UPSTATE MESSAGE **OTDA-4357-EL** (Rev. 10/12)

GIS 14 TA/DC056

# GENERAL INFORMATION SYSTEM **Center for Employment & Economic Supports**

**December 23, 2014** 

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TO: Subscribers

**SUGGESTED DISTRIBUTION**: Commissioners, TA Directors, SNAP Directors, WMS Coordinators,

Staff Development Coordinators

FROM: Phyllis D. Morris, Deputy Commissioner

Center for Employment and Economic Supports

**SUBJECT**: SSI COLA and NYSNIP Standard Benefit Amount Adjustments

**EFFECTIVE DATE**: January 1, 2015

**CONTACT PERSON**: SNAP Bureau at 1-800-343-8859, ext. 3-1469

Upstate WMS at 1-800-343-8859, ext. 3-7991

NYC WMS at 212-961-8185

# Background

Every year, the Social Security Administration (SSA) evaluates the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) data to determine if a cost of living adjustment (COLA) should be made to RSDI (regular Social Security and Social Security Disability benefits) and federal Supplemental Security Income (SSI) benefits to reflect an increase or decrease in the cost of living. The CPI-W increased by 1.7% from the end of the third guarter of 2013 to the end of the third guarter of 2014. Therefore, effective January 1, 2015, RSDI and SSI recipients will receive a 1.7% COLA increase. SSA and SSI benefits will be increased accordingly.

14 INF 12 announced the COLA increase to SSI benefits.

# **Purpose**

The purpose of this GIS is to inform the local social services districts about the effect of the annual COLA on Supplemental Nutrition Assistance Program (SNAP) benefits, and, in particular, on the benefits of SNAP recipients participating in the New York State Nutrition Improvement Project (NYSNIP). The GIS also provides a sample of the notices sent to affected households notifying them about the change in SNAP benefits.

# **Program Implications**

On November 16, 2014, as part of the 2015 January mass re-budgeting/authorization (MRB/A), New York State Nutrition Improvement Project (NYSNIP) benefit levels were adjusted effective January 1, 2015. This adjustment to SNAP benefit amounts is required because of the increase to SSI monthly benefits due to the annual COLA.

Information regarding the WMS MRB/A of Temporary Assistance and SNAP benefit levels for Upstate WMS, was provided in ABEL Transmittal 14-4 which was released 11/5/14.

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The new NYSNIP SNAP benefit amounts (see attached table of NYSNIP Benefit Levels effective 01/01/15) are effective for any **NYSNIP FS Shelter Type** budgets with a **FROM Date** of January 1, 2015 or later.

# \$246 New NYSNIP "High" Shelter Cost Threshold

New NYSNIP households having cases opened, and existing NYSNIP households recertified, effective January 1, 2015 or later and having shelter costs **greater than \$246** will be considered to be "High Shelter" (Shelter Type 94 or 96) cases by the standard of the project. Conversely, effective January 1, 2015, **new** and recertifying NYSNIP households having shelter costs of **\$246** or **less** will be considered to be "Low Shelter" (Shelter Type 95 or 97) cases by the standard of the project. This change to the shelter threshold was migrated on November 20, 2014 for budgets having a **FROM Date** of January 1, 2015 or later.

Only benefits in Shelter Types 95, 96 and 97 are affected by the SSI COLA increase.

NOTE: As previously explained in GIS 14 TA/DC023, released on June 20, 2014, if a NYSNIP case does not pay separately for heat (i.e. Fuel Type '0 – Heat Included in Shelter Costs') or air conditioning AND has not received HEAP payment(s) totaling greater than \$20.00 in the current or previous 12 months, they are not entitled to receive the Heating/Cooling Standard Utility Allowance (HCSUA) as part of their standard benefit. Therefore new tiers were created for Shelter Types 96 and 97 that do NOT include the HCSUA. ABEL grants the NO SUA Shelter Type 96 and 97 tiers when the HT/AC Indicator does NOT equal 'X – Standard Allowance.'

# NYSNIP BENEFITS MATRIX BY SHELTER TYPES 01/01/15 - 09/30/15

HOUSE	HOLD	MONTHLY FOOD STAMP BENEFIT AMOUNT					
		New York City	Nassau/Suffolk	Upstate			
Shelter Type 94 (High	SSI Only	\$194	\$194	\$194			
Shelter/SUA)	Other Income	\$194	\$194	\$194			
Shelter Type 95 (Low	SSI Only	\$194	\$188	\$163			
Shelter/SUA)	Other Income	\$194	\$179	<b>\$154</b>			
Shelter Type 96 (High	SSI Only	\$194	\$194	\$194			
Shelter/ SUA/\$21 HEAP)	Other Income	\$194	\$194	\$194			
Shelter Type 96	SSI Only	\$26	\$26	\$26			
(No SUA)	Other Income	\$17	\$17	<b>\$17</b>			
Shelter Type 97 (Low	SSI Only	\$194	\$188	\$163			
Shelter/ SUA/\$21 HEAP)	Other Income	\$194	\$179	<b>\$154</b>			
Shelter Type 97	SSI Only	\$16	\$16	\$16			
(No SUA)	Other Income	\$16	\$16	\$16			
Shelter Type 98	SSI Only	\$16	\$16	\$16			
(No Shelter or SUA Data)	Other Income	\$16	\$16	<b>\$16</b>			

A sample of one of the CNS notices being sent to affected households is attached to this GIS.

WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990

# NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE N	NOTICE NUMBER: DAT			<u>:</u>		CASE NUMBER:			
	U5300Y0021		N	oven	ber 19, 2014	NY	YSNIP141W		
OFFICE	UNIT	WORKER JIM	UNIT OR WORKER NAME WASHINGTON CO. DEFAUL			ULT WKR.	TELEPHONE NO. 555-123-4567		
AGENCY TELEPHONE NUMBERS					CASE N	AME / AND AD	DDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS 518-746-2300 OR HELP				<u>o</u>					
OR Age	ency Conference	518-746	-230	<u></u> <u>0</u>	//JIM				
	Hearing rmation and istance	518-746	-230	0	878	A WELCH MILLER RD, SANY, NY 122	201		
Red	cord Access	518-746	-230	0					
	ld/Teen alth Plan	518-746	-230	0					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

# SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning January 1, 2015, your SNAP benefits will be  ${\tt CHANGED}$  from \$167.00 to \$163.00. This is because:

o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

#### How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$163.00 monthly beginning January, 2015.
- o You have no earned or unearned income other than Supplemental Security Income (SSI).
- o You pay \$246.00 or LESS for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

## SERVICES AND OTHER INFORMATION

#### Your Case Information Online:

You can also check your case status and budget information online. Go to <a href="https://www.mybenefits.ny.gov">www.mybenefits.ny.gov</a> to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

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#### CONFERENCE AND FAIR HEARING SECTION

#### DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

#### CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems 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)

#### STATE FAIR HEARING

#### Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by <u>February 17, 2015</u>. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

# Keeping your Benefits the Same

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

# How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

(Read the next page for more of your Rights)

# REQUEST FOR A FAIR HEARING

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.)

