# Appendix C - Client Notices and Instructions

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#### LDSS-4004A NOTICE OF INTENT TO CHANGE BENEFITS – PART A PUBLIC ASSISTANCE GRANT AND/OR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS FOR NONCOMPLIANCE WITH WORK RELATED (TIMELY AND ADEQUATE) AND NOTICE OF EFFECT ON MEDICAID BENEFITS

For copies of LDSS-4004A, please use the following links:

English Version - <u>http://otda.state.nyenet/ldss\_eforms/eforms/4004A.pdf</u> Spanish Version - http://otda.state.nyenet/ldss\_eforms/eforms/4004A-SP.pdf

# When to use an LDSS-4004A

In accordance with 18 NYCRR 385.12, a recipient must be issued an adequate and timely notice of intent to discontinue or reduce assistance which informs the recipient that they have refused or failed to comply willfully and without good cause with employment requirements. The automated Client Notice System (CNS) was designed to satisfy all requirements for notifying clients of the action taken on their cases. CNS codes are available to cover all decisions, and when used correctly, a timely and accurate notice is generated. Districts are encouraged to use CNS to generate the notice of intent but may use the manual notice of intent (LDSS-4004A), as determined appropriate by the district. Whenever manual notice(s) are used, staff should ensure the notice is complete and accurate and that a copy is maintained in the case record. When sending a manual notice of intent for failure to comply with TA employment requirements, district's outside of NYC must complete the LDSS-4004A or an approved local equivalent and provide it to the client.

This notice is to be used in cases of TA work activity noncompliance. It is for use in cases of individual sanction or case closure.

#### Instructions for Completion

**Notice Date** - The date the worker completes and mails the notice. The date must be at least ten days before the effective date of the action.

**Effective Date** - The date the action or change will occur. Fair hearing regulations require that notice be given as to when an action will take effect. The effective date is used to determine if aid continuing can be given until the fair hearing decision is issued. In order for an appellant to have the right to aid continuing, the fair hearing must be requested by the effective date.

The top portion consists of identifying information which is self- explanatory.

#### Public Assistance Section

The **first check box** ("REDUCE") applies to a household with dependent children, first sanction and should be used when an individual is sanctioned but the case stays open for remaining household members. The sanction period is non-durational and until compliance. District staff must fill in the current grant amount, the grant amount after the sanction is imposed, the date the sanction will take effect, and the name of the sanctioned individual.

The **second check box** ("REDUCE") applies to a Family Assistance or Safety Net Assistance case in which there is a durational pro-rata sanction. District staff must fill in the effective date of the reduction, the current grant amount, the grant amount after the sanction is imposed, the number of days that the sanction will last and the name of the sanctioned individual.

The **third check box** ("DISCONTINUE") applies to a case closing, necessitated by a durational sanction for a one-person case. The date of the case closing must be entered as well as the number of days the sanction is expected to last. Additionally, a recommended date to reapply of no more than 30 days prior to the end of the sanction period to ensure timely processing of the new application must be included.

The **Response To Conciliation** Section indicates the client's response to conciliation. The district worker must select one checkbox indicating that the sanctioned individual did not respond within the required timeframe, agreed to come to a meeting, or answered the conciliation letter and discussed the reasons for the noncompliance.

The **reason section** must be completed with the sanctioned individual's name, the date of the infraction and a description of the infraction.

In the paragraph following the reason section the district must indicate whether or not the household contains a dependent child and the number of times the sanctioned individual has been sanctioned for non-compliance with TA work requirements in the past.

#### Fair Hearing Rights

This section of the notice informs individuals of the right to request a Fair Hearing within 60 days of the notice date for Public Assistance and 90 days from the notice date for SNAP benefits and includes instructions describing how to request a Fair Hearing.

