

MELROSE FS CENTER F40  
260 E. 161 STREET  
BRONX, NY 10451

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

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = F40

NOTICE NUMBER: N0200H1518		DATE: May 5, 2014		CASE NUMBER: 010039392F	
OFFICE F40	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.	

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>718-664-1670</u>	JAD ANNA 40 BOND ST, BROOKLYN, NY 11201
OR Agency Conference	<u>718-664-1670</u>	
Fair Hearing information and assistance	<u>718-555-5555</u>	
Record Access	<u>718-555-5555</u>	
Child/Teen Health Plan	<u>718-555-5555</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.

NYS is in the process of changing your EBT. This change or conversion to a new EBT system will require NYS to turn-off the current EBT system sometime during the Fall of 2014 for about 24 hours, starting at 11pm on a Friday night. This means you must plan your cash and food purchases before the EBT system is turned off. Please be advised that more information will be released prior to the conversion weekend on OTDA website @ [www.otda.ny.gov](http://www.otda.ny.gov), [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov) the EBT helpline the EBT helpline number @ 1-888-328-6399 and OTDA hotline number @ 1-800-342-3009.

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Your April 10, 2014 application for SNAP benefits is **APPROVED (pending verification)** from April 10, 2014 to March 31, 2015.

For the month of April, 2014 you will get \$242.00 in SNAP benefits. This is because we must figure your first month's benefit from the date you applied to the end of the month.

Beginning May, 2014 you will get \$347.00 in SNAP benefits each month.

The following individuals are approved (pending verification) for SNAP benefits:

ANNA JAD  
PAUL JAD

**YOU MUST SUBMIT DOCUMENTATION**

So you could get SNAP benefits right away, we calculated your benefit without all the necessary proof.

Listed here is the proof you still need to provide:

- o who the following are:
  - ANNA JAD
  - PAUL JAD

You need to provide only ONE kind of proof for EACH person mentioned above. Some examples of proof are:

Driver's license  
Photo ID  
Birth certificate  
U.S. Passport

- o OTHER:  
See the Documentation Requirements (Form W-113K)

**WHAT HAPPENS IF YOU DO NOT SUBMIT THE REQUESTED DOCUMENTATION?**

You will NOT be able to receive SNAP benefits after April, 2014 or in the future unless you provide this proof. It will be used to determine the SNAP benefits for which you are eligible.

Based on the verification you provide, we may be required to change the SNAP benefits you receive. You will NOT receive notification of any changes to your benefits based on the proof you still need to provide.

If your first month's SNAP benefit is more than \$0, it will become available on May 2, 2014.

Each month after that, your SNAP benefits will become available on the 4 day of the month.

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

If you have also applied for public assistance and are approved, your SNAP benefits might be reduced or discontinued. If your SNAP benefits change or your household is determined ineligible for SNAP benefits due to this proof, you will not be notified.

This decision is based on Regulation 18 NYCRR 387.8, 387.14, 387.15 and CFR 273.2(j)(1)(IV).

**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 \$347.00 for the month of June, 2014.
- o There are 2 people in your SNAP household.
- o You pay \$850.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or we anticipate that you will receive a HEAP payment during this heating season for your current living situation. (You may need to apply for HEAP separately.) We allow the standard of \$753.00.
- o There is no one 60 or older or disabled in your SNAP household.
- o You have no allowable medical expenses.
- o You have no individuals in your household that are enrolled in a Medicare approved Prescription Drug Discount Card program.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o No one has income.

**SERVICES AND OTHER INFORMATION**

**Your NYS Common Benefit Identification Card:**

If you are a new recipient, a New York State Common Benefit Identification card will be mailed to you, or you have been provided with an opportunity to pick up a card. If you received benefits in the past and were sent a card, a new card will not automatically be mailed to you. If possible, you should use the same card you received before. Please keep your card in a safe place and let us know immediately if your card does not work, is lost or stolen. Keep this card even if you stop receiving benefits. The same card will be used again if you become eligible again in the future.

