Dist Cd:	Ofc:	Worker:	Unit:	Case Name:	Case #:

MAIL-IN RECERT/ELIGIBILITY QUESTIONNAIRE

To determine your continued eligibility for Temporary Assistance (TA) and Food Stamps (FS) you must complete this form, sign, date it and return it to us at the address on the first page of the notice by:	RETURN DATE

- For TA this form is considered a mail-in recertification form. For FS it is an Eligibility Questionnaire.
- You must enclose copies of letters or documents that verify the changes you report.
- Failure to return the form or returning it without the required verification may result in the closing of your case or reduction of benefits.

1. Do you still need:	Temporary Assistance? Yes ☐ No ☐	Food Stamps? Yes ☐ No ☐	Medical Assistance? Yes ☐ No ☐

2. Did anyone **move into** or **out of** your household since the last time you reported the number of persons in your household (including births)? Yes ☐ No ☐

If yes, provide the information requested below.

If they want to apply for assistance an application must be filed.

If you are reporting a newborn enclose a copy of a birth certificate for verification.

SOCIAL SECURITY #	NAME	RELATIONSHIP TO YOU	MOVED IN	MOVED OUT	DATE

3. Other than Temporary Assistance, did you or anyone in your household, have a change in income? Has anyone begun receiving any new or increased income or lost income from any of the following sources since the last time you reported your income? If you check "YES", indicate the amount you receive and whether this amount is new, more or less. If this amount has changed enclose photocopies to verify your last four weeks of pay, or other proof of how much you receive.

SOURCE OF INCOME	YES	NO	AMOUNT	NEW	MORE	LESS
A. Contributions			$			
B. Employment Please indicate the number of hours working per week _______.			$			
C. Unemployment Insurance Benefits (UIB)			$			
D. Supplemental Security Income (SSI)			$			
E. Child Support (Including Court Ordered Payments)			$			
F. Veterans Or Other Military Benefits			$			
G. Other income			$			

4. Have there been any changes in the following since you last reported to us:

YES	NO	
		A. Rent cost: Increase ☐ Decrease ☐ New Amount $ _________ (Enclose rent receipt copy if your rent changed)
		B. Someone is now pregnant or disabled. Name: ___________________ (Enclose copy of Medical Proof)
		C. Resources (examples: motor vehicle, bank account, etc.)
		D. Other changes (including hours employed or in work activities), please explain:

SIGNATURE SECTION

I swear (or) affirm that the information I have provided on this form is true and correct.

Sign here: X	Date:
Husband/Wife or Authorized Representative Signature: X	Date:

WARNING: Federal and State law provides for penalties of fine, imprisonment or both if you do not tell the truth or if you conceal or fail to disclose facts regarding your continuing eligibility for assistance. Regulations require that you immediately notify this agency of any changes in needs, income, resources, living arrangements or address.

MAIL-IN RECERT/ELIGIBILITY QUESTIONNAIRE

FOOD STAMPS

In order to determine if you can still get food stamps, you must complete this eligibility questionnaire and return it by the date on the front of this questionnaire. If you do not complete and return the eligibility questionnaire by the due date, your food stamp benefits will be reduced or stopped. We will send you another notice if this happens. This decision is based on Regulation 18 NYCRR 387.17.

List of changes you must report for Food Stamps at this time:

- 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 for a household without an elderly or permanently disabled household member or $3000 for a household with an elderly or permanently disabled household member.
- If anyone in your food stamp household is an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

MEDICAL ASSISTANCE - You must immediately report any changes in your address, income, resources or household size to this agency. You will be notified if your Medical Assistance coverage changes.

Authorization For Reimbursement of Public Assistance Benefits From SSI Retroactive Payment

I authorize the Commissioner of the Social Security Administration (SSA) to send to the local social services district the amount due to me at the time of my first payment of (1) retroactive Supplemental Security Income (SSI) benefits that I may receive upon an application for SSI or (2) retroactive SSI benefits I may receive if my SSI benefits are terminated or suspended and are later reinstated.
I understand that the local social services district may take from my retroactive SSI payment the amount of Public Assistance (except assistance paid wholly or partly with federal funds) that it paid to me during the period that begins (1) with the first day I became eligible for payment of SSI or (2) the first day to which SSI benefits were reinstated after a period of suspension or termination and ends with the month that SSI payments actually began (or the following month if the local social services district cannot stop delivery of my last public assistance payment during the month that SSI payments resume).

After taking this money from my SSI check(s), the local social services district will pay me the balance; if there is any, no later than 10 working days from the date it receives my SSI payment. I also understand that if the district takes more money than I believe was paid to me as Public Assistance; I will be given an opportunity for a hearing.
I understand that:

- the SSA may treat the date that I submit this signed authorization to the local social services district as the date I first become eligible for SSI if I submit an application for initial SSI benefits within the next 60 days.
- this authorization will apply to any SSI application or appeal which is presently pending before the SSA with respect to me and to any SSI application I make or appeal I request with respect to the period ending one year after I sign this agreement. It will not have any effect on cases that have been completely decided or if the SSA has already made an initial payment of SSI either on my application or after a period of suspension or termination or if the State and I have mutually agreed to terminate the authorization.

This authorization will terminate one (1) year after it is received by the local social services district and will not have any effect upon new SSI applications made after that date.

LIFELINE - For applicants/recipients of Temporary Assistance and/or Food Stamp Benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do *not* want this information released, check this box ☐.

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service. Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Able Bodied Adult Without Dependents (**ABAWDs)** - If anyone in your food stamp household is an Able Bodied Adult Without Dependents ("ABAWD"), you must report when the individual's, who is an ABAWD, monthly participation in employment or other work activities falls below 80 hours."

NOTE: The last part of this form is an application to register to vote. If you would like help filling out the voter registration application form, ask your TA examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency. Return this form to the agency whether it has been completed or not.

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."

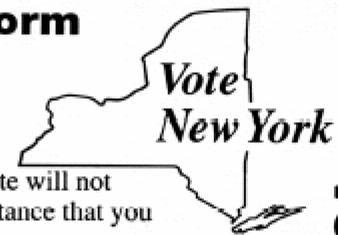
Box 11: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

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

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本



"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) ______

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

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

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.

VOTER REGISTRATION FORM

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 ☐ No ☐ — If you answered NO, do not complete this form.

2 I will be 18 years old on or before election day: Yes ☐ No ☐ — If you answered NO, do not complete this form, unless you will be 18 by the end of the year.

For Board use only!

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 ID Number - Check the applicable box and provide your number
☐ New York Driver's License Number ☐ Last four digits of your Social Security number
➔
☐ I do not have a New York driver's license number or a Social Security number.

10 The last year you voted | Your Address was (give house number, street, and city) | In county/state | Under the name (if different from your name now)

11 Choose a Party — Check one box only

☐ REPUBLICAN PARTY
☐ DEMOCRATIC PARTY
☐ INDEPENDENCE PARTY
☐ CONSERVATIVE PARTY
☐ WORKING FAMILIES PARTY
☐ OTHER (write in) ______
☐ I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a **primary election**, you must be enrolled in one of these parties.

12 **AFFIDAVIT**: 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