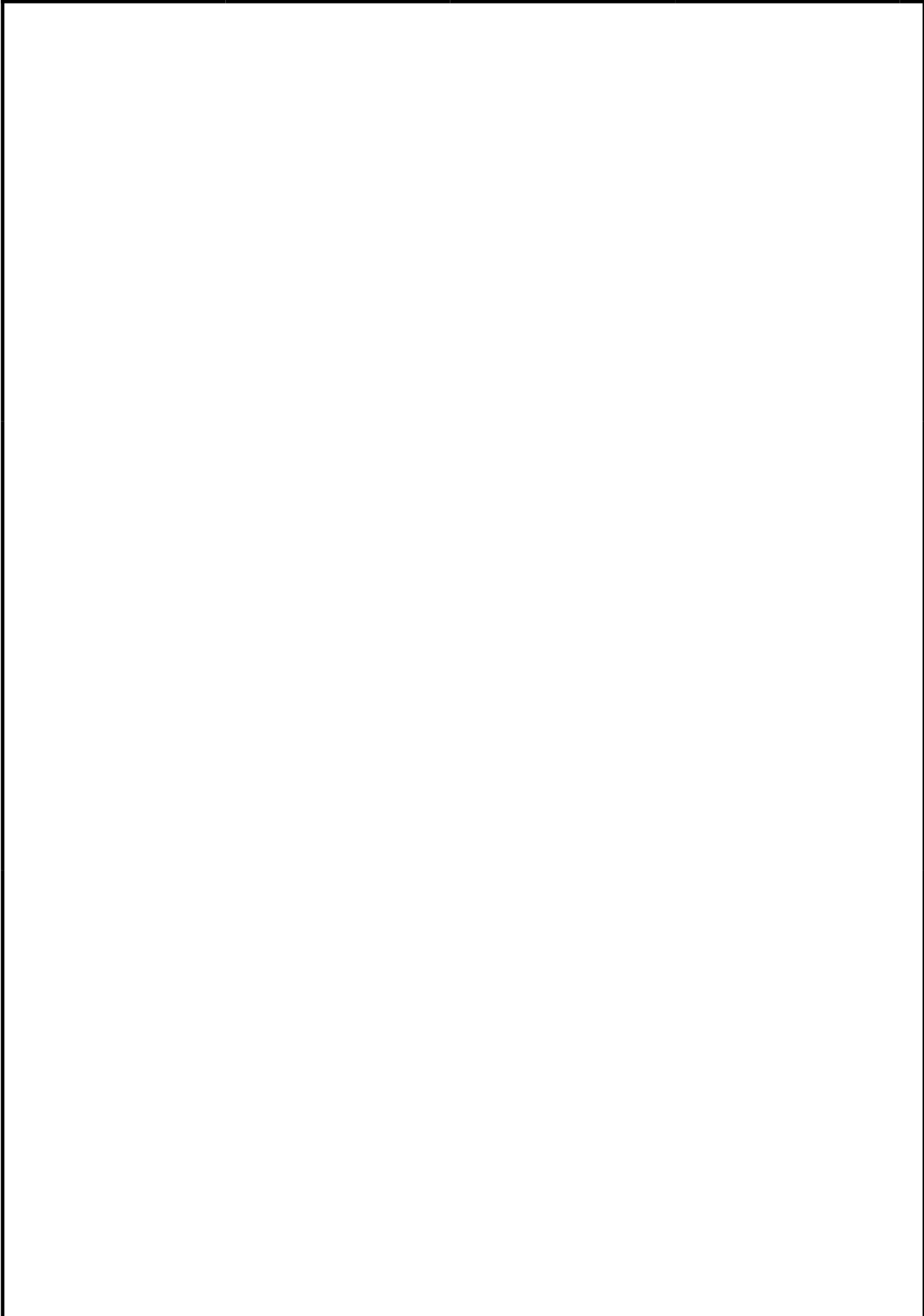
- o You will get \$26.00 monthly beginning January, 2015.
- o You have no earned or unearned income other than Supplemental Security Income (SSI).
- o You pay \$246.01 or MORE for housing and you are not eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

**SERVICES AND OTHER INFORMATION**

**Your Case Information Online:**

You can also check your case status and budget information online. Go to **www.mybenefits.ny.gov** to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.