Name : SARA WELCH District No: 53

Address: 878 MILLER RD, Notice No.: U5300Y0021
ALBANY, NY 12201 Case Number: NYSNIP141W

Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

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> When you call, please tell the worker the number of this notice which is U5300Y0021.

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE: Complete the online request form at:

http://www.otda.ny.gov/oah/forms.asp

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

#### What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be

At the hearing, you will have a chance to explain why you think our decision is wrong. can bring a lawyer, a relative or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting: ADVOCATE 12399, XXX, XXX, NY 12356 Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866 Telephone: (518) 587-5188

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 which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers listed

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, New York 12201

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at the top of page 1 of this notice.	1 of	this	notice	or	write	to (	us a	at the	e ad	dress	print	ted at	the	top of	page	,

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PAGE 1

LDSS-3151 (Rev. 8/12)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM

CASE NUMBER

NYSNIP141W

YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.

DATE:

COMPLETE THIS FORM AND MAIL TO:

TO:

SARA WELCH ADDRESS: 878 MILLER RD,

ALBANY, NY 12201

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

WASHINGTON COUNTY DSS

383 BROADWAY

FORT EDWARD, NY 12828-9990

518-746-2300

# YOUR RESPONSIBILITY TO REPORT CHANGES

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

Do you receive transitional SNAP benefits (TBA)?	YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	NO – Go To Question #2, below
Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	NO – Go To Question #3, below
Are you certified for SNAP benefits for three months or less at a time?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	NO – Go To Question #4, below
Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	YES –Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	NO – Go To Question #5, below
Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	NO – Go To Question #6, below
Does your household receive \$0 income (including \$0 Temporary Assistance)	YES –Go To "Change Reporting" on page 2 of this form(Skip questions 7 and 8)	NO – Go To Question #7, below
7. Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	NO – Go To #8, below
8. You answered "NO" to all 7 questions above	Go To "Simplified Reporting" on the top of page 2 of this form	

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CHANGE REPORT FORM PAGE 2 LDSS-3151 (Rev. 8/12)

SIMPLIFIED REPORTING RULES: As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. If your household's certification period is longer than 6 months: At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

# List of Changes you must report at the six-month checkpoint:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment
  Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or
  older)
- Any changes in your household that would result in a penalty as described on page 6 of this form
- 3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

# **CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 for a household without an elderly or permanently disabled household member or
  \$3250 for a household with an elderly or permanently disabled household member
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

CHANGE REPORT FORM PAGE 3 LDSS-3151 (Rev. 8/12)

#### TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact
  your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot
  be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period
  ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other
  notice and must close your SNAP case.

# NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report
  increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be
  eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive
  any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- 60 years old or older
- disabled spouses or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments

- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eliqibility Questionnaires and at recertification.

## When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. Reported changes must be verified before we can increase your benefits.

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

Χ

IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).

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**Use the Form Below to Report Changes** 

CHANGE IN INCOME OR SOURCE OF INCOME - If you are are a Change Reporter, your reporting rules are also explained	a Simplifie I on Page 2	dReporter,	your reporti	ng rules are explained beg	inning on Pag	e 2 of this form. If yo	1
NAME OF PERSON RECEIVING INCOME		SO	URCE OF I	NCOME	NEW	AMOUNT	HOW OFTEN RECEIVED
1.					\$		
2.					\$		
3.					\$		
CHANGE IN HOUSEHOLD - List below all new members to y	our househ	nold includir	ng newborn (	children. Also list member	s who have mo	oved in or out or have	died.
NAME	AGE	RELATI	ONSHIP	CHANGE (CHECK ON	E) DATE	INCOME AMOUN	IT SOURCE
1.				Came Into Househo	old	\$	
2.				Came Into Househo	old	\$	
3.				Came Into Househo	old	\$	
4.		'		Came Into househo	ld	\$	
CHANGE OF ADDRESS	11					1	
NEW MAILING ADDRESS	Cl	TY			STATE		ZIP CODE
CHANGE IN HOUSING COSTS - If you have moved, you must rent, mortgage payment or other costs have changed			elow Even		u can use this		
,	YES	∐ NO		If Yes, are meals	INCLUDED	☐ NOT INCLUDI	
RENT	YES	NO	\$	IVE MONTHLY AMOUNT		CHANGE (CHECK ON	<u> </u>
Do you pay rent?  Do you pay for the following separate from your rent?	YES	NO.	Φ		☐ ☐ Same	e 📙 More 📙 Le	SS
Heat and/or air conditioning							
Utilities (electricity, cooking gas, etc.)		$\vdash \overline{\vdash}$					
Telephone							
MORTGAGE PAYMENT	YES	NO	IF YES, G	IVE MONTHLY AMOUNT	(	CHANGE (CHECK OF	IE)
Do you have a <b>mortgage</b> payment?			\$		☐ Same	e 🗌 More 🗀 Le	SS
Do you pay for the following <b>separate</b>	YES	NO	IE VEC O	IVE MONTHLY AMOUNT		CHANGE (CHECK ON	IE/
from your mortgage:	150	NO		IVE MONTHLI AMOUNT			
Property taxes     House Insurance			\$		☐ Same		
<ul><li>House Insurance</li><li>Heat and/or air conditioning</li></ul>		$\vdash$	Φ		☐ Same	e   More   Le	SS
Utilities (electricity, cooking gas, etc.)							
Telephone		╁╫╴			+		
Are you living in section 8 or	YES.		Arevouli	ving in public housing?	□ YES	Пио	