#### LDSS-4004B NOTICE OF INTENT TO CHANGE BENEFITS – PART B PUBLIC ASSISTANCE GRANT AND/OR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS FOR NONCOMPLIANCE WITH WORK RELATED (TIMELY AND ADEQUATE) AND NOTICE OF EFFECT ON MEDICAID BENEFITS

For copies of LDSS-4004B, please use the following links:

English Version - <u>http://otda.state.nyenet/ldss\_eforms/eforms/4004B.pdf</u> Spanish Version - http://otda.state.nyenet/ldss\_eforms/eforms/4004B-SP.pdf

# When to use an LDSS-4004B

In accordance with 18 NYCRR 385.12, a SNAP recipient must be issued an adequate and timely notice of intent to discontinue or reduce assistance which informs the individual that they have refused or failed to comply willfully and without good cause with SNAP employment requirements. The automated Client Notice System was designed to satisfy all requirements for notifying clients of the action taken on their cases. CNS codes are available to cover all decisions, and when used correctly, a timely and accurate notice is generated. Districts are encouraged to use CNS to generate the notice of intent but may use the manual notice of intent (LDSS-4004B), as determined appropriate by the district. Whenever manual notice(s) are used, staff should ensure the notice is complete and accurate and that a copy is maintained in the case record. When sending a manual notice of intent for failure to comply with SNAP employment requirements, all districts (including New York City) must complete the LDSS-4004B or an approved local equivalent and provide it to the client.

The LDSS-4004B (Part B) should be used to impose a SNAP employment sanction or otherwise notify the household of any change in SNAP benefits that occurred when a TA employment sanction is imposed.

#### Instructions for Completion

**Notice Date** - The date the worker completes and mails the notice. The date must be at least ten days before the effective date of the action.

**Effective Date** - The date the action or change will occur. Fair hearing regulations require that notice be given as to when an action will take effect. The effective date is used to determine if aid continuing can be given until the fair hearing decision is issued. In order for an appellant to have the right to aid continuing, the fair hearing must be requested by the effective date.

The top portion consists of identifying information which is self- explanatory.

Supplemental Nutrition Assistance Program (SNAP) Benefits Section

The **first checkbox** ("REDUCE") should be used when an individual is sanctioned but the case stays open for remaining household members. District staff must enter the effective date of the benefit reduction, the current grant amount and the grant amount after the sanction is imposed.

The **second checkbox** ("DISCONTINUE") should be used when an individual's case is closed due to a failure or refusal to comply with a SNAP work requirement.

The **third checkbox** ("CONTINUE") should be used to notify an individual that their SNAP benefit will continue unchanged even though they may be sanctioned for noncompliance with a Temporary Assistance work requirement.

The **fourth checkbox** ("OTHER") should be used when the change in the household's SNAP eligibility was not otherwise covered by the existing selections.

Whenever a SNAP employment sanction is imposed (first or second checkbox has been checked) the information identifying the sanctioned individual's name, the length of the durational SNAP sanction period and the individual's sanction progression (first, second, third violation, or more). The length of the SNAP sanction period depends on the number of times an individual has been sanctioned in the past for non-compliance with SNAP work requirements. The number of SNAP violations does not include any SNAP work sanctions initiated between August 3, 2009 and December 14, 2012.

In the **reason** section includes the sanctioned individual's name, the date of the infraction and a description of the infraction.

# Fair Hearing Rights

This section of the notice informs individuals of the right to request a Fair Hearing within 60 days of the notice date for Public Assistance and 90 days from the notice date for SNAP benefits and includes instructions describing how to request a Fair Hearing.

#### LDSS-4004A-NYC NOTICE OF INTENT TO CHANGE BENEFITS – PART A, PUBLIC ASSISTANCE GRANT AND/OR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS FOR NONCOMPLIANCE WITH WORK RELATED (TIMELY AND ADEQUATE) AND NOTICE OF EFFECT ON MEDICAID BENEFITS

For copies of LDSS-4004A-NYC, please use the following links:

English Version - <u>http://otda.state.nyenet/ldss\_eforms/eforms/4004A-NYC.pdf</u> Spanish Version - http://otda.state.nyenet/ldss\_eforms/eforms/4004A-NYC-SP.pdf

Districts are required to provide a timely and adequate notice of intent to reduce or discontinue TA and/or SNAP benefits to inform the household that an individual in the household is sanctioned from TA and/or SNAP benefits because they have refused or failed to comply with employment requirements. The automated Client Notice System was designed to satisfy all requirements for notifying clients of the action taken on their cases. CNS codes are available to cover all decisions, and when used correctly, a timely and accurate notice is generated. Whenever manual notice(s) are used, staff should ensure the notice is complete and accurate and that a copy is maintained in the case record.