**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.

**If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)**

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **February 17, 2015**. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

**Keeping your Benefits the Same**

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**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.

(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.)**

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Name : GREG PAUL  
Address : 8786 ULSTER ST,  
ALBANY, NY 12201

District No: 53  
Notice No. : U5300Y0046  
Case Number: NYSNIP143W  
Telephone :

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



When you call, please tell the worker the number of this notice which is **U5300Y0046**.

**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.ny.gov/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.

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

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**



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.

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LDSS-3151 (Rev. 8/12)

PAGE 1

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM**

CASE NUMBER

**NYSNIP143W**

(Please Print Clearly)

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.**

DATE:

COMPLETE THIS FORM AND MAIL TO:

**TO:**  
**ADDRESS:** GREG PAUL  
 8786 ULSTER ST,  
 ALBANY, NY 12201

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:  
**WASHINGTON COUNTY DSS**  
**383 BROADWAY**  
**FORT EDWARD, NY 12828-9990**  
  
**518-746-2300**

**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"?** YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> YES – Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	<input type="checkbox"/> NO – Go To Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> Go To "Simplified Reporting" on the top of page 2 of this form	

**SIMPLIFIED REPORTING RULES:** As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6 of this form

3. **If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.**

**CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or **savings institution** if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3250 for a household **with** an elderly or permanently disabled household member
- If anyone in your SNAP household is an **Able-Bodied Adult Without Dependents ("ABAWD")**, you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP CHANGE REPORTING for participants in NYSNIP:**

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- |  |   |
|--|---|
| - 60 years old or older                              | - getting veterans' disability benefits             |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI)         | - getting Railroad Retirement disability benefits   |
| - getting Social Security Disability payments        | - getting disability-based medical assistance       |

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).**

CHANGE REPORT FORM PAGE 4

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Use the Form Below to Report Changes

<b>CHANGE IN INCOME OR SOURCE OF INCOME</b> - If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2 of this form. If you are a Change Reporter, your reporting rules are also explained on Page 2.							
NAME OF PERSON RECEIVING INCOME		SOURCE OF INCOME		NEW AMOUNT	HOW OFTEN RECEIVED		
1.				\$			
2.				\$			
3.				\$			
<b>CHANGE IN HOUSEHOLD</b> - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.							
NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE	
1.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
2.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
3.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
4.			<input type="checkbox"/> Came Into household <input type="checkbox"/> Left Household		\$		
<b>CHANGE OF ADDRESS</b>							
NEW MAILING ADDRESS		CITY		STATE		ZIP CODE	
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)					TELEPHONE NUMBER WHERE YOU CAN BE REACHED ( ) Area Code		
<b>CHANGE IN HOUSING COSTS</b> - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.							
Are you a roomer or boarder?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals		<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
<b>RENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO					
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
<b>MORTGAGE PAYMENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>mortgage</b> :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
Are you living in section 8 or other subsidized housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO



CHANGE REPORT FORM PAGE 5

LDSS-3151 (Rev. 8/12)

**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?  YES  NO

If "NO" explain:

CHECK HERE IF YOU HAVE **NO CHANGES TO REPORT** ABOUT YOUR SNAP HOUSEHOLD  NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6**



**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get SNAP 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 SNAP; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; **or**
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP 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 SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP 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 SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation 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 SNAP benefits, 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.

