NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

DATE: September 25, 2018

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-4943 "Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility 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 LDSS-4943: "Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid," has been updated to reflect the new SNAP Poverty levels effective October 1, 2018.

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

The above referenced document has been posted on the New York State Office of Temporary and Disability Assistance (OTDA) Intranet website at: http://otda.state.nyenet/ldss_eforms and is available for downloading by local districts for reproduction locally.

Upon the release of this GIS all previous versions of the LDSS-4943: "Supplemental Nutrition Assistance Program (SNAP) Benefits Categorical Eligibility Desk-Aid," must immediately be destroyed and replaced with the revised 8/18 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: forms.orders@otda.ny.gov; Social Services Districts on-line forms ordering system: http://formorders/; Fax: (518) 402-0084

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

Supplemental Nutrition Assistance Program (SNAP) Benefits
Categorical Eligibility Desk-Aid

Categorically Eligible Households:

If SNAP Household Includes All TA and/or SSI Members then:

SNAP Household is <u>not</u> subject to: • 130% Gross Income Test (GIT) • 100% Net Income Test (NIT) • Resource Test	The Household is Categorically Eligible ABEL Categorical Eligibility Indicator (CE): **Y:** Categorically Eligible – All TA/SSI

SNAP Household with Aged (60 or Older) and/or Disabled Member

SNAP household must pass: • 200% GIT (*effective 10/1/18*)	ABEL Categorical Eligibility Indicator (CE): **N:** Categorically Eligible – Not all TA/SSI

200% of Poverty Guidelines Chart

Family Size	Monthly Income
1	$2,023
2	$2,743
3	$3,463
4	$4,183
5	$4,903
6	$5,623
7	$6,343
8	$7,063
Each Add'l Member	$720

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

• 100% Net Income Test (NIT); and
• Resource Test ($3,500)

A: A/D – Not CE Eligible
(Aged/Disabled – Not Categorically Eligible – System Generated)

SNAP Household with Out of Pocket Dependent Care Costs

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

SNAP Household must pass only:	ABEL Categorical Eligibility Indicator (CE):
• 200% Gross Income Test (GIT) *(effective 10/1/18)*	**N:** Categorically Eligible – Not all TA/SSI

SNAP Household must pass only column table:

Household Size	Maximum Gross Monthly Income 200% of Poverty
1	$2,023
2	$2,743
3	$3,463
4	$4,183
5	$4,903
6	$5,623
7	$6,343
8	$7,063
Each Add'l Member	+ $720

Exception:
- Household with a sanctioned or disqualified individual is not Categorically Eligible

SNAP Household with Expanded Categorical Eligibility

ABEL Categorical Eligibility Indicator (CE): **N:** Categorically Eligible – Not all TA/SSI

SNAP Household **with no Earned Income** must pass only:	SNAP Household **with Earned Income** must pass only:
• 130% Gross Income Test (GIT) *(effective 10/1/18)*	• 150% Gross Income Test (GIT) *(effective 10/1/18)*

Family Size	Monthly Income		Family Size	Monthly Income
1	$1,316		1	$1,518
2	$1,784		2	$2,058
3	$2,252		3	$2,598
4	$2,720		4	$3,138
5	$3,188		5	$3,678
6	$3,656		6	$4,218
7	$4,124		7	$4,758
8	$4,592		8	$5,298
Each Add'l Member	$468		Each Add'l Member	$540

SNAP Household with Sanctioned Member are NOT Categorically Eligible

SNAP household must pass:	ABEL Categorical Eligibility Indicator (CE):
• 130% Gross Income Test (GIT) • 100% Net Income Test (NIT); and • Resource Test ($2,250) **Exception:** SNAP household contains an aged or disabled individual <u>must</u> pass: • 100% NIT; and • Resource Test ($3,500)	**S:** Sanctioned for SNAP – Not Categorically Eligible