Changes made in Chapter 562 of the Laws of 2015 eliminated durational TA employment sanction periods for individuals who reside in a city having a population of one million or more people. The TA employment sanction language generated through CNS was modified consistent with the requirements of SSL §342-a. The LDSS-4004A NYC was created for use by the NYC Human Resource Administration (HRA) when sending a manual notice of intent to inform the household of a TA employment sanction.

When to use an LDSS-4004A-NYC

In accordance with 18 NYCRR 385.12, a recipient must be issued an adequate and timely notice of intent to discontinue or reduce assistance which informs the recipient that they have refused or failed to comply without good cause with employment requirements. Districts are encouraged to use CNS to generate the notice of intent but may use the manual notice of intent (LDSS-4004A-NYC), as determined appropriate by the district. Whenever manual notice(s) are used, staff should ensure the notice is complete and accurate and that a copy is maintained in the case record. When sending a manual notice of intent for failure to comply with TA employment requirements to a TA recipient in NYC the LDSS-4004B-NYC or an approved local equivalent must be provided to the client.

This notice is to be used in cases of TA work activity non-compliance. It is for use in cases of individual sanction or case closure.

#### Instructions for Completion

**Notice Date** - The date the worker completes and mails the notice. The date must be at least ten days before the effective date of the action.

**Effective Date** - The date the action or change will occur. Fair hearing regulations require that notice be given as to when an action will take effect. The effective date is used to determine if aid continuing can be given until the fair hearing decision is issued. In order for an appellant to have the right to aid continuing, the fair hearing must be requested by the effective date.

The top portion consists of identifying information which is self- explanatory.

#### Public Assistance Section

The **first check box** ("REDUCE") should be used when an individual is sanctioned but the case stays open for remaining household members. The sanction period is non-durational and until compliance. District staff must fill in the current grant amount, the grant amount after the sanction is imposed, the date the sanction will take effect, and the name of the sanctioned individual.

The **second check box** ("DISCONTINUE") applies to a case closing. The date of the case closing must be entered.

The **reason section** must be completed with the sanctioned individual's name, the date of the infraction and a description of the infraction.

The **Response to Re-Engagement/Conciliation** section indicates the client's response to reengagement/conciliation. The worker must select one checkbox indicating that the sanctioned individual did not respond within the required timeframes, the sanctioned individual agreed to come to a meeting, or the sanctioned individual answered the re-engagement/conciliation letter and gave reasons for the noncompliance.

In the paragraph that follows the response section the district must identify the number of times the individual has previously been sanctioned for failure to comply with TA employment requirements. Additionally, the district must identify the date by which the individual can avoid the TA sanction by demonstrating compliance with employment requirements or documenting that they are exempt from work requirements. The date identified in this section should be the same as the effective date of the sanction.

#### Fair Hearing Rights

This section of the notice informs individuals of the right to request a Fair Hearing within 60 days of the notice date for Public Assistance and 90 days from the notice date for SNAP benefits and includes instructions describing how to request a Fair Hearing.

# LDSS-4005 NOTIFICATION OF TEMPORARY ASSISTANCE WORK REQUIREMENTS DETERMINATION (EXEMPT)

For copies of LDSS-4005, please use the following links:

- English Version LDSS-4005 <u>http://otda.state.nyenet/ldss\_eforms/eforms/4005.pdf</u>
- Spanish Version LDSS-4005SP <u>http://otda.state.nyenet/ldss\_eforms/eforms/4005-SP.pdf</u>
- English Version NYC LDSS-4005 <u>http://otda.state.nyenet/ldss\_eforms/eforms/4005-NYC.pdf</u>
- Spanish Version NYC LDSS-4005SP <u>http://otda.state.nyenet/ldss\_eforms/eforms/4005-NYC-SP.pdf</u>

#### When to use an LDSS-4005

In accordance with 18 NYCRR 385.2, if an applicant or recipient of temporary assistance claims that they should be exempt from work activities, or the district conducts the disability review procedure because an individual claims a personal medical limitation or demonstrates an inability to function in a work setting and a health barrier is suspected, the social services official should determine the individual's exempt/non-exempt status. Once this determination is made, the social services official shall notify the applicant or recipient in writing of the determination and the right to request a fair hearing. The LDSS-4005 or an approved local equivalent shall be used to notify an individual of the district's determination that they are exempt from work requirements.