NOTICE NUMBER : U5300Y0021 Page: 11 CHANGE REPORT FORM PAGE 5 LDSS-3151 (Rev. 8/12) CHANGE IN NUMBER OF CARS OR VEHICLES - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles? MAKE IF SOLD, AMOUNT MODEL YEAR RECÉIVED \$ 2. CHANGE IN SAVINGS - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to \$ more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits. CHANGE (CHECK ONE) FOR WHOM? WHOM DO YOU PAY? **NEW AMOUNT** HOW OFTEN DO YOU PAY? ☐ NO LONGER HAVE COST ☐ HAVE COST ☐ NO LONGER HAVE COST \$ ☐ HAVE COST ☐ NO LONGER HAVE COST ☐ HAVE COST CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.) - You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are: 60 years old or older disabled spouse or children of a deceased veteran getting Supplemental Security Income (SSI) getting Social Security Disability payments getting veterans' disability benefits getting government disability retirement benefits getting Railroad Retirement disability benefits getting disability-based medical assistance If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. TYPE OF COST **AMOUNT** HOW OFTEN IS EACH PAYMENT DUE? \$ \$ \$ \$ DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH? ☐ YES ☐ NO If "NO" explain:

CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD

BE SURE TO READ AND SIGN PAGE 6

☐ NO CHANGES

CHANGE REPORT FORM PAGE 6 LDSS-3151 (Rev. 8/12)

#### **CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will never be able to get SNAP again if you are:

- Found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP: **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; or
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; or
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; or
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

#### CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE	DATE
X	

WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990

# NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

#### SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: DATE:					CASE NUMBE				
	U5300Y0046		No	ovem	ber 19, 2014	NY	YSNIP143W		
OFFICE	UNIT	WORKER JIM		UNIT OR WORKER NAME WASHINGTON CO. DEFAULT			TELEPHONE NO. 555-123-4567		
AGENCY TELEPHONE NUMBERS  GENERAL TELEPHONE NO. 510 546 6000						AME / AND A			
FOR QUE OR HELP		518-746	-2300	<u>.                                    </u>					
<b>OR</b> Age	ency Conference	518-746	-2300	2	//JIM				
info	Hearing rmation and istance	518-746	-2300	o -	878	EG PAUL 86 ULSTER ST BANY, NY 122			
Red	cord Access	518-746	-2300	0					
	ld/Teen alth Plan	518-746	-2300	0					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

# SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$31.00 to \$26.00. This is because:

o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

#### How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$26.00 monthly beginning January, 2015.
- O You have no earned or unearned income other than Supplemental Security Income (SSI).
- o You pay \$246.01 or MORE for housing and you are not eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

# SERVICES AND OTHER INFORMATION

#### Your Case Information Online:

You can also check your case status and budget information online. Go to <a href="https://www.mybenefits.ny.gov">www.mybenefits.ny.gov</a> to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

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NOTICE NUMBER : U5300Y0046 Page: 3

#### CONFERENCE AND FAIR HEARING SECTION

#### DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

#### CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems 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)

#### STATE FAIR HEARING

#### Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by <u>February 17, 2015</u>. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

#### Keeping your Benefits the Same

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

# How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

(Read the next page for more of your Rights)

# REQUEST FOR A FAIR HEARING

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.)

Name : GREG PAUL

Address: 8786 ULSTER ST, Notice No.: U5300Y0046
ALBANY, NY 12201 Case Number: NYSNIP143W

Telephone :

District No:

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

NOTICE NUMBER : U5300Y0046 Page: 4 XL218C (08/97)

> When you call, please tell the worker the number of this notice which is U5300Y0046.

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE:

Complete the online request form at: http://www.otda.ny.gov/oah/forms.asp

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

#### What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be

At the hearing, you will have a chance to explain why you think our decision is wrong. can bring a lawyer, a relative or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting: ADVOCATE 12399, XXX, XXX, NY 12356 Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866 Telephone: (518) 587-5188

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 which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers listed

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, New York 12201

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at the top of page 1 of this notice.	1 of	this	notice	or	write	to us	at	the a	addres	s pri	nted at	the	top (	of p	age

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	1			

: U5300Y0046

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PAGE 1

LDSS-3151 (Rev. 8/12)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM

CASE NUMBER

NYSNIP143W

YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.

DATE:

TO:

GREG PAUL

ADDRESS: 8786 ULSTER ST, ALBANY, NY 12201 COMPLETE THIS FORM AND MAIL TO:

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

WASHINGTON COUNTY DSS

383 BROADWAY

FORT EDWARD, NY 12828-9990

518-746-2300

# YOUR RESPONSIBILITY TO REPORT CHANGES

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1.	Do you receive transitional SNAP benefits (TBA)?	YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	NO – Go To Question #2, below
2.	Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	NO - Go To Question #3, below
3.	Are you certified for SNAP benefits for three months or less at a time?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	NO – Go To Question #4, below
4.	Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	YES –Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	NO – Go To Question #5, below
5.	Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	NO – Go To Question #6, below
6.	Does your household receive \$0 income (including \$0 Temporary Assistance)	YES –Go To "Change Reporting" on page 2 of this form(Skip questions 7 and 8)	NO – Go To Question #7, below
7.	Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	NO – Go To #8, below
8.	You answered "NO" to all 7 questions above	Go To "Simplified Reporting" on the top of page 2 of this form	

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CHANGE REPORT FORM PAGE 2 LDSS-3151 (Rev. 8/12)

SIMPLIFIED REPORTING RULES: As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. If your household's certification period is longer than 6 months: At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

# List of Changes you must report at the six-month checkpoint:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or
  older)
- Any changes in your household that would result in a penalty as described on page 6 of this form
- 3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

# **CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance
  when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 for a household without an elderly or permanently disabled household member or
  \$3250 for a household with an elderly or permanently disabled household member
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

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CHANGE REPORT FORM PAGE 3 LDSS-3151 (Rev. 8/12)

#### TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact
  your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot
  be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period
  ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other
  notice and must close your SNAP case.

# NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- 60 years old or older
- disabled spouses or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments

- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eliqibility Questionnaires and at recertification.

## When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. Reported changes must be verified before we can increase your benefits.

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

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IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).

