

GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

August 29, 2014
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TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA Directors, SNAP Directors, Employment Coordinators, WMS Coordinators, MA Directors

FROM: Phyllis Morris, Deputy Commissioner, Center for Employment and Economic Supports

SUBJECT: Upstate and NYC-Updated Supplemental Nutrition Assistance Program (SNAP) Standards for October, 2014

EFFECTIVE DATE: Immediately

CONTACT PERSON: SNAP Questions- SNAP Bureau (518) 473-1469
MRB/A Upstate Questions-John Pezzulo (518)473-3468
MRB/A NYC Questions – Pat Bennett (212) 961-8185

All social service districts (SSDs) will receive a supply of the Public Notice Poster (copy attached) outlining the updated SNAP standards for October 1, 2014. The Public Notice Poster must be displayed in English and Spanish in reception and lobby areas where applications for SNAP benefits are accepted until November 30, 2014. SSDs with more than one office conducting such business must post the Public Notices in all such offices. The Public Notice Poster must be displayed within these areas in a manner reasonably expected to be seen by individuals and should be placed in close proximity to the Poster Pub 4842, *"If you need an Interpreter"*. Per Executive Order 26, the public notice is also available on OTDA's website in commonly spoken non-English languages.

In compliance with federal requirements 7 CFR 273.9, effective October 1, 2014 the SNAP standards will be as follows:

The standard deduction amounts that will be used in the annual SNAP mass re-budgeting for October 1, 2014:

Household Size	Standard Deduction
1	\$155
2	\$155
3	\$155
4	\$165
5	\$193
6+	\$221

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The minimum allotment for one and two person households will increase \$1 to \$16.

Maximum Excess Shelter Deduction: \$490 (increase)
Homeless Shelter Deduction: \$143 (unchanged)
Boarder/Lodger Exclusion: \$194 for one person or \$357 for two persons (increase)

The new Federal Poverty Limit (FPL) thresholds are as follows:

Household size	200% of FPL**	Monthly Income Elderly/Disabled Separate/Household 165% of FPL*	Maximum Gross Monthly Income 130% of FPL	Maximum Net Monthly Income 100% of FPL	Maximum Allotment
1	\$1,945	\$1,605	\$1,265	\$973	\$194
2	\$2,622	\$2,163	\$1,705	\$1,311	\$357
3	\$3,298	\$2,722	\$2,144	\$1,650	\$511
4	\$3,975	\$3,280	\$2,584	\$1,988	\$649
5	\$4,652	\$3,838	\$3,024	\$2,326	\$771
6	\$5,328	\$4,396	\$3,464	\$2,665	\$925
7	\$6,005	\$4,955	\$3,904	\$3,003	\$1,022
8	\$6,682	\$5,513	\$4,344	\$3,341	\$1,169
Each Add'l Member	+\$677	+\$559	+\$440	+\$339	+\$146

*Elderly (60 years of age or older) or 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 and disabled individual and his/her spouse) do not exceed the 165% FPL amount.

**SNAP households containing any aged or disabled members, and households that pay out-of-pocket dependent care costs, that pass the 200% FPL gross income test and do not contain a SNAP-sanctioned or an Intentional Program Violation (IPV) member are categorically eligible for SNAP, meaning that such households are not subject to a resource test, and that such households of one or two persons are, minimally, eligible to receive the \$16 minimum allotment for households of one or two persons.

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There will be an increase to the amounts of the Heating/Air Conditioning Standard Utility Allowance (“HT/AC SUA” in Upstate ABEL, and “Combined Heat/Utility/Phone SUA” in NYC ABEL) as well as the Utility (UTIL) SUA (“Limited Utility Allowance” or “LUA” in NYC ABEL). The Phone SUA will remain the same:

<u>Geographic Area</u>	<u>HT/AC SUA</u>	<u>UTIL SUA</u>	<u>PHONE SUA</u>
NYC	\$785	\$311	\$33
Nassau & Suffolk	\$732	\$287	\$33
Rest of State	\$650	\$263	\$33

Note: The SUA values other than the Phone SUA include amounts for water, sewage, and trash collection.

