LDSS-3938 NYC (Rev. 9/14)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

DATE APPLICATION FILED	MONTH	DAY	YEAR

CASE NAME	CASE NUMBER	SCREENED BY	DATE OF SCREENING	MONTH	DAY	YEAR

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing and Working Families Supplemental Nutrition Program Initiative (WFSNAPI), on the day of application.
2. State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five within five calendar days of application.
3. If Full Eligibility Interview determines Household eligible for SNAP benefits:
   - Make benefits available to client within five calendar days after the date of application.
   - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within five calendar days after the application date.
   - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH?

NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

☐ **YES -** IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING

COMPLETE PART FOUR

☐ **NO -** IF NO, CONTINUE WITH PART TWO

PART TWO – CHECK YES OR NO

** In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

SECTION A

CHECK YES OR NO

DOES THE HOUSEHOLD HAVE $100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, **AND**

HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN $150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?

☐ **YES –** IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

☐ **NO –** IF NO, CONTINUE WITH SECTION B.

SECTION B

ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?

Rent/Mortgage: $ _____ Income: $_____

*Heat/AC: _____ Resources: _____

*Utilities: _____

*Telephone: _____

*Homeless Shelter Deduction _____

Total Expenses: $ _____ **Totals:** _____

☐ **YES**

IF YES, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

☐ **NO**

IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING UNLESS QUALIFIED UNDER PART THREE.

GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR

* Use HT/AC Standard Utility Allowance (SUA) only if household incurs costs or received HEAP greater than $20 during the month of application or within the previous 12 months of application.

** Use the Homeless Shelter Deduction for "undomiciled" households who do no reside in a homeless shelter.

PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

A. IS THIS A HOUSEHOLD WITH NO MORE THAN $100 IN LIQUID RESOURCES? ☐ **YES** ☐ **NO –** IF NO, HOUSEHOLD DOES **NOT QUALIFY FOR** EXPEDITED PROCESSING. COMPLETE PART FOUR

AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION? ☐ **YES** ☐ **NO CONTINUE WITH B2**

OR

(2) IS NEW, AND NO MORE THAN $25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION ☐ **YES** ☐ **NO**

IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING,

IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE		
☐ QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.	☐ NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE	☐ NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.
NOTES:		

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C			
VERIFICATION - CHECK YES OR NO			
SECTION A	1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.	☐ **YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET** **GO TO QUESTION 2**	☐ **NO** **IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED** **GO TO QUESTION 2**
	2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE?	☐ **YES** **GO TO QUESTION 3**	☐ **NO** **IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,** **CONTINUE TO SECTION B**
	3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?	☐ **YES** **IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,** **CONTINUE TO SECTION B**	☐ **NO** **If HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED.** **DATE REQUESTED:** _____ **DATE SUBMITTED:** _____
SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:	
	PLEASE COMPLETE FOR NON-CA SNAP HOUSEHOLDS ONLY 1. IS ANY ADULT* (18 YEARS OF AGE OR OLDER) MEMBER OF YOUR HOUSEHOLD EITHER WORKING 30 OR MORE HOURS PER WEEK OR EARNING $217.50 OR MORE PER WEEK?	☐ **YES** IF YES, HOUSEHOLD PRESUMPTIVELY **QUALIFIES** FOR WFSNAPI.	☐ **NO** **IF NO GO TO QUESTION 2.**
	OR 2. ARE ANY TWO (2) ADULT* MEMBERS OF YOUR HOUSEHOLD EACH EITHER WORKING 20 OR MORE HOURS PER WEEK OR EARNING $145 OR MORE PER WEEK? * (Also Minor Heads of SNAP Household)	☐ **YES** IF YES, HOUSEHOLD PRESUMPTIVELY **QUALIFIES** FOR WFSNAPI.	☐ **NO** IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR WFSNAPI.

AGENCY DISPOSITION OF SNAP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES	
SECTION C	*COMPLETION OF THIS SECTION IS OPTIONAL – DISTRICT DISCRETION* ☐ ELIGIBLE ☐ ELIGIBLE (Applied on or before 15th of month; zero benefit due to proration) ☐ ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full second month's benefit) ☐ ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus second month's benefit) ☐ INELIGIBLE: Indicate reason: ☐ HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.) ☐ VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE) ☐ HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE) Other Denial Reason/Comments _____
DATE OF FINAL DISPOSITION ON SNAP BENEFIT ELIGIBILITY:	WORKER NAME: