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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

## FOOD STAMP CHANGE REPORT FORM

(Please Print Clearly)

CASE NUMBER								

DATE:

## YOUR RESPONSIBILITY TO REPORT CHANGES

# YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW:

You may still voluntarily report any change about your household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

Please be sure to read the following information even if you have no changes to report.

	COMPLETE THIS FORM AND MAIL TO:
TO:	LOCAL DISTRICT NAME AND ADDRESS:
ADDRESS:	

## Food Stamp Benefits Reporting Rules for households with earned income (six-month reporters):

- As a household with earned income, you are now only required to report changes about your Food Stamp household at the time of your next recertification, except for the following two 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 phone, in writing, or in person within 10 days after the end of the month. 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 Food Stamp 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 payments, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation or disability payments such as Social Security, SSI or private disability payments.
  - 2. If you are an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if your work hours go below 80 hours a month. You must tell us this within 10 days after the end of the month when your work hours fell below 80 hours.

Any other changes to your Food Stamp household including who lives with you, rent costs, and gross income changes under 130% of the poverty level do not need to be reported until your next recertification.

If you only report once a year for recertification (12 month certification period), and do not receive TA, 6 months into your certification period you will be required to report all changes in your household on a mail report form that will be sent to you.

NOTE: If you do not know if you are subject to six-month reporting requirements, ask your worker.

#### Food Stamp Benefits Reporting Rules for households without earned income (change reporters):

Households without earned income (those households not subject to six-month reporting requirements) must report
any changes within 10 days.

## The changes in your household circumstances you must report include:

- Changes in any source of income.
- Changes in your total household earned income when it goes up or down by more than \$100 a month.
- Changes in your total household unearned income when it goes up or down by more than \$25 a month if received from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB) etc.
- Changes in your total household unearned income when it goes up or down by more than \$100 a month if received from a private source such as Child Support Payments or Private Disability Insurance Payment etc.
- Changes in child support paid if more than \$50 a month.
- Changes in the number of people in your household.
- Your new address if you move.
- Your new rent or mortgage costs if you move.
- A new or different car, or other vehicle.

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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 \$2000 or more. (\$3000 or more if one household member is 60 years old or older).

- When the total medical expenses go up or down by more than \$25 a month for household members who are:
  - 60 years old or older
  - disabled spouses or children of a deceased veteran getting government disability retirement benefits
  - getting Supplemental Security Income (SSI)
  - getting Social Security Disability payment
- getting veterans' disability benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance.

### Food Stamp Benefits Reporting Rules for household in receipt of transitional benefits (TBA):

- Transitional food stamp benefits are food stamp benefits that you can continue to receive for up to three months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period, but you may voluntarily report changes that will result in an increase. If you report and verify a change that will increase your benefits, we will make the change and notify you of the increase in your benefits.
- Unless you are due to recertify, you will receive a Request for Contact Notice near the end of your transitional period to see if you can continue to receive food stamp benefits after your transitional period ends. This notice will list information that we need to determine if you can continue to receive food stamp benefits. You will have ten days from the date of the notice to submit the required verification. If you do not respond to the Request for Contact Notice, we will send you a notice to close your food stamp case.

Temporary Assistance Reporting Rules: These changes apply only to the Food Stamp program. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on quarterly report mailers and at recertification.

#### When to use this form:

This form may be used to report any required or voluntary changes. 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 Food Stamp 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

#### Note: The reported change must be verified before we can increase you benefits.

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 Food Stamp benefits. For instance, if you are now using the standard amount for utilities, you should report your actual utility costs whenever they are higher than the standard. The change may make you eligible for more Food Stamp benefits.

If you no longer want to receive Food Stamp benefits, sign here to withdraw from participation in the Food Star	np
program. Your Food Stamp benefits will stop. You have the right to contest this withdrawal if you feel that you were giv	en
incorrect or incomplete information about your eligibility for Food Stamp Benefits by requesting a Fair Hearing within	90
days.	

X			

IF YOU INTENTIONALLY WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA FOOD STAMP BENEFITS YOU RECEIVE AS A RESULT. YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING").

