

DATE: December 27, 2017

TO: Subscribers

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

- **FROM:** Jeffrey Gaskell, Assistant Deputy Commissioner Employment and Income Support Programs
- **SUBJECT:** Release of Revised LDSS-4908 "Upstate Supplemental Nutrition Assistance Program (SNAP) Change Reporting Desk-Aid"
- **EFFECTIVE DATE:** Immediately
- **CONTACT PERSON:** Supplemental Nutrition Assistance Program (SNAP) at: 518-473-1469

The purpose of this GIS message is to inform social services districts (districts) that the <u>LDSS-4908</u>, "Upstate Supplemental Nutrition Assistance Program (SNAP) Change Reporting Desk-Aid" has been revised to reflect an increase in the reporting threshold for unearned income from **public sources** from \$50 to \$100 for SNAP households subject to change reporting.

Additionally, the following edits were also made to the desk-aid:

- Language has been added on page 1 under "Simplified" 6-Month Reporting Rules to clarify that simplified reporting households, with an Able Bodied Adult Without Dependents (ABAWD), must report when the work hours for an ABAWD go below 80 hours a month within 10 days after the end of the month.
- The word "Change" has been added to "10-Day Reporter" for consistency in the terminology used to reference SNAP households subject to change reporting.

The revised English versions of the LDSS-4908: "SNAP Change Reporting Desk Aid" are Camera Ready Only forms.

The above referenced documents have been posted on the New York State office of Temporary and Disability Assistance (OTDA) Intranet website at: <u>http://otda.state.nyenet/ldss_eforms/default.htm</u> and are available for downloading by local districts for reproduction locally.

Upon the release of this GIS all previous versions of the "SNAP Change Reporting Desk Aid" **must immediately be destroyed** and replaced with the revised 11/17 version.

Any future requests for master camera ready copies of the English version, should be submitted to OTDA using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:



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

E-mail: <u>forms.orders@otda.ny.gov;</u> District on-line forms ordering system: <u>http://formorders/;</u> Fax: (518) 402-0084

Questions concerning ordering forms should be directed to BMS Document Services at: (518) 474-9522.

CHANGE REPORTING DESK-AID All SNAP households are subject to "Simplified" 6-Month Change Reporting Rules

except households in the following situations:

EXCEPTIONS TO "SIMPLIFIED" 6-MONTH REPORTING				
"Change" 10-DAY REPORTING RULES (See Reverse)	TBA REPORTING RULES (See Reverse)	NYSNIP REPORTING RULES (See Reverse)		
 HH's with no income HH's certified for less than 4 months Group home residents in receipt of SSI or SSD HH's in which all adult members are aged/disabled with no earned income (except NYSNIP cases) Migrant or seasonal farmers Undomiciled homeless HH's (only shelter type 23) 	HH's in receipt of TBA benefits	 NYSNIP cases (Identified by Shelter Type Codes 94-98) 		
"SIMPLIFIED" 6-MONTH REPORTING RULES (See Below)				
 The only changes that HH's subject to simplified reporting are required to report (other than at recert or on their Periodic Report) is if their total HH income exceeds 130% of the poverty level for their household size (as set at the time of their last certification) and when the hours of work for an Able Bodied Adult Without Dependents (ABAWD) who is in your SNAP household go below 80 hours a month within 10 days after the end of the month. For simplified reporting HH's, if reported during the course of the certification period, only the following changes reported can be reflected in the SNAP benefit calculations: Total HH monthly income exceeds 130% of the poverty level (This report must be documented in writing. If reported by phone, worker must send a written request to client to confirm information) The information is reported at recert The information is reported on a simplified periodic mailer (except "Simplified Deduction" see explanation in next column) The HH requests to have case closed Changes resulting in a TA budget change The HH voluntarily reports and verifies information. 	 and have earned and/or unearn all adult members are aged/disal These cases are sent a period be returned by the 10th day of even if they have no changes for they have no changes for the mark causes a decrease - unless Deduction" (non-move shelter, If client does not return a continuely notice to close SNAP case) Use "Quarterly Contact Data selection 24) to identify HH's mailers in WMS. TA WAIVERS (Limited Local Disternation of the the total selection of total selection of the total selection of the total selection of total s	adic mailer (LDSS-4310) which must if the sixth month of their cert period, to report illers must be processed even if it is the decrease is to a "Simplified medical, or child care expenses) ompleted mailer, they must be sent ase imailer Sent" screens (WMS Menu is sent a mailer and post completed interest is simplified reporting, will receive a estionnaire (mail-in TA recert with TA waiver):		

UPSTATE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORTING DESK-AID

REPORTING THRESHOLDS

ВОТН		
"Change" 10-DAY REPORTERS & "SIMPLIFIED" 6-MONTH REPORTERS	TRANSITIONAL BENEFIT ALTERNATIVE (TBA) REPORTING	NEW YORK STATE NUTRITION IMPROVEMENT PROJECT (NYSNIP) REPORTING
 "Change" REPORTERS must report these changes by 10 days following the month of change: SIMPLIFIED REPORTERS must report these changes on either the Periodic Report or Recertification: New address New rent or mortgage costs, if they move Changes in total HH earned income when it increases or decreases by more than \$100/month Increase in resources above the resource limit for those HH's not categorically eligible. * Changes in the amount of child support client is legally obligated to pay outside their home. Changes in total HH unearned income when it increases or decreases by more than \$100/mo, if received from a public source (SS benefits, UIB, etc.) Changes in total HH unearned income when it increases or decreases by more than \$100/mo, if received from a public source (SS benefits, UIB, etc.) Changes in total HH unearned income when it increases or decreases by more than \$100/month if received from a private source (child support, private disability, etc. If client has an additional or change in licensed vehicle for those HH's not Categorically Eligible.* 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. * Note: For those HHs not Categorically Eligible, the resource test is applied. (See LDSS-4943: SNAP Benefits Cat. El. Desk-Aid) 	 month TBA period. If household wants to report a change that would increase SNAP, they must recertify and TBA ends early. IF household fails to come in for this early recert appointment, continue SNAP benefits unchanged at the TBA amount until the end of the 5-month TBA period. Do not close the case during the TBA period for this reason. 	 NYSNIP households are not required to report any changes (except at the 24-month contact – see below). They could report any change that might cause an increase in their SNAP. If reported and verified, worker needs to determine the effect on the NYSNIP benefit and adjust it accordingly. If the household (HH) requests that a comparison be done between the NYSNIP benefit amount the HH would receive, the worker must comply. If the non-NYSNIP benefit is more, the HH may request to be removed from NYSNIP. NYSNIP households will receive a contact letter 24 months after beginning participation in NYSNIP. Households must respond to this contact letter, and must document any changes prior to having their SNAP benefits increased.