



**NOTICE OF INTENT TO CHANGE FOOD STAMPS  
OCTOBER 07/NYC**

Case Number:  
Loc. Off./Unit/Worker:

General Telephone No. for  
Questions or Help:

Dear Food Stamp Recipient:

There will be changes to some items used to figure the amount of food stamps a household gets. These changes are as a result of changes in Federal law. The standard of Maximum Food Stamp Benefits (known as the Thrifty Food Plan or "TFP") has increased. These changes **may increase** the amount of food stamps you get. The changes will take place beginning with your October 2007 Food Stamp benefits.

**Look at Chart # 1 below.** The dollar amount shown under your household size is the amount of the increase you may get in your monthly food stamps based on the Maximum Food Stamp Benefit change only. For example, if you are a typical food stamp household of two, currently receiving \$28 a month in food stamp benefits, beginning in October, you would get \$42 a month in food stamps (\$28.00 + \$14.00 = \$42.00).

CHART # 1										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Typical Amount of Food Stamp Increase	\$7	\$14	\$18	\$24	\$28	\$34	\$37	\$43	\$48	\$53

Note: If you are currently receiving \$10.00 a month in food stamp benefits, your food stamps may not change.

The Standard Deduction of \$134 has not changed for households with 1-3 persons but has increased to \$143 for households of four persons, to \$167 for households of five persons and to \$191 for households of six or more persons. The Food Stamp Maximum Excess Shelter Deduction is increasing to \$431.

The Standard Utility Allowance (SUA) has not changed. Households that pay for utility expenses must have the full SUA applied (they cannot choose to have actual expenses applied). Households that share living arrangements with another household, or include individuals ineligible for food stamps, or live in public / subsidized housing with a central utility meter and pay only for excess charges may qualify to have the full SUA applied.

The Regulations which allow us to do this are 18 NYCRR 387.10, 387.12 and 387.15.

**Reporting Rules:**

**Most Food Stamp households with income only have to report changes every six months, with one exception.** You will either be asked to re-certify at this six-month checkpoint, or will be sent a mail report form for you to report changes. **The one exception for households subject to six-month reporting is if your household's total gross monthly income is over 130% of the poverty level.** Special reporting rules for Non-Six-Month Reporters, and for Able Bodied Adults Without Dependents (ABAWDs) are explained below (please see the list following Chart 2 to see if these rules apply to you).

**Look at Chart # 2 below:** The dollar amount shown under your household size shows the 130% income limit for your household, beginning October 1, 2007. **If your household's total gross monthly income is greater than this amount, you must report this monthly amount to your social services district by phone, in writing, or in person within 10 days after the end of the calendar month.** Your gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you receive your check. Your total gross monthly income includes all income any member of your household receives during the calendar month.

CHART # 2										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Report Household Gross Income over 130% Income Limit	\$1107	\$1484	\$1861	\$2238	\$2615	\$2992	\$3369	\$3746	\$4123	\$4500

**Reporting Rules for Non-Six-Month Reporters, Households where all adults are elderly/disabled without earnings, and for Able Bodied Adults Without Dependents (ABAWDs):** There are a few households who still have to report changes affecting their eligibility and food stamp benefits as the change occurs. You must report changes within ten days after the change occurs, if your household:

Is receiving Temporary Assistance, or

1. Has no income earned from employment and all adults are either over age 60 or disabled.
2. Is without any income, or

3. Is on SSI/SSD and you live in a certified congregate care group home, or
4. Has a seasonal migrant farm-worker in the household, or
5. Is certified for less than 4 months, or
6. Is homeless (undomiciled - without shelter), or
7. If you are an Able-Bodied Adult Without Dependents ( ABAWD ): you must tell us if your work hours go below 80 hours a month. You must tell us this within 10 days after the end of the month when your work hours fell below 80 hours.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.**

**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. 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.
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 YOUR OCTOBER 2007 FOOD STAMP BENEFITS BECOME AVAILABLE TO ASK FOR A FAIR HEARING.**

THE DATE YOUR OCTOBER FOOD STAMP BENEFITS BECOME AVAILABLE IS THE DATE YOU CAN ACCESS YOUR OCTOBER FOOD STAMP BENEFITS WITH YOUR PLASTIC ID CARD.

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

**Mail:** Send a copy of the 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.

**Walk-In:** Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, New York or 330 West 34<sup>th</sup> Street, NYC.

**Online:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, 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 you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files which 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 (718) 722-5012, or fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.**

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.