

PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEDICAL ASSISTANCE COVERAGE AND SERVICES (ADEQUATE ONLY) (NYC)

PART A

Form with fields for NOTICE DATE, CASE NUMBER, CIN NUMBER, CASE NAME AND ADDRESS, AGENCY ADDRESS, GENERAL TELEPHONE NO., OFFICE NO., UNIT NO., WORKER NUMBER, UNIT OR WORKER NAME, TELEPHONE NUMBER.

We are CHANGING your benefits as explained below and on UPART B U, next to the checked box(es) [X]:

SEE UPART BU FOR SNAP AND FAIR HEARING INFORMATION.

PUBLIC ASSISTANCE

- REDUCE your Public Assistance Benefit effective from \$ to \$
INCREASE your Public Assistance Benefit effective from \$ to \$
CONTINUE your Public Assistance Benefit unchanged at \$
DISCONTINUE your Public Assistance grant effective

The REASON for this action is

The above decision(s) is based on 18 NYCRR

MEDICAL ASSISTANCE

- CONTINUE the Medical Assistance coverage for [name(s)] unchanged.
CONTINUE the Medical Assistance coverage for [name(s)] pending the receipt of information necessary to decide continued eligibility.
CONTINUE the Medical Assistance coverage for [name(s)] pending our review of eligibility.
REDUCE the Medical Assistance coverage effective for [name(s)] from full coverage to coverage with a SPENDDOWN.
DISCONTINUE Medical Assistance for [name(s)] effective because
Medical Assistance coverage will continue under Transitional Medical Assistance
Medical Assistance coverage will continue until due to receipt of/increase in child or spousal support payments.

The above decision(s) is based on 18 NYCRR

SERVICES - If you are getting Social Services and lose your Public Assistance and Medical Assistance benefits, we will need to see if you still can get Social Services at your next scheduled recertification.

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

- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if you are no longer eligible for Public Assistance or Medical Assistance, Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.
For further information, please contact your services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this Department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, SNAP or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.