

**INTERVIEW GUIDE FOR THE LDSS-4826: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
APPLICATION/RECERTIFICATION**

PART A:

Case Name: _____ Case Number: _____ Phone Numbers: (_____)_____, (_____)_____
Mailing Address (If Different from Residential Address): _____

New Application or **Recertification** Recert End Date: _____ Date Received: _____ Application Signed? **Yes** **No**, or **myBenefits/ACCESS NYC?**
Interview Scheduled (Date/Time) _____ Interview Attempts(Date/Time): 1st _____ 2nd _____ 3rd _____
Interview Completed (Date/Time) _____ Person Interviewed: _____
Authorized Representative? **Yes** **No** If Auth. Rep., Name _____ Phone # (____) _____
Is there something in writing verifying the authorized representative may act on behalf of the HH? **Yes** **No** (Application/recertification signature page, LDSS-4942 (Auth. Rep. Form), written statement, myBenefits/ACCESS NYC Auth. Rep. section completed)
Does Applicant/Recipient Need Notices in Alternative Format? **Yes** **No** If Yes, Large Print Data CD Audio CD Braille
Does Applicant/Recipient Need Interpretation Services? **Yes** **No** If Yes, for what language? _____

Household Size: (LDSS-4314 SNAP HH Composition Desk Guide, LDSS-3666 TA/FS Documentation/Verification Desk Guide)
Number in SNAP HH? _____ Number NOT in SNAP HH: _____ Relationship(s) of members not in SNAP HH: _____
SSN's verified? _____ DOB verified if required? **Yes** **No** **N/A** If no, who? _____
Is anyone in the HH Ineligible? **Yes** **No** Who/Why? _____
_____ (Ineligible student, ineligible alien, IPV, sanction, fleeing felon)
If at recertification, did anyone move into or out of HH since last recert (including births)? **Yes** **No** If Yes, what is the change? _____
 DOCUMENTATION NEEDED

SNAP Household Income:
Does anyone in your household receive any income? **Yes** **No** Receiving or applied for Cash Assistance? **Yes** **No**
If HH receives rental income, do they work at least 20 hours weekly to maintain the property? **Yes** **No**

NAME	TYPE OF INCOME	AMOUNT	FREQUENCY	ONGOING?	NEW INCOME? WHEN WAS FIRST PAY RECEIVED?

DOCUMENTATION NEEDED

CATEGORICAL ELIGIBILITY: (LDSS-4943 SNAP Categorical Eligibility Desk Aid)

Is the HH Categorically Eligible? Yes No If No, determine household resources.

Participant Characteristics:

Information requested below is to meet federal reporting requirements. Providing the information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received.

1. Did the household identify the highest education completed for each person who is age 16 or older on the application? Yes No
If **No**, please discuss with household representative to see if information can be provided.

2. If the highest education completed for any member of the SNAP household who is age 16 or older is less than a High School Diploma or High School Equivalency, did the household identify the highest grade completed for that person on the application? Yes No
If **No**, please discuss with household representative to see if information can be provided.

3. Did the household identify the primary language spoken for each person on the application who is age 16 or older? Yes No
If **No**, please discuss with household representative to see if information can be provided.

Residence-Shelter Type/Expenses:

Current Address _____ If at recert, is this a change? Yes No
 _____ Rent: Is rent subsidized? (HUD, Section 8, etc.) Yes No Rent Amount \$ _____ (Indicate tenant amt. if subsidized/shared)
 _____ Own: Mortgage Amount \$ _____ Escrowed? Yes No Taxes \$ _____ Insurance \$ _____ HOA \$ _____
 _____ Public Housing _____ Roomer _____ Shared Living Situation -HH primary tenant? Yes No
 Landlord Name _____ Address _____ Phone # _____

DOCUMENTATION NEEDED

Heat-Utility/Expense:

