



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #15-26-ELI

DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR PERSONS WITH DISABILITIES (D-SNAP PD)

Date: October 2, 2015	Subtopic(s): Supplemental Nutrition Assistance
AUDIENCE	The instructions in this policy directive are for staff working in the Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) locations and the Special Projects Center (SPC); and are informational for all other staff.
POLICY	As part of a disaster response, such as Superstorm Sandy, HRA can provide additional benefits and services to its applicants and participants. Benefits can be provided through the Disaster Supplemental Nutrition Assistance Program (D-SNAP), where families in designated disaster areas may be eligible to receive a Supplemental Nutrition Assistance Program (SNAP) benefit that they would otherwise be ineligible for.
BACKGROUND	<p>After Superstorm Sandy, the NYC Human Resources Administration (HRA) put in place emergency relief measures to assist New Yorkers impacted by the storm. Specifically, in December 2012, HRA ran a special, time-limited program known as the Disaster Supplemental Nutrition Assistance Program (D-SNAP) to help residents of the areas that were hardest hit by Superstorm Sandy.</p> <p>In response to this D-SNAP, a lawsuit was brought by some residents of the areas covered by D-SNAP who claimed that they were unable to access the D-SNAP program due to a disability. The name of that lawsuit was <u>Toney-Dick, et al. v. Robert Doar, et al.</u>, 12 Civ. 9162 (S.D.N.Y.).</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

HRA has agreed to re-run the D-SNAP Program in five locations, in order to settle the lawsuit. This program will be called Superstorm Sandy Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD). Applicants for D-SNAP PD must meet the eligibility requirements of the December 2012 D-SNAP (see the *Eligibility Criteria for D-SNAP PD* section beginning on page 4 for details) and could not apply for D-SNAP in December 2012 due to a disability. Upon request, HRA will also conduct home visits for applicants who cannot come into one of the five locations to apply. A family can apply for D-SNAP PD at one of the designated locations or by request of a home visit.

If an individual calls a Job or SNAP Center to ask about D-SNAP PD, the Worker should give the caller the D-SNAP PD HRA Infoline number, **929-221-0047**.

Designated D-SNAP PD Centers

Designated D-SNAP PD Centers.

Beginning October 3, 2015 and ending October 25, 2015, D-SNAP PD applications will be taken on **Saturdays** and **Sundays**, from 8:30 am to 6:00 pm, at the following locations:

- Coney Island Job Center, 3050 West 21st Street, Brooklyn, NY 11224
- Richmond Job Center, 201 Bay Street, Staten Island, NY 10301
- Rockaway Job Center, 219 Beach 59th Street, Far Rockaway, NY 11692
- Senior Works Job Center, 109 E 16th Street, Manhattan, NY 10003
- Clinton Hill Job Center, 495 Clermont Avenue, Brooklyn, NY 11238

Home Visits

Home visits.

Individuals and households may request a home visit to complete the application process if they are unable to come to a designated D-SNAP PD Center to apply. Individuals may call the dedicated D-SNAP PD HRA Infoline at **929-221-0047**, from October 3 – 25, 2015, to schedule a home visit. Infoline staff will be available on the following dates and times:

- October 5 – 23, 2015, Weekdays only from 9:00 am to 5:00 pm; and
- October 3 – 25, 2015, Weekends only from 8:30 am to 6:00 pm.

Note: Infoline will be closed on Monday, October 12, 2015.

The home visits will be conducted seven days a week, except on Monday, October 12, 2015, by an Investigation, Revenue and Enforcement Administration (IREA) Investigator. IREA Investigators will be responsible for registering these applications in the Paperless Office System (POS) and then forwarding the cases to the Special Project Center for eligibility determination. If the information is questionable and requires further review by IREA, they will be responsible for registering the case and determining eligibility.

October 25, 2015 is the last day to request a home visit interview.

The last date an individual can call to schedule a home visit interview for D-SNAP PD is October 25, 2015. Any D-SNAP PD interview that cannot be scheduled during October 3 – 25, 2015 should be scheduled for the week of October 26 – 30, 2015.

Note: If an individual calls by October 25, 2015 and indicates that s/he is not available for an interview until after October 30, 2015, this request will be handled on a case by case basis.

FIA-1088i.

If the applicant is not home at the time of the scheduled home visit, the IREA Investigator will leave a Missed Homebound Interview for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNP PD) (**FIA-1088i**) letter instructing the applicant to contact the FIA Infoline to reschedule the home visit. If the IREA Investigator is unable to enter the building, the IREA lead investigator will mail the applicant the **FIA-1088i**.

Disaster Benefit Period for D-SNAP PD

The household's income and expenses for any time before October 27, 2012 and after November 25, 2012 is not relevant.

The term “**disaster benefit period**” refers to the thirty (30) day period beginning on either the date of the disaster or the date that preparations (such as mandatory evacuations) began for the disaster. D-SNAP PD is using the same October 27, 2012 through November 25, 2012 **disaster benefit period** that was used in December 2012. Therefore, the household should provide documentation and/or self-attestation of income and resources and paid disaster related expenses that were unreimbursed during this time period.

D-SNAP PD Affected Zip Codes

Affected zip codes for D-SNAP PD.

Individuals that resided in the following zip codes on October 27, 2012 and were unable to apply for D-SNAP in December 2012 due to a disability are eligible to apply:

- **Coney Island, Brooklyn:** Zip Codes 11224 and 11235;
- **Red Hook, Brooklyn:** Zip Code 11231;

- **Gerritsen Beach South of Allen Avenue, Brooklyn:** Partial area of Zip Code 11229;
- **Lower East Side, Manhattan:** Zip Code 10002;
- **Southeast shore, Staten Island:** Zip code 10306;
- **North Midland Beach South of Seaview Avenue, Staten Island:** Partial area of Zip Code 10305; and
- **The Rockaways, Queens:** Zip Codes 11691, 11692, 11693, 11694, and 11697.

Attestation of Disability

Attestation of disability.
New form **FIA-1088g**.

In addition to completing the Application for Disaster Supplemental Nutrition Assistance Program (SNAP) (**LDSS-4988**), the applicant must complete the Attestation of Disability (**FIA-1088g**) to attest that s/he did not apply for a D-SNAP benefit in New York City during the December 2012 filing period due to a disability. This form is required in order to be eligible to apply for D-SNAP PD.

Individuals and Households Ineligible for D-SNAP PD

The following individuals and households are **ineligible** for D-SNAP PD:

Ineligible individuals and households.

- Those who lived in a D-SNAP affected zip code and did not apply for D-SNAP during the December 2012 D-SNAP filing period, for a reason other than a disability;
- Those who applied for a D-SNAP benefit during the December 2012 D-SNAP filing period; and
- Those who lived in the designated zip codes and were in receipt of SNAP during the disaster benefit period, OTDA issued a supplement of their November SNAP benefit if their regular October SNAP benefit was less than the maximum benefit amount for the households with an active SNAP case.

Eligibility Criteria for D-SNAP PD

A household must meet the following basic eligibility criteria to be determined eligible for D-SNAP PD:

Basic Eligibility Criteria

- Must have lived in a designated D-SNAP area on October 27, 2012:
 - If a homeless individual claims that he/she resided (street homeless or in shelter) in a designated disaster area on October 27, 2012, he/she must verify that he/she was known to be homeless in the area.

Note: Immigration status does not affect D-SNAP PD eligibility.

- Must have been unable to apply for D-SNAP during the December 2012 D-SNAP filing period due to a physical or mental disability;
- Must have experienced an adverse effect due to the disaster. The household must have experienced at least one of the following adverse effects:
 - A loss of income - includes reduction or termination of income, or a delay in receipt of income during the benefit period due to the disaster;
 - No access to liquid resources (banks and ATM's were not available);
 - Non-reimbursable disaster related expenses. Disaster related expenses are expenses the household paid out of pocket during the disaster benefit period (October 27, 2012 – November 25, 2012). Examples of disaster related expenses include:
 - Home or business repairs
 - Temporary shelter expenses
 - Evacuation expenses
 - Medical expenses due to personal injury
 - Disaster-related funeral expenses
 - Disaster-related pet boarding fees
 - Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools, and educational materials
 - Fuel for primary heating source
 - Clean-up items expense
 - Disaster-damaged vehicle expenses
 - Restaurant expenses
 - Storage expenses

Note: HRA will not consider households that experienced food loss as their only adverse effect to be otherwise eligible for D-SNAP assistance.

Note: This can include damage to or destruction of the household's home or self-employment business.

Financial Eligibility

Once the basic eligibility criteria are met, the household must meet the following financial criteria:

Refer to **Attachment A**.

- Must have net income at or below the D-SNAP income limits of 2012 as listed in the Disaster Income Guidelines and Maximum SNAP Allotment Based on Household Size (**Attachment A**):

Take home pay includes automatic deposits into savings and checking accounts that are readily accessible.

- Unlike regular SNAP, which includes separate tests for income and resources, D-SNAP net income (take home pay) and liquid resources (cash on hand, savings and checking accounts) are added together as part of the eligibility calculation.
- D-SNAP allows households to deduct certain unreimbursed expenses from their combined net income and available resources.
- To determine the household's income for D-SNAP eligibility, use the household's net income (take-home pay) received during the disaster benefit period **plus** its accessible liquid resources. Evaluate the amount of disaster-related expenses (unreimbursed disaster related expenses paid out of pocket during the disaster benefit period) to determine the method for calculating the household's D-SNAP financial eligibility.

Compare the sum of the household's net income plus its accessible liquid resources to the disaster income limits for the applicant's household size in **Attachment A** as follows:

Unreimbursed expenses are equal to or greater than \$100, but less than the DSED amount allowed for the household size.

- If the actual unreimbursed disaster related expenses are equal to or greater than \$100, but less than the Disaster Standard Expense Deduction (DSED) amount in **Column C**, compare the net income plus available resources to the amount in column **B**.

Scenario 1: A household of one has \$650 in unreimbursed disaster related expenses. Its available income plus available resources for the disaster period is \$3000. Based on the disaster income limits in column **B** the household is not eligible for D-SNAP ($\$3000 - \$650 = \$2350$; $\$2,350$ is greater than $\$2,268$).

Unreimbursed expenses are greater than the DSED amount allowed for the household size.

- If the actual unreimbursed disaster related expenses exceed the DSED amount in **Column C** and the household would be deemed ineligible using the income limit in **Column B**, determine eligibility by using the household's net income plus available resources minus the actual disaster related expenses and compare the result to the income limits in column **D**.

Scenario 2: A household of two has \$2500 in disaster related expenses. Its available income plus available resources for the disaster period is \$4200. Based on the disaster income limits in column **D** the household is eligible for D-SNAP ($\$4200 - \$2500 = \$1700$ and $\$1,700$ is less than $\$1,879$).

Unreimbursed expenses are less than \$100.

- If the actual unreimbursed disaster related expenses are less than \$100, compare the result of net income plus available resources minus unreimbursed disaster related expenses (actual expenses not the standard deduction) to the amount in column **D**.

Scenario 3: A household of three has \$99 in disaster related expenses. Its available income plus available resources for the disaster period is \$2259. Based on the disaster income limits in column **D** the household is eligible for D-SNAP ($\$2259 - \$99 = \$2160$ and $\$2,160$ is less than $\$2,209$).

If the sum of the available income and available resources is greater than the income limits in column **B** or **D** for the applicant's household size, the household is not financially eligible for D-SNAP.

Verification Rules

The verification of eligibility factors for D-SNAP differs from regular SNAP verification rules. For regular SNAP, eligibility is contingent on what the applicant can verify. For D-SNAP, once identity has been verified, the information on the application is considered to be accurate and correct unless the available verification or subsequent matches call the information into question.

For D-SNAP PD, verification rules are four tiered:

- Identity must be verified;
- Self-attestation of a disability during the December 2012 D-SNAP filing period must be made by the applicant using the **FIA-1088g**;
- Residency and loss of or inaccessibility of income or liquid resources should be made by the applicant using documentation and/or self-attestation and verified where possible; and

- Household composition and food loss should be and verified if questionable.

REQUIRED ACTION

Triage at D-SNAP PD Centers

The Triage staff must:

- Verify the applicant’s identity;
- Verify the applicant’s residency during the disaster period to ensure that the applicant lived within an affected zip code;

Maps for partial areas of zip codes.

Note: The Triage Worker will have maps for the two partial areas of zip codes that were included in the affected zip codes. These maps will be used to determine if the residence of an applicant was within the designated affected area of the partial zip code.

Refer to **Attachment B**.

- Ask the triage questions from the D-SNAP PD Center Triage Questions (**Attachment B**)

Refer to the **W-194**.

- If there is a language barrier, use the Language Card (**W-194**) to identify the applicant’s language, and provide an application in the applicant’s language if available.
- If the applicant is hearing impaired, contact the Site Manager to arrange for a Sign Language interpreter
- Based on the responses to the Triage Questions:
 - If the applicant does not meet the criteria to apply for D-SNAP PD, do not give the applicant a D-SNAP application. Instead provide information for the applicant to apply for regular SNAP.
 - If the applicant does meet the criteria to apply for D-SNAP PD, give the applicant the D-SNAP application packet and instruct him/her to go the waiting area to complete the packet and to put it in the application basket upon completion; and
 - Determine whether individuals that are eligible to apply will be interviewed by FIA or IREA staff.

Application Packets

The application packet must contain the following forms:

Application packet documents.

- Application for Disaster Supplemental Nutrition Assistance Program (SNAP) (**LDSS-4988** [Rev 6/14]);

- Application Supplement for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (**FIA-1090a**);
- Attestation of Disability (**FIA-1088g**); and
- Questions and Answers about Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (**FIA-1088h**)

The card that is attached to the application packet indicates which program area will conduct the interview.

White card.

- Application packets with a **white** card are given to applicants that will be interviewed by FIA staff; and

Blue card.

- Application packets with a **blue** card are given to applicants that will be interviewed by IREA staff.

Designated staff is responsible for routing to the Intake area. The designated staff will retrieve the completed applications from the application basket and assign them to the appropriate Intake Group.

Applicants with a current CA or NCA SNAP case in AC or SI status.

If the applicant has a current CA or NCA SNAP case in Active (AC) or Single Issuance (SI) status, the D-SNAP PD interview must be conducted on Paper. If the household also meets the criteria for an IREA intake interview (based on responses to questions on attachment B) the client will receive an application kit with a blue card, otherwise the client will receive an application kit with a white card.

Having an active case cannot be the only reason to receive an IREA interview.

Intake Area at D-SNAP PD Centers

Intake area.

The Intake staff must:

- Annotate the Control of Assignments/Referrals: Subject (**W-708**) control card with each case s/he interviews each day. The **W-708** control card will be collected at the end of each day by the Site Manager.
- Verify the applicant's identity;
- Review the applicant's **LDSS-4988**, **FIA-1088g**, and **FIA-1090a** for completeness;
- Review all documents that are presented to verify residence and unreimbursed disaster related expenses during the disaster period;

LEP and hearing impaired individuals.

- If an individual requires interpretation services to conduct the interview, access the language line for an interpreter to assist with the interview. Each D-SNAP PD Center will have a unique access code to use when calling for telephonic interpretation. To access telephonic interpretation, dial 1-877-756-4841 and enter the D-SNAP PD site's unique access code, as follows:
 - **9991** – Clinton Hill Job Center;
 - **9992** – Richmond Job Center;
 - **9993** – Coney Island Job Center;
 - **9994** – Union Square Job Center; and
 - **9995** – Rockaway Job Center;

- Access the **HRA Outreach SNAP Intake** activity in POS to register the application. Each D-SNAP PD location has been assigned its own Center Designation:

- **F94** – Clinton Hill Job Center;
- **F95** – Richmond Job Center;
- **F96** – Coney Island Job Center;
- **F97** – Union Square Job Center; and
- **F98** – Rockaway Job Center;

See **Attachment C** for detailed instructions regarding the POS intake and interview activities.

Note: If intake is being initiated by TIPS F93 or Infoline, the center designation is preset by the system based on the disaster zip code.

- Access the **Disaster SNAP Interview** activity in POS to enter the application details;
- Make copies of any documents submitted by the applicant;
- Sign the Receipt for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) Application (**FIA-1088f**);
- Scan and index the **LDSS-4988**, **FIA-1088g**, **FIA-1090a**, any documents submitted by the applicant, and the signed **FIA-1088f**;
- Give the applicant his/her original documents, the original signed **FIA-1088f**, and the Supplemental Nutrition Assistance Program (SNAP) Income Guidelines (**W-138Q**), which provides information regarding regular SNAP and how to apply;
- Advise the applicant that he/she will receive a decision notice in the mail;
- Check the HRA OneViewer to ensure that the documents were indexed to the correct application case and are legible;
- Put the **LDSS-4988**, **FIA-1088g**, **FIA-1090a**, and copies of the applicant's documents, including a copy of the signed **FIA-1088f** in a D-SNAP PD case folder; and

Document types have been established for the D-SNAP packet. Scanning all documents as the D-SNAP packet will make it easier for the SPC staff to locate the documents.

- Give the D-SNAP PD case folder to the designated Worker that is responsible for preparing the boxes that contain registered applications to be sent to SPC.

Referring Applications to the IREA Intake Area

Referral from FIA Intake to IREA Intake.

IREA-110.

During the course of the interview, if the FIA Worker determines that an application meets any of the questionable criteria listed on the D-SNAP Referral to IREA (**IREA-110**), the applicant must be referred to IREA. The FIA Worker must:

- Follow the instructions listed in **Attachment C**;
- Annotate the **IREA-110** to indicate the reason for the referral;
- Staple the **IREA-110** to the application packet, and attach any documents submitted by the applicant;
- Give the application packet to the designated IREA Worker that is responsible for assigning applications; and
- Ask the applicant to return to the Waiting area until his/her name is called again

The designated IREA Worker assigns the application packet to an IREA Intake Worker who will call the applicant to complete the interview.

Preparing Registered Applications for the Special Projects Center

Delivery of registered applications to the Special Projects Center.

Hard copies of all registered applications (which include the **LDSS-4988**, **FIA-1088g**, **FIA-1090a**, signed copy of the **FIA-1088f**, and copies of accompanying documentation submitted by the applicant) will be boxed by FIA staff for delivery to SPC. GSS will collect the boxes of applications from each D-SNAP PD Center, on each Saturday and Sunday that the program operates, and deliver them to SPC.

A designated Worker must:

- Prepare a cover sheet for each box of applications;
- Log each application placed in the box on the **D-SNAP Application Log**;
- Place the completed **D-SNAP Application Log** sheets into the box;
- Leave the box in the designated location for pick-up by GSS.

Note: Cases from FIA Intake must be boxed separately from IREA Intake cases.

Eligibility Determination for D-SNAP PD Applications

Eligibility determination for all D-SNAP PD applications.

