

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-NYC: "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 <u>LDSS-3621</u> and <u>LDSS-3621</u> and <u>LDSS-3621</u>.



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.
- The above referenced documents have been posted on the OTDA Intranet website at: 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

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.

UPSTATE AND NYC GENERAL INFORMATION SYSTEM GIS 18 TA/DC045



 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

SNAP Red/Closing/OP/Timely

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 ADDI	RESS			
				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
L				OR Agency Confer Fair Hearing in and assistance Record Access Legal Assistan information	formation	
OFFICE NO.	UNIT NO. W	ORKER NO.	UNIT OR WORKER NAME	momaton	TELEPHONE NO.	
<u>lf you d</u>	o not use your SNAI	P benefit ac	count for a period		☑: ys, any SNAP benefit remaining in the nt. Expunged SNAP benefits cannot be	
				sued.		
				_ to \$		
	ctive					
∐ You	r SNAP benefits certif	ication period	d has been extended	d. Your benefits will now	<i>i</i> end in	
2. DISC	CONTINUE your SNA	P benefits as	s of			
3. OVE	RPAYMENT INFORM	MATION				
	should have. See the	ne Demand I	Letter (and also, if yo		usehold got more in SNAP benefits than you Repayment Agreement) for more 87.19.	
			_% reduction (recou based on 18 NYCR		in your benefits in order to repay your	
pay		g claim bala	nce. You will have 3		payment options and guidelines to ensure ou receive this notice to make arrangements	
This	decision is based on	Regulation 1	18 NYCRR 387.19.			
4. If yo	u are getting Public A	ssistance an	d/or Medical Assista	ince, this change will NO	OT affect those benefits.	
The reason fo	or this action is:			-		
The above d	ecision(s) is based o	n 18 NYCR	R			
✓ Respor change	•	anges – See	enclosed LDSS-315	i1: "SNAP Change Repo	ort Form" for information on when to report	

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

	S-3620 (Rev. 9/18)	1		SNAP Red/Closing/OP/A/C-T	imely	
NAMI	<u>:</u> :	ADDRESS:		CASE NUMBER:		
<u></u>		e Energy Assistance Program		nce, you still may be able to get help with your information on HEAP by calling the general		
	CONFERENC	E AND FAIR HEARING	SECTION – DO YOU TH	IINK WE ARE WRONG?		
If yo	u think our decision was wrong, you can	ask for a review of our decision	on. We will correct our mistal	kes. You can do both 1 and 2:		
	1. Ask for a meeting (conference) with o	one of our supervisors;	2. Ask for a St	ate fair hearing with a State hearing officer.		
issua In a	ances and manuals are available to you	or your representative to dete	rmine whether a fair hearing	on the OTDA website at otda.ny.gov/legal. should be requested or to prepare for a fair honanuals will also be available to assist you of	earing	
1.		e phone number on the front	of this notice or write to us a	t understand our decision, please call us to se t the address on the front of this notice. Som en you have asked for a fair hearing.		
	If you only ask for a meeting with us, w State fair hearing. (See "Keeping your		he same while you appeal. `	Your benefits will stay the same only if you as	k for a	
2.	STATE FAIR HEARING - You have 90	days from the date of this not	ice to ask for a fair hearing.			
				a fair hearing before the effective date stated hould not have gotten, while you were waiting		
	If you do not want your benefits to state back this notice, check the box or boxe		is issued, you must tell the S	State when you call for a fair hearing or, if yo	u send	
	☐ I do not want to keep my SNAP be	nefits the same until the fair h	earing decision is issued.			
HOV	V TO ASK FOR A FAIR HEARING: Yo	u can ask for a fair hearing by	mail, by phone, by fax or or	n-line.		
	: Send a copy of this notice <i>completed</i> 1930, Albany, New York 12201. Please		e Hearings, New York State	Office of Temporary and Disability Assistance	e, P.O	
	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 wiexplanation.)					
					_	

<u>Fax</u>: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

<u>Online</u>: 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.

