



Office of Temporary and Disability Assistance

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Informational Letter

Section 1

Transmittal:	16-INF-17
To:	Local District Commissioners
Issuing Division/Office:	Center of Employment and Economic Supports
Date:	November 17, 2016
Subject:	Revised LDSS-4942: "Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Request Form" (Rev. 10/16)
Suggested Distribution:	SNAP Directors Temporary Assistance Directors EBT Coordinators Staff Development Coordinators Employment Coordinators
Contact Person(s):	SNAP Bureau: (518) 473-1469
Attachments:	Attachment 1 - LDSS-4942
Attachment Available Online:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
00-ADM-8 05-INF-14 09-INF-16 16-LCM-09 16-INF-13		NYCRR 387.1, 387.5, 387.6	7 CFR 273.2	SNAP Source Book Sect. 4	GIS 06 TA/DC010

Section 2

I. Purpose

The purpose of this directive is to inform Social Service Districts (SSDs) of revisions to the LDSS-4942 "Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Form.

It is recommended, **but not required**, that SNAP applicants/recipients use this form when designating an authorized representative for the purpose of applying, recertifying or accessing their SNAP benefits. However, all authorized representatives must be authorized in writing by either the head of household, the spouse of the head of household, the applicant/recipient (if different) or another responsible adult member of the household.

II. Background

An Authorized Representative may be designated to apply, recertify, and/or use the SNAP benefits (EBT card) to purchase food on behalf of a SNAP applicant/recipient. To utilize the LDSS-4942, the applicant/recipient must complete the form by entering their name, address and case number. In addition, the name, address and telephone number of the Authorized Representative must be entered. Four boxes are available to check the option of function(s) for the authorized representative. If no boxes are checked, the authorized representative is granted all functions. Although an applicant/recipient or other responsible adult member of the household may use the application form to designate an authorized representative, the LDSS-4942 SNAP Authorized Representative Request Form is available to be used at application, recertification or at any time a client/recipient wishes to designate an authorized representative.

With the electronic SNAP application process, an LDSS-4942 request form should be used if the household is designating an authorized representative. The form is partially completed electronically based on information provided on the application, then available to print hard copy for the SNAP applicant/recipient or other responsible adult member, and the authorized representative to sign and submit to the local agency.

III. Revisions

The LDSS-4942 “SNAP Authorized Representative Request Form” has been revised to reflect the following changes:

- The form is now two pages in length with revision date 10/16 on both pages;
- Applicant Name has been revised to Applicant/Recipient Name;
- Applicant Number has been revised to Applicant/Recipient Case Number;
- The authorization to the representative is valid until revoked by the client; and
- The SNAP Penalty Warning has been revised and reformatted to clarify violations and penalties.

IV. Forms Ordering Information

- The revised English version of the LDSS-4942: “*SNAP Authorized Representative Request Form*” is a Camera Ready Only form.
- The above referenced document has been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous versions of the “*SNAP Authorized Representative Request Form*” **must immediately be destroyed** and replaced with the revised 7/16 version.

- Any future requests for master camera ready copies of the English version, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

E-mail: forms.orders@otda.ny.gov
Social Services Districts (SSD) online forms ordering system: <http://formorders/>
Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at (518) 474-9522.
- Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address above for review and approval.

Issued By

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Division/Office: Employment and Income Support Programs