The eligibility determination for all D-SNAP PD applications must be made within seven (7) calendar days of the application file date. All applicants will be mailed the Action Taken on Your Case (**LDSS-4989**) notice, which indicates the decision made on the D-SNAP application. The eligibility determinations made by FIA staff will be processed by the SPC staff. The eligibility determinations made by IREA staff on questionable applications, submitted by walk-in applicants at the five (5) D-SNAP PD Centers, will be processed by IREA staff.

Upon receipt of the D-SNAP PD case folder, the designated SPC Supervisor must:

- Confirm the number of D-SNAP PD applications received daily;
- Assign the case to the SPC Worker via the D-SNAP PD queue if the case was registered in POS, or manually if the case was done outside of POS (applications done outside of POS have a SNAP case in an active status)

Applications Registered in POS

POS applications.

The SPC Worker must access the **Disaster SNAP Interview** activity from his/her queue in POS and:

Refer to **Attachment D**.

- Review the following windows to ensure that all relevant questions have been responded to:
 - Household Screen;
 - Address Information;
 - Additional Suffix Level Data;
 - Home Visit and IREA Referral Determination;
 - CIN Re-use;
 - Case Number Re-Use;
 - Disaster SNAP;
 - Disaster SNAP Household
- At the Eligibility window, click on the POS Data tab. POS should populate the TAD data and the grant details.
 - For households eligible for a D-SNAP grant, POS will send a file to WMS to issue the benefit and the decision notice will be sent out via Print To Mail (PTM).

Paper Applications

Paper applications. The SPC staff responsible for determining D-NSAP eligibility will have to review the paper application and utilize **Attachment A** to determine if the household is eligible for a D-SNAP benefit.

If the household is eligible for a D-SNAP benefit, annotate the case information, including the household size and grant amount, on the spreadsheet for Paper Applications and send the annotated spreadsheet to MIS. Prepare the **LDSS-4989** and send to the applicant.

At the end of each day, the SPC will email the spreadsheet to MIS so that the grants can be loaded into the Welfare Management System (WMS). The benefits will be issued with coordination from the Office of Temporary Disability Assistance (OTDA) and WMS.

Approval or Denial of a D-SNAP PD Application

Approved applications. D-SNAP PD applications that are processed by an SPC Worker and determined eligible do not require supervisory review. D-SNAP PD applications processed by IREA require a supervisory review regardless of the determination (approved or denied).

Supervisor review of eligibility determination. D-SNAP PD applications that are processed by an SPC Worker and determined ineligible require supervisory review. If the application requires supervisory review, POS sends the activity to the selected Supervisor's queue for review and approval.

CBIC card. Applicants who are approved for D-SNAP will receive a Common Benefit Identification Card (CBIC) in the mail. The personal identification number (PIN) will be mailed separately from the CBIC card.

Lost or Undelivered CBIC Cards

Lost CBIC card. If an individual receives a D-SNAP PD benefit and loses their CBIC card, s/he should call the EBT Customer Service at **1-888-328-6399**. A customer service representative will advise the individual on the next steps s/he should take.

Undelivered CBIC card. If a D-SNAP PD applicant contacts a Job Center or SNAP Center about the non-delivery of a CBIC card, staff must advise the applicant to call the D-SNAP PD Infoline number at **929-221-0047**. Infoline will send a message to IREA to arrange a home visit with the applicant. The IREA Worker will verify whether the D-SNAP PD application was approved. Upon verification that the application was approved, the IREA Worker must contact the applicant to schedule a home visit to deliver the CBIC card.

The IREA Worker will retrieve the CBIC card from one of the Over the Counter (OTC) locations and deliver the CBIC card to the individual. The individual will be asked to sign a confirmation receipt. The IREA Worker will deliver the signed confirmation receipt to the OTC location.

Daily Reporting for D-SNAP

Reporting from D-SNAP Centers. The assigned Site Manager is responsible for collecting the **W-708** control cards from each Intake Worker and recording the total number of applications that are processed via intake on a daily basis. This information is sent daily via email to the D-SNAP program monitors at FIAExecDSNAPPD@hra.nyc.gov.

The following information must be recorded on the Site Manager tally forms:

- A tally of all applications referred to the FIA Intake area;
- A tally of all applications referred from FIA to IREA;
- A tally of all applications referred to the IREA Intake area; and

The Site Manager must compare the tally with the D-SNAP queue for his/her assigned location, to ensure that each case has been accounted for.

The daily tallies will be used to confirm that all applications registered at each D-SNAP PD Center are received by SPC for processing.

Reporting from SPC. The Designated Supervisor/Manger at the SPC is responsible for reporting the following information to FIAExecDSNAPPD@hra.nyc.gov on a daily basis:

- Number of applications received from each Center;
- Number of household's denied;
- Number of household's approved – new and ongoing (supplement);
- Number of persons approved – new and ongoing (supplement);
- Total number of applications for which a decision has been made (denials and approvals); and

- Number of applications pending (a decision has not been made).

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

If you are experiencing any **POS errors** at the **Special Project Center** or at one of the five **D-SNAP PD Centers (F94, F95, F96 F97, and F98)** during the **HRA Outreach SNAP Intake** or **Disaster SNAP Interview** activities please call the POS Help Desk at **718-557-1313** or contact the on-site POS Support staff.

If there is a POS outage, Workers will take the paper application, make copies of all documentation provided by the applicant and the **FIA-1088f**, provide the applicant with the original signed **FIA-1088f**, and forward the entire application package to SPC for registration and processing.

Supplemental Nutrition Assistance Program Implications

If the D-SNAP household is currently in receipt of SNAP, the D-SNAP benefit will be issued under the current SNAP case number.

Households that were in receipt of SNAP benefits during the disaster benefit period should not apply for D-SNAP PD. Those households received an automatic D-SNAP supplement if their grant was less than the maximum grant for their family's size.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants and participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #14-18-OPE](#) and [PD #14-24-OPE](#).

Applicants that are Limited English Proficient (LEP) and indicate a preference to receive written applications, forms, and notices in Arabic, Chinese, Haitian Creole, Korean, Russian or Spanish will be provided with D-SNAP PD written materials in their preferred language.

There will be telephonic interpretation services available at the Centers to assist Limited English Proficient (LEP) applicants. Each site will have dual handsets in the Triage and Intake areas where application interviews are conducted. LEP applicants should not be asked to wait for interpretation services or language access tools. If the dual handsets are being utilized by another applicant, workers should conduct the interview by passing a single handset back and forth to the applicant

Each site will have a minimum of three dual handset phones; in the Triage, FIA Intake, and IREA Intake areas. If the dual handsets are being utilized by another applicant, workers should conduct the interview via speaker phone or by passing a single handset back and forth to the applicant. LEP applicants should not be asked to wait for interpretation services or language access tools.

FAIR HEARING IMPLICATIONS

D-SNAP applicants have a right to a fair hearing if they wish to contest the agency’s decision. Current fair hearing processes will apply to D-SNAP PD applicants. Evidence packets must include the **LDSS-4988, LDSS-4989, FIA-1090a, FIA-1088g**, and any document the applicant submitted with his/her application. The interview and eligibility determination will be conducted in POS, therefore, the relevant POS screens should be included in the evidence packet where possible.


REFERENCES

Robert T. Stafford Disaster Relief and Emergency Assistance Act
 Food and Nutrition Act of 2008
 7CFR 273.1(a), 273.2(f), 273.7, 273.8(e), 273.9(a), 273.10(e), and 273.10(f)
 7 CFR 280
 D-SNAP Guidance Handbook Toolkit
 Disaster SNAP Guidance

RELATED ITEMS

[PD #12-32-ELI](#)
[PB #15-85-SYS](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Disaster Income Guide Lines And Maximum SNAP Allotment Based On Household Size
- Attachment B** D-SNAP PD Center Triage Questions
- Attachment C** POS Instructions for the HRA Outreach SNAP Intake & Disaster SNAP Interview Activities at D-SNAP PD Centers

Attachment D	POS Instructions for the Disaster SNAP Interview Activity at the SPC
FIA-1088f (E)	Receipt for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) Application
FIA-1088f (S)	Receipt for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) Application (Spanish)
FIA-1088g (E)	Attestation of Disability
FIA-1088g (S)	Attestation of Disability (Spanish)
FIA-1088h (E)	Questions and Answers about Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD)
FIA-1088h (S)	Questions and Answers about Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (Spanish)
FIA-1088i (E)	Missed Homebound Interview for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD)
FIA-1088i (S)	Missed Homebound Interview for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (Spanish)
FIA-1090a (E)	Application Supplement for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD)
FIA-1090a (S)	Application Supplement for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (Spanish)
LDSS-4988	Application for Disaster Supplemental Nutrition Assistance Program (SNAP) (Rev. 6/14)
LDSS-4988 (S)	Application for Disaster Supplemental Nutrition Assistance Program (SNAP) (Spanish) (Rev. 6/14)
LDSS-4989	Action Taken On Your Disaster Supplemental Nutrition Assistance Program (SNAP) Case (Rev. 4/14)
LDSS-4989 (S)	Action Taken On Your Disaster Supplemental Nutrition Assistance Program (SNAP) Case (Spanish) (Rev. 4/14)
IREA-110 (E)	D-SNAP Referral to IREA (9/17/2015)
W-138Q (E)	Supplemental Nutrition Assistance Program (SNAP) Income Guidelines (Rev. 9/14/2015)
W-138Q (S)	Supplemental Nutrition Assistance Program (SNAP) Income Guidelines (Spanish) (Rev. 9/14/2015)

W-194
W-708

Language Card (Rev. 2/14)
Control of Assignments/Referrals: Subject
(Rev. 2/25/11)

**DISASTER INCOME GUIDE LINES AND
MAXIMUM SNAP ALLOTMENT BASED ON HOUSEHOLD SIZE**

Household Size	<u>Disaster Income Limit (with DSED)</u> Use for Disaster Related Expenses Equal to or Greater than \$100	Disaster Standard Expense Deduction (DSED) Amount	<u>Disaster Income Limit</u> Use for Disaster Related Expenses Less than \$100 or if ineligible using income limit in column B	Maximum SNAP Allotment
A	B	C	D	E
1	\$2,268	\$719	\$1549	\$200
2	\$2,965	\$1,086	\$1879	\$367
3	\$3,416	\$1,207	\$2209	\$526
4	\$4,034	\$1,484	\$2550	\$668
5	\$4,452	\$1,545	\$2907	\$793
6	\$4,979	\$1,715	\$3264	\$952
7	\$5,363	\$1,768	\$3594	\$1,052
8	\$5,747	\$1,822	\$3924	\$1,202
Each Additional	+\$384		+\$330	+\$150

Attachment B

D-SNAP PD Center Triage Questions

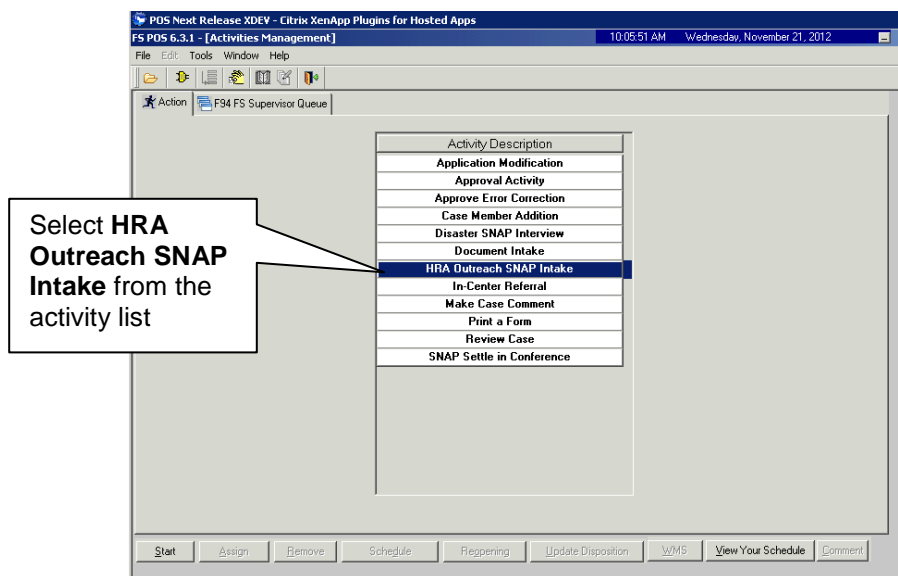
#	Question	If Yes...	If No...
1	Do you have a valid photo ID?	<i>If Yes...</i> Go to question #2	<i>If No...</i> Tell individual that they should come back with a valid photo ID. If they insist on proceeding... Go to question #2
2	On October 27, 2012, did you live within one of the following zip codes: Manhattan: 10002 Queens: 11691, 11692, 11693, 11694, 11697 Brooklyn: 11224, 11235, 11231, PARTIAL AREA OF 11229 (south of Allen Avenue in Coney Island), Staten Island: 10306, PARTIAL AREA OF 10305 (South of Seaview Avenue on Staten Island)	<i>If Yes...</i> Go to question #3	<i>If No...</i> Not eligible to apply
3	Did you apply for D-SNAP benefits in December 2012 ?	<i>If Yes...</i> Not eligible to apply	<i>If No or Not Sure...</i> Go to question #4
4	Did you have an active SNAP case during October 27 – November 25, 2012 ?	<i>If Yes...</i> Not eligible to apply	<i>If No or Not Sure...</i> Go to question #5
5	Do you currently have an active, single issuance or applying Cash Assistance or NCA SNAP case?	<i>If Yes...</i> Go to question #6	<i>If No or Not Sure...</i> Go to question #6
6	In December 2012 , did you have a disability that prevented you from applying for D-SNAP? (mental or physical disability)	<i>If Yes...</i> Eligible to apply... Go to question #7	<i>If No...</i> Not eligible to apply
7	Do any of the following situations apply to you? <u>During 10/27/12 – 11/25/12:</u> <ul style="list-style-type: none"> I was employed by HRA or OTDA I was homeless I had seven (7) or more people in my household Nobody in my household had verifiable income <u>Currently:</u> <ul style="list-style-type: none"> I am employed by HRA or OTDA I do not have valid photo identification I do not have proof of the address where I lived during 10/27/12 – 11/25/12. 	If the individual answers yes to any of the situations: Give the individual an application kit and a BLUE card Interview to be conducted by IREA .	If the individual answers no to all of the situations: Give the individual an application kit and a WHITE card Interview to be conducted by FIA .
LEP/Hearing Impaired		RECEPTIONIST/TRIAGE AREA	
Limited English Proficient	Present the "I Speak" card to the individual to identify spoken language;	Use on-site interpreter or Language Line	
Hearing Impaired	Bring applicant to the Application area and contact the Site Manager	Use tablet for sign language video conferencing	

POS Instructions for the HRA Outreach SNAP Intake & Disaster SNAP Interview Activities at D-SNAP PD Centers

Intake Worker

When the D-SNAP PD applicant is seated, the Intake Worker will access POS to conduct the application intake and enter the relevant data as follows:

- Select **HRA Outreach SNAP Intake** from the *Activity Description* list and then click **Start**.



- The **Adults in Household** window, shown on the following page, opens.
 - Review the application and the ancillary forms in the D-SNAP PD and ask the applicant for clarification regarding questions in POS, as needed.
 - On the **Adults in Household** window:
 - Enter the required demographic information for each adult listed on the D-SNAP PD application. Select **SNAP** in the **Applying for** box. Select either the **Yes** or **No** radio button for each ethnicity in the **Multi Ethnic Fields**.
- Note:** As with regular SNAP, applicants cannot be required to answer the race/ethnicity questions on the application. If not answered, the worker should make their best guess at ethnicity.
- If there are multiple adults, click on the vertical scroll bar for a blank data entry field to record the next adult's demographics.
 - After the demographics for all of the adults have been entered click **Next**.

Attachment C

Select **SNAP** in the **Applying For** field.

Yes or No must be selected for each ethnicity.

- The **Children in Household** window opens.
- On the **Children in Household** window:
 - Enter the required demographic information for each child listed on the D-SNAP PD application. Select **SNAP** in the **Applying for** box. Select either the **Yes** or **No** radio button for each ethnicity in the **Multi Ethnic Fields**.
 - If there are multiple children, click on the vertical scroll bar for a blank data entry field to record the next child's demographics.
 - After the demographics for all of the children have been entered click **Next**.

Select **SNAP** in the **Applying For** field.

Yes or No must be selected for each ethnicity.

Attachment C

- The **Home Visit and IREA Referral Determination** window opens.
- On the **Home Visit and IREA Referral Determination** window:
 - Select **No** to the question “*Did the applicant request a home visit.*”
 - Ask the applicant the **Triage Questions** and select either the **Yes** or **No** radio button based on the applicant’s response.
 - View the **Outcome** of the IREA referral determination, and then click **Next**.

Note: Continue with the case registration even if the **Outcome** indicates that a referral to IREA is required.

The screenshot shows a software window titled "FS POS 9.1.1 - [Home Visit and IREA Referral Determination]" with a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main content area contains the following questions and radio button options:

- Did the applicant request a home visit? Yes No
- Was the home visit completed? Yes No
- Triage Questions**
- Were you employed by the Human Resources Administration (HRA) or the Office of Temporary and Disability Assistance (OTDA) during Hurricane Sandy? Yes No
- Are you currently employed by the Human Resources Administration (HRA) or the Office of Temporary and Disability Assistance (OTDA)? Yes No
- Were you homeless during Hurricane Sandy? Yes No
- Do you have proof of your address during Hurricane Sandy such as a lease or utility bill? Yes No
- During Hurricane Sandy, did your household have 7 or more members for whom you plan to apply? Yes No

Below the questions, the outcome is displayed: **Outcome: Referral to IREA Is Not Required**. At the bottom of the window are "Next" and "Previous" buttons.

Two callout boxes are present:

- A callout box on the left points to the first question with the text: "Select **No** to the question “*Did the applicant request a home visit.*”
- A callout box on the left points to the outcome text with the text: "View the **Outcome** of the IREA referral determination."

- The **Address Information** window, shown on the following page, opens.
- On the **Address Information** window:
 - Enter the applicant’s current address in the **Present Address** fields.
 - Enter the applicant’s mailing address in the **Mailing Address** fields, if applicable.
 - Enter the applicant’s address as of October 27, 2012 in the **Address at Time Of Disaster** fields.
 - Click **Verify Zip** to start the collateral contact search to verify that the address is legitimate and that the address is in one of the designated zip codes.
 - A pop up window opens and displays a message to indicate if the address was found or not found in one of the designated zip codes.
 - Click **OK** to remove the pop up window.

Attachment C

The screenshot shows a software window titled "ES POS 9.1.1 - [Address Information]" with a timestamp of "1:12:40 PM Monday, September 14, 2015". The window contains several sections for address information:

- Present Address:** Includes a radio button for "Is the applicant undomiciled?" (Yes/No), fields for "St No/Dir/Name", "State" (NY), "Zip Code", "Primary Phone", "Ext", "Alternate Phone", and "Number for Text Messaging".
- Mailing Address:** Includes a "Care of Name" field, "St No/Dir/Name" (with a "[None]" dropdown), "State", and "Zip Code".
- Delete Mailing Address:** Includes a radio button for "Delete Mailing Address" (Yes/No).
- Address At Time Of Disaster:** Includes fields for "St No/Dir/Name", "State" (NY), and "Zip Code".