#### Instructions for Completion

The **notice date** is the effective date of the determination for purposes of establishing the period within which an individual has to request a fair hearing (10 or 60 days depending on whether the determination is medical or non-medical in nature). Once the notice date is established, the notice should be mailed or otherwise delivered to the individual on that day.

The top portion consists of identifying information which is self- explanatory.

The first checkbox (**Part 1 - Medical**) applies to an individual who was found to have a personal medical condition which would exempt them from work activities. It explains to the individual the effective date of the determination, that they may be required to supply medical evidence at some future time to verify continued exemption status based on disability, and that they may be required to participate in treatment to become self-sufficient. It also notifies the individual that

they have 10 days from the notice date to request a fair hearing. Please note: the "effective date" of the determination and the "notice date" should be the same date.

The second checkbox (**Part 2 - other than medical**) is used in cases where the individual was found to be exempt from work requirements for reasons other than a personal medical limitation. Part 2 includes the effective date of the determination, the reason for the exemption, and that he or she may be required to provide additional evidence in the future to verify continued exemption status. It also notifies the individual that they have **60 days** from the **notice date** to request a fair hearing. Please note: the "effective date" of the determination and the "notice date" should be the same date.

# Fair Hearing Rights

This section of the notice informs applicants and recipients of the right to request a Fair Hearing *within 10 or 60 days of the notice date* depending on which section is completed and includes instructions describing how to request a Fair Hearing.

### LDSS-4005(a) NOTIFICATION OF TEMPORARY ASSISTANCE WORK REQUIREMENTS DETERMINATION (NON-EXEMPT)

For copies of LDSS-4005(a), please use the following links:

- English Version LDSS-4005(a) http://otda.state.nyenet/ldss\_eforms/eforms/4005A.pdf
- Spanish Version LDSS-4005(a)SP <u>http://otda.state.nyenet/ldss\_eforms/eforms/4005A-SP.pdf</u>
- English Version NYC LDSS-4005(a) <u>http://otda.state.nyenet/ldss\_eforms/eforms/4005A-NYC.pdf</u>
- Spanish Version NYC LDSS-4005(a)SP -<u>http://otda.state.nyenet/ldss\_eforms/eforms/4005A-NYC-SP.pdf</u>

#### When to use an LDSS-4005(a)

In accordance with 18 NYCRR 385.2, if an applicant or recipient of public assistance claims they should be exempt from work activities, or the district conducts the disability review procedure because an individual claims a personal medical limitation or demonstrates an inability to function in a work setting and a health barrier is suspected, the social services official should determine the individual's exempt/non-exempt status. Additionally, the LDSS-4005(a) is issued whenever an individual's status changes from exempt to non-exempt. Once this determination is made the social services official shall notify the applicant or recipient in writing of the determination and the right to request a fair hearing. The LDSS-4005(a) or an approved local equivalent shall be used to notify an individual of the district's determination that they are non-exempt from work requirements.

#### Instructions for Completion

The **notice date** is the effective date of the determination for purposes of establishing the period within which an individual has to request a fair hearing (10 or 60 days depending on whether the determination is medical or non-medical in nature). Once the notice date is established, the notice should be mailed or otherwise delivered to the individual that day. The top portion consists of identifying information that is self-explanatory.

The first checkbox (**Part 1 - Medical Nonexempt**) applies to individuals whose personal health status has been evaluated and who have been determined to be non-exempt from participation in work activities. It explains to the individual the effective date of the determination, and that they have 10 days from the notice date to request a fair hearing. Please note: the "effective date" of the determination and the "notice date" should be the same date.

The second check box (**Part 2 - Medical Work Limited**) applies to individuals whose personal health status has been evaluated and who have been determined to be nonexempt and work limited. It explains to the individual the effective date of the determination and that they have ten days from the notice date to request a fair hearing. Please note: the "effective date" of the determination and the "notice date" should be the same date. The district must identify in this section of the notice the individual's limitations as determined by a licensed physician or other medical professional.

