

SNAP-Only Application

Telephonic Signature Script

This script is based on the expectation that the applicant will complete the application by telephone, that the worker will be reading and reviewing all the information required on the [LDSS-4826](#), SNAP Application/Recertification form, with the applicant, and reading to the applicant all of the notices, assignments, authorizations, consents and penalty warnings in the application and reviewing the Rights and Responsibilities as contained in the Rights and Responsibilities booklet, [LDSS-4148B](#).

You have had your rights and responsibilities concerning notices, assignments, authorizations and consents explained to you, **including those set forth below**. You understand what was explained to you and you were given an opportunity to ask questions about anything, including the following:

Script

You have had your rights and responsibilities concerning notices, assignments, authorizations and consents explained to you, including the following:

1. You have authorized the collection and use of your social security number for each household member applying for the Supplemental Nutritional Assistance Program (SNAP) and for all other programs for which the collection of social security numbers are required.
2. You have been read and understand the Nondiscrimination Statement.
3. You have consented to any investigation to verify or confirm the information you have given in connection with your request for SNAP.
4. You have authorized the New York State Department of Labor (DOL) to release any confidential information maintained by DOL for Unemployment Insurance purposes to OTDA.
5. You have agreed to the sharing of information regarding SNAP to service providers for purposes of verifying eligibility and payment related to program administration provided by a State or local contractor.
6. You have agreed to inform the agency promptly of any change in address, needs, income and property, able-bodied adult without dependents (ABAWD) status, pregnancy status or living arrangements.
7. You have been read and understand the information concerning the penalties for not telling the truth when applying for SNAP.
8. You have been read and understand the requirements about accurately reporting household expenses, and you agree to report household expenses.
9. You have been informed of your ability to authorize a representative to apply for SNAP benefits for you.

10. You have been informed about your possible eligibility for the standard utility allowance.
11. You have been informed of the possible reimbursement of out-of-pocket Medical expenses for members of your household who are age 60 or older, or disabled.
12. You have been advised of and agreed to the release of medical information for the purposes read to you.
13. You will be given an opportunity for a fair hearing if you disagree with a decision about your eligibility or, if you are found eligible, your household's benefit amount.
14. You have been read and agree to the requirements for receiving HEAP benefits.

You acknowledge and understand that by verbally signing this application you are verbally agreeing that you: 1) have been read and understand the notices in this application; 2) understand and agree to the assignments, authorizations and consents in this application; 3) have been read and understand the penalty warnings in this application; and, 4) swear and/or affirm under the penalties of perjury that the information you have given in this application or will give to the social services district is complete and correct. Please indicate your verbal agreement and signature by stating " I so sign".