**Your Personal Identification Number (PIN):**

If you are a new recipient of either SNAP Benefits or cash assistance, a PIN will be mailed to you. If you have received such benefits since 2001 and had a PIN, you can continue to use that PIN. You will use your new PIN along with your NYS Common Benefit Identification Card to get your benefits. Never keep your PIN and your card in the same place. Never write your PIN on your card.

**IMPORTANT REMINDER**

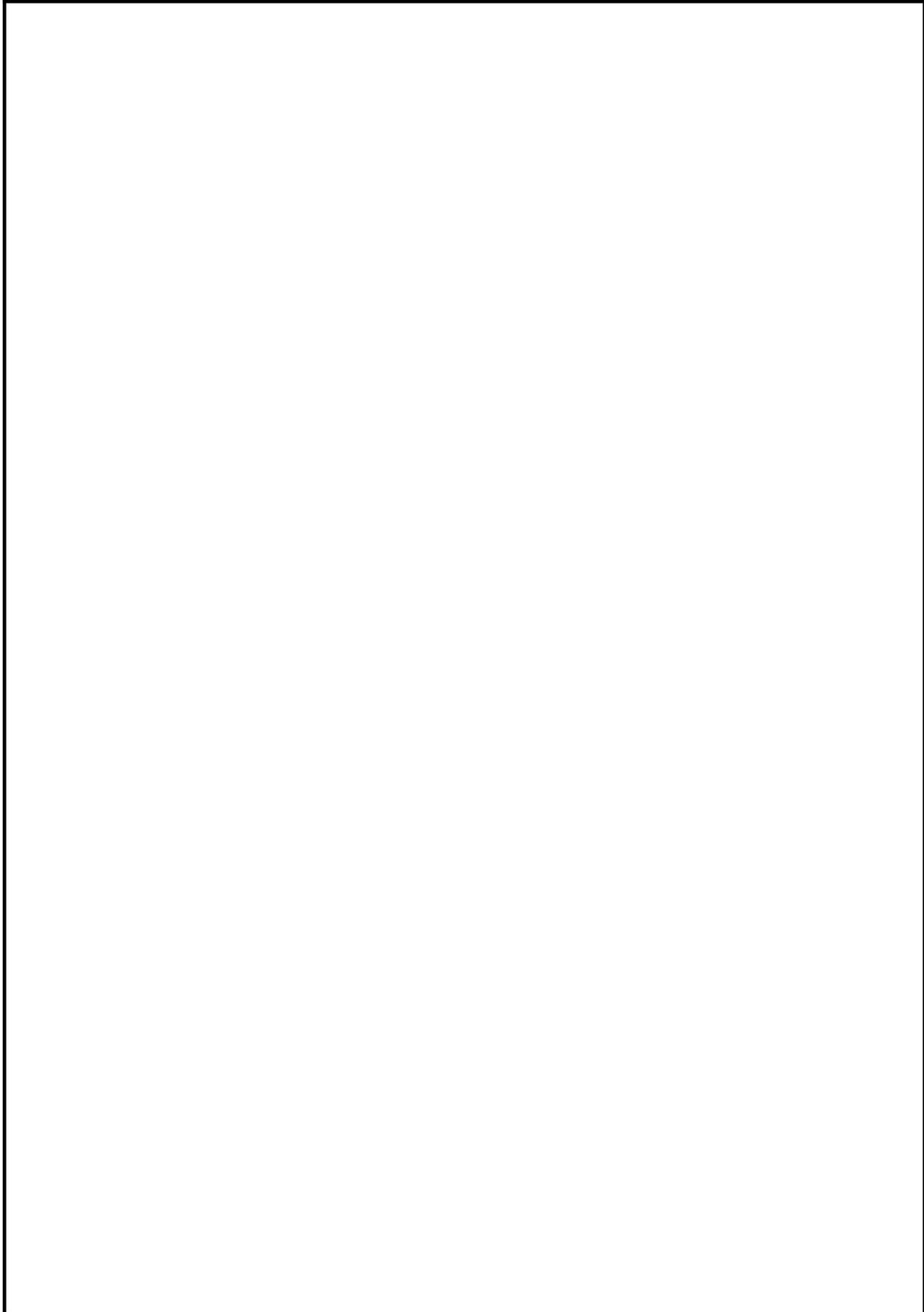
Protect Your Electronic Benefit Transfer (EBT) Benefits from Thieves.