Page: 10

# **CHANGE REPORT FORM PAGE 4**

LDSS-3151 (Rev. 8/12)

**Use the Form Below to Report Changes** 

CHANGE IN INCOME OR SOURCE OF INCOME - If you are are a Change Reporter, your reporting rules are also explained	a Simplifie d on Page 2	dReporter,	your reporti	ng rules are explained bec	jinning on Pag	e 2 of this form. If you	
NAME OF PERSON RECEIVING INCOME		SO	URCE OF I	NCOME	NEM	' AMOUNT	HOW OFTEN RECEIVED
1.					\$		
2.					\$		
3.					\$		
CHANGE IN HOUSEHOLD - List below all new members to	our houset	iold includir	ig newborn i	children. Also list member	s who have m	oved in or out or have	died.
NAME	AGE	RELATI	ONSHIP	CHANGE (CHECK ON	E) DATE	INCOME AMOUN	T SOURCE
1.				Came Into Househ	old	\$	
2.		,		Came Into Househ	old	\$	
3.				Came Into Househ	old	\$	
4.				Came Into household	old	\$	
CHANGE OF ADDRESS	1 1			Lett louselloid	I		
NEW MAILING ADDRESS	Cl	ΓΥ			STATE		ZIP CODE
CHANGE IN HOUSING COSTS - If you have moved, you mu rent, mortgage payment or other costs have changed.		new costs b	elow Even	if you have not moved, yo	171717111171717171717171		
Are you a roomer or boarder?	YES	U NO	920000000000000000000000000000000000000	If Yes, are meals	INCLUDED	☐ NOT INCLUDE	ED .
RENT	YES	NO		IVE MONTHLY AMOUNT		CHANGE (CHECK ON	E)
Do you pay <b>rent?</b>			\$		☐ Sam	e 🗌 More 🔲 Le	SS
Do you pay for the following separate from your rent?	YES	NO					
Heat and/or air conditioning	$\perp \perp$						
Utilities (electricity, cooking gas, etc.)	+ +						
Telephone  MORTGAGE PAYMENT	YES	NO.	IE VEC C	IVE MONTHLY AMOUNT	-	CHANGE (CHECK ON	ΕV
	1129	) NO	\$	IVE MONTHET AMOUNT			
Do you have a <b>mortgage</b> payment?  Do you pay for the following <b>separate</b>			Ψ		☐ Sam	e ∐ More ∐ Le	SS
from your mortgage:	YES	NO	IF YES, G	IVE MONTHLY AMOUNT	- 1	CHANGE (CHECK ON	E)
Property taxes			\$		☐ Same	e 🗌 More 🗌 Le	SS
House Insurance			\$		☐ Sam	e 🗌 More 🔲 Le	SS .
<ul> <li>Heat and/or air conditioning</li> </ul>							
<ul> <li>Utilities (electricity, cooking gas, etc.)</li> </ul>							
Telephone							
Are you living in section 8 or other subsidized housing?	YES	□ NO	Are you li	ving in public housing?	☐ YES	□ NO	

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er vehicle since the last time you tole	d us about vehicles?			<del></del>
MAKE		MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
				\$
				\$
				\$
re than \$2,000 (more than \$3,250 if a  ANGE IN CHILD CARE, DEPENDE  sts changed? If so, you may be eligib  CHANGE (CHECK ONE)  NO LONGER HAVE COST  HAVE COST  NO LONGER HAVE COST  HAVE COST  NO LONGER HAVE COST  HAVE COST  ANGE IN MEDICAL COSTS (Doctor	NT CARE COSTS OR THE AMOUNT IN IT IS IN	WHOM DO YOU PAY?  Ons, etc.) — You are only i	NEW AMOUNT \$ \$ equired to report char	HOW OFTEN DO YOU PAY
<ul> <li>60 years old or older</li> <li>disabled spouse or childrer</li> <li>getting Supplemental Security Disagetting Social Security Disagetting veterans' disability</li> <li>getting government disability</li> </ul>	n of a deceased veteran rity Income (SSI) ability payments penefits ty retirement benefits	,		
<ul> <li>60 years old or older</li> <li>disabled spouse or childrer</li> <li>getting Supplemental Security Disagetting Social Security Disagetting veterans' disability</li> <li>getting government disability</li> <li>getting Railroad Retiremen</li> <li>getting disability-based me</li> </ul>	n of a deceased veteran rity Income (SSI) ability payments benefits ty retirement benefits t disability benefits dical assistance			
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CHANGE REPORT FORM PAGE 6 LDSS-3151 (Rev. 8/12)

#### **CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will never be able to get SNAP again if you are:

- Found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP: **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; or
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; or
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; or
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

#### CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE	DATE
x	

NOTICE NUMBER : U5300Y0034 Page: 1 \*\*\*\*\*

WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990

# NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE N			DATE	-		CASE NUMBE	
	U5300Y0034		No	ovem	ber 19, 2014	NY	SNIP142W
OFFICE	UNIT	WORKER			OR WORKER NAME		TELEPHONE NO.
		JIM		WA	SHINGTON CO. DEF	OLT WKK.	555-123-4567
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	ld/Teen alth Plan	518-746	-2300	<u> </u>			

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

# SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning January 1, 2015, your SNAP benefits will be CHANGED from \$22.00 to \$17.00. This is because:

o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

#### How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$17.00 monthly beginning January, 2015.
- o You have earned or unearned income in addition to Supplemental Security Income (SSI).
- o You pay \$246.01 or MORE for housing and you are not eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA).

# SERVICES AND OTHER INFORMATION

#### Your Case Information Online:

You can also check your case status and budget information online. Go to <a href="https://www.mybenefits.ny.gov">www.mybenefits.ny.gov</a> to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

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NOTICE NUMBER : U5300Y0034 Page: 3

#### CONFERENCE AND FAIR HEARING SECTION

#### DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

#### CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems 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)

#### STATE FAIR HEARING

#### Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by <u>February 17, 2015</u>. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

#### Keeping your Benefits the Same

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

# How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

(Read the next page for more of your Rights)

# REQUEST FOR A FAIR HEARING

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.)

Name : KIM WILLIAMS District No: 53

Address: 675 JENKINS ST, Notice No.: U5300Y0034
ALBANY, NY 12201 Case Number: NYSNIP142W

Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

NOTICE NUMBER : U5300Y0034 Page: 4 XL218C (08/97)

> When you call, please tell the worker the number of this notice which is U5300Y0034.

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE: Complete the online request form at: http://www.otda.ny.gov/oah/forms.asp

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

#### What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be

At the hearing, you will have a chance to explain why you think our decision is wrong. can bring a lawyer, a relative or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting: ADVOCATE 12399, XXX, XXX, NY 12356 Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866 Telephone: (518) 587-5188

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 which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers listed

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, New York 12201

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PAGE 1

LDSS-3151 (Rev. 8/12)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM

CASE NUMBER

NYSNIP142W

YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.