NYSNIP BENEFITS MATRIX BY SHELTER TYPES

Effective 10/01/14 – 09/30/15

HOUSEHOLD		SNAP/FOOD STAMP MONTHLY BENEFIT AMOUNT		
		New York City	Nassau/Suffolk	Upstate
Shelter Type 94 (High Shelter/SUA)	SSI Only	\$194	\$194	\$194
	Other Income	\$194	\$194	\$194
Shelter Type 95 (Low Shelter/SUA)	SSI Only	\$194	\$192	\$167
	Other Income	\$194	\$183	\$158
Shelter Type 96 (High Shelter/SUA/\$21 HEAP)	SSI Only	\$194	\$194	\$194
	Other Income	\$194	\$194	\$194
Shelter Type 96 (High Shelter/No SUA)	SSI Only	\$31	\$31	\$31
	Other	\$22	\$22	\$22
Shelter Type 97 (Low Shelter/SUA/\$21 HEAP)	SSI Only	\$194	\$192	\$167
	Other Income	\$194	\$183	\$158
Shelter Type 97 (Low Shelter/No SUA)	SSI Only	\$16	\$16	\$16
	Other	\$16	\$16	\$16
Shelter Type 98 (No Shelter or SUA Data)	SSI Only	\$16	\$16	\$16
	Other Income	\$16	\$16	\$16

A copy of the Public Notice Poster is attached. If the poster 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 poster is also being used to update the gross monthly income standards (130% of poverty level) to those households subject to six-month reporting rules.

As a result of the changes noted in this GIS, a portion of the New York State Nutrition Improvement Project (NYSNIP) caseload will receive a decrease to their SNAP benefits, effective October 1, 2014. Up to twenty thousand (20,000) NYSNIP cases in Shelter Type 98 (No Shelter or SUA Data) and up to one thousand-one hundred (1100) NYSNIP cases in Shelter Types 96 (High Shelter/No SUA) and 97 (Low Shelter/No SUA), will receive laser letter notification that their SNAP benefits will be decreased effective October 1, 2014. A sample copy of the Upstate and NYC laser letter is attached.



Notice to all SNAP Recipients

Important! Please Read!

Beginning October 1, 2014, some items used to figure the amount of SNAP benefits a household receives will change. These changes are a result of **federally-required** changes to the following standards and deductions:

The Standard Deduction for households of one to three persons will increase from \$152 to \$155.

The Standard Deduction for households of four persons will increase from \$163 to \$165.

The Standard Deduction for households of five persons will increase from \$191 to \$193.

The Standard Deduction for households of six or more persons will increase from \$219 to \$221.

The SNAP Maximum Excess Shelter Deduction will increase from \$478 to \$490.

The new Standard Utility Allowance (SUA) amounts, as of October 1, 2014 are:

	New York City	Nassau / Suffolk	Rest of State
Heating / Air Conditioning SUA	\$785	\$732	\$650
Utility SUA	\$311	\$287	\$263
Phone SUA	\$33 (unchanged)		

(Note: SUA values other than the Phone SUA include amounts for water, sewage and trash collection.)

These changes may affect the amount of SNAP benefits you get. Depending on your individual circumstance **the amount of your monthly SNAP benefit may not change, or it may decrease or increase as a result of these changes.**

The **maximum** SNAP benefit amount by household size will increase to the following amounts.

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	Each Additional Member > 8
Amount of Maximum Benefit:	\$194	\$357	\$511	\$649	\$771	\$925	\$1022	\$1169	\$146

The minimum SNAP benefit amount that a one or two person household can receive will increase \$1 to \$16.00 per month.

The State Regulations which allow us to do this are 18 NYCRR 358-3.3(e)(1)(i), 387.10, 387.12 and 387.15.

