

**DATE:** November 21, 2018

**TO:** Subscribers

**SUGGESTED DISTRIBUTION:** Commissioners, TA Directors, SNAP Directors, Fraud Investigators, Staff Development Coordinators

**FROM:** Jeffrey Gaskell, Assistant Deputy Commissioner  
Employment and Income Support Programs

**SUBJECT:** Release of Revised LDSS-3620/3620 NYC “Notice of Intent to Change Supplemental Nutrition Assistance Program (SNAP) Benefits (Timely and Adequate)” and LDSS-3621/3621 NYC “Notice of Intent to Change Supplemental Nutrition Assistance Program (SNAP) Benefits (Adequate Only)”

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Supplemental Nutrition Assistance Program (SNAP) at: 518-473-1469

The purpose of the GIS message is to inform social services districts (districts) that the [LDSS-3620](#): “Notice of Intent to Change Your Supplemental Nutrition Assistance Program (SNAP) Benefits (Timely and Adequate)”, [LDSS-3620-NYC](#): “Notice of Intent to Change Your Supplemental Nutrition Assistance Program (SNAP) Benefits (Timely and Adequate) (NYC)”, [LDSS-3621](#): “Notice of Intent to Change Supplemental Nutrition Assistance Program (SNAP) Benefits (Adequate Only)”, and the [LDSS-3621-NYC](#): “Notice of Intent to Change Supplemental Nutrition Assistance Program (SNAP) Benefits (Adequate Only)(NYC) notices, have been revised (Rev. 9/18).

The sentence “You currently have a SNAP benefits overpayment. If your case is closing, see the Demand Letter and Repayment Agreement for more information on the amount you owe and how you will repay this overpayment” has been deleted from the second checkbox in the “Overpayment Information” (Section #3) on the LDSS-3620 (Rev. 9/18) and LDSS-3620 NYC (Rev. 9/18) notices.

The sentences “You currently have a SNAP benefits overpayment. If your case is closing, see the Demand Letter and Repayment Agreement for more information on the amount you owe and how you will repay this overpayment” in the second checkbox of the “Overpayment Information” (Section #5) on the LDSS-3621 (Rev. 9/18) and LDSS-3621 NYC (Rev. 9/18) notices have been deleted.

The sentences “In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive the notice to make arrangements for repayment of the remaining balance” have been added to Section #5 of both the [LDSS-3621](#) and [LDSS-3621-NYC](#).

Additionally, this GIS serves as the directive for the LDSS-3620 (Rev. 5/16) and LDSS-3620 NYC (Rev. 5/16), when the sentences “In the future, if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive the notice to make arrangements for repayment of the remaining balance” were added to Section #3.

### Forms Ordering Information

- The revised versions of the LDSS-3620: “*Notice of Intent to Change SNAP Benefits (Timely and Adequate)*” and the LDSS-3621: “*Notice of Intent to Change SNAP Benefits (Adequate)*” are printed by the New York State Office of Temporary and Disability Assistance (OTDA).
- The revised versions of the LDSS-3620 NYC: “*Notice of Intent to Change SNAP Benefits (Timely and Adequate)*” and the LDSS-3621 NYC: “*Notice of Intent to Change SNAP Benefits (Adequate)*” are Camera Ready Only forms.
- All four of these forms are also available on the OTDA Intranet website in the following other than English languages: Arabic, Chinese, Haitian-Creole, Italian, Korean, Russian and Spanish. To access the English and other than English languages go to the OTDA Intranet website at: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm).
- The above referenced documents have been posted on the OTDA Intranet website at: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm) and may be available for downloading by local districts for reproduction locally, depending on print specifications.
- Upon the release of this GIS all previous versions, including the other than English languages of these forms **must immediately be destroyed** and replaced with the revised 9/18 versions.
- Any future requests for printed 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](mailto:forms.orders@otda.ny.gov)  
District online forms ordering system: <http://formorders/>  
Fax: (518) 402-0084

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



- 
- Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address below for review and approval.