If someone calls you do not ever give out personal information, such as your social security number, EBT card number, or EBT personal identification number (PIN). Even if the caller claims to be a local agency worker, a State, a Federal or an EBT official, do not give them your personal information. If your EBT card is lost, stolen or damaged you must first call EBT Customer Service at 1-888-328-6399 to stop the card so it may no longer be used. Then contact your local assistance center for a replacement card.

Remember - if someone has personal information about you and has your EBT card (or knows your card number) they can steal all of your EBT benefits.

**Free Nutrition Information**

All SNAP recipients are eligible for **Eat Smart New York (ESNY)** - Free nutrition education classes which teach you how to shop smart and stretch your food dollars. For more information and to find out if ESNY is available in your county, call 1-800-342-3009 or go online at:  
<http://www.otda.state.ny.us/main/programs/nutrition/>.



**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.

**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 **August 3, 2014**. This is the deadline even if you asked for a meeting (conference) with us.

**How to Request a Fair Hearing**

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

**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

**When you call, please tell the worker the number of this notice which is N0200H1518.**

**OR FAX:** Send a copy of this notice to fax no. (518) 473-6735.

**OR ONLINE:** Complete the online request form at:  
<http://www.otda.ny.gov/oah/forms.asp>

**OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY.

**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.

**(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 : JAD ANNA  
Address : 40 BOND ST,  
BROOKLYN, NY 11201

District/Office No: 66/F40  
Notice No. : N0200H1518  
Case Number: 010039392F  
Telephone :

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



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:

**BROOKLYN LEGAL SERVICES CORPORATION, 105 COURT STREET, BROOKLYN, NY 11201**

**Telephone: (718) 237-5500**

**LEGAL AID SOCIETY, 166 MONTAGUE ST, BROOKLYN, NY 11201**

**Telephone: (718) 722-3100**

For the names of other lawyers check your Yellow Pages under "LAWYERS".

#### ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax 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 us, we will send you free copies of 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 your 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.

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**



# Helping Hands for People in Need

Check your eligibility for a wide range of economic supports at [www.myBenefits.ny.gov](http://www.myBenefits.ny.gov). The resources below are available to help you make ends meet. If you have additional questions about the information below, you may call the NYS toll free hotline number: 1-800-342-3009.

**Nutrition Assistance** – to help feed your family and stretch your food budget. Visit [www.myBenefits.ny.gov](http://www.myBenefits.ny.gov).

- **Education** - Food Stamp recipients are eligible for **free** nutrition education to help you make sound nutritional choices.
- **School Breakfast and Lunch** - free or reduced price meals are available to school children from low-income households.
- **Women, Infants and Children (WIC)** - healthy food for low-income pregnant, post partum or breastfeeding women, as well as infants and children up to age 5, call **1-800-522-5006**.

**Tax Credits** – to supplement your wages and help provide for your children. Visit [www.myBenefits.ny.gov](http://www.myBenefits.ny.gov).

- **The Federal and State Earned Income Tax Credits (EITC)** – Low-income taxpayers may qualify for both a Federal and State EITC. New York City residents may qualify for an additional City credit.
- **Federal Child Tax Credit and Additional Child Tax Credits** – Low-income taxpayers with dependent children under age 17 may qualify for this federal tax benefit. The **Empire State Child Tax Credit** is a refundable credit for full-year New York residents with children ages 4-16. Call **1-800-829-1040**.
- **The Federal Child and Dependent Care Credit** is a tax benefit offered by the federal government. The **New York State Child and Dependent Care Credit** helps even more low-income families because, unlike the federal credit, it is refundable. New York City residents may qualify for an additional refundable City credit. Call **(518) 457-5181**.
- **Volunteer Income Tax Assistance (VITA)** is a program that provides free income tax preparation services for income eligible taxpayers. VITA sites are located in every county in the State and a list of their locations may be found on the [myBenefits](http://myBenefits.ny.gov) website.

