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5. Are all of the adults (18 or older) in your

6. Does your household receive \$0 income

(including \$0 Temporary Assistance)

7. Are you without shelter (undomiciled) or

a migrant/seasonal farmworker?

8. You answered "NO" to all 7 questions

household either disabled or 60 or

older?

above

						P/	AGE 1
CA	SE N	UMB	ER				

NO – Go To Question #6, below

NO – Go To Question #7, below

NO − Go To #8, below

NEW YORK STATE OFFICE OF TEM	CASE NUMBER					
FOOD STAMP CHA (Please F						
YOU MUST REPORT ANY CHANG	ES IN YOUR CIRCUMSTANCES ED BELOW.	DATE:				
		THIS FORM AND MAIL TO: CT NAME, ADDRESS AND TELEPHONE NUMBER:				
TO: ADDRESS:		OT NAME, ADDRESS AND TELETHONE NOMBER.				
	RESPONSIBILITY TO REPORT CH					
required to report under the ru	ules, we may have to establish a amount of the overpayment from	claim for overpayment of food				
	ort are explained below. You may I and, if this change will increase you nefit.					
	PORTER" OR A "CHANGE REP OUT WHETHER YOU ARE A "					
Do you receive transitional food stamp benefits (TBA)?	YES – Go To "TBA" on page 3 (Skip questions 2 through 8)	□ NO – Go To Question #2, below				
Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	YES – Go To "NYSNIP" on page 3 (Skip questions 3 through 8)	□ NO – Go To Question #3, below				
3. Are you certified for food stamp benefits for five months or less at a time?	YES –Go To "Change Reporting" on page 2 (Skip questions 4 through 8)	□ NO – Go To Question #4, below				
Does anyone in your household have earned income that is being counted in your food stamp benefit amount?	YES –Go To "Six-Month Reporting" on the bottom of this page (Skip questions 5 through 8)	NO – Go To Question #5, below				

YES –Go To "Change Reporting" on

YES –Go To "Change Reporting" on

page 2 (Skip questions 7 and 8)

Go To "Six-Month Reporting" on the

on page 2 (Skip question 8)

top of page 2

page 2 (Skip questions 6 through 8)

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SIX-MONTH REPORTING RULES: As a food stamp household under the "Six-Month 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 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 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 food stamp 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 \$3000 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
- 3. If anyone in your food stamp household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if your work hours go below 80 hours a month within 10 days after the end of that month.

CHANGE REPORTING RULES:

As a food stamp household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days of the change:

- 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 food stamp 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 \$3000 if anyone in your household is disabled or 60 years old or older)
- If anyone in your food stamp household is an **Able-Bodied Adult Without Dependents** ("ABAWD"), you must tell us if your 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

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TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional food stamp 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 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.

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 food stamp benefits. You may also report your new address if you move, so that you can 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
- 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.

Temporary Assistance (TA) Reporting Rules: The rules listed above 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 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 food stamp 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 food stamp 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.

If you no longer want to receive food stamp benefits, sign here to withdraw from participation in the Food Stamp 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. You may re-apply for food stamp benefits at any time after your withdrawal.

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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 WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING" ON PAGE 6).

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Use the Form Below to Report Changes