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

SNAP Red/Closing/OP/Timely

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

NOTICE PROGRAW (SNAP) BENEFITS				NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
DATE:				NAME AND ADDRESS OF AGENCI/GENTER OR DISTRICT OFFICE		
CASE NUMBER		CIN NUMBER				
CASE N	AME (And C/O Name if Pr	esent) AND ADDF	RESS			
				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
				OR Agency Conference		
				Fair Hearing information and assistance		
				Record Access		
OFFICE NO.	UNIT NO. WO	RKER NO.	UNIT OR WORKER NAME	Legal Assistance information		
OFFICE NO.	UNIT NO. WO	KNEK NU.	UNIT OR WORKER NAME	TELEPHONE NO.		
We are CHANGIN	IG your SNAP be	nefits, as e	xplained below, nex	tt to the checked boxes ☑:		
Maria da mat	, ONAD	l 		of OCT and on the days are ONAD beautiful and in the		
				of 365 consecutive days, any SNAP benefit remaining in the oved) from the account. Expunged SNAP benefits cannot be		
_				sued.		
				_ to \$		
☐ Your SNAF	P benefits certific	ation period	I has been extended	d. Your benefits will now end in		
2. DISCONTI	NUE your SNAP	benefits as	of	·		
3. OVERPAY	MENT INFORM	<u>ATION</u>				
shou	ıld have. See the	Demand Le		pecause you or your household got more in SNAP benefits than you our case is closing, the Repayment Agreement) for more information 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 .						
paying ba		claim balar	arate notice providing repayment options and guidelines to ensure 30 days from the date you receive this notice to make arrangements			
This decisi	ion is based on R	egulation 1	8 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 decisio	n(s) is based or	18 NYCRF	R			
-1	•	•		51: "SNAP Change Report Form" for information on when to report		

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

	S-3620 NYC (Rev. 9/18)			SNAP Red/Closing/OP/A/C-Timely
NAN	ΛΕ:	ADDRESS:		CASE NUMBER:
V		Energy Assistance Program (HE		you still may be able to get help with your rmation on HEAP by calling the general
	CONFERENCE	AND FAIR HEARING SEC	CTION - DO YOU THIN	K WE ARE WRONG?
If yo	ou 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 or	ne of our supervisors;	2. Ask for a State	fair hearing with a State hearing officer.
issu In a	ances and manuals are available to you of	or your representative to determin	e whether a fair hearing sho	the OTDA website at otda.ny.gov/legal. These buld be requested or to prepare for a fair hearing uals will also be available to assist you or your
1.		phone number on the front of the	is notice or write to us at the	derstand our decision, please call us to set up a e address on the front of this notice. Sometimes ou have asked for a fair hearing.
	If you only ask for a meeting with us, we State fair hearing. (See "Keeping your E		ame while you appeal. You	r benefits will stay the same only if you ask for a
2.	STATE FAIR HEARING – You have 90	days from the date of this notice t	o ask for a fair hearing.	
				air hearing before the effective date stated in this ld not have gotten, while you were waiting for the
	If you do not want your benefits to stay back this notice, check the box or boxes		sued, you must tell the State	e when you call for a fair hearing or, if you send
	☐ I do not want to keep my SNAP ber	nefits the same until the fair hearin	ng decision is issued.	
НΟ\	W TO ASK FOR A FAIR HEARING: You	can ask for a fair hearing by mai	I, by phone, by fax, by walk	-in or online.
	<u>I</u> : Send a copy of the entire notice to the 0, Albany, New York 12201. Please keep			f Temporary and Disability Assistance, P.O. Box
	I want a fair hearing. I do not agree w explanation.)	rith the agency's action. (You ma	y explain why you disagree b	pelow, but you do not have to include a written

<u>Fax:</u> Fax a copy of the front and reverse of this notice to: (518) 473-6735.

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

<u>Online</u>: 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.

LDSS-3621 (Rev.9/18)