[Otda.sm.Local.Equivalent.Requests@otda.ny.gov](mailto:Otda.sm.Local.Equivalent.Requests@otda.ny.gov)

**NOTICE OF INTENT TO CHANGE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS (TIMELY AND ADEQUATE)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span>    <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> </div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
			Legal Assistance information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

We are CHANGING your SNAP benefits, as explained below, next to the checked boxes :

**If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.**

1.  **REDUCE** your SNAP benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_.
- Your SNAP benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_.
2.  **DISCONTINUE** your SNAP benefits as of \_\_\_\_\_.
3.  **OVERPAYMENT INFORMATION**
  - We are establishing a SNAP benefits overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter (and also, if your case is closing, the Repayment Agreement) for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**
  - The benefit above reflects a \_\_\_\_% reduction (recoupment) of \$ \_\_\_\_\_ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.

This decision is based on Regulation 18 NYCRR 387.19.

4.  If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.

The reason for this action is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above decision(s) is based on 18 NYCRR \_\_\_\_\_.

Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

NAME:	ADDRESS:	CASE NUMBER:
-------	----------	--------------

- Although you may no longer be able to get Public Assistance, SNAP benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the **front** of this notice.

### **CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem 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” below.)

2. **STATE FAIR HEARING** – You have **90** days from the date of this notice to ask for a fair hearing.

**KEEPING YOUR BENEFITS THE SAME:** We will not change your SNAP benefits, if you ask for a fair hearing before the effective date stated in this notice. However, if you lose the fair hearing, you will have to pay back any benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

- I do not want to keep my SNAP benefits the same until the fair hearing decision is issued.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **on-line**.

**Mail:** Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- 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.)

---



---



---

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that 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, 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 that explain why we are wrong.

To help you explain at the hearing why you think we are 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under “Lawyers”.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help 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 that 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 that 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 phone number on the **front** of this notice or write to us at the address on the **front** 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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

## **Important notice**

**Important notice: If you need help reading this notice, contact your worker**

**Aviso importante: si necesita ayuda para leer este aviso, comuníquese con su trabajador(a) de casos**

**إخطار هام. إذا احتجت إلى مساعدة في قراءة الإخطار خاطب مسؤول ملفك.**

**重要通告. 如需幫助閱讀此通告, 請與您的個案負責人接洽。**

**Avis important: Si vous avez besoin d'assistance pour lire cet avis, veuillez contacter votre travailleur.**

**Avi enpòtan. Si w bezwen èd pou li avi sa a, antre an kontak ak travayè w la.**

**Avviso importante: Se occorre aiuto per leggere questo avviso, rivolgersi al proprio operatore.**

**중요 통지: 이 통지서를 읽는 데 도움이 필요하시면, 담당 직원에게 연락하십시오.**

**Важная информация. Если при чтении этого извещения у вас возникнут трудности, обратитесь к сотруднику, ведущему ваше дело.**

**Thông báo quan trọng: Nếu quý vị cần giúp đọc thông báo này, liên lạc với cán sự xã hội của quý vị.**

**א וויכטיגע מעלדונג: אויב איר דארפט הילף צו ליינען די מעלדונג, רופט אייער ארבעטער.**

**NOTICE OF INTENT TO CHANGE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS (TIMELY AND ADEQUATE) (NYC)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"> <div style="border: 1px solid black; width: 80%; height: 80%; margin: 0 auto;"></div> </div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
			Legal Assistance information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

We are CHANGING your SNAP benefits, as explained below, next to the checked boxes :

**If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.**

1.  **REDUCE** your SNAP benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_.
- Your SNAP benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_.
2.  **DISCONTINUE** your SNAP benefits as of \_\_\_\_\_.
3.  **OVERPAYMENT INFORMATION**
  - We are establishing a SNAP benefits overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter (and also, if your case is closing, the Repayment Agreement) for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**
  - The benefit above reflects a \_\_\_\_% reduction (recoupment) of \$ \_\_\_\_\_ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.