Reporting Rules: Most SNAP 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 includes all income any member of your household receives during the calendar month before taxes and other deductions are taken out.

See Chart below: The dollar amount shown under your household's size shows the new 130% of poverty income limit for your household, as of October 1, 2014. If your household's gross monthly income becomes more than this amount, you must report the new, higher income amount to your county social services office or, if you live in New York City, to your HRA Center by phone, in writing, or in person within 10 days after the end of the month.

Report Household Gross Income Over Income Limits Below Based on Your Household Size:										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Report if Gross Household Income Goes Over:	\$1265	\$1705	\$2144	\$2584	\$3024	\$3464	\$3904	\$4344	\$4784	\$5224

If you think we made a mistake in figuring your October SNAP benefits due to above noted changes, you may ask for a state fair hearing, *within 90 days of when your October 2014 SNAP benefits become available*. You can ask for a fair hearing by writing to: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany New York 12201; Faxing (518) 473-6735; on-line by requesting a form at: <http://www.otda.ny.gov/oah/forms.asp>; or by calling toll free: 1-800-342-3334.

LEGAL ASSISTANCE: If you think that you need a lawyer to assist 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.



Aviso a todos los beneficiarios de SNAP

IMPORTANTE Léalo

Comenzando el 1º de octubre de 2014, habrá cambios en algunos de los factores que se usan para determinar la cantidad del subsidio SNAP que las unidades familiares reciben. Estas modificaciones son el resultado de cambios **requeridos por el gobierno federal** en los siguientes estándares y deducciones.

La deducción estándar para unidades familiares de una a tres personas aumentará de \$152 a \$155

La deducción estándar para unidades familiares de cuatro personas aumentará de \$163 a \$165

La deducción estándar para unidades familiares de cinco personas aumentará de \$191 a \$193

La deducción estándar para unidades familiares de seis o más personas aumentará de \$219 a \$221

La Deducción Máxima por Exceso de Gastos de Vivienda para unidades beneficiarias de SNAP aumentará de \$478 a \$490

Los nuevos montos del Subsidio Estándar de Servicios Públicos (SUA, siglas en inglés) a partir del 1º de octubre de 2014 son:

	Ciudad de Nueva York	Condados de Nassau / Suffolk	Resto del estado
Calefacción / Aire acondicionado (SUA)	\$785	\$732	\$650
Servicios públicos básicos (SUA)	\$311	\$287	\$263
Servicios telefónicos (SUA)	\$33 (sin cambios)		

(Nota: los valores SUA, aparte de la asignación SUA para gastos de teléfono, incluye montos correspondientes a agua, alcantarillado, y recolección de desperdicios).

Estos cambios pueden afectar el monto del subsidio SNAP que usted recibe. Según su situación en particular, **el monto del subsidio mensual de SNAP que usted recibe quizás no se modifique, o puede que disminuya o aumente a consecuencia de estos cambios.**

El monto **máximo** del subsidio SNAP, según el número de integrantes de la unidad familiar, aumentará por los siguientes montos:

TAMAÑO DEL GRUPO FAMILIAR	1	2	3	4	5	6	7	8	Por cada miembro adicional > 8
Monto máximo del subsidio:	\$194	\$357	\$511	\$649	\$771	\$925	\$1022	\$1169	\$146

El monto mínimo del subsidio SNAP que una unidad familiar compuesta por una o dos personas puede recibir aumentará de \$1 a \$16 al mes.

Conforme Reglamentación Estatal 18 NYCRR 358-3.3(e)(1)(i), 387.10, 387.12 y 387.15.

Reglas sobre informe de cambios:

La mayoría de las unidades familiares que reciben SNAP y cuentan con ingresos, solamente tienen que reportar cambios cada seis meses. Cada seis meses, se le pedirá que someta una revalidación o se le enviará por correo un formulario de informe de cambios. **La única excepción a esta regla es si el monto mensual de ingresos brutos de la unidad familiar sobrepasa el 130% del índice federal de pobreza.** Su ingreso bruto se conforma de todos los ingresos (antes de la deducción de impuestos y demás deducciones) que cada miembro de la unidad familiar recibe en un mes calendario.