DATE:

COMPLETE THIS FORM AND MAIL TO:

TO:

KIM WILLIAMS ADDRESS: 675 JENKINS ST.

ALBANY, NY 12201

LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

WASHINGTON COUNTY DSS

383 BROADWAY

FORT EDWARD, NY 12828-9990

518-746-2300

# YOUR RESPONSIBILITY TO REPORT CHANGES

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1.	Do you receive transitional SNAP benefits (TBA)?	YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	NO – Go To Question #2, below
2.	Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	NO - Go To Question #3, below
3.	Are you certified for SNAP benefits for three months or less at a time?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	NO – Go To Question #4, below
4.	Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	YES –Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	NO – Go To Question #5, below
5.	Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	NO – Go To Question #6, below
6.	Does your household receive \$0 income (including \$0 Temporary Assistance)	YES –Go To "Change Reporting" on page 2 of this form(Skip questions 7 and 8)	NO – Go To Question #7, below
7.	Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	NO – Go To #8, below
8.	You answered "NO" to all 7 questions above	Go To "Simplified Reporting" on the top of page 2 of this form	

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CHANGE REPORT FORM PAGE 2 LDSS-3151 (Rev. 8/12)

SIMPLIFIED REPORTING RULES: As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. If your household's certification period is longer than 6 months: At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

# List of Changes you must report at the six-month checkpoint:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment
  Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or
  older)
- Any changes in your household that would result in a penalty as described on page 6 of this form
- 3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

# **CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance
  when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- · A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 for a household without an elderly or permanently disabled household member or
  \$3250 for a household with an elderly or permanently disabled household member
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

CHANGE REPORT FORM PAGE 3 LDSS-3151 (Rev. 8/12)

#### TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact
  your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot
  be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period
  ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other
  notice and must close your SNAP case.

# NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- 60 years old or older
- disabled spouses or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments

- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

**Temporary Assistance (TA) Reporting Rules:** The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eligibility Questionnaires and at recertification.

## When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. Reported changes must be verified before we can increase your benefits.

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

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IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).

Page: 10 LDSS-3151 (Rev. 8/12) **CHANGE REPORT FORM PAGE 4** 

**Use the Form Below to Report Changes** 

are a Change Reporter, your reporting rules are also explain		<u></u>	UDOE OF I	NOOME	1	N I T LAZ	A A CUINT	HOW OFTEN
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1.					\$			
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CHANGE IN HOUSEHOLD - List below all new members to	your housel	nold includi	ng newborn	children. Also list memb	ers who	have mov	ed in or out or hav	e died.
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### **CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will never be able to get SNAP again if you are:

- Found quilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP: or
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; or
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; or
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP.

If you have committed your:

CHANGE REPORT FORM PAGE 6

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; or
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

### CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE	DATE
x	

LDSS-3151 (Rev. 8/12)

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WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990

# NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

				:		CASE NUMBER:			
					mber 19, 2014 NYSNIP145W				
OFFICE	UNIT	WORKER JIM			OR WORKER NAME SHINGTON CO. DEF	AULT WKR.	TELEPHONE NO. 555-123-4567		
AGENCY TELEPHONE NUMBERS GENERAL TELEPHONE NO.					CASE N	AME / AND AD			
FOR QUE OR HELP		518-746	<u>-2300</u>	2					
<b>OR</b> Age	ency Conference	518-746	-2300	2	//JIM				
info	Hearing rmation and istance	518-746	-2300	o -	765	NE REYES 5 MILLER ST, BANY, NY 122	201		
Red	cord Access	518-746	-2300	o -					
	ld/Teen alth Plan	518-746	-2300	<u> </u>					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

# SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$167.00 to \$163.00. This is because:

o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

# How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$163.00 monthly beginning January, 2015.
- You have no earned or unearned income other than Supplemental Security Income (SSI).
- O You pay \$246.00 or LESS for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA) because you either received a HEAP Payment greater than \$20 within the last 13 months or incur a cost for air conditioning or other excess charge for heating or cooling.

### SERVICES AND OTHER INFORMATION

### Your Case Information Online:

You can also check your case status and budget information online. Go to www.mybenefits.ny.qov to Login and create a secure online account. To create

NOTICE NUMBER : U5300Y0060 Page: 2

your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

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### CONFERENCE AND FAIR HEARING SECTION

### DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

### CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems 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)

### STATE FAIR HEARING

### Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by <u>February 17, 2015</u>. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

# Keeping your Benefits the Same

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

# How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334

(Read the next page for more of your Rights)

# REQUEST FOR A FAIR HEARING

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.)

Name : JANE REYES District No: 53

Address: 765 MILLER ST, Notice No.: U5300Y0060
ALBANY, NY 12201 Case Number: NYSNIP145W

Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

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> When you call, please tell the worker the number of this notice which is U5300Y0060.

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE: Complete the online request form at: http://www.otda.ny.gov/oah/forms.asp

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

#### What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be

At the hearing, you will have a chance to explain why you think our decision is wrong. can bring a lawyer, a relative or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting: ADVOCATE 12399, XXX, XXX, NY 12356 Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866 Telephone: (518) 587-5188

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 which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers listed

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, New York 12201

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PAGE 1

LDSS-3151 (Rev. 8/12)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM

CASE NUMBER

NYSNIP145W

(Please Print Clear

YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.

DATE:

COMPLETE THIS FORM AND MAIL TO:

TO:

ADDRESS: JANE REYES 765 MILLER ST,

765 MILLER ST, ALBANY, NY 12201 LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

WASHINGTON COUNTY DSS

383 BROADWAY

FORT EDWARD, NY 12828-9990

518-746-2300

# YOUR RESPONSIBILITY TO REPORT CHANGES

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1.	Do you receive transitional SNAP benefits (TBA)?	YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)	NO – Go To Question #2, below
2.	Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?	YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	NO – Go To Question #3, below
3.	Are you certified for SNAP benefits for three months or less at a time?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	NO – Go To Question #4, below
4.	Does anyone in your household have earned income that is being counted in your SNAP benefit amount?	YES –Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	NO – Go To Question #5, below
5.	Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?	YES –Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	NO – Go To Question #6, below
6.	Does your household receive \$0 income (including \$0 Temporary Assistance)	YES –Go To "Change Reporting" on page 2 of this form(Skip questions 7 and 8)	NO – Go To Question #7, below
7.	Are you without shelter (undomiciled) or a migrant/seasonal farmworker?	YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	NO – Go To #8, below
8.	You answered "NO" to all 7 questions above	Go To "Simplified Reporting" on the top of page 2 of this form	

CHANGE REPORT FORM PAGE 2 LDSS-3151 (Rev. 8/12)

SIMPLIFIED REPORTING RULES: As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. If your household's certification period is longer than 6 months: At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

# List of Changes you must report at the six-month checkpoint:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or
  older)
- Any changes in your household that would result in a penalty as described on page 6 of this form
- 3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

# **CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 for a household without an elderly or permanently disabled household member or
  \$3250 for a household with an elderly or permanently disabled household member
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

CHANGE REPORT FORM PAGE 3 LDSS-3151 (Rev. 8/12)

### TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact
  your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot
  be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period
  ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other
  notice and must close your SNAP case.

# NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- 60 years old or older
- disabled spouses or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments

- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eliqibility Questionnaires and at recertification.

# When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. Reported changes must be verified before we can increase your benefits.

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

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IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).

Page: 10

# **CHANGE REPORT FORM PAGE 4**

other subsidized housing?

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Use the Form Below to Report Changes CHANGE IN INCOME OR SOURCE OF INCOME - If you are a Simplified Reporter, your reporting rules are explained beginning on Page 2 of this form. If you are a Change Reporter, your reporting rules are also explained on Page 2 HOW OFTEN RECEIVED NAME OF PERSON RECEIVING INCOME SOURCE OF INCOME **NEW AMOUNT** 1. \$ \$ 2. 3. \$ CHANGE IN HOUSEHOLD - List below all new members to your household including newborn children. Also list members who have moved in or out or have died. CHANGE (CHECK ONE) NAME AGE RELATIONSHIP DATE INCOME AMOUNT SOURCE Came Into Household \$ Left Household 1. Came Into Household \$ 2. Left Household Came Into Household \$ Left Household 3. ☐ Came Into household \$ Left Household 4. **CHANGE OF ADDRESS** NEW MAILING ADDRESS STATE CITY ZIP CODE TELEPHONE NUMBER WHERE YOU CAN BE REACHED IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank) Area Code CHANGE IN HOUSING COSTS - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that your rent, mortgage payment or other costs have changed ☐ INCLUDED ☐ NOT INCLUDED ☐ YES Are you a roomer or boarder? If Yes, are meals CHANGE (CHECK ONE) RENT YES NO IF YES, GIVE MONTHLY AMOUNT \$ ☐ Same ☐ More ☐ Less Do you pay rent? YES NO Do you pay for the following separate from your rent? Heat and/or air conditioning П Utilities (electricity, cooking gas, etc.) Telephone MORTGAGE PAYMENT YES NO IF YES, GIVE MONTHLY AMOUNT CHANGE (CHECK ONE) ☐ Same ☐ More ☐ Less Do you have a mortgage payment? Do you pay for the following separate NO IF YES, GIVE MONTHLY AMOUNT CHANGE (CHECK ONE) YES from your mortgage: ☐ Same ☐ More ☐ Less \$ Property taxes \$ ☐ Same ☐ More ☐ Less П House Insurance Heat and/or air conditioning • Utilities (electricity, cooking gas, etc.) Telephone Are you living in section 8 or

☐ YES

□ ио

Are you living in public housing?

☐ YES

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CHANGE REPORT FORM PAGE 6 LDSS-3151 (Rev. 8/12)

### **CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will never be able to get SNAP again if you are:

- Found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP: **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; or
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; or
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; or
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

### CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE	DATE
X	

WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990

# NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER:				<u>:</u>		CASE NUMBER:			
				oven	ber 19, 2014	SNIP144W			
OFFICE	UNIT	WORKER JIM			OR WORKER NAME SHINGTON CO. DEFA	ULT WKR.	TELEPHONE NO. 555-123-4567		
AGENCY TELEPHONE NUMBERS					CASE NA	AME / AND AD	DDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS 518-746-2300 OR HELP				<u>o</u>					
OR Age	ency Conference	518-746	-230	<u>o</u>	//JIM				
	Hearing rmation and istance	518-746	-230	0	767	SMITH HELEN ST, SANY, NY 122	201		
Red	cord Access	518-746	-230	0					
	ld/Teen alth Plan	518-746	-230	0					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

# SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning January 1, 2015, your SNAP benefits will be **CHANGED** from \$158.00 to \$154.00. This is because:

o Effective January 1, your income will increase due to a cost-of-living adjustment (COLA) in your social security, SSI and or veteran's non-service connected disability benefits. This increase in income to your household must be used to figure the amount of your SNAP benefits.

This decision is based on Regulations 18 NYCRR 387.10, 387.12 and 387.15.

### How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$154.00 monthly beginning January, 2015.
- You have earned or unearned income in addition to Supplemental Security Income (SSI).
- o You pay \$246.00 or LESS for housing and you are eligible for the SNAP heating and/or air conditioning standard utility allowance (SUA) because you either received a HEAP Payment greater than \$20 within the last 13 months or incur a cost for air conditioning or other excess charge for heating or cooling.

### SERVICES AND OTHER INFORMATION

### Your Case Information Online:

You can also check your case status and budget information online. Go to www.mybenefits.ny.qov to Login and create a secure online account. To create

NOTICE NUMBER : U5300Y0058 Page: 2

your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

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### CONFERENCE AND FAIR HEARING SECTION

### DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

### CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems 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)

### STATE FAIR HEARING

### Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by <u>February 17, 2015</u>. This is the deadline even if you asked for a meeting (conference) with us.

We will send you a notice telling you when the hearing will be. However, if the hearing officer at the hearing decides that you are not complaining about how we figured the amount of benefits you can get, the hearing officer may decide that you did not have a right to a fair hearing.

# Keeping your Benefits the Same

We will not change your SNAP benefits if you ask for a fair hearing about the action we are taking on your SNAP benefits by December 31, 2014.

If you lose the hearing you will have to pay back any SNAP benefits which you got, but should not have gotten, while you were waiting for the decision.

However, at the hearing if the hearing officer decides that you are not complaining about how we figured the amount of benefits you can get, or about a misapplication or misinterpretation of law, the hearing officer may decide that you did not have the right to have your benefits stay the same until you receive your hearing decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

# How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

(Read the next page for more of your Rights)

# REQUEST FOR A FAIR HEARING

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.)