The third check box (**Part 3 - Nonexempt-Other Than Medical**) is used to notify an individual that they have been determined to be nonexempt from work requirements for reasons other than a personal health related issue. It explains to the individual the effective date of the determination and the reason for the determination. It also notifies the individual that they have 60 days from the notice date to request a fair hearing. Please note: the "effective date" of the determination and the "notice date" should be the same date.

The notice also includes a description of the duties of a nonexempt person related to finding and keeping a job, including the requirement to participate in work activities.

# Fair Hearing Rights

This section of the notice informs applicants and recipients of the right to request a Fair Hearing within 10 or 60 days of the notice date depending on which section is completed and includes instructions describing how to request a Fair Hearing.

# LDSS-5193 IMPORTANT INFORMATION ABOUT SNAP WORK RULES (GENERAL, MANDATORY E&T, AND ABAWD)

For the most recent copy of the LDSS-5193, please use the following link: <u>http://otda.state.nyenet/ldss\_eforms/</u>

# When to Use an LDSS-5193

In accordance with guidance outlined in 22-ADM-01 Oral and Written Requirements to Inform SNAP Applicants and Recipients of SNAP Work Rules districts are required to provide a notice of consolidated work requirements and oral explanation to all households where at least one member is subject to a SNAP work requirement, describing the pertinent work requirements. LDSS-5193 Important Information about SNAP Work Rules (General, Mandatory E & T and ABAWD) includes information regarding the general SNAP work requirements, mandatory SNAP E&T, and the ABAWD work requirements. This notice should be provided to all SNAP households where at least one household member is subject to the ABAWD work requirements. The LDSS-5193 should be issued as explained above at certification, recertification, and when a previously exempt household member or new household member becomes subject to work requirements. This notice should not be used during periods of a statewide ABAWD waiver as during that time ABAWDs residing in all areas of New York State are not be subject to the ABAWD requirements. Throughout the duration of a statewide ABAWD waiver, districts should use the LDSS-5193A described under the section LDSS-5193A Important Information about SNAP Work Rules (General and Mandatory E&T) below. Additionally, the LDSS-5193 Important Information about SNAP Work Rules (General, Mandatory E & T, and ABAWD), which includes all relevant information about the ABAWD work rules, replaced the LDSS-5072 Informational Letter Regarding Able-Bodied Adults Without Dependents (ABAWD) Requirements. Districts must no longer use the LDSS-5072 which became obsolete with the implementation of the LDSS-5193.

#### Instructions for Completion

Districts are required to complete the information in the top portion of the first page of the notice including: Date, Case Number, and District Contact Number. In the applicable work requirements sections, districts should list all members of the household who are subject to each of the different types of requirements.

The three charts on the first page of the notice must be completed in accordance with the household's specific circumstances:

The first chart should include the names of each household member subject to the general SNAP work requirements.

The second chart should include the names of each household member who is subject to mandatory SNAP E&T.

The third chart should include the names of each household member who is subject to the ABAWD work requirements.

If a household member is subject to more than one category of SNAP work requirements their name should appear in all applicable work requirements sections. In a district that does not mandate SNAP E&T for their NTA/SNAP population, a non-exempt adult in an NTA/SNAP household should be listed in the *General SNAP Work Rules* section but would not be listed in the *SNAP Employment and Training (E&T) Assignment* section.

Districts must retain copies of all LDSS-5193 notices provided to the household and must also document the case record through case notes/comments when the comprehensive oral explanation pertaining to SNAP work requirements occurs.

# LDSS-5193A IMPORTANT INFORMATION ABOUT SNAP WORK RULES (GENERAL AND MANDATORY E&T)

#### When to Use an LDSS-5193A

In accordance with guidance outlined in 22-ADM-01 Oral and Written Requirements to Inform SNAP Applicants and Recipients of SNAP Work Rules districts are required to provide a notice of consolidated work requirements and oral explanation to all households where at least one member is subject to a SNAP work requirement, describing the pertinent work requirements. LDSS-5193A Important Information about SNAP Work Rules (General and Mandatory E & T) includes information regarding the general SNAP work requirements and mandatory SNAP E&T but does not explain the ABAWD work requirements. This notice should be provided to households where at least one household member is subject to the general SNAP work requirements or mandatory SNAP E & T but where no household member is subject to the ABAWD work requirements including households where all household members have been determined to be non-ABAWDs and households that reside in an area with an ABAWD waiver. The LDSS-5193 should be provided as explained at certification, recertification, and when a previously exempt household member or new household member becomes subject to work requirements. As indicated in the previous section, districts should use the LDSS-5193A during periods of a statewide ABAWD waiver as during that time ABAWDs residing in all areas of New York State are not be subject to the ABAWD requirements.

