

ACTION TAKEN ON YOUR REQUEST FOR REPLACEMENT OF STOLEN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:			
CASE NUMBER:	CIN:				
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 NO.	UNIT OR WORKER NAME	TELEPHONE NO.	
<p>The action(s) taken on your replacement request for stolen Supplemental Assistance Nutrition Program (SNAP) benefits dated _____ is explained below, next to the checked box(es). You reported that you discovered on _____ that \$ _____ was stolen from your SNAP account on _____. Your replacement request is:</p> <p><input type="checkbox"/> APPROVED. You will get \$ _____ to replace your stolen SNAP benefits.</p> <p>The amount of the replacement SNAP benefit must be equal to either the amount of SNAP benefits that were stolen from your account or 2 (two) times the SNAP benefits you received in the month before your benefits were stolen, whichever is less.</p> <p>If you do not use your SNAP account for a period of 274 consecutive days, any SNAP benefit remaining in the account that is at least 274 days old will be expunged (removed) from the account.</p> <p><input type="checkbox"/> DENIED because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your SNAP benefits were stolen by a method that is not eligible for replacement. Only households who experienced scam-related theft of SNAP benefits (benefits stolen through electronic means such as card skimming, cloning, or other similar fraudulent methods like phishing) may be eligible for a replacement. <input type="checkbox"/> Your request for replacement SNAP benefits was not submitted timely. <input type="checkbox"/> The reported theft occurred prior to October 1, 2022, or after September 30, 2024. <input type="checkbox"/> You already received the maximum number (2) of replacement benefits for the current Federal Fiscal Year. <input type="checkbox"/> There is not enough information to determine that your stolen benefits are eligible for replacement. <input type="checkbox"/> You requested replacement of a benefit other than a SNAP benefit. <p>COMMENTS: _____</p> <p>_____</p> <p style="text-align: center;">The above decision(s) is based on the Consolidated Appropriations Act of 2023, Sec. 501(b) (P.L. 117-328).</p>					

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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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 **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by:

Mail: Send a copy of the entire notice *completed* 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 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, fax or on-line, 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 get ready for the hearing, you have a right to look at your case file. If you call or write 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 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.