## LDSS-3151 (Rev. 9/01) PAGE 3 Use the Form Below to Penert Changes

Use the Form Below to Report Changes									
change in income or source of income up or down by more than \$25 a month if received Benefits (UIB) etc. You must also tell us if the total a month if received from a private source such you must also tell us if the total earned income the change, use your household's total month. You don't have to report changes in your temporary are subject to six-month reporting requirer gross monthly income when it exceeds 130% of the poverty level must be reported at your next.	red from otal unea as Child receive y income orary as ments, y f the por	a public so arned incon d Support P d by your h e before de sistance. You need or verty level.	ource some recovery and recovery	such as Social S	ecurity Busehold sability In lown by s, or retinere is a ys of the	enefits of goes up surance more that rement of change end of	or Unemptor down Payment \$100 at a structure to the struc	bloyment In by more that setc. Add a month. In dues are tasource of in the change.	nsurance nan \$100 ditionally, n figuring aken out. ncome. If s in your
NAME OF PERSON RECEIVING INCOME		SOURCE	OF INC	COME	NE	IUOMA W	NT	HOW OFTEN RECEIVED	
1.					\$				
2.					\$				
3.					\$				
CHANGE IN HOUSEHOLD - List below all nemoved in or out or have died.	w memb	ers to your	hous	ehold including n	ewborn	children.	Also lis	t members	who have
NAME	AGE	RELATIONS	SHIP	CHANGE (CHECK	( ONE)	DATE	INCOM	E AMOUNT	SOURCE
1.				CAME INTO HOUS	SEHOLD		\$		
2.					CAME INTO HOUSEHOLD LEFT HOUSEHOLD		\$		
3.					CAME INTO HOUSEHOLD LEFT HOUSEHOLD		\$		
4.				CAME INTO HOUSEHOLD LEFT HOUSEHOLD			\$		
CHANGE OF ADDRESS  NEW MAILING ADDRESS	CITY	,			STATE			ZIP CODE	
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECT			(if you a	re homeless, leave bla		(			WHERE YOU
CHANGE IN HOUSING COSTS - If you have m section to tell us that you rent, mortgage payme					Even if			ved, you ca	an use this
Are you a roomer or boarder? YES		NO	If	Yes, are meals	INC	LUDED	NOT	Γ INCLUDE!	)
RENT		YES	NO	IF YES, GIVE MONTHLY AMOUNT				CHANGE (CHECK ONE)	
Do you pay rent?				\$			Sam	e More	e Less
Do you pay for the following <b>separate</b> from your <b>rent?</b>		YES	NO	IF YES, GIVE M	ONTHLY A	MOUNT	CH	HANGE (CHE	CK ONE)
Heat and/or air conditioning				\$			Sam	e More	e Less
Utilities (electricity, cooking gas, etc.)				\$			Sam	e More	e Less
Telephone				\$			Sam	e More	e Less
MORTGAGE PAYMENT		YES	NO	IF YES, GIVE M	ONTHLY A	- FNUOMA	CH	HANGE (CHE	CK ONE)
Do you have a <b>mortgage</b> payment?				\$			Sam	e More	e Less
Do you pay for the following <b>separate</b> from your <b>mortgage</b> :			NO	IF YES, GIVE M	ONTHLY A	MOUN	CH	HANGE (CHE	CK ONE)
Property taxes				\$			Sam		
House Insurance				\$			Sam	e More	e Less
Heat and/or air conditioning				\$			Sam	e More	e Less
Utilities (electricity, cooking gas, etc.)				\$			Sam	e More	e Less

\$

YES

NO

Are you living in public housing?

Same

YES

More

Less

NO

Telephone

Are you living in section 8 or other subsidized housing?

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	NGE IN NUMBER OF CARS OF				old purchased, s	sold or tra	aded a ca	ar, truck, boat	t, camper,
moto	rcycle or other vehicle since the	ast time you t		i?					
MAKE .			MODEL		YE	AR		LD, AMOUNT RE	CEIVED
1.							\$		
2.							\$		
3.							\$		
Inclu your 60 ye	NGE IN SAVINGS - List the too de cash, savings accounts, check household savings have increase ears old or older) NGE IN CHILD CARE, DEPEN andent care costs changed? If so,	sed to more t	s, stocks, bonds or chan \$2,000 (\$3,000)	other inversion more	estments. You nif one househol	nust tell ( d membe	us if er is \$	ave your chil	ld care or
CHANGE (CHECK ONE)			FOR WHOM?					HOW OFTEN D	O YOU PAY?
1.	NO LONGER HAVE COST HAVE COST		WIN			\$			
2.	NO LONGER HAVE COST HAVE COST					\$			
3.	NO LONGER HAVE COST HAVE COST					\$			
	<ul> <li>getting veterans' disability be</li> <li>getting government disability</li> <li>getting Railroad Retirement</li> <li>getting disability-based med</li> </ul>	ty retirement b t disability ber	nefits ce						
	NAME		TYPE OF COST	\$	AMOUNT		HOW OFTEN	I IS EACH PAYMEN	T DUE?
				\$					
				\$					
				\$					
DO Y	OU EXPECT THE CHANGES Y	OU HAVE RE	PORTED TO REMA	IN THE	SAME NEXT M	ONTH?		YES	NO
If "N	O"explain:								
			E	BE SUI	RE TO REA	D AND	SIGN	PAGE 5	<b>→</b>

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#### 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.

