WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

NOTICE OF EXPIRATION/RECERTIFICATION FOR SUPPLEMENTAL NUTRITION ASSISTANCE

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER:			DATE:	CASE NUMBER:
U5300X7418			September 22, 2014	FS358
OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
		MMG	WASHINGTON CO. DEFAULT WKR.	555-123-4567

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	518-746-2300
OR Agency Conference	518-746-2300
Fair Hearing information and assistance	518-746-2300
Record Access	518-746-2300
Child/Teen Health Plan	518-746-2300

CASE NAME / AND ADDRESS

//MMG

NOLA LANE
32 23RD ST,
ALBANY, NY 12203

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.

SUPPLEMENTAL NUTRITION ASSISTANCE

You will not get SNAP benefits after November 30, 2014 unless you reapply.

To reapply and continue to get SNAP benefits without a break, YOU MUST COMPLETE THE ENCLOSED RECERTIFICATION APPLICATION, (PAGES 9-14) OF THIS NOTICE, AND MAIL IT TO THIS AGENCY IN THE ENVELOPE PROVIDED. Please use the enclosed DISTRICT ADDRESS INSERT SHEET (page 5), by folding it in half and making sure that the address appears in the window. Return the completed application as soon as possible in order to be able to continue to receive benefits.

You will not be called and no interview will be conducted until after our office has received your signed recertification application. IF YOU DO NOT SUBMIT YOUR RECERTIFICATION APPLICATION AND ARE NOT INTERVIEWED, YOU WILL NOT RECEIVE SNAP BENEFITS AFTER November 30, 2014.

If you have access to a computer, a faster and easier way to submit your recertification application is available. You may complete and submit your recertification application on-line at www.myBenefits.ny.gov.

To complete the recertification application process and continue your SNAP benefits you must be interviewed. You are responsible for rescheduling a missed interview and for providing required verification information.

A telephone interview has been scheduled for you on Monday, September 29, 2014 at 8:00 a.m.. Our records indicate that you can be reached at ( ) - .

If the date and time of the telephone interview we have scheduled is not good for you, or if there is a better number at which you can be reached, complete and return the CALL TIME REQUEST FORM (page 6). This will help us contact you at a day and time that may be more convenient to you. If you are submitting your recertification application on-line at www.myBenefits.ny.gov you may also request a change of date/time for the scheduled interview, or change in available telephone contact information.

CONTINUED ON THE NEXT PAGE ...

In order to process your recertification application as soon as possible, we will attempt to call you before the scheduled interview to do your Telephone Interview, once we receive your application.

If we are unable to contact you on an earlier date and you do not complete the CALL TIME REQUEST FORM, the telephone interview will be conducted at the time and date scheduled above.

PLEASE NOTE: **You also have the option of a face-to-face interview at our offices.** If this is what you prefer, please be sure to indicate this on the CALL TIME REQUEST FORM. We will then contact you to make arrangements for an interview.

We must receive your signed recertification application by November 15th. **If it is not received by this date, you may not keep getting SNAP benefits without a break. Fill out and sign this application immediately, and return it to ensure uninterrupted and continued receipt of your benefits.**

When you mail in your recertification application or file on-line, please also mail in proof of the following items if they apply to you and if you have not already provided proof:

- earned income for the past four weeks.
- any change in the source of household income.
- any change in heating/utility expenses.
- any medical expenses since you last applied, or were recertified for anyone in your household who is 60 years of age or older, or disabled.
- any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs, and any other changes.

If you need help in getting any proof please let your worker know as soon as possible.

If any proof is still required after the interview, you will get a notice to tell you what you need to provide. You will be given at least ten days to provide it.

The recertification application should be as complete as possible but we must accept it if it has your name, address (if you have one) and signature. However, the application and application process must be completed before you can get SNAP benefits.

Application Rights

- You have the right to ask for an application for SNAP benefits. This office must accept the application as long as the application is signed and has a readable name (and address if you have one).
- You have the right to apply for SNAP benefits in person, by mail, through an authorized representative or on-line at www.myBenefits.ny.gov. A face-to-face interview may be scheduled at your request.

NOTICE

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may reapply for SNAP benefits at the Social Security office instead of filing your recertification application at the local Department of Social Services.

If you choose to do this, the Social Security office must receive your application by November 15th. They will interview you and send your application with the supporting documents to the local Department of Social Services to see if you can still get SNAP benefits.

This decision is based on Regulation 18 NYCRR 387.17.

CONTINUED ON THE NEXT PAGE ...

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 **December 21, 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 fax or by telephone or electronically.

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 U5300X7418.

OR FAX: Send a copy of this notice to fax number **(518) 473-6735**

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

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.

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.

(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.)

_____

_____

_____

Name : NOLA LANE
Address : 32 23RD ST,
ALBANY, NY 12203

District No: 53
Notice No. : U5300X7418
Case Number: FS358
Telephone :

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

CONTINUED ON THE NEXT PAGE ...

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:

ADVOCATE 12399, XXX, XXX, NY 12356
Telephone: (518) 765-8901
LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866
Telephone: (518) 587-5188

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 which 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 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers 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.

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

XL0218 (09/97)

WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

[DISTRICT ADDRESS INSERT SHEET]

NOTICE NUMBER: U5300X7418	DATE:	CASE NUMBER: FS358

OFFICE	UNIT	WORKER MMG	UNIT OR WORKER NAME	TELEPHONE NO.

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____

OR Agency Conference _____

Fair Hearing information and assistance _____

Record Access _____

Child/Teen Health Plan _____

CASE NAME / AND ADDRESS

//MMG AUTH-TO: 11/30/14

WASHINGTON CO DEPT SOCIAL SERVICES
383 BROADWAY
FORT EDWARD, NY 12828-9990

This is the DISTRICT ADDRESS INSERT SHEET.

Fold this sheet squarely in half.

Place the folded sheet and your completed application into the envelope provided so that the district address appears through the envelope window.

Secure the postage paid envelope and mail.

Telephone Interview Date Monday, September 29, 2014 at 8:00 a.m.

Case Name: NOLA LANE

CALL TIME REQUEST FORM
SNAP PHONE RECERTIFICATION

NOLA LANE **FS358**

Please provide us with the PHONE NUMBER where you can most easily be reached:

_____

To assist us in scheduling a TELEPHONE interview, please indicate below the times you are generally available:

	Morning	Afternoon
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

If you do not want a telephone interview and want a face-to-face interview, please indicate this on the line below and return this form to our office.

_____ I do NOT want a TELEPHONE INTERVIEW.
Please contact me to make arrangements for an interview at your office. (Please mark with an 'X' if this applies to you.)