At the bottom of the window, there are two buttons: "Verify Zip" and "Previous".

Two callout boxes provide instructions:

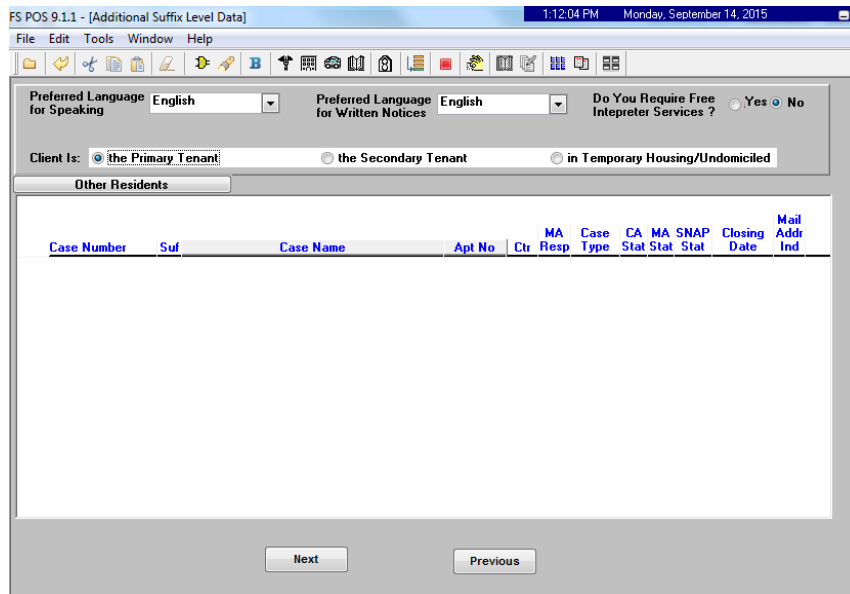
- A callout box on the left points to the "Address At Time Of Disaster" fields and contains the text: "Enter the applicant's address as of October 27, 2012 in the **Address at Time Of Disaster** fields."
- A callout box on the right points to the "Verify Zip" button and contains the text: "Click the **Verify Zip** button to verify the address and ensure that the address is in one of the designated zip codes."

- The **Additional Suffix Level Data** window, shown on the following page, opens.

Note: The **Additional Suffix Level Data** window displays active cases at the permanent residence.

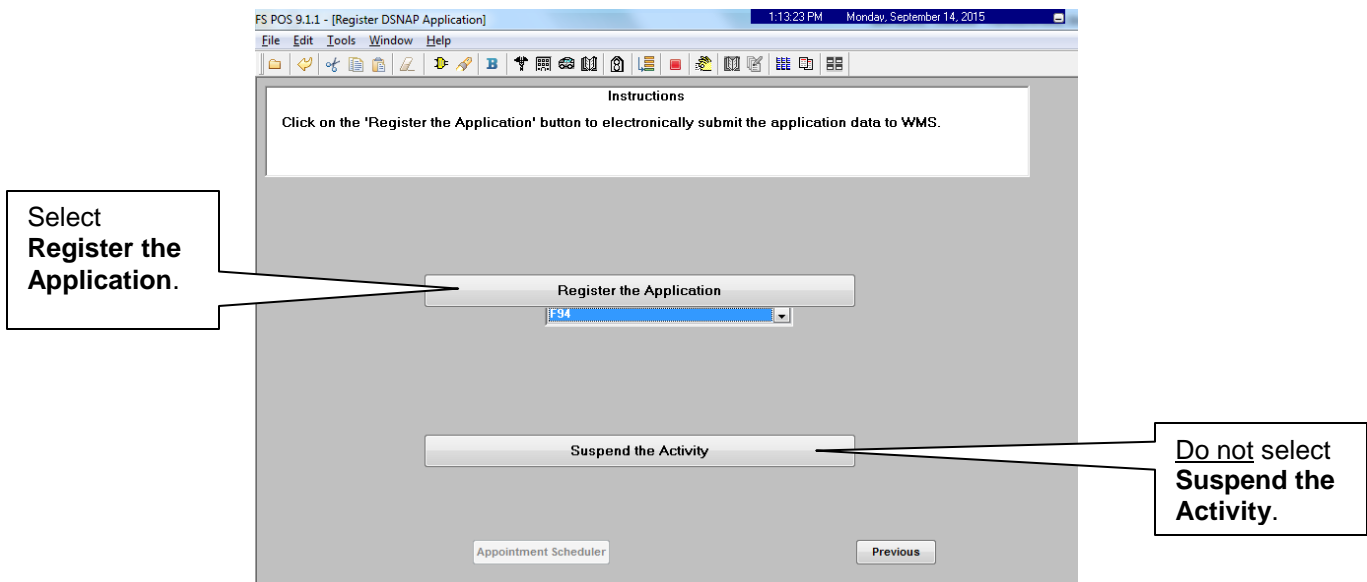
- On the **Additional Suffix Level Data** window:
 - Select the appropriate **Preferred Language for Speaking** and **Preferred Language for Written Notices** from the drop down menus based on the applicant's selection on the Application Supplement for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (**FIA-1090a**).
 - Review the results to ensure that the applicant was not listed as having an active NCA SNAP or CA/SNAP case during October 27th through November 25th, 2012.
 - Click **Next**.

Attachment C



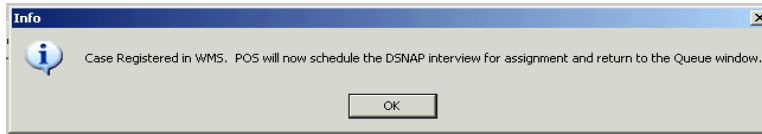
- The **Register DSNAP Application** window opens.
- On the **Register DSNAP Application** window, select **Register the Application**.
 - If POS determined that a referral to IREA is required; the case will be transferred to the appropriate **Disaster SNAP Review** queue after the application is registered. Annotate the **IREA-110**, have the applicant go to the waiting area, and bring the application to the IREA Supervisor for re-assignment.
 - If POS determined that a referral to IREA is not required; the case will be transferred to the appropriate **Disaster SNAP** queue upon registration.

Note: Do not select **Suspend the Activity**.



Attachment C

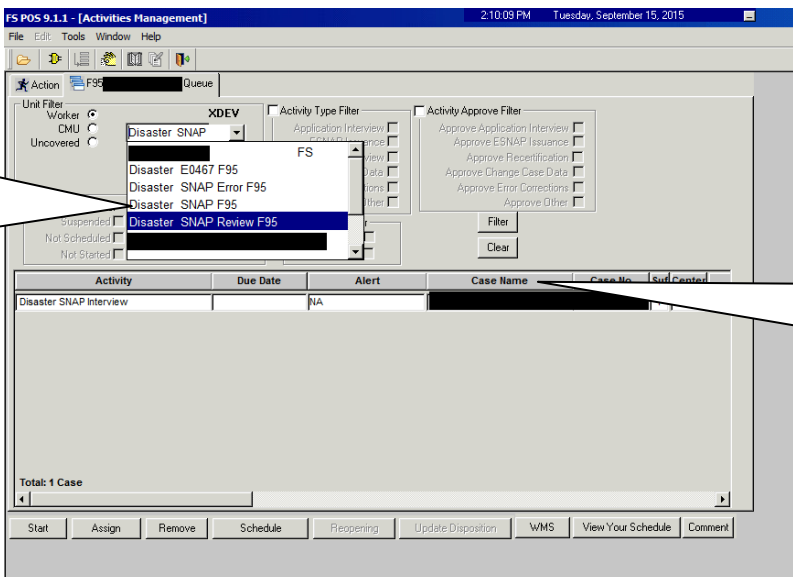
- A pop up window, shown below, opens to inform the Worker that the case has been registered in WMS.
- Click **OK** to close the pop up window.



- The **Activities Management** window opens.
- On the **Activities Management** window:
 - Select the radio button next to **Worker** in the **Unit Filter** section in your **Queue** tab.
 - Select the appropriate **Disaster SNAP** queue from the drop down menu to retrieve the **Disaster SNAP Interview** activity for the case you registered.

Note: **Disaster SNAP F94** for Clinton Hill, **Disaster SNAP F95** for Richmond, **Disaster SNAP F96** for Coney Island, **Disaster SNAP F97** for Union Square, and **Disaster SNAP F98** for Rockaway. The **Disaster SNAP Review** queue is the queue assigned to IREA. Do not retrieve cases from the **Disaster SNAP Review** queue.

- The window displays all case activities assigned to the selected **Disaster SNAP** queue.
- Click on **Case Name** to sort the queue, highlight the case name and click **Start**.



The screenshot shows the "FS POS 9.1.1 - [Activities Management]" window. The title bar includes the time "2:10:09 PM" and the date "Tuesday, September 15, 2015". The window has a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main area is divided into several sections:

- Unit Filter:** Includes radio buttons for "Worker", "CMU", and "Uncovered".
- Queue:** A dropdown menu is open, showing options: "Disaster SNAP", "Disaster E0467 F95", "Disaster SNAP Error F95", "Disaster SNAP F95", and "Disaster SNAP Review F95".
- Activity Type Filter:** Includes a dropdown for "XDEV" and a list of activity types with checkboxes.
- Activity Approve Filter:** Includes several checkboxes for approval steps like "Approve Application Interview", "Approve ESNAP Issuance", etc.
- Table:** A table with columns: "Activity", "Due Date", "Alert", "Case Name", "Case No.", and "Sub Center". The first row shows "Disaster SNAP Interview" with "NA" in the "Alert" column.
- Summary:** "Total: 1 Case" is displayed.
- Buttons:** "Start", "Assign", "Remove", "Schedule", "Reopening", "Update Disposition", "WMS", "View Your Schedule", and "Comment".

Two callout boxes provide instructions:

- Left callout: "Select the appropriate **Disaster SNAP** queue to retrieve the **Disaster SNAP Interview** activities for your D-SNAP Center." (Points to the Queue dropdown menu.)
- Right callout: "Click **Case Name** column header to sort the **Disaster SNAP Interview** activities." (Points to the "Case Name" column header in the table.)

Attachment C

- The **Household Screen** window opens.
- On the **Household Screen** window, review the information in the D-SNAP PD case folder including the TALX and SOLQ results, if any. If there are discrepancies with the match results and the information provided on the application, consult with the Supervisor and/or IREA staff to determine whether a referral to IREA is necessary.
- Review the information on this screen to ensure that it matches the application and click **Next**.

Note: If corrections are required, use the **Application Modification** activity to make the necessary corrections.

FS POS 9.1.1 - [Household Screen] 2:13:03 PM Tuesday, September 15, 2015

No messages from WMS via OLTP

Control Information

District : 66 Center : Disaster SNAP Center (Ri) Worker : Case Number :

Present Address

Street Number Direction Name Type Apt # City

State: NY Zip Code: 103060000

Suffix Information Active Applying No FS IPV or Sanction Found Working Families: No

SNAP Suffix: 1 SNAP Status: AP SNAP# AC: 0

Suff Case Name

Case Member Information

Suff Ln	CIN	Name	Relation	DOB	SSN	Val	Sex	Citizen / National	SNAP
1	1		Casehead			1	M	NA NA	AP
1	2		Legal Spouse			1	F	NA NA	AP
1	3		Natural Mother			1	F	NA NA	AP

Next Previous

- The **Address Information** window, shown on the following page, opens.
- On the **Address Information** window:
 - Review the information on this screen to ensure that it is correct.
 - Click **Verify Zip** to run an address validation on the **Address At Time of Disaster** fields.

Attachment C

- A pop up window with one of the following messages opens based on the result of the address validation:
 - If the address was found and it was in a fully affected zip code, “*The zip code entered is within the Disaster SNAP area.*”
 - If the address was found and it was in a partially affected zip code, “*The zip code you entered is partially within the Disaster SNAP area. Please verify the applicant address for disaster SNAP eligibility.*”
 - If the address was found and it was not in an affected zip code, “*The zip code you entered is not one of the eligible Disaster SNAP zip codes. Please verify the applicant's zip code for disaster SNAP eligibility and make corrections if needed.*”
 - If the address was not found at all, “*The address you entered was not found and may not be eligible to apply for Disaster SNAP. Please verify the applicant's zip code for disaster SNAP eligibility and make corrections if needed.*”
- Note:** If the address was not found in an affected zip code or at all; click **OK**, verify the address, make any necessary corrections, and then click **Verify Zip** again.
- Click **OK** on the pop up window and then click **Next**.

The screenshot shows a software window titled "FS POS 9.1.1 - [Address Information]" with a standard Windows menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main content area is divided into several sections:

- Present Address:** Includes a checkbox "Is the applicant undomiciled?" with "Yes" and "No" options. Below are fields for "St No/Dir/Name", "State", "Zip Code" (with value 103060000), "Primary Phone", "Ext.", "Cell", "Alternate Phone", and "Ext.". There is also a "Number for Text Messaging" field.
- Mailing Address:** Includes a "Care of Name" field, "St No/Dir/Name" (with a "[None]" dropdown), "State", and "Zip Code". There is also a "Delete Mailing Address" checkbox with "Yes" and "No" options.
- Address At Time Of Disaster:** Includes "St No/Dir/Name" and "State" (with value NY) and "Zip Code" (with value 10306).

At the bottom of the window, there are three buttons: "Verify Zip", "Next", and "Previous".

Attachment C

- The **Additional Suffix Level Data** window opens.
- Click **Next** on the **Additional Suffix Level Data** window.

Case Number	Suf	Case Name	Apt No	Ctr	MA Resp	Case Type	CA Stat	MA Stat	SNAP Stat	Closing Date	Mail Addr	Ind
		STATEN ISLAND	10306									N

- The **Home Visit and IREA Determination** window opens.
- On the **Home Visit and IREA Determination** window, click **Next**.

Note: POS populates this screen with the responses that were selected during the intake activity.

Did the applicant request a home visit? Yes No

Was the home visit completed? Yes No

Triage Questions

Were you employed by the Human Resources Administration (HRA) or the Office of Temporary and Disability Assistance (OTDA) during Hurricane Sandy? Yes No

Are you currently employed by the Human Resources Administration (HRA) or the Office of Temporary and Disability Assistance (OTDA)? Yes No

Were you homeless during Hurricane Sandy? Yes No

Do you have proof of your address during Hurricane Sandy such as a lease or utility bill? Yes No

During Hurricane Sandy, did your household have 7 or more members for whom you plan to apply? Yes No

Outcome: Referral to IREA Is Not Required

Attachment C

- The **CIN Re-use** window opens.

Note: If a CIN is returned for an active individual on a CA or NCA SNAP case, suspend the activity, change over to a paper application and notify your Site Manager. If a CIN is returned for an active individual on a Medicaid case, continue with the application in POS.

- On the **CIN Re-use** window, select the CIN in accordance with the CIN Hierarchy process in [PD #05-17-OPE](#).

Note: A known CIN for a noncitizen should not be selected.

- Click **Next** after all of the CINs have been selected.

The screenshot shows the 'FS POS 9.1.1 - [CIN Re-use]' window. The title bar indicates the time is 2:14:20 PM on Tuesday, September 15, 2015. The window contains a menu bar (File, Edit, Tools, Window, Help) and a toolbar with various icons. Below the toolbar is a header section with fields for 'Registry #', 'Application Date', 'Unit/Worker', 'Case #', 'Case Name', 'Suffix Case Type', and a 'Request New Clearance' button. A table with columns 'Ln', 'Suf', 'First Name', 'Mi', 'Last Name', 'Sex', 'SSN', 'DOB', 'AFIS Ex Ind', 'CIN', and 'CNTR' is present. Below the table is another table with columns 'LnSuf', 'Name', 'Sex', 'SSN', 'DOB', 'AFIS', 'CIN', 'CNTR', 'Case/Reg #', 'Re Case Type', 'Case Stat', 'Oth co', 'Ind Stat', 'PAMA FS Name up', 'PAMA FS Score', and 'DIST'. At the bottom, there is a red text box with instructions: 'The selected CIN match is indicated by the arrow. You may highlight the suggested CIN match or chose another appropriate CIN from the clearance.' Below this is a question: 'Do you wish to use a new CIN because there is no appropriate CIN match in the clearance?' with 'Yes' and 'No' radio buttons. At the very bottom are 'Next' and 'Previous' buttons.

- The **Case Number Re-Use** window, shown on the following page, opens.

Note: Case numbers can be reused in limited instances. See [PB #13-16-SYS](#) for instructions on when to reuse a case number.

- On the **Case Number Re-Use** window:
 - Select the case number to re-use if the applicant is known to an inactive case number, and he/she was the payee or case head of the inactive case.
 - Select the check box “**Disregard all matches, use a new case number**” if the case number cannot be reused because the applicant was not the case head or payee of the inactive case.
 - Click **Next**.

Attachment C

The cases below represent previous case number for the entered applicant. The "Suggested Previous Relevant Case" is the best possible option found by POS. To view details on each case, Click on the View button next to the case. In order to re-use a particular case number click on the "Select" check box next to the desired case. If you chose to disregard all or the matches, you must click on the "Disregard all matches" check box

Applicant Information as Entered

Name	SSN	DOB
[REDACTED]	[REDACTED]	[REDACTED]

Suggested Previous Relevant Case

View Detailed Clearances	Case #	Case Name	SSN	DOB	Ctr	Case PA/MA/FS	Individual PA/MA/FS	Select

Other Possible Matches

View Detailed Clearances	Case #	Case Name	SSN	DOB	Ctr	Case PA/MA/FS	Individual PA/MA/FS	Select

Disregard all Matches, use a New Case Number

Next Previous

- The **Statewide Clearance Match** window opens.
- On the **Statewide Clearance Match** window:
 - If a match is displayed, follow the instructions outlined in [PD #12-28-ELI](#) and then click **Next**.
 - If a match is not displayed, click **Next**.

Instructions

Below you will find data from other districts in NY'S based on a social security number and demographics. Make sure the SSN entered is the applicant/participant's correct SSN. If the status of the case is active, it means that benefits are being received. If the status of the case is closed, the "Denial or Closing Date" represents the date of closing. The "Active Date" represents the last date benefits were/will be received. For more information, please review the procedure for "Processing the Statewide Clearance Match in POS". Select all checkboxes that match the client's demographic record.

Applicant/Participant Information in POS

Name	SSN	DoB	Sex	CIN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

View Procedure

[Policy Directive for District of Fiscal Responsibility](#)

Match Information from NY'S WMS

Match	District:	Name:
<input type="checkbox"/>	[REDACTED]	[REDACTED]
	Case Type:	Sex:
	Case Status:	DoB:
	Indv Disp Status:	SSN:
	Closing or Denial Date:	Application Status Date:
	Active Date:	Match Score:

Next Previous

Attachment C

- The **Disaster SNAP** window opens.
- On the **Disaster SNAP** window, review the Application Supplement for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) (**FIA-1090a**) and enter the following:
 - Net income and employer name/address/phone in the **Earned and Unearned Income** section.
 - Accessible cash from cash on hand, checking and savings accounts in the **Resources** section.
 - Disaster related expenses in the appropriate box in the **Expenses** section.
 - Click **Next**.

