GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

August 18, 2010

TO: NYC Commissioners; TA & FS Directors; WMS Coordinators; CAP Coordinators; MA Directors

FROM: Russell Sykes, Deputy Commissioner, Center for Employment & Economic Supports

SUBJECT: NYC – Updated – Food Stamp Standards for October 1, 2010

EFFECTIVE DATE: October 1, 2010

CONTACT PERSON: FS Questions – Food Stamp Bureau (518) 473-1469
MRB/A NYC Questions – Pat Bennett (212) 961-8184

As of October 1, 2010 the Food Stamp standards will be as follows:

The standard deduction amounts that will be used in the annual FS mass re-budgeting for October 1, 2010:

Household Size	Standard Deduction
1	$142
2	$142
3	$142
4	$153
5	$179
6+	$205

The minimum allotment for one and two person households remains at $16.

Maximum Excess Shelter Deduction: $458
Homeless Shelter Deduction: $143 (unchanged)
Boarder/Lodger Exclusion: $200 for one person or $367 for two persons (unchanged)

Household size	200% of Poverty**	Monthly Income Elderly/Disabled Separate/Household 165% of Poverty*	Maximum Gross Monthly Income 130% of Poverty	Maximum Net Monthly Income 100% of Poverty	Maximum Allotment
1	$1,805	$1,490	$1,174	$903	$200
2	$2,428	$2,004	$1,579	$1,215	$367
3	$3,052	$2,518	$1,984	$1,526	$526
4	$3,675	$3,032	$2,389	$1,838	$668
5	$4,298	$3,547	$2,794	$2,150	$793
6	$4,922	$4,061	$3,200	$2,461	$952
7	$5,545	$4,575	$3,605	$2,773	$1,052
8	$6,168	$5,089	$4,010	$3,085	$1,202
Each Add'l Member	$623	$+515	$406	+$312	+$150

*Elderly (60 years of age or older) or disabled household members (and their spouses) who are incapable of buying food or preparing meals due to a disability may apply as a separate food unit if the income of the others with whom the individual resides (excluding the income of the elderly or disabled individual and spouse) do not exceed the 165% limit.

**FS households containing an aged or disabled individual, and households that pay out-of-pocket dependent care costs, that pass the 200% gross income test and do not contain a FS-sanctioned or an Intentional Program Violation (IPV) member are categorically eligible for FS benefits.

There will be no change to the amounts of the HT/AC SUA (Combined Heat/Utility/Phone SUA in NYC), Non-Heating SUA and Phone SUA:

Geographic Area	HT/AC SUA	UTIL SUA	PHONE SUA
NYC	$781	$308	$33
Nassau & Suffolk	$727	$286	$33
Rest of State	$645	$261	$33

There will be no changes to the standardized benefit amounts received by New York City residents participating in the New York State Nutrition Improvement Program (NYSNIP).

NYSNIP BENEFITS MATRIX BY SHELTER TYPES

HOUSEHOLD		MONTHLY FOOD STAMP BENEFIT AMOUNT		
		New York City	Nassau/Suffolk	Upstate
Shelter Type 94 (High Shelter/SUA)	SSI Only Other Income	$200 $200	$200 $200	$200 $200
Shelter Type 95 (Low Shelter/SUA)	SSI Only Other Income	$200 $200	$200 $199	$184 $175
Shelter Type 96 (High Shelter/ SUA/$1 HEAP)	SSI Only Other Income	$200 $200	$200 $200	$200 $200
Shelter Type 97 (Low Shelter/ SUA/$1 HEAP)	SSI Only Other Income	$200 $200	$200 $199	$184 $175
Shelter Type 98 (No Shelter or SUA Data)	SSI Only Other Income	$60 $56	$60 $56	$60 $56

A copy of the mass notice sent to recipients is attached. If the notice does not print properly and a hard copy is needed, please request a faxed copy via the contacts listed above. Please note that the attached mass notice is also being used to update the gross monthly income standards (130% of poverty level) to those households subject to six-month reporting rules.

New York State
Office of Temporary and
Disability Assistance

NOTICE OF INTENT TO CHANGE FOOD STAMPS
OCTOBER '10/NYC

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

General Telephone No. for
Questions or Help:

Dear Food Stamp Recipient:

Beginning October 1, 2010, some items used to figure the amount of food stamps a household gets will change. These changes are the result of Federal Cost Of Living Adjustments (COLAs). The maximum amounts of food stamp benefits per household size, known as the "Thrifty Food Plan" amounts, will not change. The Standard Deduction for households of 1 to 3 persons will **increase** by $1.00. The Standard Deduction for households of four or more persons will not change.. The Standard Deduction for households of 1 to 3 persons is now $142. The Food Stamp Maximum Excess Shelter Deduction is decreasing to $458. These changes may affect the amount of food stamps you get.

See Chart # 1 below. Based on these changes to the Standard Deduction amounts, the dollar amount shown below under your household size is the amount by which your monthly food stamp benefit may change.

CHART # 1										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Typical Amount of Food Stamp Change	$1.00	$1.00	$1.00	0	0	0	0	0	0	0

If you are a one or two-person household currently receiving $16.00 a month in food stamp benefits, the amount of your food stamp benefits may not change.

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

The Standard Utility Allowance (SUA) amounts have not changed.

Reporting Rules:

Most Food Stamp households with income only have to report changes every six months. Every six months, you either will be asked to recertify or will be mailed a form for you to use to report changes. **The one exception to this rule is if your household's gross monthly income becomes more than 130% of the federal poverty level.** 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.

See Chart # 2 below: The dollar amount shown under your household size shows the new 130% income limit for your household, **as of October 1, 2010**. **If your household's gross monthly income is greater than this amount, you must report the new gross monthly income amount to your social services center by phone, in writing, or in person within 10 days after the end of the month.**

CHART # 2										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Report Household Gross Income over 130% Income Limit	$1174	$1579	$1984	$2389	$2794	$3200	$3605	$4010	$4416	$4822

Some households still must report changes affecting their eligibility for or the amount of their food stamp benefits within 10 days of the month following the month in which the change occurred. You must follow this reporting rule**, if your household receives Temporary Assistance,** or **if your household has no income at all**, or **if your household has no income earned from employment and all adults are either over age 60 or disabled,** or **if you receive SSI/SSD and you live in a state-certified group home.** Also, **if your household has a seasonal migrant farm worker,** or **if your household is certified for fewer than four months,** or **if your household is homeless ("undomiciled", without any shelter).**

CONTINUE ON THE REVERSE

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 2010 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 34th 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.