NOTICE OF INTENT TO CHANGE BENEFITS:

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

PART	Α
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NOTIO		JIJ I ANGI	L COVERAGE A	,	AGENCY/CENTER OR DISTRICT		
-	TE:			INVINIE WIND WORKESS OF	AGENCI/CENTER OR DISTRICT	OI FIGE	
CASE	NUMBER	CIN NUMBER					
				+			
	CASE NAME (And C/O Name if Pre	sent) AND ADD	RESS	GENERAL TELEPHONE	NO FOR		
				OR Agency Confe Fair Hearing i and assistance	erence ———————————————————————————————————		
1				Record Acces	ss ———		
		(ED.)			nce information		
OFFIC	E NO. UNIT NO. WORK	(ER NUMBER	UNIT OR WORKER N.	AME	TELEPHONE NU	JMBER	
We	are CHANGING your benefits as expla	ained below a	and on U <u>PART B</u> U,	next to the checked box	x(es) ☑:		
		SEE U <u>PART</u>	BU FOR SNAP AN	D FAIR HEARING INFO	ORMATION.		
PUE	BLIC ASSISTANCE	afit affactive		from ¢	to ¢		
	 □ REDUCE your Public Assistance Benefit effective						
	[name(s)]					n added to your case.	
	☐ We cannot add the follow	-	•			·	
	Name:		Reason(s)_				
	CONTINUE your Public Assistance Be	enefit unchar	nged at \$		_•		
	A RECOUPMENT at the rate of rate will cause your family an undoes not have enough income to needs not covered by Medical A rate will cause an undue hardsharte between 5 and 10%. I The	ndue hardshi o eat, to pay Assistance. nip. If we de	p, you should contact for shelter or utilities Your worker will let y cide that the recoup	et your worker to explain s, to get necessary cloth you know what kind of p ment will cause an und	your reason. An undue har ning, to buy general items of proof you will need to show the lue hardship, the recoupment	dship means that a person need, or to pay for medical that the recoupment at this at rate will be changed to a	
	DISCONTINUE your Public Assistance	•					
The	REASON for this action is						
The	above decision(s) is based on 18 N	YCRR				<u> </u>	
ME	DICAL ASSISTANCE						
	CONTINUE the Medical Assistance of	overage for	[name(s)]			unchanged.	
	CONTINUE the Medical Assistance of	overage for	[name(s)]				
	Disease contact us no later than			_pending the receipt of	information necessary to de	ecide continued eligibility.	
	Please contact us no later thaninformation we need.			aι		o we can tell you the	
	CONTINUE the Medical Assistance of pending our review of eligibility. We was			nirty days.			
	REDUCE the Medical Assistance cov	erage effecti	ve	for [nam	ne(s)]		
	SPENDDOWN. Your total gross more between these is your monthly net inchousehold your size is \$ excess income (18 NYCRR 360-4.8).	come for Med	dical Assistance. The difference between	_ Your total monthly de iis is \$ en your net income and	The allowable income I this standard (\$	The difference standard for a family) is your monthly	
	DISCONTINUE Medical Assistance for [name(s)] effective						
	Medical Assistance coverage will continue under Transitional Medical Assistance (See attached Medical Assistance Fact Sheet).						
	Medical Assistance coverage will con	tinue until		•		•	
	above decision(s) is based on 18 N RVICES – If you are getting Social Ser		se your Public Assist	tance and Medical Assis	stance benefits, we will need	I to see if you still can get	
Soci rece	ial Services at your next scheduled re ertification, we will do a redetermination ker or call the general phone number a	ecertification. In to see if y	This does not nece ou can continue to g	essarily mean that you	will no longer be able to get	t Social Services. At your	

- 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.