**CERTIFICATION**

**I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.**

SIGNATURE

DATE

X

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

**NOTICE OF DECISION ON YOUR  
SUPPLEMENTAL NUTRITION ASSISTANCE.**

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

<b>NOTICE NUMBER:</b> U5300Y0034		<b>DATE:</b> November 19, 2014		<b>CASE NUMBER:</b> NYSNIP142W	
<b>OFFICE</b>	<b>UNIT</b>	<b>WORKER</b> JIM	<b>UNIT OR WORKER NAME</b> WASHINGTON CO. DEFAULT WKR.		<b>TELEPHONE NO.</b> 555-123-4567

<u>AGENCY TELEPHONE NUMBERS</u>		<u>CASE NAME / AND ADDRESS</u>
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>518-746-2300</u>	//JIM  KIM WILLIAMS 675 JENKINS ST, ALBANY, NY 12201
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.**

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$22.00 to \$17.00. This is because:

- o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

**How we figured your SNAP Benefits:**

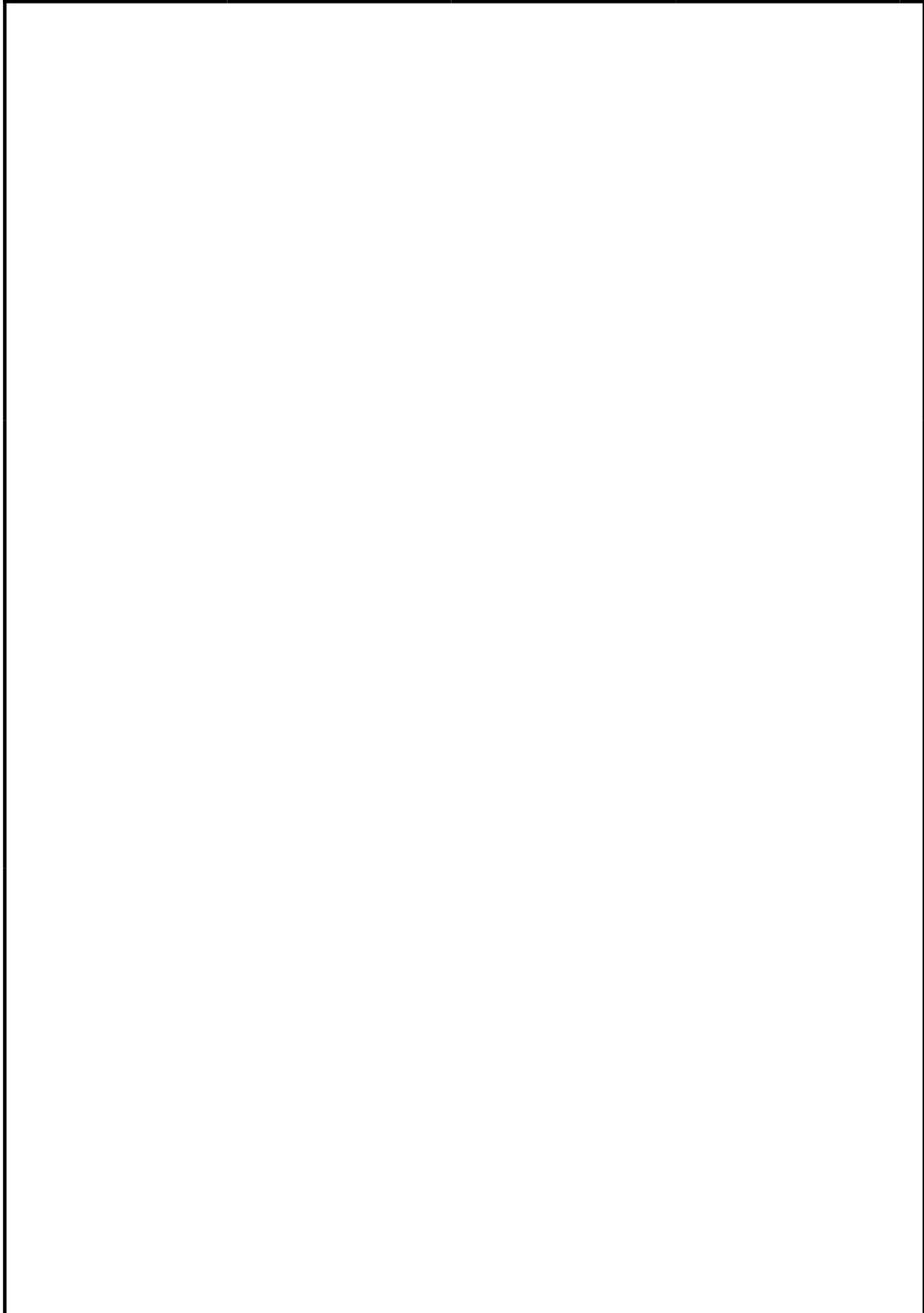
Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$17.00 monthly beginning January, 2015.
- o You have earned or unearned income in addition to Supplemental Security Income (SSI).
- o You pay \$246.01 or MORE for housing and you are not eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