#### FOOD STAMP PENALTY WARNING

THE INFORMATION PROVIDED ON THIS FORM WILL BE SUBJECT TO VERIFICATION BY FEDERAL, STATE AND LOCAL OFFICIALS. IF ANY IS FOUND INACCURATE, YOU MAY BE DENIED FS AND/OR BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING FALSE INFORMATION.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND GUILTY IN A COURT OF LAW OF BUYING OR SELLING FIREARMS, AMMUNITION OR EXPLOSIVES IN EXCHANGE FOR FS, WILL NEVER BE ABLE TO GET FS AGAIN. ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND GUILTY IN A COURT OF LAW OF BUYING OR SELLING CONTROLLED SUBSTANCES (ILLEGAL DRUGS OR CERTAIN DRUGS FOR WHICH A DOCTOR'S PRESCRIPTION IS REQUIRED) IN EXCHANGE FOR FS WILL NOT BE ABLE TO GET FS FOR 24 MONTHS FOR THE FIRST OFFENSE AND PERMANENTLY FOR THE SECOND OFFENSE. ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE FOLLOWING RULES CAN BE BARRED FROM THE FS PROGRAM FOR 12 MONTHS AFTER THE FIRST VIOLATION 24 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY AFTER THE THIRD VIOLATION. THE INDIVIDUAL CAN BE FINED UP TO \$250,000, SENT TO JAIL UP TO 20 YEARS OR BOTH. A COURT CAN ALSO BAR AN INDIVIDUAL FOR AN ADDITIONAL PERIOD OF TIME FROM THE FS PROGRAM. THE INDIVIDUAL MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS CONVICTED OF AN OFFENSE FOR KNOWINGLY USING, TRANSFERRING, ACQUIRING, ALTERING OR POSSESSING FOOD STAMP COUPONS, OR ELECTRONIC ACCESS DEVICES IN ANY UNAUTHORIZED MANNER IS PERMANENTLY INELIGIBLE FOR FOOD STAMPS IF SUCH FOOD STAMP COUPONS, OR ELECTRONIC ACCESS DEVICES HAVE A VALUE OF \$500 OR MORE.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND TO HAVE MADE A FALSE STATEMENT OR REPRESENTATION ABOUT THEIR IDENTITY OR PLACE OF RESIDENCE IN ORDER TO RECEIVE MULTIPLE FOOD STAMP BENEFITS AT THE SAME TIME IS INELIGIBLE TO RECEIVE FOOD STAMPS FOR 10 YEARS.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FLEEING TO AVOID PROSECUTION, CUSTODY OR CONFINEMENT AFTER CONVICTION, FOR A CRIME, OR ATTEMPT TO COMMIT A CRIME, THAT IS A FELONY UNDER THE LAW OF THE PLACE FROM WHICH THE MEMBER IS FLEEING (IN THE CASE OF THE STATE OF NEW JERSEY, IS A HIGH MISDEMEANOR UNDER THE LAW OF NEW JERSEY) IS INELIGIBLE TO RECEIVE FOOD STAMPS. ANY MEMBER OF YOUR HOUSEHOLD WHO IS VIOLATING A CONDITION OF PROBATION OR PAROLE IS INELIGIBLE TO RECEIVE FOOD STAMPS.

- **DO NOT** give false information, or hide information to get or continue to get FS.
- **DO NOT** trade or sell FS or Food Stamp identification/benefit cards for your household.
- **DO NOT** alter Food Stamp identification/benefit cards to get FS you are not entitled to receive.
- **DO NOT** use FS to buy ineligible items, such as alcoholic drinks and tobacco.
- DO NOT use someone else's FS or Food Stamp identification/benefit cards for your household.

In signing this application, I certify, under penalty of perjury, that the information contained in this application is correct and complete to the best of my knowledge.

#### **CERTIFICATION**

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra Food Stamp 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	