



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

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Commissioner

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Executive Deputy Commissioner

General Information System (GIS) Message

Section 1

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| Transmittal: | 22 TA/DC075 Upstate and New York City |
| Date: | August 03, 2022 |
| To: | Subscribers |
| Suggested Distribution: | Commissioners, SNAP Directors, TA Directors, Employment Coordinators, Staff Development Coordinators |
| From: | Valerie Figueroa, Deputy Commissioner Employment and Income Support Programs |
| Subject: | Change in the Time Limit for Expungement of Supplemental Nutrition Assistance Program (SNAP) Benefits from 365 Days to 274 Days |
| Effective Date: | Immediately |
| Contact Information: | Supplemental Nutrition Assistance Program (SNAP) Questions – SNAP Bureau 518-473-1469 or otda.sm.cees.snap@otda.ny.gov |
| Attachments: | Attachment 1 - SNAP Expungement Notice |

Section 2

The purpose of this GIS message is to provide preliminary guidance to social services districts (districts) regarding the change in the expungement timeframe for SNAP benefits from 365 days to 274 days. Consistent with Section 4006 of the Agriculture Improvement Act of 2018 (2018 Farm Bill), the expungement timeframe for SNAP benefits has been amended from 12 months to nine months. The United States Department of Agriculture considers nine months to be equal to 274 days. Federal regulations at Section 274.2(i) of Title 7 of the Code of Federal Regulations therefore now require the removal (expungement) of unused food benefits from EBT accounts after 274 days of inactivity.

Beginning on the weekend of July 30th, 2022 SNAP households will begin receiving notices explaining that if they have not used their SNAP account for a period of 274 consecutive days, any SNAP benefit remaining in the account that is at least 274 days old will be removed (expunged) from their account. Expungement is the permanent removal of SNAP benefits from a household’s Electronic Benefit Transfer (EBT) account. A copy of the SNAP Expungement Notice is attached.

These notices are intended to encourage households to use their SNAP benefits to prevent them from being expunged. Once expunged, SNAP benefits cannot be reissued.

During the initial noticing phase, some households may receive multiple notices regarding the impending expungement of SNAP benefits that are at least 274 days old due to more than one month’s prior benefit amount being affected by the change in the expungement timeframe. Going forward, households should only receive one notice regarding an impending expungement of SNAP benefits, and only when their EBT account approaches 274 consecutive days of inactivity. Such notices will be distributed at least 30

days prior to any potential removal of SNAP benefits from a household's EBT account.

Additionally, all OTDA Forms and Client Notices that include expungement information have been updated to reflect the change from 365 days to 274 days. More comprehensive guidance regarding the change in the SNAP benefit expungement timeframe from 365 days to 274 days will be forthcoming.

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| LDSS-3152 | Action Taken on Your SNAP Benefits Case |
| LDSS-3152-NYC | Action Taken on Your SNAP Benefits Case |
| LDSS-3156 | Notice of SNAP Benefits Overpayment – Demand Letter |
| LDSS-3156-NYC | Notice of SNAP Benefits Overpayment – Demand Letter |
| LDSS-3620 | Notice of Intent to Change SNAP Benefit – Timely and Adequate |
| LDSS-3620-NYC | Notice of Intent to Change SNAP Benefit – Timely and Adequate |
| LDSS-3696A | |
| LDSS-3696B | |
| LDSS-4013A | Action Taken on Your Application – PA, SNAP and MA Coverage – Part A |
| LDSS-4013A-NYC | Action Taken on Your Application – PA, SNAP and MA Coverage – Part A |
| LDSS-4013B | Action Taken on Your Application – PA, SNAP and MA Coverage – Part B |
| LDSS-4013B-NYC | Action Taken on Your Application – PA, SNAP and MA Coverage – Part B |
| LDSS-4014A | Action Taken on Your Recertification – PA, SNAP, MA Coverage & Services – Part A |
| LDSS-4014A-NYC | Action Taken on Your Recertification – PA, SNAP, MA Coverage & Services – Part A |
| LDSS-4014B | Action Taken on Your Recertification – PA, SNAP, MA Coverage & Services – Part B |
| LDSS-4014B-NYC | Action Taken on Your Recertification – PA, SNAP, MA Coverage & Services – Part B |
| LDSS-4015A | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part A |
| LDSS-4015A-NYC | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part A |
| LDSS-4015B | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part B |
| LDSS-4015B-NYC | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part B |
| LDSS-4016A | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Adequate Only – Part A |
| LDSS-4016A-NYC | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Adequate Only – Part A |
| LDSS-4016B | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Adequate Only – Part B |
| LDSS-4016B-NYC | Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Adequate Only – Part B |
| LDSS-5004 | EBT Brochure |

Forms Ordering Information

- The revised English and Spanish versions of the above forms are printed by the New York State Office of Temporary and Disability Assistance.
- These forms are also available on the OTDA Intranet website in the following other than English languages: Arabic, Bengali, Chinese, French, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish and Urdu. To access the English and other than English languages go to the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm.

- The above referenced document has been posted on the OTDA Intranet website at http://otda.state.ny.net/ldss_eforms/default.htm and may be available for downloading by local districts for reproduction locally, depending on print specifications.
- Upon the release of this GIS all previous versions, including other than English languages of the *above listed forms* **must immediately be destroyed** and replaced with the revised 8/22 version.
- Any future requests for printed copies of the English version, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA), please use [OTDA Form 876 \(PDF\)](#) and email it to: forms.orders@otda.ny.gov.
- Questions concerning ordering forms should be directed to BMS Document Services at (518) 474-9522.
- Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address below for review and approval.
Otda.sm.Local.Equivalent.Requests@otda.ny.gov.