**SERVICES AND OTHER INFORMATION**

**Your Case Information Online:**

You can also check your case status and budget information online. Go to [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov) to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.



**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.

**If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)**

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **February 17, 2015**. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

**Keeping your Benefits the Same**

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**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.

(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.)**

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Name : KIM WILLIAMS  
Address : 675 JENKINS ST,  
ALBANY, NY 12201

District No: 53  
Notice No. : U5300Y0034  
Case Number: NYSNIP142W  
Telephone :

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



When you call, please tell the worker the number of this notice which is **U5300Y0034**.

**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.ny.gov/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.

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

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**



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.

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PAGE 1

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM**

CASE NUMBER

**NYSNIP142W**

(Please Print Clearly)

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.**

DATE:

COMPLETE THIS FORM AND MAIL TO:

**TO:**  
**ADDRESS:** **KIM WILLIAMS**  
**675 JENKINS ST,**  
**ALBANY, NY 12201**

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:  
**WASHINGTON COUNTY DSS**  
**383 BROADWAY**  
**FORT EDWARD, NY 12828-9990**  
  
**518-746-2300**

**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"?** YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> YES – Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	<input type="checkbox"/> NO – Go To Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> Go To "Simplified Reporting" on the top of page 2 of this form	

CHANGE REPORT FORM PAGE 2

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**SIMPLIFIED REPORTING RULES:** As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6 of this form

3. **If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.**

**CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3250 for a household **with** an elderly or permanently disabled household member
- If anyone in your SNAP household is an **Able-Bodied Adult Without Dependents ("ABAWD")**, you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP CHANGE REPORTING for participants in NYSNIP:**

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- |  |   |
|--|---|
| - 60 years old or older                              | - getting veterans' disability benefits             |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI)         | - getting Railroad Retirement disability benefits   |
| - getting Social Security Disability payments        | - getting disability-based medical assistance       |

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).**

CHANGE REPORT FORM PAGE 4

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Use the Form Below to Report Changes

<b>CHANGE IN INCOME OR SOURCE OF INCOME</b> - If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2 of this form. If you are a Change Reporter, your reporting rules are also explained on Page 2.							
NAME OF PERSON RECEIVING INCOME		SOURCE OF INCOME		NEW AMOUNT	HOW OFTEN RECEIVED		
1.				\$			
2.				\$			
3.				\$			
<b>CHANGE IN HOUSEHOLD</b> - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.							
NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE	
1.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
2.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
3.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
4.			<input type="checkbox"/> Came Into household <input type="checkbox"/> Left Household		\$		
<b>CHANGE OF ADDRESS</b>							
NEW MAILING ADDRESS		CITY		STATE		ZIP CODE	
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)					TELEPHONE NUMBER WHERE YOU CAN BE REACHED ( ) Area Code		
<b>CHANGE IN HOUSING COSTS</b> - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.							
Are you a roomer or boarder?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals		<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
<b>RENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO					
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
<b>MORTGAGE PAYMENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>mortgage</b> :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
Are you living in section 8 or other subsidized housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHANGE REPORT FORM PAGE 5

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**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?  YES  NO

If "NO" explain:

CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD  NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6**



**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get SNAP 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 SNAP; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; **or**
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP 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 SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP 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 SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation 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 SNAP benefits, 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.

