NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOOD STAMP CHANGE REPORT FORM

(Please Print Clearly)

CASE NUMBER

YOUR RESPONSIBILITY TO REPORT CHANGES

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

DATE: _____

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.

TO: _____

ADDRESS: _____

_____

_____

COMPLETE THIS FORM AND MAIL TO:

LOCAL DISTRICT NAME AND ADDRESS:

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

As a household with income, you are now only required to report changes about your Food Stamp benefits 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 telephone, in writing, or in person within 10 days after the end of the calendar 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.

   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, and no one in your household receives Temporary Assistance (TA):** At a six-month checkpoint into your certification period, if your household has any of the changes listed below, you are required to report them on this change report form within ten days after you receive the form.

   NOTE: At this six-month checkpoint you do not have to return this form unless your household has had any of the changes listed below.

   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 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 of $100 or more in court ordered child support paid to a child outside of the Food Stamp benefits Household.
   - 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.
   - 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 disabled or 60 years old or older).
   - Any changes in your household that would result in a penalty as described on page 5.

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
- disabled spouses 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 Food Stamp benefits. Changes in medical expenses must be reported at your next recertification.

Exceptions To Six-Month Reporting Rules – You must report all of the changes listed on Page 1 in item #2 within ten days after the change occurs if your household:

- had no income, or
- gets SSI or SSD and lives in a certified congregate care group home, or
- includes a seasonal migrant farm-worker, or
- was certified for less than four months, or
- is homeless (undomiciled – without shelter), or
- includes an Able-Bodied Adult Without Dependents ("ABAWD"): you must tell us if your work hours go below 80 hours a month with 10 days after the end of the month.

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 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 food stamp 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 food stamp case.

Temporary Assistance Reporting Rules: The rules listed above apply only to the Food Stamp Benefits program. 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. 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 your 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.

If you no longer want to receive Food Stamp benefits, sign here to withdraw from participation in the Food Stamp Benefits program. Your Food Stamp 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 Food Stamp benefits by requesting a Fair Hearing within 90 days.

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 FOOD STAMP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION , YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING").

Use the Form Below to Report Changes

CHANGE IN INCOME OR SOURCE OF INCOME – Six – month reporters – If you are subject to six-month reporting requirements you need to report, within 10 days of the end of the month, changes in your gross monthly income when it exceeds 130% of the poverty level. If your household is certified for more than seven months, has only unearned income and does not receive Cash Temporary Assistance, 6 months into your certification period you are required to report any changes in your household on this mail report form. If your household is certified for more than seven months and either has earned income or receives Cash Temporary Assistance, 6 months into your certification period you will be sent a different form which must be completed and returned (regardless of changes) to report your household circumstances. Otherwise, changes in your gross monthly income that do not exceed 130% of the poverty level must be reported at your next recertification.

Exception Reporters – If your household is in one of the situations described above under "Exceptions Reporting Rules": You must tell us if the total unearned income received by your household 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. You must also tell us if the total unearned income received by your household 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 Payments etc. Additionally, you must also tell us if the total earned income received by your household goes up or down by more than $100 a month. In figuring the change, use your household's total monthly income before deductions such as taxes, or retirement or union dues are taken out. You don't have to report changes in your temporary assistance. You must also tell us if there is a change in your source of income.

NAME OF PERSON RECEIVING INCOME	SOURCE OF INCOME	NEW AMOUNT	HOW OFTEN RECEIVED
1.		$	
2.		$	
3.		$	

CHANGE IN HOUSEHOLD - 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.			☐ CAME INTO HOUSEHOLD ☐ LEFT HOUSEHOLD		$	
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 DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)	TELEPHONE NUMBER WHERE YOU CAN BE REACHED ( ) AREA CODE

CHANGE IN HOUSING COSTS - 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 you rent, mortgage payment or other costs have changed.

Are you a roomer or boarder? ☐ YES ☐ NO If Yes, are meals ☐ INCLUDED ☐ NOT INCLUDED

RENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you pay **rent?**	☐	☐	$	☐ Same ☐ More ☐ Less
Do you pay for the following **separate** from your **rent?**	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
• Heat and/or air conditioning	☐	☐	$	☐ Same ☐ More ☐ Less
• Utilities (electricity, cooking gas, etc.)	☐	☐	$	☐ Same ☐ More ☐ Less
• Telephone	☐	☐	$	☐ Same ☐ More ☐ Less
MORTGAGE PAYMENT	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
Do you have a **mortgage** payment?	☐	☐	$	☐ Same ☐ More ☐ Less
Do you pay for the following **separate** from your **mortgage:**	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)
• Property taxes	☐	☐	$	☐ Same ☐ More ☐ Less
• House Insurance	☐	☐	$	☐ Same ☐ More ☐ Less
• Heat and/or air conditioning	☐	☐	$	☐ Same ☐ More ☐ Less
• Utilities (electricity, cooking gas, etc.)	☐	☐	$	☐ Same ☐ More ☐ Less
• Telephone	☐	☐	$	☐ Same ☐ More ☐ Less

Are you living in section 8 or other subsidized housing? ☐ YES ☐ NO

Are you living in public housing? ☐ YES ☐ NO

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 ($3,000 or more if one household member is 60 years old or older) $

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 Food Stamp benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. ☐ NO LONGER HAVE COST ☐ HAVE COST			$	
2. ☐ NO LONGER HAVE COST ☐ HAVE COST			$	
3. ☐ NO LONGER HAVE COST ☐ 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 Food Stamp benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		$	
		$	
		$	
		$	

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO REMAIN THE SAME NEXT MONTH? ☐ YES ☐ NO

If **"NO"** explain**:**

BE SURE TO READ AND SIGN PAGE 5 ➔

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 BENEFITS (FS) PENALTY WARNING

Any information you provide in connection with your application for Food Stamp Benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS 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 FS: **or**
- Found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or**
- Found guilty in a court of trafficking in FS worth $500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or**
- Found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS 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 FS.

If you have committed your:

- First IPV, you will not be able to get FS for one year.
- Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp 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 FS, you will not be able to get FS 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 coupons, 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 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	