New York Public Assistance Form – Application for Assistance

P.O. BOX 1930
ALBANY, NY 12201-1930

Fill out this form to apply for assistance. Below are the programs available:

- Family Assistance (FA)
- Safety Net Assistance (SNA)
- Medicaid (MA)
- Supplemental Nutritional Assistance Program (SNAP)
- Home Energy Assistance Program (HEAP)
- Personal Care Services (PCS)

**Check the boxes that apply to you:**

- [ ] Food
- [ ] Housing
- [ ] Clothing
- [ ] Transportation
- [ ] Personal Care

**Signature:**

[ ]

If you need help, contact your local office of Temporary and Disability Assistance.

To report changes or to contact us, visit www.otda.ny.gov/hearings or call 1-800-342-3334.

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Please fill out the following information:

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Social Security Number:**

**Date of Birth:**

**Gender:**

**Employment Status:**

**Reason for Assistance:**

**Signature:**

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If you need further assistance, contact your local office of Temporary and Disability Assistance.

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[Signature]

[Date]