Is heat/air conditioning included in rent? Yes No Type of heating (if not included)? _____
 Are utilities included in rent? Yes No Do you pay separately for electricity? Yes No
 If No, do you pay an extra fee for AC? Yes No
 Does HH share heating or AC expenses with anyone else? Yes No If Yes, Who? _____
 Does HH have primary responsibility to pay heat/utility bill? Yes No
 Is the vendor relationship established? Yes No

DOCUMENTATION NEEDED

Standard Utility Allowance: (LDSS-4902 SNAP Utility Allowance Table)

A. HT/AC SUA Eligible? **Yes** **No** If Yes, "check" reason below and go to Additional Expenses. If No, go to Part B:

- Owns Home
- HH incurs separate cost for heating or AC
- HH pays separately for electricity and operates an air conditioner
- HH received a HEAP payment >\$20 in current month or previous 12 mo.
- Adult in HH received a HEAP payment >\$20 in current month or previous 12 mo. while residing elsewhere and has moved to a new residence which is not HEAP eligible.
- HH pays \$0 rent with heat included, pays separate cost for utilities and operates an air conditioner.

B. If HH is not eligible for HC SUA, is HH eligible for Utility SUA? **Yes** **No**

If Yes, go to Additional Expenses. If No, household is eligible for the Phone SUA.

(If the HH rents and pays separately for electricity, cooking fuel, sewage, trash collection, water fees, fuel for heating water, or propane gas and/or rental fee for a propane tank, the HH is eligible for the Utility SUA).

Does anyone pay any of the following?	Yes or No	Name	Amount	Frequency
Child Care <i>(parent share if subsidized)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support <i>(Being paid out and Legally Obligated)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicaid spenddown, Medical costs for individuals over 60 years of age or disabled adult, or other Medical costs	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Expenses:

DOCUMENTATION NEEDED

APPLICANT/RECIPIENT RIGHTS AND RESPONSIBILITIES FOR SNAP:

- The information you provided will be kept confidential and be used only for processing your SNAP application and administering your SNAP case if eligible.
- You have the right to look at your case record.
- You have the right to be interviewed as promptly as possible. If you need an interpreter, the agency will provide one for you at no cost to you.
- A written notice will be mailed to you within 30 days telling you if your application is approved, denied, or if a decision on your application is pending. If your household is eligible for expedited service of your SNAP application, you will be notified within 5 days.
- If your application is approved, the written notice will tell you the amount of SNAP benefits you will get, and when you need to report household changes. If your application is denied or if a decision is still pending, the notice will tell you the reason why it has been denied or why it is still pending.
- If you disagree with or do not understand the decision on your application, you have the right to request an agency conference and/or a fair hearing.
- You must provide proof of certain things, like your identity and household income, to be eligible for SNAP. If you cannot get proof, I can help you.
- The information and proof that you give us must be truthful and accurate. If you intentionally provide false, incomplete, or inaccurate information or proof, you could be disqualified from the program and possibly subject to criminal prosecution. If you are given more benefits than you are entitled to, you may have to repay the amount of benefits that you were overpaid.
- If you are eligible for SNAP benefits, you can only use them to purchase eligible food items for your household. You cannot exchange them for things like cash, drugs, alcohol, tobacco products or firearms, or you could be disqualified from the program and possibly subject to criminal prosecution.
- The application you completed, along with the booklet which has the directions on how to fill out the application, contains information on your non-discrimination rights. This information is also posted in our waiting area, and is listed on the "And Justice for ALL" poster. During the process of applying for and receiving SNAP, discrimination against you is unlawful. It is important for you to know that you have the right to participate in SNAP, free of discrimination.
- You also have the right to file a complaint if you feel your civil rights have been violated, by contacting the USDA. Or you may also contact the Office of Temporary and Disability Assistance which is a NY State Agency. All contact information and instructions on how to file a complaint are provided in your application packet (and in Client Information Book 1).

If the SNAP applicant has failed to identify race and ethnicity for applying household members on the application, the worker must ask the client during the interview to self-identify race/ethnicity. If the client is not comfortable providing this information, the worker must explain the following to the client:

"This information is requested solely for the purpose, of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner".

