

NOTICE OF INTENT TO CHANGE BENEFITS

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

FOR NONCOMPLIANCE WITH ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WORK REQUIREMENTS

(TIMELY AND ADEQUATE)

NOTICE DATE:		EFFECTIVE 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.

This **NOTICE** is to tell you that this agency intends to **CHANGE** your household's Supplemental Nutrition Assistance Program (SNAP) benefits as explained below.

ATTENTION: IF YOU DISAGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU CAN ASK US FOR A CONFERENCE AND/OR ASK FOR A FAIR HEARING. INFORMATION IS AVAILABLE ON THE BACK OF THIS NOTICE ON HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

☐ REDUCE your household's SNAP benefit effective _____ from \$ _____ to \$ _____ .

☐ INCREASE your household's SNAP benefit effective _____ from \$ _____ to \$ _____ .

☐ STOP your household's SNAP benefit effective _____ .

☐ CONTINUE your household's SNAP benefit unchanged.

☐ OTHER: _____

This is because _____ is an able-bodied adult without dependents (ABAWD) and does not live in an area with an approved waiver from the ABAWD work rules. Therefore, _____ may only receive SNAP benefits for three months in a 3-year period unless they:

- work (including "in-kind" work) for a total of at least 80 hours per month;
- participate in a qualifying work or training program approved by the social services district for at least 80 hours per month;
- participate in an employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs for at least 80 hours per month;
- participate in a program under the Workforce Innovation and Opportunity Act which may include job search, job readiness, occupational skills training and adult education and literacy activities or the Trade Act of 1974 for at least 80 hours per month;
- participate in a combination of work or in qualifying work or training programs approved by the social services district for at least 80 hours per month; or
- participate in, and comply with a work experience assignment or volunteer in a community service program for the number of hours per month equal to your household's SNAP benefit divided by the higher of the federal or State minimum wage.

Because _____ did not document that they meet one of the following, federal SNAP rules mandate that they are not eligible for SNAP benefits:

- is following the ABAWD work rules;
- had good cause that prevented them from following the ABAWD work rules;
- lives in an area with an approved ABAWD waiver; or
- is exempt from the ABAWD work rules.

Good Cause

Good cause is an event or circumstance beyond an individual's control which prevented them from following the ABAWD work rules. Some **examples** of good cause reasons for not following the ABAWD work rules are:

- You were sick during the month and were not able to participate for at least 80 hours in the calendar month
- You had an emergency that prevented you from being able to participate for at least 80 hours in the calendar month

_____ is responsible for promptly telling us the reason(s) why they were unable to follow the ABAWD work rules and they may be required to provide proof that will help document what happened. Here are some examples of what they can submit to explain why they were unable to follow the ABAWD work rules:

- A letter from their doctor,
- Other documents that explain why they did not follow the ABAWD work rules.

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NAME:	ADDRESS:	CASE NUMBER:
<u>Exemptions from the ABAWD Work Rules</u> You are not required to follow the ABAWD work rules (exempt) if you provide documentation that you meet one or more of the conditions listed below: • A person under 18 years of age, or 65 years of age or older • An adult in a SNAP household with a child under 14 years of age • A caretaker of an incapacitated person • Are pregnant • Physically or mentally unable to work at least 80 hours a month • An Indian, Urban Indian, California Indian, and/or other Indian who is eligible for the Indian Health Services • A regular participant in an alcohol or drug treatment program • A recipient or pending receipt of Unemployment Insurance Benefits (UIB) • A recipient of disability benefits from a public or private source, such as Social Security Disability Insurance (SSDI), Veterans Affairs (VA) disability compensation, workers' compensation, or NYS disability benefits • A student enrolled in any recognized school, job skills training, or institution of higher education at least half-time and meeting the student eligibility criteria to receive SNAP • An applicant for SNAP benefits and Supplemental Security Income (SSI) jointly or in receipt of SSI • Employed or self-employed and working at least 30 hours per week or receiving weekly earnings at least equal to the federal minimum wage times 30 (currently \$217.50 per week) Note: Documentation of an exemption should be provided to the social services district in a timely manner. An exemption from the ABAWD work rules will continue for as long as you continue to meet one of the conditions listed above. Documentation may be required to confirm that you should continue to be exempt from the ABAWD work rules because you meet one of the conditions listed above. If you believe that you have good cause for not following the ABAWD work rules or that you should not be required to follow the ABAWD work rules because you meet at least one of the conditions listed above or live in an area with an approved ABAWD waiver, you should immediately contact the social services district at the telephone number listed on the first page of this notice to discuss this information with the social services district. If you fail to follow the ABAWD work rules described above and lose eligibility for SNAP, you may be eligible for SNAP again and should immediately contact the social services district to reapply for SNAP benefits. During any consecutive 30-day period, you will need to: spend 80 hours working or participating in an approved activity; participate in a 30-day period of job search followed by a work experience assignment if no job is found in the 30-day period; or document that you have become exempt from the ABAWD work rules because you meet one of the conditions listed above or live in an area with an approved ABAWD waiver. You must also be eligible for SNAP benefits to receive SNAP benefits again, and must continue to work, volunteer or participate in an approved activity for the required number of hours each month to keep your SNAP benefits. If you are an ABAWD and want to continue to receive SNAP benefits beyond the three-month time limit, you should immediately contact the social services district at the number listed on the first page of this notice to discuss the work or training opportunities that are available to permit you to continue to receive SNAP benefits. If you are following the ABAWD work rules, had good cause for not following the ABAWD work rules, believe that you should be exempt from the ABAWD work rules because you meet one of the conditions listed above or live in an area with a federally approved ABAWD waiver, you should immediately contact the worker listed on the first page of this notice and provide documentation to the social services district. You must document that you have or will follow the ABAWD work rules within 30 consecutive days or that you meet one of the exemptions listed above or reside in an area with a federally approved ABAWD waiver before the end of the month that this notice takes effect, and must be otherwise eligible for SNAP benefits. Individuals who provide documentation after the end of the month that this notice takes effect may need to reapply for SNAP benefits. This decision is based on Regulation 18 NYCRR 385.3(d).		
BE SURE TO READ THE INFORMATION STARTING ON PAGE 3 OF <u>THIS NOTICE</u> FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION		

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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. If we made a mistake, we will correct it. 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.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See “Keeping Your Benefits the Same” below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
SNAP Benefits	90 days

KEEPING YOUR BENEFITS THE SAME: We will restore your SNAP benefits to the same level before this notice if you request a fair hearing before the effective date stated in this notice. However, even if you are asking for a fair hearing, your SNAP benefits cannot be continued in the same amount as before the recertification but will be the new amount shown in this notice. If you lose the fair hearing, you will have to pay back any SNAP benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box below:

- ☐ I do not want to keep my SNAP benefits the same until the fair hearing decision is issued.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of this 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, by fax or online, please write to ask for a fair hearing before the deadline at the address listed above.

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 you get ready for the hearing, you have a right to look at your case file. If you call or write to 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, write or fax to 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.