Name : KIM SMITH District No: 53

Address: 767 HELEN ST, Notice No.: U5300Y0058
ALBANY, NY 12201 Case Number: NYSNIP144W

Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

NOTICE NUMBER : U5300Y0058 Page: 4 XL218C (08/97)

> When you call, please tell the worker the number of this notice which is U5300Y0058.

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE: Complete the online request form at: http://www.otda.ny.gov/oah/forms.asp

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

### What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be

At the hearing, you will have a chance to explain why you think our decision is wrong. can bring a lawyer, a relative or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting: ADVOCATE 12399, XXX, XXX, NY 12356 Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866 Telephone: (518) 587-5188

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 which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers listed

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, New York 12201

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PAGE 1

LDSS-3151 (Rev. 8/12)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT FORM

CASE NUMBER

NYSNIP144W

(Please Print Clear

YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES ACCORDING TO THE RULES LISTED BELOW.

DATE:

COMPLETE THIS FORM AND MAIL TO:

TO:

ADDRESS: KIM SMITH 767 HELEN ST.

767 HELEN ST, ALBANY, NY 12201 LOCAL DISTRICT NAME, ADDRESS AND TELEPHONE NUMBER:

WASHINGTON COUNTY DSS

383 BROADWAY

FORT EDWARD, NY 12828-9990

518-746-2300

# YOUR RESPONSIBILITY TO REPORT CHANGES

Please read the questions and rules carefully. If you fail to report any changes that you are required to report under the rules, we may have to establish a claim for overpayment of Supplemental Nutrition Assistance program (SNAP) benefits and collect the amount of the overpayment from you.

The changes that you MUST report are explained below. You may still voluntarily report any change about your SNAP household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

ARE YOU A "SIMPLIFIED REPORTER" (6 MONTH) OR A "CHANGE REPORTER"? YOU MAY ANSWER THESE QUESTIONS TO FIND OUT WHETHER YOU ARE A "SIMPLIFIED REPORTER" OR A "CHANGE REPORTER".

1.	Do you receive transitional SNAP benefits (TBA)?	YES – Go To "TBA" on page 3 of this form (Skip questions 2 through 8)		NO – Go To Question #2, below
2.	Do you receive New York State Nutrition Improvement Project (NYSNIP) benefits?		YES – Go To "NYSNIP" on page 3 of this form (Skip questions 3 through 8)	NO – Go To Question #3, below
3.	Are you certified for SNAP benefits for three months or less at a time?		YES –Go To "Change Reporting" on page 2 of this form (Skip questions 4 through 8)	NO – Go To Question #4, below
4.	Does anyone in your household have earned income that is being counted in your SNAP benefit amount?		YES –Go To "Simplified Reporting" on page 2 of this form (Skip questions 5 through 8)	NO – Go To Question #5, below
5.	Are all of the adults (18 or older) in your household either permanently disabled or 60 or older?		YES –Go To "Change Reporting" on page 2 of this form (Skip questions 6 through 8)	NO – Go To Question #6, below
6.	Does your household receive \$0 income (including \$0 Temporary Assistance)		YES –Go To "Change Reporting" on page 2 of this form(Skip questions 7 and 8)	NO – Go To Question #7, below
7.	Are you without shelter (undomiciled) or a migrant/seasonal farmworker?		YES – Go To "Change Reporting" on page 2 of this form (Skip question 8)	NO – Go To #8, below
8.	You answered "NO" to all 7 questions above		Go To "Simplified Reporting" on the top of page 2 of this form	

NOTICE NUMBER : U5300Y0058 Page: 8

CHANGE REPORT FORM PAGE 2 LDSS-3151 (Rev. 8/12)

SIMPLIFIED REPORTING RULES: As a SNAP household under the "Simplified Reporting" rules, you are only required to report changes at the time of your next recertification, except for the following three situations:

1. If your household's gross monthly income exceeds 130% of the poverty level, you MUST report this monthly amount to your social services district by telephone, in writing, or in person within 10 days after the end of the calendar month in which you exceed the 130% level. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support you receive, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation, Social Security Benefits, Supplemental Security Income (SSI) and private disability payments.

If you fail to report that your gross income is above 130% of the poverty level in any calendar month, all benefits received after that month may be considered an overpayment. This is true even if your gross income falls below the 130% poverty level in a future month.

2. If your household's certification period is longer than 6 months: At a six-month checkpoint into your certification period, you will receive a report form that you MUST return within ten days after you receive the form. If your household has any of the changes listed below, you MUST report them on the report form that is sent to you at the six-month checkpoint.

### List of Changes you must report at the six-month checkpoint:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 (more than \$3250 if anyone in your household is disabled or 60 years old or
  older)
- Any changes in your household that would result in a penalty as described on page 6 of this form
- 3. If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you MUST tell us if their work hours go below 80 hours a month within 10 days after the end of that month.

# **CHANGE REPORTING RULES:**

As a SNAP household under the "Change Reporting" rules, you **MUST** report the following changes within 10 days after the end of the month in which the change happened:

- Changes in any source of income for anyone in your household
- Changes in your household's total earned income when it goes up or down by more than \$100 a month
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance Benefits when it goes up or down by more than \$50 a month
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month
- Changes in the amount of court ordered child support you pay to a child outside of your SNAP household
- Changes in who lives with you
- If you move, your new address and your new rent or mortgage costs, heat costs and utility costs
- A new or different car, or other vehicle
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all
  household members now amounts to more than \$2000 for a household without an elderly or permanently disabled household member or
  \$3250 for a household with an elderly or permanently disabled household member
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if their work hours go below 80 hours a month within 10 days after the end of that month
- Any changes in your household that would result in a penalty as described on page 6 of this form

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### TBA CHANGE REPORTING for household in receipt of transitional benefits:

- Transitional SNAP benefits can continue for up to five months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period. If you have changes that may increase your benefits you can contact
  your worker to file an early recertification application at any time during your transitional period to receive the increase. The increase cannot
  be done until a signed recertification application is filed, and the entire recertification process is completed.
- You must recertify near the end of your transitional period to see if you can continue to receive SNAP benefits after your transitional period
  ends. We will send you a notice reminding you of this recertification requirement. If you do not recertify, we will not send you any other
  notice and must close your SNAP case.