If the client is still unwilling to indicate race/ethnicity, the worker must select "u" unknown in the Race/Ethnicity fields in WMS.

THE HOUSEHOLD HAS BEEN ADVISED OF THEIR RIGHTS AND RESPONSIBILITIES AS DESCRIBED ABOVE.

REPORTING REQUIREMENTS:

Is the household a Simplified Reporter (6 month)? **Yes** **No** If Yes, the **only change** that a Simplified Reporting household is required to report (other than at recert or on their Periodic Report) is if its total household income exceeds 130% of the poverty level for their household size (as set at the time of certification). All other changes must be reported on the Periodic Report or at recertification.

OR, Is the household a Change Reporter (10 Day)? **Yes** **No** If Yes, the following changes must be reported by the 10th day following the month of change:

- New address
- New rent or mortgage costs if they move
- Change in HH composition
- Change in any source of income
- Change in total HH earned income when it increases/decreases by more than \$100 month
- Change in total HH unearned income when it increases/decreases by more than \$100 month, if received from a **public** source (SS benefits, UIB, etc.)
- Change in total HH unearned income when it increases/decreases by more than \$100 month, if received from a **private** source (child support, private disability, etc.)
- Change in the amount of child support the client is legally obligated to pay outside their home
- Increase in resources above the resource limit for those HH's not categorically eligible (CE) *For HH's not **CE**, the resource test is applied
- If client has an additional or change in licensed vehicle for those HH's not **CE**

Simplified Reporters and Change Reporter households with an ABAWD:

- **ABAWD: Each ABAWD in the SNAP household must participate in a qualified work activity for at least 80 hours per month in order to retain SNAP eligibility. If anyone in your household is an ABAWD, he/she MUST tell the district if their work hours go below 20 hours weekly/80 hours monthly within 10 days after the end of that month.**

Transitional Benefit Alternative (TBA):

- TBA HH's are not required to report changes during the 5- month TBA period.
- If HH wants to report a change that would increase SNAP, they must recertify and TBA ends.
- IF HH fails this early recertification, SNAP benefits continue unchanged at the TBA amount until the end of the 5- month period. The case does not close during TBA period for missing this recert appt.

NYSNIP:

NYSNIP HH's are not required to report any changes (except at the 24-month contact*). Any change that might cause an increase in their SNAP can be reported. If the report is verified, the worker needs to determine the effect on the NYSNIP benefit and adjust it accordingly. If the HH requests that a comparison budget be done between the NYSNIP benefit and the non-NYSNIP benefit amount the HH would receive, the worker must comply. If the non-NYSNIP benefit is more, the HH may request to be removed from NYSNIP.

*NYSNIP HH'S will receive a contact letter 24 months after beginning participation in NYSNIP. HH's must respond to this contact letter and must document any changes prior to having their SNAP benefits increased.

THE HOUSEHOLD HAS BEEN ADVISED OF THEIR REPORTING REQUIREMENTS.

Part B. Employment Requirements for SNAP Applicants and Recipients

Section 1. SNAP Work Requirements:

Verbally review SNAP work requirements for all members of the SNAP household that are age 16 through 59 at the time of the interview.

- Unless exempt from SNAP work requirements, an applicant or recipient of SNAP benefits is required to:
 - Participate in an employment assessment
 - Provide information regarding the individual’s employment status and availability for work
 - Participate in work activities as assigned by the district
 - Accept a job or a referral to a potential job opening
 - Not voluntarily quit a job or reduce his/her hours of paid work without good cause (See section 385.13 of the TA and SNAP Employment Policy Manual for more information.)

- Inform the SNAP household that individuals who refuse or fail to comply with SNAP work requirements may be ineligible for SNAP benefits for the following periods:

Instance of SNAP Sanction:

- 1st instance of noncompliance with work requirements
- 2nd instance of noncompliance with work requirements
- 3rd and any subsequent noncompliance with work requirements

Minimum Sanction Period:

- 2 months and until compliance
- 4 months and until compliance
- 6 months and until compliance

Note to Worker: A SNAP sanction may be ended before the end of the durational sanction period identified above, if the individual documents to the satisfaction of the district that the individual has become exempt from SNAP work requirements.