This decision is based on Regulation 18 NYCRR 387.19.

4.  If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.

The reason for this action is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above decision(s) is based on 18 NYCRR \_\_\_\_\_.

- Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

Enclosure

**DISTRIBUTION:** White -CLIENT/FAIR HEARING COPY

Yellow – CLIENT COPY

Pink – AGENCY COPY

NAME:	ADDRESS:	CASE NUMBER:
-------	----------	--------------

- Although you may no longer be able to get Public Assistance, SNAP benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the **front** of this notice.

### **CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem 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” below.)

2. **STATE FAIR HEARING** – You have **90** days from the date of this notice to ask for a fair hearing.

**KEEPING YOUR BENEFITS THE SAME:** We will not change your SNAP benefits, if you ask for a fair hearing before the effective date stated in this notice. However, if you lose the fair hearing, you will have to pay back any benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

- I do not want to keep my SNAP benefits the same until the fair hearing decision is issued.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

**Mail:** Send a copy of the entire notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

- 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.)

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735.

**Walk-In:** Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn.

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax, walk-in or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that 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, 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 that explain why we are wrong.

To help you explain at the hearing why you think we are 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. 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, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that 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 (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.



**NOTICE OF INTENT TO CHANGE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS  
(Adequate Only)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; margin: 5px;"></div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

We are CHANGING your SNAP benefits, as explained below, next to the checked boxes  .

**If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.**

1.  **INCREASE** your SNAP Benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_ .
  - [name(s)] \_\_\_\_\_ has been added to your case.
  - Your SNAP benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_ .
  
2.  **CONTINUE** your SNAP benefits for [name(s)] \_\_\_\_\_ at \$ \_\_\_\_\_ effective \_\_\_\_\_ .
  - Your SNAP benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_ .
  
3.  **REDUCE** your SNAP benefits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_ .
  - Your SNAP benefits certification period has been extended. Your benefits will now end in \_\_\_\_\_ .
  
4.  **DISCONTINUE** your SNAP benefits as of \_\_\_\_\_ .
  
5.  **OVERPAYMENT INFORMATION**
  - We are establishing a SNAP benefits overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter and also, if your case is closing, the Repayment Agreement for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**
  - The benefit above reflects a \_\_\_\_% reduction (recoupment) of \$ \_\_\_\_\_ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

**In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.**
  
6.  We cannot add the following individuals to your case:
 

Name: _____	Reason(s) _____
Name: _____	Reason(s) _____
  
7.  If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.
  
8.  **OTHER** \_\_\_\_\_

The reason for this action is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The above decision(s) is based on 18 NYCRR**

Responsibility To Report Changes – See enclosed LDSS-3151: "SNAP Change Report Form" for information on when to report changes.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

NAME:	ADDRESS:	CASE NUMBER:
-------	----------	--------------

- Although you may no longer be able to get Public Assistance, SNAP benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the **front** of this notice.

### **CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem 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)

2. **STATE FAIR HEARING** – You have 90 days from the date of this notice to ask for a fair hearing:

**KEEPING YOUR BENEFITS THE SAME:** We will restore your SNAP benefits to the same level they were before this notice, if you ask for a fair hearing within ten (10) days of the postmark of the mailing of this notice. If you lose the fair hearing, you will have to pay back any SNAP benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

- I do not want to keep my SNAP benefits the same until the fair hearing decision is issued.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- 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.)

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that 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, 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 that explain why we are wrong.

To help you explain at the hearing why you think we are 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. 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 that 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 that 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 phone number on the **front** of this notice or write to us at the address on the **front** 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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

## Important notice

**Important notice: If you need help reading this notice, contact your worker**

Aviso importante: si necesita ayuda para leer este aviso, comuníquese con su trabajador(a) de casos

إخطار هام. إذا احتجت إلى مساعدة في قراءة الإخطار خاطب مسؤول ملفك.