**Home Energy Assistance Program (HEAP)** - Visit [www.myBenefits.ny.gov](http://www.myBenefits.ny.gov).

HEAP assists eligible households in meeting their home energy needs including assistance with furnace repair and/or replacement and home weatherization. To apply, contact your local department of social services or your county office for the aging.

**Health Insurance Programs** – to help families that cannot afford medical care. Visit [www.myBenefits.ny.gov](http://www.myBenefits.ny.gov).

- **Medicaid** is available for low-income individuals and families who meet income limits, requirements, and, if applicable, citizenship or immigration status. Call **1-800-541-2831** or in NYC call **1-718-557-1399** or **1-877-472-8411**.
- **Child Health Plus (CHP)** for children under 19 years old whose family income is too high to qualify for Medicaid. Call **1-800-698-4543**.
- **Family Health Plus (FHP)** for uninsured, low-income adults ages 19 through 64, with or without children, who are not eligible for Medicaid and have no other health insurance. Call **1-877-934-7587**.

**Job Placement Services** – Visit [www.myBenefits.ny.gov](http://www.myBenefits.ny.gov) and click on **Resources for Working Families**.

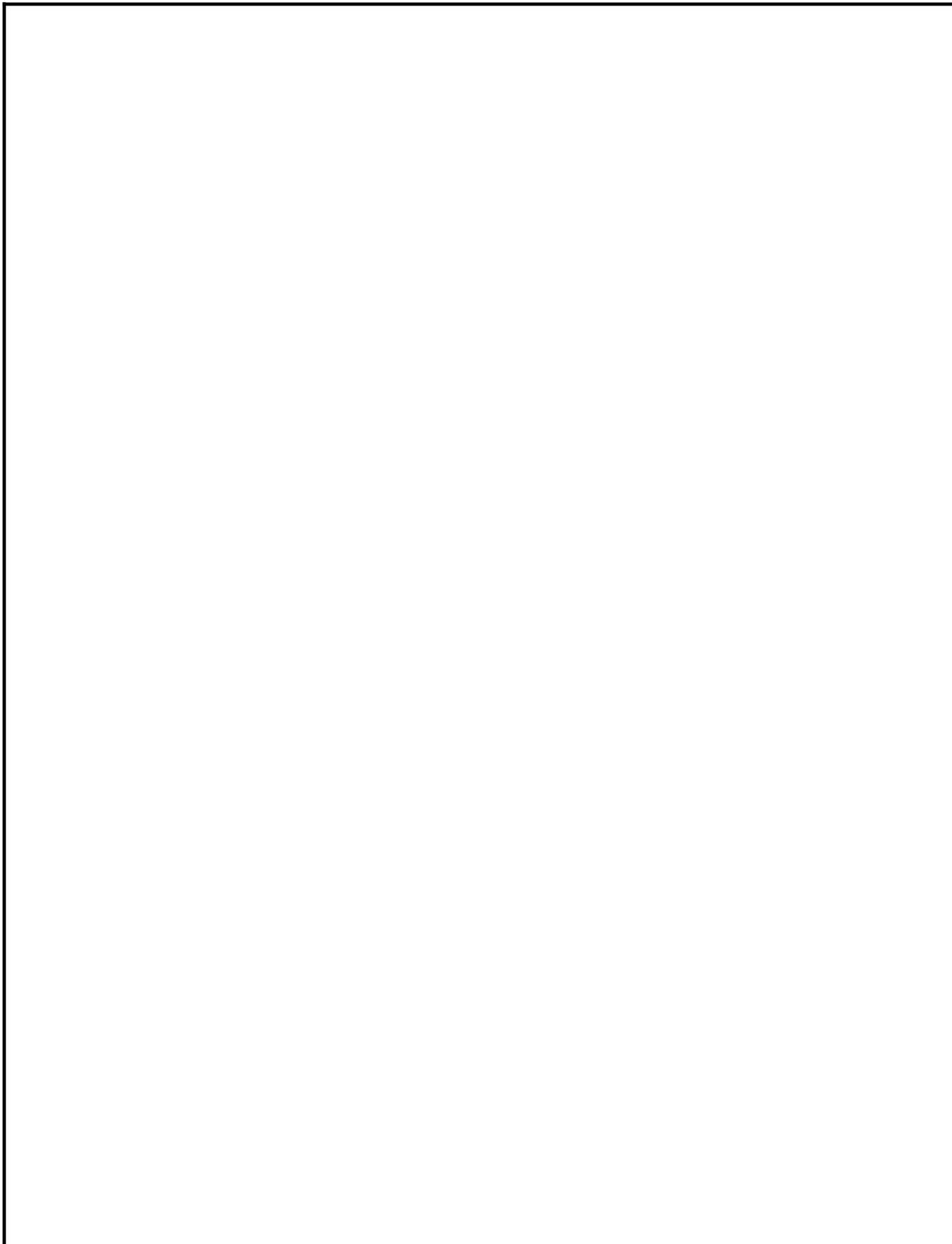
- **Food Stamp Employment and Training** provides work preparation and support services for Food Stamp recipients. Contact your local department of social services.
- **Workforce New York One-Stop System** provides job services through a network of local One-Stop centers and affiliate sites.