**CERTIFICATION**

**I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.**

SIGNATURE	DATE
X	

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

**NOTICE OF DECISION ON YOUR  
SUPPLEMENTAL NUTRITION ASSISTANCE.**

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

<b>NOTICE NUMBER:</b> U5300Y0060		<b>DATE:</b> November 19, 2014		<b>CASE NUMBER:</b> NYSNIP145W	
<b>OFFICE</b>	<b>UNIT</b>	<b>WORKER</b> JIM	<b>UNIT OR WORKER NAME</b> WASHINGTON CO. DEFAULT WKR.		<b>TELEPHONE NO.</b> 555-123-4567

<b>AGENCY TELEPHONE NUMBERS</b>		<b>CASE NAME / AND ADDRESS</b>
<b>GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP</b>	<u>518-746-2300</u>	//JIM  <b>JANE REYES</b> 765 MILLER ST, ALBANY, NY 12201
<b>OR Agency Conference</b>	<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.**

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$167.00 to \$163.00. This is because:

- o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

**How we figured your SNAP Benefits:**

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$163.00 monthly beginning January, 2015.
- o You have no earned or unearned income other than Supplemental Security Income (SSI).
- o You pay \$246.00 or LESS for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA) because you either received a HEAP Payment greater than \$20 within the last 13 months or incur a cost for air conditioning or other excess charge for heating or cooling.

**SERVICES AND OTHER INFORMATION**

**Your Case Information Online:**

You can also check your case status and budget information online. Go to [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov) to Login and create a secure online account. To create

your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.



**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.

**If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)**

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **February 17, 2015**. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

**Keeping your Benefits the Same**

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**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.

(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.)**

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Name : JANE REYES  
Address : 765 MILLER ST,  
ALBANY, NY 12201

District No: 53  
Notice No. : U5300Y0060  
Case Number: NYSNIP145W  
Telephone :

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



When you call, please tell the worker the number of this notice which is U5300Y0060.

**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.ny.gov/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.

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

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**



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.





LDSS-3151 (Rev. 8/12)

PAGE 1

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM**

CASE NUMBER

NYSNIP145W

(Please Print Clearly)

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.**

DATE:

COMPLETE THIS FORM AND MAIL TO:

**TO:**  
**ADDRESS:** JANE REYES  
 765 MILLER ST,  
 ALBANY, NY 12201

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:  
**WASHINGTON COUNTY DSS**  
**383 BROADWAY**  
**FORT EDWARD, NY 12828-9990**  
  
**518-746-2300**

**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".**

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> YES – Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	<input type="checkbox"/> NO – Go To Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> Go To "Simplified Reporting" on the top of page 2 of this form	

**SIMPLIFIED REPORTING RULES:** As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6 of this form

3. **If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.**

**CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3250 for a household **with** an elderly or permanently disabled household member
- If anyone in your SNAP household is an **Able-Bodied Adult Without Dependents ("ABAWD")**, you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP CHANGE REPORTING for participants in NYSNIP:**

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- |  |   |
|--|---|
| - 60 years old or older                              | - getting veterans' disability benefits             |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI)         | - getting Railroad Retirement disability benefits   |
| - getting Social Security Disability payments        | - getting disability-based medical assistance       |

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).**

CHANGE REPORT FORM PAGE 4

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Use the Form Below to Report Changes

<b>CHANGE IN INCOME OR SOURCE OF INCOME</b> - If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2 of this form. If you are a Change Reporter, your reporting rules are also explained on Page 2.							
NAME OF PERSON RECEIVING INCOME	SOURCE OF INCOME			NEW AMOUNT	HOW OFTEN RECEIVED		
1.				\$			
2.				\$			
3.				\$			
<b>CHANGE IN HOUSEHOLD</b> - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.							
NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE	
1.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
2.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
3.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
4.			<input type="checkbox"/> Came Into household <input type="checkbox"/> Left Household		\$		
<b>CHANGE OF ADDRESS</b>							
NEW MAILING ADDRESS			CITY	STATE	ZIP CODE		
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)					TELEPHONE NUMBER WHERE YOU CAN BE REACHED		
					( ) Area Code		
<b>CHANGE IN HOUSING COSTS</b> - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.							
Are you a roomer or boarder? <input type="checkbox"/> YES <input type="checkbox"/> NO      If Yes, are meals <input type="checkbox"/> INCLUDED <input type="checkbox"/> NOT INCLUDED							
<b>RENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO					
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
<b>MORTGAGE PAYMENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>mortgage</b> :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
Are you living in section 8 or other subsidized housing? <input type="checkbox"/> YES <input type="checkbox"/> NO      Are you living in public housing? <input type="checkbox"/> YES <input type="checkbox"/> NO							



