

NOTICE OF INTENT TO CHANGE BENEFITS - PART B

PUBLIC ASSISTANCE GRANT AND/OR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS FOR NONCOMPLIANCE WITH WORK REQUIREMENTS (TIMELY AND ADEQUATE) AND NOTICE OF EFFECT ON MEDICAID BENEFITS

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER		CIN			
CASE NAME (And C/O Name if Present) AND ADDRESS					
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> ┌ ┐ </div> <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> └ ┘ </div>				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
				OR Agency Conference Fair Hearing information and assistance	
				Record Access	
				Legal Assistance information	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.	

This **NOTICE** is to tell you that this agency intends to **CHANGE** your household's benefits as explained below and on PART A. See **PART A** for information regarding any change in **PUBLIC ASSISTANCE** and **MEDICAL ASSISTANCE**.

ATTENTION: IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION (ON THE BACK OF THIS NOTICE) TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

- REDUCE your SNAP benefit effective _____ from \$ _____ to \$ _____.
- DISCONTINUE your SNAP benefit effective _____. At the end of the disqualification period or if you become exempt from SNAP work requirements as described below, you may reapply for SNAP benefits.
- CONTINUE your SNAP benefit unchanged.
- OTHER: _____

_____ (the sanctioned person) will be sanctioned for _____ months and until _____ (the sanctioned person) complies with assigned work requirements or documents an exemption from SNAP work requirements. This is _____'s (the sanctioned person's) _____ violation of SNAP employment rules. The length of the SNAP sanction period depends on the number of times an individual has been sanctioned in the past for non-compliance with SNAP work requirements. The number of SNAP violations does not include any SNAP work sanctions initiated between August 3, 2009 and December 14, 2012.

The REASON for this action is because after a review of your case, including any reasons _____ (the sanctioned person) may have given us for not complying, it has been determined that beginning on _____ (date) _____ (the sanctioned person) willfully and without good cause failed or refused to:

_____ (sanctioned person) also did not demonstrate compliance with SNAP work requirements as assigned by this agency to avoid this SNAP sanction.

If you disagree with any determination as described in this letter, you have the right to request a conference and/or a review at a fair hearing. For additional information on how to ask for a conference and/or a fair hearing, please see the section on the back of this notice titled "Conference and Fair Hearing Section".

Your household may request to have the sanctioned person added back to your SNAP case after the sanction period. However, the sanctioned person must comply with SNAP work requirements as assigned by this agency or document an exemption from SNAP work requirements before he or she can be added back to the case. The sanctioned person may become eligible for SNAP before the end of the sanction period if he or she is otherwise eligible AND is no longer required to work or participate in work activities. For example, an individual who becomes unable to work or participate in work activities may be exempt from SNAP work requirements. The sanctioned person should contact the worker identified above, if he/she believes that he/she should be exempt from SNAP work requirements or the required sanction period has ended and he/she is willing to comply with SNAP work requirements. The worker will explain what he/she needs to do to document the exemption or to comply with work requirements.

The REGULATION which allows us to do this is 18 NYCRR 385.12.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See "Keeping Your Benefits The Same" below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance	60 days
SNAP Benefits	90 days

KEEPING YOUR BENEFITS THE SAME: If you request a fair hearing before the effective date stated in this notice and our action affects your Public Assistance or SNAP Benefits, you will continue to receive your benefits unchanged until the fair hearing decision is issued.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want to keep my benefits the same until the fair hearing decision is issued:

- Public Assistance SNAP Benefits

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.