SNAP Red/Clos/Inc/Cont-A/C-Adequate

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

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TCE TE:						NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
E NUMBER	R		CIN NUMBER				
	040	NAME (A. J. O/O Name	* Constant AND ADDD	F00			
	CASI	E NAME (And C/O Name	e if Present) AND ADDR	<u> </u>	<u> </u>	GENERAL TELEPHONE NO. FOR	
					l	QUESTIONS OR HELP	
						OR Agency Conference	
						Fair Hearing information ————————————————————————————————————	
					ſ	Record Access	
					J	Legal Assistance	
						information	
ICE NO.		UNIT NO.	WORKER NO.	UNIT OR WORKER	NAME	TELEPHONE NO.	
e are Ch	HANGING	your SNAP bene	ı efits, as explaine	d below, next to	the ch	necked boxes ☑ .	
		•	, ,	•		nsecutive days, any SNAP benefit remaining in the account that	
						account. Expunged SNAP benefits cannot be reissued.	
. IN	ICREASE	your SNAP Bene	efits from \$	to \$		_ effective	
						has been added to your case.	
						ed. Your benefits will now end in	
			·				
2. 📙		•	-	. /-			
						· · · · · · · · · · · · · · · · · · ·	
	Y	our SNAP benefit	is certification pe	riod has been e	xtende	ed. Your benefits will now end in	
3. 🗌	REDUC	<u>E</u> your SNAP ber	nefits from \$		to	\$	
	effective	!					
		our SNAP benefit	ts certification pe	riod has been e	xtende	ed. Your benefits will now end in	
1. 🔲	DISCON	ITINUE your SNA	AP benefits as of				
			TINFORMATION				
5.		le are establishin	g a SNAP benefi the Demand Lette	er and also, if y	our cas	use you or your household got more in SNAP benefits than you se is closing, the Repayment Agreement for more information on this	
	☐ Th		reflects a%	reduction (reco	upmer	nt) of \$ in your benefits in order to repay your	
	ensure	iture if your case paying back the ments for repay	remaining clain	n balance. You	ı will h	ate notice providing repayment options and guidelines to nave 30 days from the date you receive this notice to make	
. 🗆 We	e cannot a	add the following	individuals to vou	ır case:			
		add the fellowing	•				
	name: _			Reason(s)			
7. 🗌	If you ar	e getting Public A	Assistance and/o	r Medical Assist	ance,	this change will NOT affect those benefits.	
8. 🗍] OTHER						
∽. □	<u>VIIILIN</u>	-					
The reas	son for this	s action is:					

NAI	ME:	ADDRESS:	CASE NUMBER:
<u>✓</u>		Energy Assistance Program (HE	efits or Medical Assistance, you still may be able to get help with your AP). You can get more information on HEAP by calling the general
	CONFERENCE A	ND FAIR HEARING SECT	ION – DO YOU THINK WE ARE WRONG?
If yo	ou think our decision was wrong, you can a	sk for a review of our decision. V	Ve will correct our mistakes. You can do both 1 and 2:
1. A	sk for a meeting (conference) with one of c	our supervisors;	2. Ask for a State fair hearing with a State hearing officer.
issu In a	ances and manuals are available to you or	your representative to determine	and manuals are posted on the OTDA website at otda.ny.gov/legal. The whether a fair hearing should be requested or to prepare for a fair hear policy issuances and manuals will also be available to assist you or you
r	meeting. To do this, call the conference ph	one number on the front of this	ng or if you do not understand our decision, please call us to set up a notice or write to us at the address on the front of this notice. Sometimes you to do this even when you have asked for a fair hearing.
	f you <u>only</u> ask for a meeting with us, we wi State fair hearing. (See Keeping your Bene		e while you appeal. Your benefits will stay the same only if you ask for a
2. <u>S</u>	TATE FAIR HEARING - You have 90 day	s from the date of this notice to a	sk for a fair hearing:
ŀ		k of the mailing of this notice. If y	fits to the same level they were before this notice, if you ask for a fair you lose the fair hearing, you will have to pay back any SNAP benefits yo
	f you do not want your benefits to stay the his notice, check the box or boxes below:	same until the decision is issued	, you must tell the State when you call for a fair hearing or, if you send ba
	☐ I do not want to keep my SNAP t	penefits the same until the fair he	aring decision is issued.
НΟ\	W TO ASK FOR A FAIR HEARING: You	can ask for a fair hearing by mail	, by phone , by fax or online .
<i>Mai</i> Alba	<u>I:</u> Send a copy of this notice to the Office only, New York 12201. Please keep a copy	of Administrative Hearings, New `of or yourself.	York State Office of Temporary and Disability Assistance, P.O. Box 1930,
	I want a fair hearing. I do not agree with explanation.)	the agency's action. (You may e	xplain why you disagree below, but you do not have to include a written

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.

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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.

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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.

LDSS-3621 NYC (Rev. 9/18)

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 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)

OTICE DATE:				NAME AND ADDRESS OF AGENCY/C	ENTER OR DISTRICT OFFICE
SE NUM	BER	CIN NUMBER			
	CASE NAME (And C/O Na	me if Present) AND ADDRI	 ESS		
		·		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
			ľ	OR Agency Conference	
				Fair Hearing informa and assistance	
				Record Access	
				Legal Assistance info	
CE NO	O. UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	9	TELEPHONE NO.
			<u> </u>		
e are	e CHANGING your SNAF	benefits, as expl	ained below, next t	o the checked boxes ☑.	
					any SNAP benefit remaining in the Expunged SNAP benefits cannot be
act	count that is at least 50.	o uays olu wili bi	-	sued.	Expunged SNAP benefits cannot be
	INCOFACE CNAD	h	4- C	- Marking	
Ш	•			effective	
				has be	
	Your SNAP benefits	s certification peri	od has been extend	ded. Your benefits will now	end in
	$\underline{\textbf{CONTINUE}} \text{ your SNAP}$	benefits for [name	ə(s)]		
	at \$		effective		·
	Your SNAP benefits cert	ification period ha	as been extended.	Your benefits will now end	in
	DEDLICE your SNAD bo	nofite from ¢		to ¢	effective
Ш	Tour SNAP benefits cent	ilication period na	as been extended.	Your benefits will now end	III
	DISCONTINUE your SN	AP benefits as of			
	OVERPAYMENT INFOR	RMATION			
		he Demand Lette	r and also, if your o	ase is closing, the Repaym	d got more in SNAP benefits than you nent Agreement for more information or
	The benefit above r overpayment. This	eflects a% decision is bas	reduction (recoupted on 18 NYCRR:	ment) of \$ 887.19.	_ in your benefits in order to repay you
		e remaining clair	m balance. You w		epayment options and guidelines to date you receive this notice to make
	We cannot add the follow	wing individuals to	your case:		
	Name:		Reason(s)		
	Name:		Reason(s)		
	If you are getting Public	Assistance and/o	r Modical Assistant	e, this change will NOT aff	fact those handits
		Assistance and/o	i Wedicai Assistant	e, this change will NOT an	ect those benefits.
	OTHER				
e rea	ason for this action is:				
e ab	ove decision(s) is base	d on 18 NYCRR	on analoged I DCC (2151: "CNIAD Change Dans	ort Form" for information on when to
V	renort changes	ort Changes – Se	e enclosed LDSS-3	STST: SNAP Change Repo	ort Form for information on when to

LDSS-3621 NY	C (Rev. 9/18)			SNAP Red/Clos/Inc/Cont-A/C - Adequate
NAME:		ADDRESS:		CASE NUMBER:
heating		nergy Assistance Program		you still may be able to get help with your rmation on HEAP by calling the general
	CONFERENCE A	ND FAIR HEARING SE	CTION – DO YOU THINK	WE ARE WRONG?
If you think ou	r decision was wrong, you can as	k for a review of our decision	n. We will correct our mistakes.	You can do both 1 and 2:
1. Ask for a me	eeting (conference) with one of or	ur supervisors;	2. Ask for a State	fair hearing with a State hearing officer.
issuances and	manuals are available to you or on request to your local social	your representative to deter	mine whether a fair hearing sho	the OTDA website at otda.ny.gov/legal. These buld be requested or to prepare for a fair hearing uals will also be available to assist you or you
meeting. T		one number on the front of t	his notice or write to us at the ac	and our decision, please call us to set up a ddress on the front of this notice. Sometimes u have asked for a fair hearing.
	ask for a meeting with us, we will earing. (See Keeping your Bene		ame while you appeal. Your be	enefits will stay the same only if you ask for a
2. STATE FAI	R HEARING – You have 90 days	from the date of this notice	to ask for a fair hearing:	
hearing wit		of the mailing of this notice.		ere before this notice, if you ask for a fair u will have to pay back any SNAP benefits you
	ot want your benefits to stay the s check the box below:	ame until the decision is iss	ued, you must tell the State whe	en you call for a fair hearing or, if you send back
	I do not want to keep my SNAP b	penefits the same until the fa	ir hearing decision is issued.	
HOW TO ASK	FOR A FAIR HEARING: You c	an ask for a fair hearing by r	nail, by phone, by fax, by walk	-in or online.
	copy of the entire notice to the Of New York 12201. Please keep a		ngs, New York State Office of Te	emporary and Disability Assistance, P.O. Box
I want a fa explana		e agency's action. (You may	explain why you disagree belo	w, but you do not have to include a written

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.