CHANGE IN INCOME OR SOURCE OF INCOME If you are a Change Reporter, your reporting rules	– If you are also	are a Six–Moreon explained of	onth Re	eporter, your rep	orting rule	es are exp	olained beg	inning or	n Page 2.
			SOURCE OF INCOME			W AMOUN	NT HOW OFTEN RECEIVED		
1.					\$				
2.					\$				
3.					\$				
CHANGE IN HOUSEHOLD - List below all new mor out or have died.	nembers	to your hou	sehold i	ncluding newbor	•	n. Also lis	t members	who hav	e moved in
NAME	AGE	RELATIONS	SHIP	CHANGE (CHECK	(ONE)	DATE	INCOME A	MOUNT	SOURCE
1.				CHANGE (CHECK ONE) CAME INTO HOUSEHOLD LEFT HOUSEHOLD			\$		
2.				CAME INTO HOUS			\$		
3.				CAME INTO HOUS			\$		
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	YOUR HOME	(if you are	e homeless, leave blank)			TELEPHONE NUMBER WHERE YOU CAN BE REACHED			
							REA CODE		
CHANGE IN HOUSING COSTS - If you have move to tell us that your rent, mortgage payment or other				osts below. Ever	n if you ha	ave not m	oved, you o	an use t	his section
Are you a roomer or boarder?	S	\square NO	If Y	es, are meals		UDED	\square not in	CLUDE	
RENT			NO	IF YES, GIVE M	IONTHLY A	MOUNT	CHAN	GE (CHE	CK ONE)
Do you pay rent?				\$			☐ Same	☐ More	e 🗆 Less
Do you pay for the following separate from your re	ent?	YES	NO						
Heat and/or air conditioning									
Utilities (electricity, cooking gas, etc.)									
Telephone									
MORTGAGE PAYMENT			NO	IF YES, GIVE M	GIVE MONTHLY AMOUN			CHANGE (CHECK ONE)	
Do you have a mortgage payment?				\$	□ Sa			Same ☐ More ☐ Less	
Do you pay for the following separate									
from your mortgage:		YES	NO	IF YES, GIVE MONTHLY AMOUNT CHANGE (CHECK					
Property taxes				\$ Same More					
House Insurance				\$			☐ Same	□More	Less
Heat and/or air conditioning									
Utilities (electricity, cooking gas, etc.)									
Telephone									
Are you living in section 8 or other subsidized housing?	≣S	□ №		Are you living i	n public h	ousing?	☐ YES	s [□ NO

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CHANGE IN NUMBER OF CARS OR motorcycle or other vehicle since the l				chased,	sold or tra	aded a	car, truck, boat, camper,	
MAKE		MODEL		YE	ÆAR IF		IF SOLD, AMOUNT RECEIVED	
1.						\$		
2.						\$		
3.						\$		
CHANGE IN SAVINGS - List the tot Include cash, savings accounts, chec your household savings have increas is 60 years old or older or been detern CHANGE IN CHILD CARE, DEPENI	king accored to more to be the cored to more the cored to be t	unts, stocks, bonds or ot e than \$2,000 (more than e disabled).	ner investmer \$3,000 if any	nts. You rone in yo	nust tell u ur housel	us if nold	\$	
dependent care costs changed? If so,					FFORT	AID -	Triave your crillo care or	
CHANGE (CHECK ONE)		FOR WHOM?	WHOM DO	WHOM DO YOU PAY? NE		MOUNT	HOW OFTEN DO YOU PAY?	
1.				\$				
2. NO LONGER HAVE COST HAVE COST				\$				
3.				\$				
 getting Supplemental Security getting Social Security Disa getting veterans' disability be getting government disability getting Railroad Retirement getting disability-based med 	bility paymenefits y retireme disability lical assist	nents ent benefits benefits tance						
If you report and verify an increase in	your mean	TYPE OF COST	e eligible for m		-			
NAME	NAME			AMOUNT		HOW OF	TEN IS EACH PAYMENT DUE?	
			\$					
			\$					
			\$					
			\$					
DO YOU EXPECT THE CHANGES Y	OU HAVE	REPORTED TO CONTIL	NUE NEXT M	ONTH?			☐ YES ☐ NO	
If "NO"explain:								
CHECK HERE IF YOU HAVE NO CH	ANGES T	O REPORT ABOUT YOU	JR FOOD ST	AMP HO	USEHOL	D	☐ NO CHANGES	
		В	E SURE T	O REA	D AND	SIG	SN PAGE 6	

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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 to challenge our decision.

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 obtaining firearms, ammunition or explosives in exchange for FS; or
- Found guilty in a court of law 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 in a court of law 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 food stamp 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 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	