重要通告. 如需幫助閱讀此通告, 請與您的個案負責人接洽。

**Avis important: Si vous avez besoin d'assistance pour lire cet avis, veuillez contacter votre travailleur.**

**Avi enpòtan. Si w bezwen èd pou li avè sa a, antre an kontak ak travayè w la.**

**Avviso importante: Se occorre aiuto per leggere questo avviso, rivolgersi al proprio operatore.**

**중요 통지: 이 통지서를 읽는데 도움이 필요하시면, 담당 직원에게 연락하십시오.**

**Важная информация. Если при чтении этого извещения у вас возникнут трудности, обратитесь к сотруднику, ведущему ваше дело.**

**Thông báo quan trọng: Nếu quý vị cần giúp đọc thông báo này, liên lạc với cán sự xã hội của quý vị.**

**א וויכטיגע מעלדונג: אויב איר דארפט הילף צו ליינען די מעלדונג, רופט אייער ארבעטער.**

NOTICE OF INTENT TO CHANGE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS (Adequate Only)(NYC)

Form header with fields: NOTICE DATE, CASE NUMBER, CIN NUMBER, CASE NAME (And C/O Name if Present) AND ADDRESS, NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE, GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP, OFFICE NO., UNIT NO., WORKER NO., UNIT OR WORKER NAME, TELEPHONE NO.

We are CHANGING your SNAP benefits, as explained below, next to the checked boxes [X].

If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.

- 1. [ ] INCREASE your SNAP benefits from \$... to \$... effective ...
[ ] [name(s)] ... has been added to your case.
[ ] Your SNAP benefits certification period has been extended. Your benefits will now end in ...
2. [ ] CONTINUE your SNAP benefits for [name(s)] ... at \$... effective ...
[ ] Your SNAP benefits certification period has been extended. Your benefits will now end in ...
3. [ ] REDUCE your SNAP benefits from \$... to \$... effective ...
[ ] Your SNAP benefits certification period has been extended. Your benefits will now end in ...
4. [ ] DISCONTINUE your SNAP benefits as of ...
5. [ ] OVERPAYMENT INFORMATION
[ ] We are establishing a SNAP benefits overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter and also, if your case is closing, the Repayment Agreement for more information on this overpayment. This decision is base on 18 NYCRR 387.19.
[ ] The benefit above reflects a % reduction (recoupment) of \$... in your benefits in order to repay your overpayment. This decision is based on 18 NYCRR 387.19.
In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.
6. [ ] We cannot add the following individuals to your case:
Name: Reason(s)
Name: Reason(s)
7. [ ] If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.
8. [ ] OTHER

The reason for this action is:

The above decision(s) is based on 18 NYCRR

- [X] Responsibility To Report Changes - See enclosed LDSS-3151: "SNAP Change Report Form" for information on when to report changes.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
-------	----------	--------------

- Although you may no longer be able to get Public Assistance, SNAP benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the **front** of this notice.

### **CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem 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)

2. **STATE FAIR HEARING** – You have 90 days from the date of this notice to ask for a fair hearing:

**KEEPING YOUR BENEFITS THE SAME:** We will restore your SNAP benefits to the same level they were before this notice, if you ask for a fair hearing within ten (10) days of the postmark of the mailing of this notice. If you lose the fair hearing, you will have to pay back any SNAP benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box below:

- I do not want to keep my SNAP benefits the same until the fair hearing decision is issued.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

**Mail:** Send a copy of the entire notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- 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.)

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and back of this notice to: (518) 473-6735.

**Walk-In:** Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn.

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that 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, 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 that explain why we are wrong.

To help you explain at the hearing why you think we are 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. 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, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files, 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 (718) 722-5012, or fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.