

ACTION TAKEN ON YOUR APPLICATION: PART B
PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
AND MEDICAL ASSISTANCE COVERAGE

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
[]		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 NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER

The action(s) taken on your application dated _____ is explained below and on Part A, next to the checked box(es) . **SEE PART A FOR PUBLIC ASSISTANCE AND MEDICAL ASSISTANCE INFORMATION.**

If you do not use your SNAP account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.

- APPROVED** for SNAP from _____ to _____ for [name(s)] _____
- You will get \$ _____ for the month of _____ because we must figure your first month's benefit from:
 - The date you applied to the end of the month. You may access your benefit on _____.
 - The latest date you provided proof we needed. This is because you gave us proof after it was due. You may access your benefit on _____.
 - You will get \$ _____ which is a combined benefit for the months of _____ and _____. This is because you applied/provided proof after the 15th of the month. Your first month's benefit of \$ _____ was figured from the date you applied/provided proof to the end of the month. Your second month's benefit of \$ _____ is for the entire month. You may access your combined benefit on _____.
 - Beginning _____ you will get \$ _____ monthly in SNAP benefits. You may access these benefits on the _____ day of each month.
 - Beginning _____ you will get \$ _____ monthly in SNAP benefits. You may access these benefits on the _____ day of each month.
 - So you could get SNAP benefits right away, we calculated your benefit without all the necessary proof. Listed here is the proof you still need to provide: _____
 You will **not** be able to get SNAP in the future unless you provide this proof. This proof will be used to determine the amount of SNAP benefits you can get. If your SNAP benefits change due to this proof, you will **not** be notified.
 - If you applied for Public Assistance and are approved, your SNAP benefits might go down or might stop. If this happens, you will not get a notice about your SNAP.
 - Other Information: _____

DENIED for the following individuals:
 If **ALL** is listed in the first **Name(s)** field, every member of your household was **DENIED** for the same stated **Reason(s)**.

Name(s): _____ Reason(s) _____
 Name(s): _____ Reason(s) _____
 Name(s): _____ Reason(s) _____
 Name(s): _____ Reason(s) _____

You did not give us the proof we need to see if you can get SNAP Benefits. If you give us this proof we listed above by _____, you will not have to reapply. After that date, you will have to reapply.

PENDING Your application for SNAP benefits is pending because we are still reviewing your eligibility for SNAP. We will notify you of our decision. You do not need to file another application for SNAP.

OTHER: _____

- OVERPAYMENT INFORMATION** (check all that apply)
- We are establishing a SNAP overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter (and also, if your case is closing, the Repayment Agreement) for more information on this overpayment. This decision is based on 18 NYCRR 387.19.
 - The benefit in Line 3 above reflects a _____ % reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. This decision is based on 18 NYCRR 387.19.
 - The benefit in Line 4 above reflects a _____ % reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. This decision is based on 18 NYCRR 387.19.

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance. **The above decision(s) is based on 18 NYCRR 387.19 and:** _____

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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National School Lunch/or Breakfast Programs - The child(ren) listed below are approved to receive free lunch and/or breakfast if he or she attends a school that participates in the National School Lunch and/or Breakfast Programs. To receive this benefit, you must take or send a copy of this notice to the school that your child attends.

This notice also entitles your child(ren) to free meals if they attend a program such as a school, club or camp that participates in the Summer Food Service Program. Make a copy for your records so you can provide it to the sponsor.

List Child(ren)'s name(s):

Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

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. We will correct our mistakes. 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.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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.
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, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

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 **Part A and Part B** 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 of each notice 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 or write 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.