CHANGE REPORT FORM PAGE 5

LDSS-3151 (Rev. 8/12)

**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?  YES  NO

If "NO" explain:

CHECK HERE IF YOU HAVE **NO CHANGES TO REPORT** ABOUT YOUR SNAP HOUSEHOLD  NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6**



**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get SNAP 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 SNAP; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; **or**
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP 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 SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP 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 SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation 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 SNAP benefits, 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.

**CERTIFICATION**

**I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.**

SIGNATURE

DATE

X

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

**NOTICE OF DECISION ON YOUR  
SUPPLEMENTAL NUTRITION ASSISTANCE.**

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

<b>NOTICE NUMBER:</b> U5300Y0058		<b>DATE:</b> November 19, 2014		<b>CASE NUMBER:</b> NYSNIP144W	
<b>OFFICE</b>	<b>UNIT</b>	<b>WORKER</b> JIM	<b>UNIT OR WORKER NAME</b> WASHINGTON CO. DEFAULT WKR.		<b>TELEPHONE NO.</b> 555-123-4567

<u>AGENCY TELEPHONE NUMBERS</u>		<u>CASE NAME / AND ADDRESS</u>
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>518-746-2300</u>	//JIM  KIM SMITH 767 HELEN ST, ALBANY, NY 12201
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.

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$158.00 to \$154.00. This is because:

- o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

**How we figured your SNAP Benefits:**

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$154.00 monthly beginning January, 2015.
- o You have earned or unearned income in addition to Supplemental Security Income (SSI).
- o You pay \$246.00 or LESS for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA) because you either received a HEAP Payment greater than \$20 within the last 13 months or incur a cost for air conditioning or other excess charge for heating or cooling.

**SERVICES AND OTHER INFORMATION**

**Your Case Information Online:**

You can also check your case status and budget information online. Go to [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov) to Login and create a secure online account. To create

your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

**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.

**If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)**

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **February 17, 2015**. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

**Keeping your Benefits the Same**

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**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.

(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.)**

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Name : KIM SMITH  
Address : 767 HELEN ST,  
ALBANY, NY 12201

District No: 53  
Notice No. : U5300Y0058  
Case Number: NYSNIP144W  
Telephone :

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



When you call, please tell the worker the number of this notice which is **U5300Y0058**.

**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.ny.gov/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.

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

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**



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.

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LDSS-3151 (Rev. 8/12)

PAGE 1

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM**

CASE NUMBER

**NYSNIP144W**

(Please Print Clearly)

**YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.**

DATE:

COMPLETE THIS FORM AND MAIL TO:

**TO:**  
**ADDRESS:** **KIM SMITH**  
**767 HELEN ST,**  
**ALBANY, NY 12201**

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:  
**WASHINGTON COUNTY DSS**  
**383 BROADWAY**  
**FORT EDWARD, NY 12828-9990**  
**518-746-2300**

**YOUR RESPONSIBILITY TO REPORT CHANGES**

**Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.**

The changes that you **MUST** report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

**ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"?** YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1. Do you receive transitional SNAP benefits (TBA)?	<input type="checkbox"/> YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	<input type="checkbox"/> NO – Go To Question #2, below
2. Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	<input type="checkbox"/> YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	<input type="checkbox"/> NO – Go To Question #3, below
3. Are you certified for SNAP benefits for three months or less at a time?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	<input type="checkbox"/> NO – Go To Question #4, below
4. Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	<input type="checkbox"/> YES – Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	<input type="checkbox"/> NO – Go To Question #5, below
5. Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	<input type="checkbox"/> NO – Go To Question #6, below
6. Does your household receive \$0 income (including \$0 Temporary Assistance)?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip questions 7 and 8)	<input type="checkbox"/> NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	<input type="checkbox"/> YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	<input type="checkbox"/> NO – Go To #8, below
8. You answered "NO" to all 7 questions above	<input type="checkbox"/> Go To "Simplified Reporting" on the top of page 2 of this form	

**SIMPLIFIED REPORTING RULES:** As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. **If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level.** Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. **If your household's certification period is longer than 6 months:** At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

**List of Changes you must report at the six-month checkpoint:**

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or savings institution if the total cash and savings of all household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or older)
- Any changes in your household that would result in a penalty as described on page 6 of this form

3. **If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.**

**CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any **source of income** for anyone in your household
- Changes in your household's total **earned income** when it goes up or down by more than \$100 a month
- Changes in your household's total **unearned income from a public source** such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total **unearned income from a private source** such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered **child support you pay** to a child outside of your SNAP household
- Changes in **who lives with you**
- **If you move**, your new address and your new rent or mortgage costs, heat costs and utility costs
- **A new or different car**, or other vehicle
- Increases in your household's **cash, stocks, bonds, money in the bank** or **savings institution** if the total cash and savings of all household members now amounts to more than \$2000 for a household **without** an elderly or permanently disabled household member **or** \$3250 for a household **with** an elderly or permanently disabled household member
- If anyone in your SNAP household is an **Able-Bodied Adult Without Dependents ("ABAWD")**, you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

**TBA CHANGE REPORTING for household in receipt of transitional benefits:**

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other notice and must close your SNAP case.

**NYSNIP CHANGE REPORTING for participants in NYSNIP:**

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- |  |   |
|--|---|
| - 60 years old or older                              | - getting veterans' disability benefits             |
| - disabled spouses or children of a deceased veteran | - getting government disability retirement benefits |
| - getting Supplemental Security Income (SSI)         | - getting Railroad Retirement disability benefits   |
| - getting Social Security Disability payments        | - getting disability-based medical assistance       |

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. **Reported changes must be verified before we can increase your benefits.**

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

X \_\_\_\_\_

**IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).**

CHANGE REPORT FORM PAGE 4

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Use the Form Below to Report Changes

<b>CHANGE IN INCOME OR SOURCE OF INCOME</b> - If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2 of this form. If you are a Change Reporter, your reporting rules are also explained on Page 2.							
NAME OF PERSON RECEIVING INCOME		SOURCE OF INCOME		NEW AMOUNT	HOW OFTEN RECEIVED		
1.				\$			
2.				\$			
3.				\$			
<b>CHANGE IN HOUSEHOLD</b> - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.							
NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE	
1.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
2.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
3.			<input type="checkbox"/> Came Into Household <input type="checkbox"/> Left Household		\$		
4.			<input type="checkbox"/> Came Into household <input type="checkbox"/> Left Household		\$		
<b>CHANGE OF ADDRESS</b>							
NEW MAILING ADDRESS		CITY		STATE		ZIP CODE	
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)					TELEPHONE NUMBER WHERE YOU CAN BE REACHED ( ) Area Code		
<b>CHANGE IN HOUSING COSTS</b> - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed.							
Are you a roomer or boarder?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals		<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
<b>RENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO					
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
<b>MORTGAGE PAYMENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
Do you pay for the following <b>separate</b> from your <b>mortgage</b> :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)			
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less			
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>					
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>					
Are you living in section 8 or other subsidized housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHANGE REPORT FORM PAGE 5

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**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). \$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH?  YES  NO

If "NO" explain:

CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD  NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6**



**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING**

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get SNAP 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 SNAP; **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; **or**
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or**
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP 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 SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP 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 SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation 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 SNAP benefits, 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.

**CERTIFICATION**

**I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.**

SIGNATURE	DATE
X	