**Social Security Disability Insurance and Supplemental Security Income (SSI)** - Only individuals who have a disability and meet certain medical criteria may qualify for benefits under either program. Call **1-800-772-1213** or visit [www.socialsecurity.gov](http://www.socialsecurity.gov)

**Child Support Program** assists custodial parents in establishing paternity, obtaining, modifying and enforcing financial and medical support obligations. Visit [www.childsupport.ny.gov](http://www.childsupport.ny.gov) or call **1-800-846-0773**.

**Child Care Subsidies** can enable parents or caretakers to work, engage in work-related activities or attend high school or equivalent training. Contact your local department of social services or visit [www.ocfs.ny.us](http://www.ocfs.ny.us) and click on "Child Care".

**Domestic Violence** – If you or someone you know is being abused and would like more information on what can be done to keep you, your family or neighbors safe, call **1-800-942-6906**.



LDSS-3151 (Rev. 8/12)

PAGE 1

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

*(Please Print Clearly)*

CASE NUMBER

010039392F

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

DATE:

COMPLETE THIS FORM AND MAIL TO:

**TO:**  
**ADDRESS:** JAD ANNA  
 40 BOND ST,  
 BROOKLYN, NY 11201

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

**MELROSE FS CENTER F40**  
**260 E. 161 STREET**  
**BRONX, NY 10451**  
  
 718-664-1670

**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

LDSS-3151 (Rev. 8/12)

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

## Electronic Benefit Transfer (EBT)

### How to Use Your Benefit Card to Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits

#### YOUR BENEFIT CARD

- Keep your card in your card sleeve and in a safe place when you are not using it.
- Sign the back of your card.
- Do not write on or scratch the black stripe on the back of your card.
- Do not put your card near magnets. If your card is damaged or bent, it will need to be replaced by your local assistance center.
- If your card is lost, stolen or damaged, you must first call EBT Customer Service at **1-888-328-6399**.
- The Quest® mark is displayed on the back of your card.

#### YOUR PIN—KEEP YOUR PIN A SECRET

PIN stands for Personal Identification Number.

- Your PIN is your electronic signature.
- It contains four (4) numbers.
- Your benefit card will not work without your PIN.
- If you forget your PIN or want to change your PIN at any time, call **1-888-328-6399**. You will be asked to provide certain information for security purposes. You may also change your PIN at most Social Services Offices, Job Centers and SNAP Centers.
- If you enter your PIN incorrectly four times in a row, your account will be locked out until the next day even if you select a new PIN.
- **Never write your PIN on your card or on the card sleeve.**
- Never let anyone, even a store cashier, see you enter your PIN at a machine.
- **Never give your PIN to anyone. If a person has your card and knows your PIN, all of your benefits can be used.**
- If someone else uses your card and PIN, your BENEFITS WILL NOT BE REPLACED.
- If you need a friend or close relative to have access to your EBT benefits, contact your local agency about naming an Authorized Representative on your case.