Note: POS will determine the appropriate income guidelines to apply based on the amount of unreimbursed disaster related expenses entered.

The screenshot shows the 'FS POS 9.1.1 - [Disaster SNAP]' application window. The window title bar indicates the time is 2:15:21 PM on Tuesday, September 15, 2015. The application has a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main content area is divided into three sections: 'Earned and Unearned Income', 'Resources', and 'Expenses'. Each section has a text input field for the total amount. Callout boxes point to these fields with instructions: 'Enter the total amount of income for the household.' for the Earned and Unearned Income section, 'Enter the total amount of resources for the household.' for the Resources section, and 'Enter the total amount of disaster related expenses in the appropriate box.' for the Expenses section. The Expenses section lists various categories like Food Destroyed, Dependent Care, Funeral/Medical, Moving and Storage, Temporary Shelter, Cost to Protect Property, and Cost to Repair or replace Items. At the bottom are 'Next' and 'Previous' buttons.

- The **Disaster SNAP Household** window, shown on the following page, opens. This window helps to determine who should be removed from the D-SNAP PD household. POS will populate the **Has IPV/SN, AC on CA/SNAP Case**, and the **Lexis/Nexis** fields as appropriate.

Attachment C

- On the **Disaster SNAP Household** window:
 - Check the **Citizen**, **Noncitizen – SNAP**, and **Noncitizen – DSNAP** boxes as they apply to each member of the household.

Note: Ineligible immigrants, persons with sanctions and students can apply for D-SNAP PD even if they were members of a household that was in receipt of SNAP during the benefit period of October 27, 2012 through November 25, 2012 as long as they did not apply for D-SNAP during the December 2012 filing period due to a disability.

- Once the appropriate check boxes have been checked for all household members, click **Run Clearance** in the **Disaster SNAP Household Size** section.
- Click **Run Rules** in the **Eligibility** section. Based on the information entered on the previous screen, POS will determine if the household is financially eligible for a D-SNAP PD benefit.

FS POS 9.1.1 - [Disaster SNAP Household] 2:16:20 PM Tuesday, September 15, 2015

File Edit Tools Window Help

INSTRUCTIONS: Please indicate whether the individual is a U.S. citizen/national or is a SNAP eligible non-citizen (such as a Lawful Permanent Resident with 5 years in status or Refugee).
If the individual is a SNAP ineligible non-citizen or has a current sanction or IPV, then they may be eligible for Disaster SNAP only. If any household members are currently active for SNAP benefits on a CA case or NCA case please indicate below.
After you have made selections for each household member, click the 'Run Clearance' button to determine the potentially eligible household members.
After the household size is determined please 'Run Rules' to verify potential eligibility.

Disaster SNAP Household Size

Name	Citizen	Has IPV/SN	Noncitizen - SNAP	Noncitizen - D-SNAP	AC On CA/SNAP Case	Lexis/Nexis
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Run Clearance

Are you or anyone in your household employed by NYS, NYC HRA or a local social service district? (Any State or local employee working for Dept. of Social Services in any capacity) Yes No

Total number of individuals who may be able to receive Disaster SNAP benefits. This does not include any individuals already in receipt of SNAP benefits.

Eligibility

Run Rules

Based on the information provided, the Disaster SNAP case is financially:

Next Previous

Select the appropriate check boxes and then click **Run Clearances**.

Click **Run Rules**.

Attachment C

- If the **Lexis/Nexis** box result states:
 - **Fail** for any household member, a referral to IREA is required. The Worker must click **Next** (see instructions on page 5).The **Disaster SNAP Interview** activity will be suspended and transferred to the appropriate IREA **Disaster SNAP Review** queue.
 - **Pass** for all household members, a referral to IREA is not required. The Worker must suspend the activity at this point.

If **Lexis/Nexis** states **Pass**, click the yellow folder icon and select **Suspend Activity**.

Review the **Lexis/Nexis** results.

If **Lexis/Nexis** states **Fail**, click **Next**.

Note: For cases that **Pass** the Lexis/Nexis clearance, the Worker clicks on the yellow folder icon to suspend the activity. The **Close** window opens and the Worker must click **Suspend Activity** to return to the **Activities Management** window.

Refer to the instructions on pages 10 – 11 of the policy directive to complete the interview process.

POS Instructions for the Disaster SNAP Interview Activity at the SPC

All Superstorm Sandy Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) cases will be processed at the Special Project Center (SPC).

The FIA SPC Supervisor is responsible for:

- Assigning D-SNAP PD cases to the FIA SPC Workers.
- Reviewing all D-SNAP PD cases processed by FIA SPC Workers that are denied or require error corrections.
- Transmitting denied cases to WMS.

The FIA SPC Worker is responsible for:

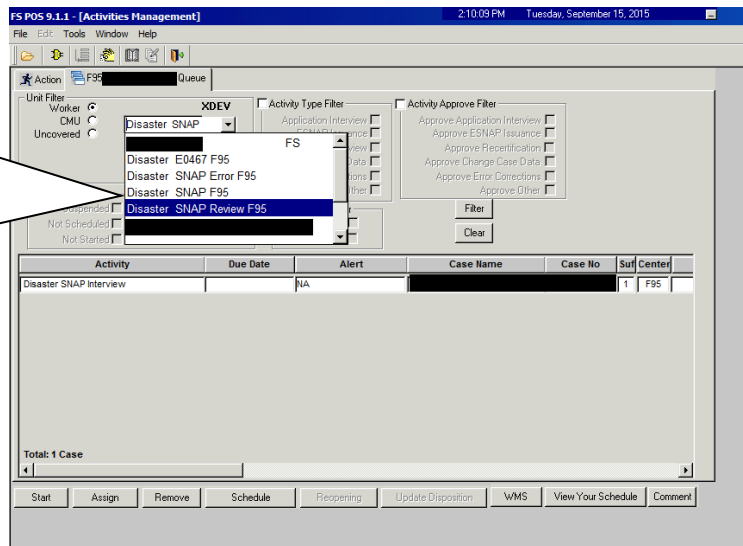
- Determining eligibility by completing the required screens in the the Paperless Office System (POS) **Disaster SNAP Interview** activity using the information the applicant provided and the results of the clearances received.
- Transmitting approved cases to WMS for the issuance of benefits.

Assigning D-SNAP PD Cases

Upon receipt of the D-SNAP PD case folders, the FIA SPC Supervisor must assign the cases to FIA SPC Workers as follows:

- Access POS.
- Assign cases from the **Disaster SNAP Review** queues in the **Activities Management** window to available Workers. Once assigned, the case will appear in the selected Worker's queue.

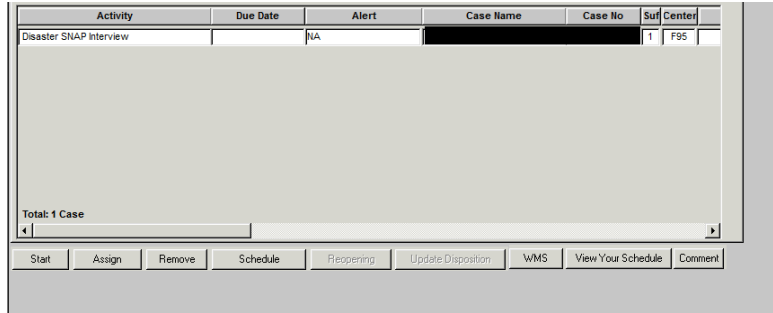
Select a **Disaster SNAP** queue to retrieve the **Disaster SNAP Interview** activities that require an eligibility determination.



Determining Eligibility using the Disaster SNAP Interview Activity

D-SNAP PD cases that are assigned to the FIA SPC Worker appear in his/her POS queue. The FIA SPC Worker must:

- Select a **Disaster SNAP Interview** activity from the queue and click **Start**.



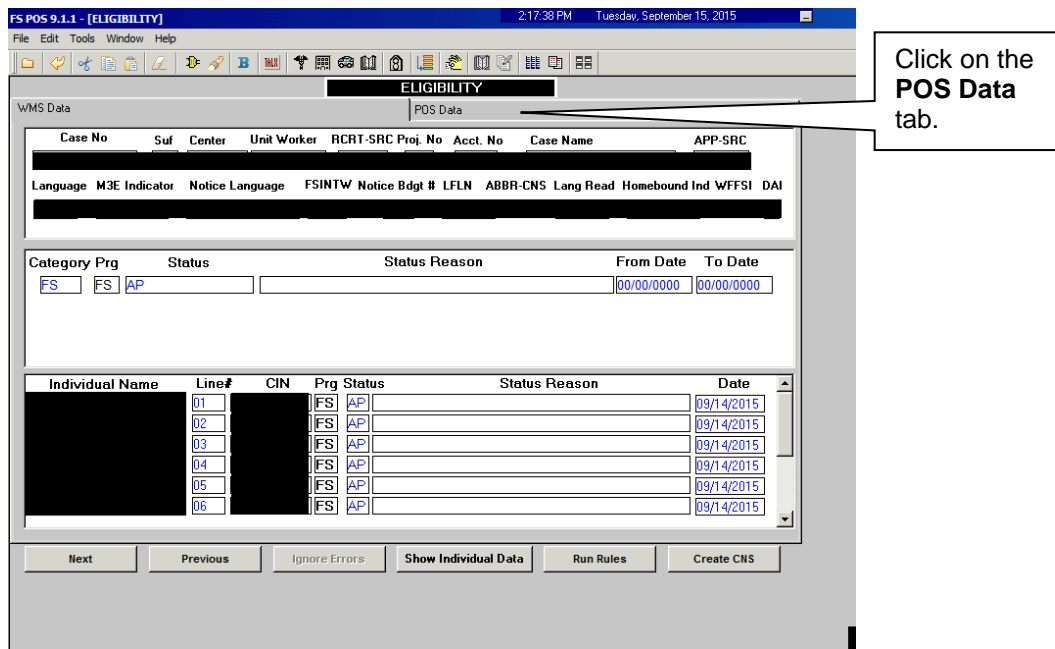
- Review the following windows to ensure that all relevant questions have been responded to and then click **Next**:

- **Household Screen;**
- **Address Information;**
- **Additional Suffix Level Data;**
- **Home Visit and IREA Determination;**
- **CIN Re-use;**
- **Case Number Re-Use;**
- **Statewide Clearance Match;**
- **Disaster SNAP;**
- **Disaster SNAP Household;**

Note: If corrections are required, use the **Application Modification** activity to make the necessary corrections.