#### Instructions for Completion

Districts are required to complete the information in the top portion of the first page of the notice including Date, Case Number, and District Contact Number. In the applicable work requirements sections, districts should list all members of the household who are subject to each of the different types of SNAP work requirements.

The two charts on the first page of the notice must be completed in accordance with the household's specific circumstances:

The first chart should include the names of each household member subject to the general SNAP work requirements.

The second chart should include the names of each household member who is subject to Mandatory SNAP E&T.

Districts must retain copies of all LDSS-5193A notices provided to the household and must also document the case record through case notes/comments when the comprehensive oral explanation pertaining to SNAP work requirements occurs.

# LDSS-5127- Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter

For copies of LDSS-5127, please use the following links: English Version LDSS-5127 - <u>http://otda.state.nyenet/ldss\_eforms/eforms/5127.pdf</u> Spanish Version LDSS-5127SP - <u>http://otda.state.nyenet/ldss\_eforms/eforms/5127-SP.pdf</u>

Districts that do not have a full county ABAWD waiver must provide the LDSS-5127 Able-Bodied Adults Without Dependent (ABAWD) Work Activity Letter (or locally developed equivalent approved by OTDA) to each ABAWD individual subject to the ABAWD requirements, who resides in a SNAP applicant or recipient household to offer the ABAWD the opportunity to meet with a district staff member or contracted employment vendor for assistance in obtaining a qualifying work activity assignment so that the ABAWD might continue to retain eligibility for SNAP benefits beyond the three-month federal time limit.

The LDSS-5127 Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter provides the ABAWD with an appointment with the district to receive the offer of enrollment in a qualifying ABAWD work activity assignment. Districts may provide the ABAWD qualifying work activity or training opportunity through a SNAP Employment and Training (E&T) program such as SNAP Venture, or other local work, educational, or training program for which the individual is eligible that will meet the ABAWD requirement. A copy of the completed LDSS-5127 Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter must be retained in the case record, along with an entry in case record notes, to document that the district offered the ABAWD the opportunity to meet with the district for assignment to an ABAWD qualifying work activity. The ABAWD's compliance with the work activity appointment is not mandatory as a matter of eligibility, and failure to appear will not result in the offer of conciliation or imposition of a SNAP sanction. The appointment for the offer of engagement in an ABAWD qualifying work activity is separate and apart from any other mandatory work activity appointments or assignments given as part of the individual's Temporary Assistance (TA) work assignment or SNAP E&T work assignment.

The LDSS-5127 Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter does not replace the LDSS-5072 Informational Letter Regarding Able-Bodied Adults Without Dependents (ABAWD) Requirements. Districts are strongly encouraged to continue to issue the LDSS-5072 in addition to the mandatory LDSS-5127 to reinforce ABAWD requirements and the offer of assistance with meeting the requirements.

# LDSS-4230 CONCILIATION NOTIFICATION

For copies of LDSS-4230, please use the following links: English Version LDSS-4230 - <u>http://otda.state.nyenet/ldss\_eforms/eforms/4230.pdf</u> Spanish Version LDSS-4230SP - <u>http://otda.state.nyenet/ldss\_eforms/eforms/4230-SP.pdf</u>

#### Overview of LDSS-4230

In accordance with 18 NYCRR 385.11, conciliation notices must be given to non-exempt applicants and recipients of temporary assistance and SNAP who have failed or refused to comply with employment requirements. This requirement does not apply to PA applicants who fail or refuse to comply with employment assessments, nor does it apply to PA applicants who fail to comply with a job search assignment. (In those cases, the applications are denied without the conciliation process.)