Examine el cuadro a continuación: la cantidad en dólares que se muestra debajo de la casilla que representa el número de integrantes del grupo familiar, muestra el nuevo límite de 130% del índice de pobreza correspondiente al grupo familiar a partir del **1º de octubre de 2014**. Si el total mensual de ingresos brutos de su grupo familiar sobrepasa ese monto, usted debe reportar el nuevo monto del aumento en ingresos a su oficina de servicios sociales del condado. Si vive en la Ciudad de Nueva York, deberá reportarlo al centro de la oficina HRA por teléfono, por escrito o en persona dentro de 10 días de finalizar el mes.

Reporte ingresos brutos del grupo familiar que sobrepasen los niveles de ingresos límite que se muestran a continuación según el número de integrantes del grupo familiar:											
Nº DE INTEGRANTES DEL GRUPO	1	2	3	4	5	6	7	8	9	10	
Reporte si el ingreso bruto del grupo familiar sobrepasa:	\$1265	\$1705	\$2144	\$2584	\$3024	\$3464	\$3904	\$4344	\$4784	\$5224	

Si cree que hemos cometido un error al calcular el monto del subsidio SNAP para el mes de octubre según los cambios antes mencionados, puede solicitar una audiencia imparcial dentro de **90 días contados a partir de la fecha en octubre de 2014 cuando el subsidio SNAP es acreditado a su cuenta**. Puede solicitar una audiencia imparcial mandando una carta a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany New York 12201*; por fax al (518) 473-6735; por internet, solicitando un formulario en el sitio web <http://www.otda.ny.gov/oah/forms.asp>; o llamando gratis al 1-800-342-3334.

ASISTENCIA LEGAL: si cree que necesita representación legal en la resolución de este problema, puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (*Legal Aid Society*) u otra asociación de defensa legal de su localidad.



**MASS NOTICE OF INTENT TO CHANGE SNAP
OCTOBER 2014**

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

**General Telephone No. for
Questions or Help:**

Dear SNAP Recipient:

You are receiving this notice because you receive Supplemental Nutrition Assistance Program (SNAP) benefits as a participant in the New York State Nutrition Improvement Project (NYSNIP), **and**

- you either do not incur a separate bill or charge for heating or air conditioning costs, **and** you have not received Home Energy Assistance Program (HEAP) benefits of more than \$20 during the month this letter is dated or during the immediately preceding twelve (12) months, **or**
- you have not provided any information to your local social services district about your shelter costs or utility costs since your current SNAP case opened.

If you do not incur a separate bill or charge for heating or air conditioning costs, **and** you have not received a HEAP benefit of more than \$20 during the month this letter is dated or during the immediately preceding twelve (12) months, then **due to a change in federal law** (Section 4006 of the Agricultural Act of 2014), you are no longer eligible to have the Heating/Air Conditioning Standard Utility Allowance (HCSUA) used in your SNAP benefit calculation. As a result, **beginning October 1, 2014, your SNAP benefits will decrease.**

If your monthly shelter costs (rent, mortgage, etc.) are more than \$242, your only income is SSI, and your monthly SNAP benefit was \$189, then beginning October 1, 2014 your monthly SNAP benefit will be \$31.

If your monthly shelter costs (rent, mortgage, etc.) are more than \$242, you receive other income (such as Social Security Disability income or have earnings) in addition to SSI, and your monthly SNAP benefit was \$189, then beginning October 1, 2014 your monthly SNAP benefit will be \$22.

If your monthly shelter costs are \$242 or less, beginning October 1, 2014, your monthly SNAP benefit will be \$16.

Also, if you are a SNAP recipient participating in NYSNIP and you have not provided any information to your local social services district about your shelter costs or utility costs since your current SNAP case opened, then beginning October 1, 2014, your monthly SNAP benefit will be \$16.