Date that the SNAP household was verbally informed of SNAP work requirements: _____ **Worker Initials:** _____

Discuss exemptions from SNAP work requirements (listed below). If any members of the household claim to be exempt from SNAP work requirements, identify the individual and obtain documentation to support the exemption (at certification, recertification and change in status):

SNAP Exemption:	Yes or No:	If Yes, Individual’s Name:	If Yes, what documentation has been requested:
Younger than 16 years of age or is 60 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unable to work/engage in work activities due to illness or incapacity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsible for the care of a child under the age of 6 that lives in the household	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsible for the full-time care of an incapacitated person	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: Incapacitated person does not need to reside in same household to be exempt from SNAP work requirements			

SNAP Exemption:	Yes or No:	If Yes, Individual's Name:	If Yes, what documentation has been requested:
Has an application pending or is in receipt of unemployment insurance benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A regular participant in drug or alcohol treatment or rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employed or self-employed and working a minimum of 30 hours per week or earning at least the equivalent of the federal minimum wage multiplied by 30 on a weekly basis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Applied jointly for SSI and SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Incapacitated/disabled in receipt of SSI or SSID	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A SNAP eligible student enrolled at least half-time in a recognized school (including high school) job skills training or institute of higher education at least half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16 or 17 years old who is not head of household or who is attending school or an employment training program at least half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Any individual who claims an exemption but does not provide documentation must not be denied SNAP benefits, but would remain subject to SNAP work requirements. Nonexempt individuals should be referred for assessment and appropriate work activities, consistent with the engagement policy described in the district's local TA and SNAP Employment Plan.

If anyone in the household is subject to SNAP work requirements, compete this chart:

Name of household member subject to SNAP work requirements:	Referred to a work activity?	Date referred to work activity:	What participant reimbursements needed to participate in work activities will be provided by the district?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Examples of participant reimbursement may include, but are not limited to: work boots, tools, and transportation to participate in work activities.

Note: Districts must at a minimum offer job search assistance to **all** nonexempt SNAP applicants and recipients. Please ensure that job search is offered to those individuals who are not required to participate in work activities consistent with the district's engagement policy.

<u>If anyone is serving a sanction for not complying with SNAP work requirements at time of interview, complete this chart:</u>					
Name of sanctioned individual:	SNAP sanction type:	Durational end date of SNAP sanction:	Has the individual become exempt during the sanction period?	If duration has ended, is individual willing to comply with SNAP work requirements?	If willing to comply, what work activity was offered?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2. Additional Work Requirements for SNAP Recipients who are Able Bodied Adults Without Dependents (ABAWDs):

Individuals who meet the federal definition of ABAWD are only eligible to receive SNAP benefits for 3 months in a 36-month period unless they meet certain special work requirements, or are exempt from the ABAWD work requirements, live in an area of the State covered by a full or partial federal ABAWD waiver, or receive an exclusion from the requirements.

Discuss the following questions with the household representative to identify all household members between the age of 18 through 49, who are subject to SNAP work requirements, but **who may be exempt from the ABAWD time limit.**

Exempt from the ABAWD time limit	Yes or No:	If yes, Individual(s) Name:	If yes, Documentation Requested:
Under 18 or 50 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adult residing with a child under age 18 in the SNAP household	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In receipt of Veterans Affairs (VA) disability compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In receipt of disability benefits from a public or private source, such as SSD or NYS disability benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unable to work at least 80 hours per month due to physical health or mental health limitation (documentation on file)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Obviously mentally or physically unfit for work (no documentation needed. Review status at recertification)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Individuals identified with "YES" to any of the exemptions above are *not* subject to the ABAWD time limit.