The opportunity to avoid a SNAP sanction by demonstrating program compliance must be offered to all SNAP recipients, which includes SNAP applicants who have received expedited SNAP benefits and are assigned to SNAP work activities, who fail or refuse to comply with an assigned SNAP work activity without good cause. For districts outside of New York City, the ability to avoid a sanction through prospective compliance does not apply to individuals who fail or refuse to comply with PA work requirements. Failure or refusal to comply with a PA work requirement continues to require conciliation followed by sanction if the district determines that the failure or refusal to comply was willful and without good cause. There is no authority to offer individuals an opportunity to demonstrate compliance to avoid a PA work related sanction.

Districts (other than NYC which uses the NYC Work, Accountability and You [NYCWAY] system) are encouraged to continue using the WTWCMS to document instances of noncompliance, and to generate the Conciliation Notice or SNAP Conciliation Notice. Manual versions of the conciliation notices are available in instances where a manual notice is needed.

Districts must also continue to ensure that individuals have the opportunity to document good cause or an exemption from participation in SNAP work activities. Individuals who demonstrate good cause or document an exemption from SNAP E&T requirements would not be subject to a SNAP E&T sanction. Individuals who demonstrate good cause but are not otherwise exempt from SNAP E&T requirements should be reassigned to appropriate work activities. If a recipient claims to have good cause or claims to be exempt from SNAP work requirements, but the district subsequently determines that the recipient did not have or failed to document good cause/exemption, the recipient must be offered the opportunity to demonstrate compliance in a SNAP work activity to avoid the SNAP sanction.

# Instructions for Completing the LDSS-4230

The Conciliation Notification (LDSS-4230) should be used for TA only noncompliance and for TA/SNAP noncompliance in those instances where a manual conciliation notice is needed. The form contains a section to include information on the ability to avoid a SNAP sanction through demonstrated compliance with work requirements for TA/SNAP cases. When a TA/SNAP recipient is non-exempt from SNAP work requirements workers should select one of the available options under the "Demonstrate compliance with the assigned SNAP work requirement(s)" section to instruct the client to either contact the agency for information, to directly report to a provider or to comply with job search to demonstrate compliance.

Note: The SNAP section of the manual LDSS-4230 should be left blank if the noncompliance applies only to PA employment requirements (such as if the individual is exempt from SNAP E&T requirements).

The upper section of the document is used to provide identifying information which is selfexplanatory. Each box must be filled in.

The worker must specify the instance(s) of refusal or failure to comply and detail the work activity or work requirement the individual failed to comply with. Workers should refrain from using acronyms or abbreviated descriptions for work activity assignments.

The section, **How This Affects your Public Assistance Benefits** must be filled out and indicate the agency contact phone number and worker name, and the date that contact must occur by. The date should allow individuals at least ten days from the date of the conciliation notice (regardless of case type) the opportunity to respond to the conciliation notice and/or reengagement in SNAP work activities. This includes all individuals receiving FA, SNA-MOE, SN non-MOE, NTA/SNAP and SNAP mixed cases.

The section **How this Affects your SNAP Benefits** must be filled out and direct the individual to either:

- 1. contact staff at the specified phone number by the date indicated or;
- 2. demonstrate compliance with the assigned SNAP work requirements by:
  - 1. contacting the staff at the agency by the specified date and time **or**;
  - 2. appearing at the referred to work activity listed on the notice or
  - 3. look for work by engaging in a job search.

Note: the date on the notice should allow individuals at least ten days from the date of the conciliation notice (regardless of case type) for the opportunity to respond to the conciliation notice and/or re-engagement in SNAP work activities.

Individuals may be assigned to the same work activity to demonstrate compliance to avoid a SNAP sanction, unless the district determines that the work activity is no longer available or is no longer consistent with the individual's employment assessment and plan. Additionally, no

adjustment is necessary to the hours of a work experience assignment during the demonstrated compliance period since the individual continues to receive the same amount of benefits during the demonstrated compliance period. The maximum hours that the individual may be assigned to work experience may need to be adjusted prospectively, if there is a change in the amount of TA and/or SNAP benefits payable to the household. Individuals who have been directly assigned to a SNAP work activity to start the demonstrated compliance period before the end of the ten-calendar day period may be afforded the opportunity to reschedule due to a conflict. However, the start date of the demonstrated compliance must begin no later than the end of the ten-calendar day period, unless the individual has a good cause reason.