If you do incur a separate bill or charge for heating costs, air conditioning costs, electricity, cooking gas or other utility cost from a utility or from your landlord, or if you or someone you live with has received a HEAP payment of more than \$20 during the month this letter is dated or during the immediately preceding twelve (12) months, you might be eligible to have the Heating/Air Conditioning SUA or Utility SUA used in your SNAP benefit calculation and may be eligible for more SNAP benefits. If so, please contact your local social services district office at the number on this letter.

If you think we made a mistake in figuring your October SNAP benefits due to the above noted changes, you may ask for a state fair hearing, *within 90 days of when your October 2014 SNAP benefits become available*. You can ask for a fair hearing by writing to: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany New York 12201; Faxing (518) 473-6735; on-line by requesting a form at: <http://www.otda.ny.gov/oah/forms.asp>; or by calling toll free: 1-800-342-3334.

LEGAL ASSISTANCE: If you think that you need a lawyer to assist 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.

**PREAVISO DE CAMBIOS EN SUBSIDIO SNAP
OCTUBRE 2014**

Estimado(a) beneficiario(a) de SNAP:

Le enviamos este aviso porque usted recibe el subsidio del Programa de Asistencia Nutricional Suplementaria (SNAP) como participante en el proyecto titulado Proyecto de Mejora Nutricional del Estado de Nueva York (NYSNIP), y usted, ya sea:

- No tiene facturas o cargos por separado de calefacción o aire acondicionado, **y** no ha recibido un Subsidio de Energía para el Hogar (HEAP) por un monto mayor de \$20 en el mes de la fecha de esta carta o los últimos 12 meses, **o bien**;
- Usted no ha suministrado datos a su departamento local de servicios sociales del distrito pertinentes gastos de alojamiento o servicios públicos desde que su caso actual de SNAP se abrió recientemente.

Si no tiene facturas o cargos por separado de calefacción o aire acondicionado, y no ha recibido un Subsidio de Energía para el Hogar (HEAP) por un monto mayor de \$20 en el mes de la fecha de esta carta o en los últimos doce (12) meses, a consecuencia de una **modificación en la reglamentación federal** (Sección 4006 de la Ley sobre Agricultura de 2014), usted ya no es apto(a) para que se tome en consideración el Subsidio Estándar de Servicios Públicos (HCSUA) en el cálculo de su subsidio SNAP. Como consecuencia, **a partir del 1º de octubre de 2014, su subsidio SNAP disminuirá.**

Si sus gastos mensuales por alojamiento (alquiler, hipoteca, etc.) sobrepasan los \$242, su único ingreso es SSI, y su subsidio mensual SNAP era de \$189; comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$31.

Si sus gastos mensuales por alojamiento (alquiler, hipoteca, etc.) sobrepasan los \$242, recibe otro ingreso (tal como Seguro Social por Incapacidad o percibe ingresos) además de SSI, y su subsidio mensual SNAP fue de \$189; comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$22.

Si sus gastos mensuales por alojamiento son de \$242 o menos, comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$16.

Además, si usted es un beneficiario de subsidio SNAP que participa en el programa NYSNIP, y no ha suministrado ningún dato a su departamento local de servicios sociales del distrito pertinente a los gastos de alojamiento o servicios públicos desde que su caso actual de SNAP se abrió recientemente; comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$16.

Si tiene una factura o cargos por separado de calefacción, aire acondicionado, electricidad, gas para cocinar u otro cobro por servicio público proveniente de una compañía de servicios públicos o arrendador; o si usted o una de las personas que viven con usted ha recibido un pago de subsidio HEAP por un monto mayor de \$20 en el mes de la fecha de esta carta o en los últimos doce (12) meses, se podrá utilizar la asignación de Subsidio Estándar de Servicios Públicos (SUA) para calefacción / aire acondicionado o asignación SUA para servicios públicos en el cálculo de su subsidio SNAP y podrá recibir un aumento de subsidio SNAP. De ser así, comuníquese con la oficina local de servicios sociales del distrito al número indicado en esta carta.