Household member(s) subject to the ABAWD time limits: _____

Is the individual(s) subject to the ABAWD time limits currently engaged in one of the following for at least 20 hours weekly/80 hours monthly:

ABAWD Qualifying Work Activity	Yes or No:	If yes, Individual(s) Name:	If yes, Documentation Requested:
Paid Work	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unpaid work, volunteer work, working in exchange for good or services, "in-kind" work	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Experience Program (WEP) assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participates in a program under the Workforce Innovation and Opportunity Act (WIOA) or Trade Act which may include job search, job readiness, occupational skills training and education activities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Participates in a combination of work or qualifying work programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If the district does not have a federally approved ABAWD waiver for the **full** county - **verbally review** ABAWD requirements during the interview with the SNAP household. This review should include the following:

- An explanation of the ABAWD requirements, including informing the SNAP household that an ABAWD can only receive SNAP benefits for 3 months in the 36-month period, unless he/she is meeting the ABAWD requirements, qualifies for an exemption, or has good cause.
- Inform the household that for each month that an ABAWD receives a full month of SNAP benefits and does not meet the ABAWD work requirement without a good reason, the ABAWD will use up a countable month in the 3-month time limit.
- Provide information on how an ABAWD can meet the ABAWD requirement by participating in an ABAWD qualifying activity.
- Inform the household the ABAWD will receive the LDSS-5127 ABAWD Work Activity Letter with the offer of assistance in obtaining an ABAWD qualifying activity.
- Inform the household that an ABAWD must contact the district if he/she has good cause for not meeting the ABAWD requirement in the month.
- Inform the household that an ABAWD must report if his/her hours of work go below 20 hours weekly/80 hours monthly within 10 days of the following month.

Note: OTDA strongly recommends that the district use the Informational Letter Regarding ABAWD Requirements (LDSS-5072) in addition to verbally informing, to provide further information to the SNAP households that include an ABAWD of the ABAWD requirements and consequence of not complying with the ABAWD requirements.

Date that the SNAP household was verbally informed of ABAWD requirements: _____ Worker Initials: _____

Date the individual subject to the ABAWD time limits was sent the LDSS-5127 ABAWD Work Activity Letter: _____

Review of SNAP eligibility for each ABAWD in the SNAP household:

An ABAWD is only eligible to receive SNAP benefits for 3 months in the 36-month period, unless the individual is meeting the ABAWD requirement. In New York State, the 36-month period is a fixed period starting January 1, 2019 through December 31, 2021.

Has any member of the SNAP household received SNAP benefits in any other state or county since **January 1, 2019**? Yes No

If yes, complete the table below for each household member, otherwise go to next section.

For applicants or recipients who resided in any other county in New York State and are an ABAWD: review the ABAWD tracking information available through Screen 17 of WMS to identify the months each ABAWD received SNAP benefits without meeting ABAWD work requirements.

Name of Individual:	State/County where SNAP benefits received:	Did the Individual have any countable months of not meeting ABAWD requirements?	If yes, identify all ABAWD countable months during the 36-month period and how information was verified below:	Number of ABAWD countable months in New York (from Screen 17 of WMS):	Total Number of ABAWD countable months during 36-month period:
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Any ABAWDs in the SNAP household ineligible for SNAP benefits because of noncompliance with ABAWD requirements should be offered an ABAWD qualifying work activity for them to re-establish eligibility. This determination is based on the total countable months that the ABAWD was subject to, but not meeting the ABAWD requirements in the 36-month period used by New York State.

List presently ineligible ABAWDS and the ABAWD qualifying activity the district offered to the individual to re-establish eligibility for SNAP:

Name:	What ABAWD qualifying activity was offered?	Date offered:	Worker Initials:

Note: An ABAWD who was previously determined ineligible for SNAP benefits because of noncompliance with ABAWD requirements and does not re-establish eligibility by complying with the ABAWD requirement to the satisfaction of the district remains ineligible for SNAP benefits. SNAP Individual Reason Code F94 (ABAWD Ineligible) must be used to inform the SNAP household that an ABAWD is ineligible for SNAP benefits because of noncompliance with ABAWD requirements.

Client Received Books 1,2, & 3 or given information on how to view them online? Yes No **Worker Initials:** _____