#### HOW TO USE YOUR CARD AT THE STORE

1. Before you shop, check your last receipt to find out how much money is in your account, or call toll free **1-888-328-6399** or on the Internet [www.ebtaccount.jpmorgan.com](http://www.ebtaccount.jpmorgan.com).
2. Most food stores accept the EBT Card. Look for the Quest® sign on the door or window of the store.
3. Many stores that do not display the Quest® sign will accept the card. If you do not see the sign, ask a clerk before shopping.
4. At check-out, your card is swiped through the machine by you or the store cashier.
5. Follow the directions on the machine to enter your PIN. Only you should enter your PIN.
6. Tell the cashier how much money to enter, or enter the amount yourself.
7. Always check your receipt to make sure that the amount on the EBT purchase is the same as the grocery receipt.
8. If you are required to **“key”** enter your card that fails to **“swipe”** a purchase transaction because the card is damaged, you **must** contact EBT Customer Service (**1-888-328-6399**) and request a new card from your Case Manager.

#### CHECKING YOUR SNAP and/or CASH ACCOUNT BALANCES

Check your balance **before** you shop or withdraw cash!

You can do **FREE** balance inquiries:

- At food stores to check your food account.
- At ATMs to check your cash account where EBT cards are accepted.
- By calling Customer Service toll free at **1-888-328-6399**.
- On the internet at [www.ebtaccount.jpmorgan.com](http://www.ebtaccount.jpmorgan.com)

#### SNAP PURCHASE

- Use your SNAP benefit account to purchase food. You cannot get cash back from your SNAP account.
- Remember, you can only buy allowable food items with your SNAP benefits.
- All SNAP benefit transactions are free. There is no limit to the number of times you can use your card for SNAP benefit transactions.

#### CASH PURCHASE

- Any item may be purchased using your cash benefit account where EBT cards are accepted.

**CASH WITHDRAWAL**

- Some stores will allow you to receive cash back above the cost of your purchase.
- Some stores will allow cash withdrawal without a purchase.
- You must follow the store's policy regarding the allowable amount for cash back or withdrawals.
- If you use both a SNAP benefit account and a cash benefit account at the same time your card will be swiped through the machine twice and you must enter your PIN twice.

**HOW TO USE YOUR BENEFIT CARD AT AN AUTOMATED TELLER MACHINE(ATM)**

Choose an ATM in a place where you feel safe.

Always follow directions on the ATM.

Put your card in the machine.

- Enter your PIN.
- Never let anyone see you enter your PIN.
- Press Withdrawal.
- Press Checking.
- Enter the dollar amount you want.
- Take your cash, card, and receipt so you will know how much you have left in your account.
- Check the receipt to make sure it is the same as the amount you got.

- You will have two (2) free ATM withdrawals each month at ATMs which do not surcharge.
- After the first 2 free, each extra ATM withdrawal will cost you a 50¢ fee even at ATMs that do not surcharge.
- This fee will be automatically taken out of your cash benefit account. You will not receive any other notification that this fee is being charged.

**WARNING:** SOME LOCATIONS CHARGE \$1.00 OR MORE FOR CASH WITHDRAWALS. LOOK FOR A MESSAGE ON THE ATM TO TELL YOU ABOUT THE SURCHARGE BEFORE YOU WITHDRAW ANY CASH.

YOU CAN CALL **1-800-289-6739** FREE FOR ATM LOCATIONS IN YOUR AREA THAT **DO NOT** SURCHARGE FOR CASH WITHDRAWALS.

**IDENTITY THEFT – PROTECT YOUR EBT BENEFITS**

**If someone calls you, don't give them personal information such as your social security number, EBT card number, or EBT PIN. Even if the caller claims to be a local agency worker, a State, a Federal or an EBT official, do not give them your personal information.**

If you suspect or know:

- That your card or card number has been stolen;
- That someone not authorized by you has gained access to your PIN; or
- That someone has gained information about your identity that may result in your benefits being stolen.