Si cree que hemos cometido un error al calcular el monto del subsidio SNAP para el mes de octubre según los cambios antes mencionados, puede solicitar una audiencia imparcial dentro de 90 días contados a partir de la fecha en octubre cuando el subsidio SNAP es acreditado a su cuenta. Puede solicitar una audiencia imparcial mandando una carta a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany New York 12201*; por fax al: (518) 473-6735; o en línea solicitando un formulario en: <http://www.otda.ny.gov/oah/forms.asp>; o llamando gratis al: 1-800-342-3334

ASISTENCIA LEGAL: si cree que necesita representación legal en la resolución de este problema, puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) u otra asociación de defensa legal de su localidad.

XL0106B (8/14)



**MASS NOTICE OF INTENT TO CHANGE SNAP
OCTOBER 2014/NYC**

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

General Telephone No. for
Questions or Help: 718-722-4009

Dear SNAP Recipient:

You are receiving this notice because you receive Supplemental Nutrition Assistance Program (SNAP) benefits as a participant in the New York State Nutrition Improvement Project (NYSNIP), **and**

- you either do not incur a separate bill or charge for heating or air conditioning costs, **and** you have not received Home Energy Assistance Program (HEAP) benefits of more than \$20 during the month this letter is dated or during the immediately preceding twelve (12) months, **or**
- you have not provided any information to your local social services district about your shelter costs or utility costs since your current SNAP case opened.

If you do not incur a separate bill or charge for heating or air conditioning costs, **and** you have not received a HEAP benefit of more than \$20 during the month this letter is dated or during the immediately preceding twelve (12) months, then **due to a change in federal law** (Section 4006 of the Agricultural Act of 2014), you are no longer eligible to have the Heating/Air Conditioning Standard Utility Allowance (HCSUA) used in your SNAP benefit calculation. As a result, **beginning October 1, 2014, your SNAP benefits will decrease.**

If your monthly shelter costs (rent, mortgage, etc.) are **more than \$242**, your only income is SSI, and your monthly SNAP benefit was \$189, then **beginning October 1, 2014 your monthly SNAP benefit will be \$31.**

If your monthly shelter costs (rent, mortgage, etc.) are more than \$242, you receive other income (such as Social Security Disability income or have earnings) in addition to SSI, and your monthly SNAP benefit was \$189, then **beginning October 1, 2014 your monthly SNAP benefit will be \$22.**

If your monthly shelter costs are **\$242 or less**, beginning October 1, 2014, your monthly SNAP benefit will be \$16.

Also, if you are a SNAP recipient participating in NYSNIP and you have not provided any information to your local social services district about your shelter costs or utility costs since your current SNAP case opened, then beginning October 1, 2014, your monthly SNAP benefit will be \$16.

If you do incur a separate bill or charge for heating costs, air conditioning costs, electricity, cooking gas or other utility cost from a utility or from your landlord, or if you or someone you live with has received a HEAP payment of more than \$20 during the month this letter is dated or during the immediately preceding twelve (12) months, you might be eligible to have the Heating/Air Conditioning SUA or Utility SUA used in your SNAP benefit calculation and may be eligible for more SNAP benefits. If so, please contact the New York City Human Resources Administration office at the number on this letter.

If you think we made a mistake in figuring your October SNAP benefits due to the above noted changes, you may ask for a state fair hearing, *within 90 days of when your October 2014 SNAP benefits become available*. You can ask for a fair hearing by writing to: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany New York 12201; Faxing (518) 473-6735; on-line by requesting a form at: <http://www.otda.ny.gov/oah/forms.asp>; or by calling toll free: 1-800-342-3334.

LEGAL ASSISTANCE: If you think that you need a lawyer to assist 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.