The time period established for demonstrating compliance to the satisfaction of the district cannot exceed the demonstrated compliance period outlined in section 5.2 of the district's Temporary Assistance and SNAP Employment Plan approved by OTDA, which cannot exceed ten days. Districts may add additional days, if the individual has good cause during the demonstrated compliance period, provided that the total number of days that an individual is required to demonstrate compliance does not exceed ten days. Districts are required to provide child care or transportation services that are necessary to enable the participant to demonstrate compliance with work requirements.

The LDSS-4230 or approved local equivalent must be issued to the client before a ten-day notice of adverse action may be sent.

# LDSS-4230A SNAP CONCILIATION NOTIFICATION

For copies of the LDSS-4230 use the following links: <u>English version LDSS-4230A SNAP Conciliation Notification</u> <u>Spanish version LDSS-4230A(S) SNAP Conciliation Notification</u>

# Instructions for Completing the LDSS-4230A

The LDSS-4230A should be used for SNAP-only work registrants who fail to comply with a SNAP E&T requirement in those instances where a manual notice is needed.

The upper section of the document is used to provide identifying information which is selfexplanatory. Each box must be filled in.

The worker must specify the instance(s) of refusal or failure to comply and detail the work activity or work requirement the individual failed to comply with. Workers should refrain from using acronyms or abbreviated descriptions for work activity assignments.

The **contact** section must be filled out and indicate the worker name, agency contact phone number, and the date that contact must occur by. The date should allow individuals at least 10 days from the date of the conciliation notice the opportunity to respond to the conciliation notice and/or re-engagement in SNAP work activities.

Workers should select one of the available options for demonstrating compliance to avoid a SNAP sanction to instruct the client to contact the agency for information, to directly report to a provider or to comply with job search to demonstrate compliance.

Note: the date on the notice should allow individuals at least ten days from the date of the conciliation notice (regardless of case type) for the opportunity to respond to the conciliation notice and/or re-engagement in SNAP work activities

The LDSS-4230A or approved local equivalent must be issued to the client before a ten-day notice of adverse action may be sent.

# LDSS-5087 NYC RE-ENGAGEMENT AND CONCILIATION NOTICE

For copies of the LDSS-5087 NYC use the following links:

- English Version LDSS-5087 NYC <u>https://otda.state.nyenet/ldss\_eforms/eforms/5087-NYC.pdf</u>
- Spanish Version LDSS-5087 NYC <u>https://otda.state.nyenet/ldss\_eforms/eforms/5087-NYC-SP.pdf</u>

The LDSS-5087 NYC is for use by staff in New York City for TA and/or SNAP noncompliance in those instances where a manual conciliation notice is needed.

#### Instructions for completing the LDSS-5087 NYC

The re-engagement/conciliation notice must:

- identify the specific act or acts of noncompliance (failure or refusal to comply or participate) that has/have taken place;
- inform the individual of the right to avoid the pro-rata reduction in TA benefits through reengagement (demonstrating compliance with assigned work requirements, by documenting an exemption consistent with 18 NYCRR 385.2 or by otherwise demonstrating that the noncompliance was not willful or with good cause);
- indicate that HRA has reviewed the case record and based on the information available determined that the individual is not exempt from work requirements and that the necessary supportive services and accommodations for a disability were available at the time of the noncompliance;
- explain what would constitute good cause and provide examples of acceptable forms of documentation that may be provided to HRA to warrant an exemption or excused absence, (e.g., medical note, letter from the court, etc.); and,
- indicate that the individual has ten calendar days to appear at the conciliation appointment to explain why he/she did not participate in the assigned work requirement.

For individuals who participate in the conciliation appointment HRA must evaluate good cause and whether the noncompliance was willful. The individual is responsible for notifying HRA of the reasons for refusing or failing to comply with a work requirement and for providing documentation to support any claim of good cause, or exemption from work requirements. Since the determination of good cause may be based upon the credible explanation provided by the client, with or without supporting documentation, good cause may be granted without documentation in some circumstances and should be noted in the case record.

TA applicants and recipients who do not respond to the re-engagement/conciliation notice, refuse or do not demonstrate compliance as assigned by HRA for a minimum of five business days may be subject to a non-durational TA and/or a durational SNAP sanction.