



# FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION



## ***Applying For Food Stamp Benefits Only?***

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

*This application can only be used to apply for Food Stamp Benefits.*

## **When You Are Applying For Food Stamps Benefits**

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household members even if you or some other members of your household are not eligible for benefits because of immigration status. For example, immigrant parents can apply for Food Stamp Benefits for their children even if they are not themselves eligible for benefits.

## **Need Food Stamp Benefits Right Away? You May Be Eligible For Expedited Food Stamp Benefits Service**

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to receive Food Stamp Benefits within 5 days of the date that you apply for benefits. Your worker will always review your circumstances to see if you are eligible for expedited processing of your Food Stamp Benefits application. A process is in place to ensure that benefits will be issued to all Food Stamp Benefits eligible households who meet the standards for expedited service.

## **Having Problems Coming To Us For A Food Stamp Benefits Appointment?**

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances, we can interview you by telephone.

Please contact us at \_\_\_\_\_ if you need to set up a telephone interview.

## **Questions?**

For any questions you have about completing an application or eligibility for Food Stamp benefits, you may contact us at \_\_\_\_\_.

**In addition to the Food Stamp Benefits Application, make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have an Emergency"

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION**

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	<input type="checkbox"/> Apply <input type="checkbox"/> Recertify	Lang
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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Other phone where you can be reached: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_  
 Other Name: \_\_\_\_\_ Are You:  Applying or  Recertifying  Do you want to receive notices in:  Spanish and English or  English Only

**List everyone who lives with you even if they are not applying. List yourself first.**

	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*					
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	
1								<input checked="" type="checkbox"/>		self	<input checked="" type="checkbox"/>									
2																				
3																				
4																				
5																				
6																				
7																				
8																				

\*Race/Ethnic Codes: I – Native American or Alaskan Native, A - Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W - White

Are you and is everyone living with you a US citizen?  Yes  No If No, who is not a citizen? \_\_\_\_\_  
 Are you or is anyone living with you fleeing from a law enforcement agency on felony charges, or in violation of probation or parole according to a court?  Yes  No  
 Have you or has anyone living with you ever been disqualified from receiving Food Stamp Benefits because of fraud or intentional program violation?  Yes  No  
 Are you or is anyone in your household applying for or receiving Food Stamp Benefits or Temporary Assistance in another place?  Yes  No  
 Are you or is anyone living with you blind, disabled or pregnant?  Yes  No If Yes, who \_\_\_\_\_  
 Are you or is anyone living with you a veteran?  Yes  No If Yes, who \_\_\_\_\_  
 Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment?  Yes  No  
 If you are recertifying for Food Stamp Benefits, list on the Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out).

**We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box.** →

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED <u>4</u>
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**INCOME**

List ***ALL*** your income and the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training?  Yes  No *If Yes, who* \_\_\_\_\_.

Amount paid \$ \_\_\_\_\_ . How often paid (e.g., weekly, monthly) \_\_\_\_\_ .

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income?  Yes  No

Do you or does anyone living with you have any potential income that has not yet been received?  Yes  No *If Yes, explain on Page 6.*

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance?  Yes  No *If Yes, who* \_\_\_\_\_.

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

Yes  No *If Yes, who* \_\_\_\_\_.

Are you or is anyone living with you participating in a strike?  Yes  No *If Yes, who* \_\_\_\_\_.

**RESOURCES**

How much money does everyone applying have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts) \$ \_\_\_\_\_ Belongs to \_\_\_\_\_.

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates)  Yes  No

*If Yes, amount* \$ \_\_\_\_\_ *Type* \_\_\_\_\_ *Owner* \_\_\_\_\_.

How many cars, trucks or other vehicles do you or anyone in your household have?

\_\_\_ #1 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

\_\_\_ #2 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

Do you or anyone applying own any property including your own home?  Yes  No *if yes, list property* \_\_\_\_\_ *Owner* \_\_\_\_\_

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for Food Stamp Benefits?  Yes  No

**LIVING ARRANGEMENTS AND EXPENSES**

Check all the descriptions that apply to your household:

Own home or paying for home  Renting  Migrant/seasonal farmworker  No permanent residence  Live with relatives or friends

List expenses:

Monthly rent or mortgage payment \$ \_\_\_\_\_ Tax on home per year \$ \_\_\_\_\_ Insurance on home per year \$ \_\_\_\_\_.

Pay separately for Heat?  Yes  No *If yes, specify type of heating:*  Gas  Electric  Oil  Wood  Coal  Other (list) \_\_\_\_\_.

Heat Co. Acct. No. \_\_\_\_\_

**You may use the page 6 if you need more room or there is other information that you think we might need.**

**Go to Page 3**

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## LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

Pay separately for utilities (*other than heating/cooling*)?  Yes  No (*for example, lights, cooking gas washer/dryer fee's, garbage/trash, water, initial installation of utilities*).

Pay separately for air conditioning?  Yes  No

Does anyone else pay any of these expenses for you (*some examples are Section 8 or other subsidy program*)?

Yes  No *If yes, who pays what?* \_\_\_\_\_ .

Do you or does anyone living with you pay court-ordered child support?  Yes  No *If yes, who* \_\_\_\_\_

Name(s) of child(ren) support is being paid for \_\_\_\_\_

Payment amount \$ \_\_\_\_\_ Frequency of payments (*for example, weekly, bi-weekly, monthly*) \_\_\_\_\_

Are you, and/or anyone living with you, blind/disabled or at least age 60? If so, does such person have medical bills?  Yes  No *If yes, list on the page 6 what they are for, how much and who is responsible for payment.*

Are you, and/or anyone living with you (*16 years old or older*) enrolled in school or training?  Yes  No *If yes, who* \_\_\_\_\_ *where* \_\_\_\_\_

**You may use the page 6 if you need more room or there is other information that you think we might need.**

## READ THE IMPORTANT INFORMATION BELOW

**FOOD STAMP BENEFITS (FS) PENALTY WARNING** – Any information you provide in connection with your application for FS 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 Food Stamp Benefits (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 IPV 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.

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**READ THE IMPORTANT INFORMATION BELOW (cont'd)**

**CONSENT** – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

**SUA (STANDARD UTILITY ALLOWANCE) INFORMATION** – I understand that Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, I intend to apply for a benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

**TELEPHONE ALLOWANCE INFORMATION** – I understand that Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated phone. If I do not have any cost to make phone calls, I will let my worker know.

**CHANGES** – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement or address to the best of my knowledge or belief in accordance with my reporting requirements.

**REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES** – I understand that my household must report child care and utility expenses in order to get a Food Stamp Benefits (FS) deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a FS deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for FS or may increase my FS. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of FS in future months in accordance with the rules for change reporting and processing changes.

**PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN)** – The collection of SSN's is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you do not have an SSN and need to get one, the information you give to the social service district may be used to get one for you.

**CITIZENSHIP/ALIEN STATUS**– I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of my self and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Service.

**READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM (cont'd)**

**NON-DISCRIMINATION NOTICE** – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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**AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to apply for Food Stamp Benefits (FS) for you. If you do, have them sign in the signature section at the bottom of this page. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, print the person’s name, address and phone number below.

**LIFELINE: For applicants/recipients of Food Stamp Benefits:** Do you authorize the Office of Temporary and Disability Assistance to disclose your name, address and telephone number to Verizon. Verizon may use this information to automatically enroll you in their Lifeline Service for a discounted telephone rate?  YES  NO

**CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.**

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APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED
X		X	

**IF APPLYING FOR SOMEONE ELSE AS AN AUTHORIZED REPRESENTATIVE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.**

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Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Use this area for additional information:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

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**I CONSENT TO WITHDRAW MY APPLICATION.** I understand that I may reapply at any time.

SIGNATURE

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DATE

**For Agency Use Only**

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Who Obtained Eligibility Information: \_\_\_\_\_ Date \_\_\_\_\_

Employed by:  Social Services District  Provider Agency (can provider agencies determine FS eligibility?)

(Specify) \_\_\_\_\_

Reason \_\_\_\_/\_\_\_\_/\_\_\_\_  Withdrawal  Denial  Recert. Closing

Eligibility Approved by \_\_\_\_\_ Date \_\_\_\_\_

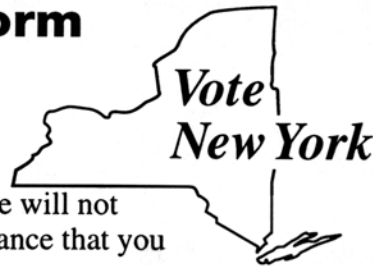
FS Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

**Comments:**

# NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本



**VOTER REGISTRATION FORM**

"If you are not registered to vote where you live now, would you like to apply to register here today?"

**YES** (If you check yes, please complete **VOTER REGISTRATION APPLICATION** at bottom of page)

**NO** because I choose not to register OR

I am already registered at my current address OR

I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

(Signature) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

(Please Print Name) \_\_\_\_\_

## IMPORTANT!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with *New York State Board of Elections, 40 Steuben Street, Albany, New York 12207-2109.*

Tele: 1-800-469-6872, TTY 1-800-533-8683; or visit our web site - [www.elections.state.ny.us](http://www.elections.state.ny.us)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

## Qualifications for Registration

### You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you last voted
- enroll in a political party or change your enrollment

### To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form (note: you must be 18 years old by the date of the general, primary, or other election in which you want to vote.)
- be a resident of the County, or of the City of New York at least 30 days before an election.
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

## VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (10/03)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink**  Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		2	I will be 18 years old on or before election day: Yes <input type="checkbox"/> No <input type="checkbox"/>		For Board use only!	
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form, unless you will be 18 by the end of the year.			
3	Last Name		First Name		Middle Initial	Suffix	
4	Address Where You Live (do not give P.O. address)			Apt. No.	City/Town/Village	Zip Code	County
5	Address Where You Get Your Mail (if different from above)			P.O. box, star rte., etc.	Post Office	Zip Code	
6	Date of Birth	7	Sex (circle) M F	8	Home Tel. Number (optional)		9
10	The last year you voted	Your Address was (give house number, street, and city)			ID Number - Check the applicable box and provide your number		
	In county/state	Under the name (if different from your name now)			<input type="checkbox"/> New York Driver's License Number <input type="checkbox"/> Last four digits of your Social Security number <input type="checkbox"/> I do not have a New York driver's license number or a Social Security number.		
11	<b>Choose a Party — Check one box only</b> <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY			<b>12</b> <b>AFFIDAVIT:</b> I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city, or village for at least 30 days before the election. • I meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years. ↓ Signature or mark ↓ X _____ Date _____			

Please do not write in this space



## TO COMPLETE THIS FORM:

**Box 1:** Must be completed. If you answer NO, do not complete this form.

**Box 2:** Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

**Box 4:** Give your home address.

**Box 5:** Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

**Box 8:** The completion of this box is optional.

**Box 9:** Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

**Box 10:** If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

**Box 11:** In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

**Box 12:** This application must be signed and dated in ink.