**PREAVISO GENERAL SOBRE CAMBIOS EN SUBSIDIO SNAP
OCTUBRE 2014 / NYC**

Estimado(a) beneficiario(a) de SNAP:

Le enviamos este aviso porque usted recibe el subsidio del Programa de Asistencia Nutricional Suplementaria (SNAP) como participante en el proyecto titulado Proyecto de Mejora Nutricional del Estado de Nueva York (NYSNIP), y usted, ya sea:

- No tiene facturas o cargos por separado de calefacción o aire acondicionado, y no ha recibido un Subsidio de Energía para el Hogar (HEAP) por un monto mayor de \$20 en el mes de la fecha de esta carta o en los últimos doce (12) meses, **o bien**;
- Usted no ha suministrado datos a la oficina local de servicios sociales del distrito pertinente gastos de alojamiento o servicios públicos desde que su caso actual de SNAP se abrió recientemente.

Si no tiene facturas o cargos por separado de calefacción o aire acondicionado, y no ha recibido un Subsidio de Energía para el Hogar (HEAP) por un monto mayor de \$20 en el mes de la fecha de esta carta o en los últimos doce (12) meses, a consecuencia de una **modificación** en la **reglamentación federal** (Sección 4006 de la Ley sobre Agricultura de 2014), usted ya no es apto(a) para que se tome en consideración el Subsidio Estándar de Servicios Públicos (HCSUA) en el cálculo de su subsidio SNAP. Como consecuencia, **a partir del 1º de octubre de 2014, su subsidio SNAP disminuirá.**

Si sus gastos mensuales por alojamiento (alquiler, hipoteca, etc.) sobrepasan los \$242, su único ingreso es SSI, y su subsidio mensual SNAP era de \$189; comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$31.

Si sus gastos mensuales por alojamiento (alquiler, hipoteca, etc.) sobrepasan los \$242, recibe otro ingreso (tal como Seguro Social por Incapacidad o percibe ingresos) además de SSI, y su subsidio mensual SNAP fue de \$189; comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$22.

Si sus gastos mensuales por alojamiento son de \$242 o menos, comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$16.

Además, si usted es un beneficiario de subsidio SNAP que participa en el programa NYSNIP, y no ha suministrado ningún dato a su departamento local de servicios sociales del distrito pertinente a los gastos de alojamiento o servicios públicos desde que su caso actual de SNAP se abrió recientemente; comenzando el 1º de octubre de 2014, su subsidio mensual SNAP será de \$16.

Si tiene una factura o cargos por separado de calefacción, aire acondicionado, electricidad, gas para cocinar u otro cobro por servicio público proveniente de una compañía de servicios públicos o arrendador; o si usted o una de las personas que viven con usted ha recibido un pago de subsidio HEAP por un monto mayor de \$20 en el mes de la fecha de esta carta o en los últimos doce (12) meses, se podrá utilizar la asignación SUA para calefacción / aire acondicionado o asignación SUA para servicios públicos, en el cálculo de su subsidio SNAP y podrá recibir un aumento de subsidio SNAP. De ser así, comuníquese con la oficina de Recursos Humanos de la Ciudad de Nueva York (*New York City Human Resources Administration*) al número indicado en esta carta.

Si cree que hemos cometido un error en el cálculo del monto del subsidio SNAP para el mes de octubre según los cambios antes mencionados, puede solicitar una audiencia imparcial estatal dentro de *90 días contados a partir de la fecha en octubre cuando el subsidio SNAP es acreditado a su cuenta*. Puede solicitar una audiencia imparcial mandando una carta a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany New York 12201*; por fax al: (518) 473-6735; o en línea solicitando un formulario en: <http://www.otda.ny.gov/oah/forms.asp>; o llamando gratis al: 1-800-342-3334

ASISTENCIA LEGAL: si cree que necesita representación legal en la resolución de este problema, puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (*Legal Aid Society*) u otra asociación de defensa legal de su localidad.