Then follow these three (3) steps:

1. You **must** contact EBT Customer Service (**1-888-328-6399**) or on the Internet at [www.ebtaccount.jpmorgan.com](http://www.ebtaccount.jpmorgan.com) to report your EBT card stolen. EBT Customer Service will deactivate your card so that no one else can use it. Only by first contacting EBT Customer Service to deactivate your EBT card can you protect yourself against potential benefit theft.
2. Contact your local agency worker to report the problem and to request what is called EBT ARU PIN Restriction. You, as the cardholder, will need to sign a permission form at your local agency or assistance center in order for this procedure to be used. This is a procedure that your local agency can use to make it impossible to change your PIN over the phone through the EBT Customer Service helpline or through the internet Cardholder Account website. Once this procedure is done, any PIN changes would have to be done by you, with your card in hand, at the local agency or assistance center.
3. Request that your worker issue you a new EBT card. It is recommended that you select a new PIN for your new card at the agency or assistance center.

**CARDHOLDER ACCOUNT WEBSITE**

You can now get information about your account(s) on the Internet by going to [www.ebtaccount.jpmorgan.com](http://www.ebtaccount.jpmorgan.com) . Once you sign in with your card number and PIN, you will be able to do the following:

- |  |  |
|--|--|
| Get your account summary (account balances)        | Change your PIN (unless you have a PIN restriction in place) |
| Get your account(s) activity (transaction) details | Communicate directly with EBT Customer Service; and          |
| Get an online account statement                    | Report your card damaged, lost or stolen.                    |

The website also allows you to create your own account ID and password after you have logged in for the first time. You should use your most recent active card number to sign in. Authorized representatives can also use this website to access account information by using their own EBT card and PIN.

**EXPUNGED BENEFITS**

An expunged benefit is a benefit that is **removed** from a cash or SNAP account. In the cash benefit program, if you do not use your account for a period of 90 consecutive days, any cash benefit remaining in the account that is at least 90 days old will be expunged (removed) from the account. You may ask your worker to reissue any expunged cash benefit for which you are eligible. In the SNAP benefit program, if you do not use your SNAP 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.

**EBT TRANSACTION ERRORS**

Occasionally an EBT **system** error occurs during a cash or SNAP transaction resulting in a mistake being made in the account balance. Some examples of EBT system transaction errors:

- If you made a SNAP purchase, and the SNAP account was incorrectly charged twice for the same purchase; or
- If an ATM only gave you \$20 when you requested \$40, but your cash account was still charged the \$40.

If you think a **system** (not clerical or human) error has reduced your account incorrectly, you may file a claim for an account adjustment by contacting EBT Customer Service. You have 90 days from the date of the suspected transaction error to file your claim.

- SNAP account claims are usually resolved within 15 days.
- Cash account claims may take up to 30 days to resolve.
- EBT Customer Service will provide you with a claim number that you can use to check the status of your claim.

While you are waiting for your claim to be resolved, your local agency or assistance center cannot replace the amount you are disputing. If you have an emergency or immediate need you may contact your local agency or assistance center regarding that need.

**WHEN TO CONTACT CUSTOMER SERVICE**

Call Toll Free **1-888-328-6399**

or

On the Internet [www.ebtaccount.jpmorgan.com](http://www.ebtaccount.jpmorgan.com)

**24 hours/7 days a week**

Your call will be answered by an automated system. You will be guided through menu options to help direct your call

**Call if:**

- You need your SNAP or cash account balance.
- You have questions or problems with your SNAP or cash account information.
- Your card is lost, stolen or damaged.
- You suspect that a transaction error occurred and you would like to file a claim.
- You need information about using your benefit card or PIN.

**People with disabilities may use the following numbers for assistance:**

**TTY Users: 1-800-662-1220**

**Non TTY Users: 1-800-421-1220**

**VCO Users: 1-877-826-6977**

**IT'S THE LAW**

Misuse or abuse of your card will result in investigation by State and/or Federal authorities. Documented violations will result in sanctions including:

- Disqualification from program
- Recovery through recoupment/restitution
- Referral for criminal prosecution

It is a crime to defraud the system or to misuse your card.