# NYSNIP CHANGE REPORTING for participants in NYSNIP:

- You will receive a contact letter 24 months after you begin participation in NYSNIP that you must complete and return.
- You are not required to report changes during your certification period other than the 24-month contact letter. You may voluntarily report increases in your medical expenses, rent or utility costs, or decreases in your income. If you report and verify these changes, you may be eligible for more SNAP benefits. You are not required to, but should report your new address if you move, so that you continue to receive any notices we send to you.

**Medical Expenses:** You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:

- 60 years old or older
- disabled spouses or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments

- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. Changes in medical expenses must be reported at your next recertification.

Temporary Assistance (TA) Reporting Rules: The rules listed above apply only to SNAP. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on periodic report mailers, TA Eliqibility Questionnaires and at recertification.

# When to use this form:

This form may be used to report any required or voluntary changes. You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more SNAP benefits.

If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of SNAP benefits. Reported changes must be verified before we can increase your benefits.

This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at the telephone number listed on Page 1 of this form.

If you no longer want to receive SNAP benefits, sign here to withdraw from participation in SNAP. Your SNAP benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for SNAP benefits by requesting a Fair Hearing within 90 days. You may re-apply for SNAP benefits at any time after your withdrawal.

Χ

IF YOU WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. IF YOU INTENTIONALLY WITHHOLD INFORMATION WHEN YOU ARE REQUIRED TO REPORT IT, YOU MAY ALSO BE DISQUALIFIED FROM SNAP AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "SNAP PENALTY WARNING" ON PAGE 6 OF THIS FORM).

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**Use the Form Below to Report Changes** 

CHANGE IN INCOME OR SOURCE OF INCOME - If you a are a Change Reporter, your reporting rules are also explain	re a Simplifie led on Page 2	d Reporter	your report	ng rules are explained be	ginning on I	Page 2 of this form.	lfyou
NAME OF PERSON RECEIVING INCOME	SOURCE OF INCOM			NCOME	N	IEW AMOUNT	HOW OFTEN
1.					\$		
2.					\$		
3.					\$	·	
CHANGE IN HOUSEHOLD - List below all new members to	o your housel	nold includi	ng newborn	children. Also list membe	rs who have	e moved in or out or	have died.
NAME	AGE	RFLAT	IONSHIP	CHANGE (CHECK ON	JE) DA	TE INCOME AN	MOUNT SOURCE
	1			☐ Came Into Househ			
1.				Left Household		\$	
2.				Came Into Househ	iold	\$	
3.				Came Into Househ	iold	\$	
4.				Came Into househ	old	\$	
CHANGE OF ADDRESS				L reit Houseiloid			<b> </b>
NEW MAILING ADDRESS	CI	TY			STATE		ZIP CODE
CHANGE IN HOUSING COSTS - If you have moved, you ment, mortgage payment or other costs have changed.					1		
Are you a roomer or boarder?	YES	U NO I √	R ROSSESSESSESSESSES	If Yes, are meals L	INCLUDI		
RENT	YES	NO	450000000000000000000000000000000000000	SIVE MONTHLY AMOUN	*****	CHANGE (CHEC	
Do you pay rent?	YES	NO	\$		∐ S	ame ∐ More L	⊥ Less
Do you pay for the following separate from your rent?     Heat and/or air conditioning	I D						
Utilities (electricity, cooking gas, etc.)	+						
Telephone	+						
MORTGAGE PAYMENT	YES	NO	IF YES, C	SIVE MONTHLY AMOUN	Ī	CHANGE (CHEC	CK ONE)
Do you have a <b>mortgage</b> payment?			\$		□s	ame 🗌 More [	Less
Do you pay for the following separate from your mortgage:	YES	NO	IF YES, C	SIVE MONTHLY AMOUN	Т	CHANGE (CHEC	
Property taxes			\$		□s	ame  More [	Less
House Insurance			\$			ame 🗌 More [	Less
Heat and/or air conditioning							
Utilities (electricity, cooking gas, etc.)							
Telephone							
Are you living in section 8 or other subsidized housing?	] YES	□ NO	Are you l	ving in public housing?	Y	ES 🗌 NO	

NOTICE NUMBER : U5300Y0058

Page: 11 CHANGE REPORT FORM PAGE 5 LDSS-3151 (Rev. 8/12) CHANGE IN NUMBER OF CARS OR VEHICLES - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles? MAKE IF SOLD, AMOUNT MODEL YEAR RECÉIVED \$ 2. CHANGE IN SAVINGS - List the total amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have increased to \$ more than \$2,000 (more than \$3,250 if anyone in your household is 60 years old or older or been determined to be disabled). CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID - Have your child care or dependent care costs changed? If so, you may be eligible for more SNAP benefits. CHANGE (CHECK ONE) FOR WHOM? WHOM DO YOU PAY? **NEW AMOUNT** HOW OFTEN DO YOU PAY? ☐ NO LONGER HAVE COST ☐ HAVE COST ☐ NO LONGER HAVE COST \$ ☐ NO LONGER HAVE COST ☐ HAVE COST CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.) - You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are: 60 years old or older disabled spouse or children of a deceased veteran getting Supplemental Security Income (SSI) getting Social Security Disability payments getting veterans' disability benefits getting government disability retirement benefits getting Railroad Retirement disability benefits getting disability-based medical assistance If you report and verify an increase in your medical expenses, you may be eligible for more SNAP benefits. TYPE OF COST **AMOUNT** HOW OFTEN IS EACH PAYMENT DUE? \$ \$ \$ \$ DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO CONTINUE NEXT MONTH? ☐ YES ☐ NO If "NO" explain: CHECK HERE IF YOU HAVE NO CHANGES TO REPORT ABOUT YOUR SNAP HOUSEHOLD ☐ NO CHANGES

**BE SURE TO READ AND SIGN PAGE 6** 

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### **CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits, we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing to challenge our decision.

# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PENALTY WARNING

Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will never be able to get SNAP again if you are:

- Found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP: **or**
- Found guilty in a court of law of selling or obtaining firearms, ammunition or explosives in exchange for SNAP; or
- Found guilty in a court of law of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; or
- Found guilty in a court of law of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP.

If you have committed your:

- First IPV, you will not be able to get SNAP for one year.
- Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP benefits for an additional 18 months.

If you make a false statement about who you are or where you live in order to get multiple SNAP, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you:

- Make a false or misleading statement, or misrepresent, conceal or withhold facts; or
- Commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

### CERTIFICATION

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

SIGNATURE	DATE
v	
X	