- The **Eligibility** window, shown on the following page, opens on the **WMS Data** tab. Entry is not allowed on this tab.
- On the **Eligibility** window, click the **POS Data** tab to move to the **POS Data** tab.

Attachment D



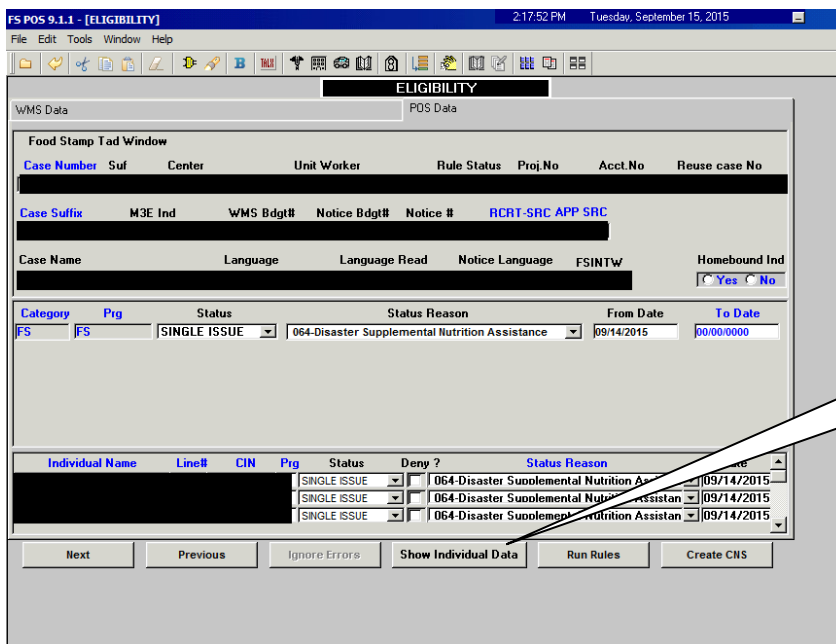
- On the **POS Data** tab, shown on the following page, POS prefills the **Status** and **Status Reason** code fields.
 - If the household is not eligible for a D-SNAP PD benefit:
 - Alert the Supervisor to review the case. If the Supervisor agrees then the case can be rejected.
 - Select **Reject** from the **Status** drop down menu.
 - Select **Y99** (Other) from the **Status Reason** drop down menu.
 - Click **Run Rules** and then click **OK** to go to the **Notice Data-Entry** window to complete the **LDSS-4989**.

Note: If there are any errors, fix the errors and click **Run Rules**. When no errors are returned, click **Next**.
 - If the household is eligible for a D-SNAP PD benefit:
 - At the case level:
 - Select **Single Issue** from the **Status** drop down menu.
 - Select **064** (Disaster Supplemental Nutrition Assistance) from the **Status Reason** drop down menu.
 - At the individual level:
 - For each **eligible** household member, select **Single Issue** from the **Status** drop down menu and **064** from the **Status Reason** drop down menu.

Attachment D

- For each **ineligible** household member, select **Reject** from the **Status** drop down menu and **Y99** from the **Status Reason** drop down menu.

- The **From Date** field will be populated by POS, no entry is required.
- Click the **Show Individual Data** button.



- The **Show Individual Data** tab, shown on the following page, opens within the **Eligibility** window.
- On the **Show Individual Data** tab, enter the following information for any applicant that is a noncitizen:
 - **A000000000** in the **Alien No** field.
 - **99/99/9999** in the **Date of Status (DOS)** and **Date of Entry (DEC)** fields.
 - **S** (Lawfully Admitted For Permanent Residence (LPR) with 40 Qualifying Quarters) in the **Alien Type** field.
 - Click **Run Rules** and then click **Next**.

Note: If there are any errors, fix the errors and click **Run Rules**. When no errors are returned, click **Next**.

Attachment D

The Alien Type must be **S** (Lawfully Admitted for Permanent Residence (LPR) with 40 Qualifying Quarters).

The Alien No must be **A000000000**.

The DOS and DEC must be **99/99/9999**.

After the required entries have been made, click **Run Rules**.

Note: Information about immigrant status is not required for D-SNAP PD eligibility but it is required to process the case in WMS.

- The **FS Single Issuance Benefit** window opens.
- POS populates the following fields on the **FS Single Issuance Benefit** window:
 - **Issuance Code:** Code 19 – Disaster Related Issuance.
 - **Amount:** Dollar amount of the grant.
 - **From and To:** 11/01/2012 and 11/30/2012.

Note: Using **Attachment A**, check the amount of the grant for accuracy based on the household size.

- Click **Next**.

Issuance Code	Amount	From	To	Back-Up Grant	Check/CD#	Routing Location	Replaces Authorization Benefit	Payee Number
Code 19 - Disaster Related Issuance		11/01/2012	11/30/2012					
Total Amount								

Attachment D

- The **Notice Data-Entry** window opens.
- On the **Notice Data-Entry** window, select **Yes** to create the Action Taken on Your Disaster SNAP Case (**Form LDSS-4989**)

The screenshot shows a software window titled "FS POS 9.1.1 - [Notice Data-Entry]" with a menu bar (File, Edit, Tools, Window, Help) and a status bar (2:23:45 PM, Tuesday, September 15, 2015). The main area is a table with two columns: "Yes" and "No". The table lists several forms, each with a "Yes" and "No" button. The last row, "Action Taken on Your Disaster SNAP Case (Form LDSS-4989)", is highlighted in blue.

	Yes	No
Notification to Utility Company (Form M858V)	<input type="radio"/>	<input type="radio"/>
Referral/Information Letter (Form W-34A)	<input type="radio"/>	<input type="radio"/>
Request for Identification Card/Temporary Medicaid Authorization (Form W607A)	<input type="radio"/>	<input type="radio"/>
Notice of Documentation Required - Change in Household Circumstances (Form W-1325)	<input type="radio"/>	<input type="radio"/>
SNAP Recertification Notice for Center F61 (Form W-140VV)	<input type="radio"/>	<input type="radio"/>
Fair Hearing Compliance Statement (Form W186C)	<input type="radio"/>	<input type="radio"/>
Fair Hearing Compliance Request (Form W186D)	<input type="radio"/>	<input type="radio"/>
Notification of Rent Payment Responsibility (Form W897P)	<input type="radio"/>	<input type="radio"/>
Action Taken on Your Disaster SNAP Case (Form LDSS-4989)	<input checked="" type="radio"/>	<input type="radio"/>

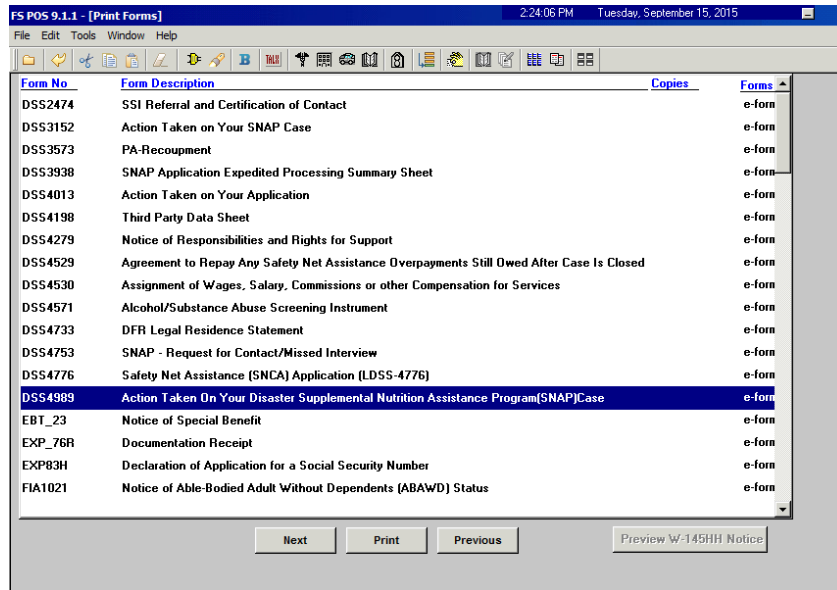
- The **Response to Question** window for **Form LDSS-4989** opens.
- On the **Response to Question** window:
 - If the D-SNAP PD application is found eligible, select **Approved** and then click **OK**.
 - If the D-SNAP PD application is found ineligible, select **Denied because:** and the reason for the denial, and then click **OK**.

Note: If **Other** is selected and there is not a corresponding option for the denial reason in the drop down menu, request help from your Supervisor.

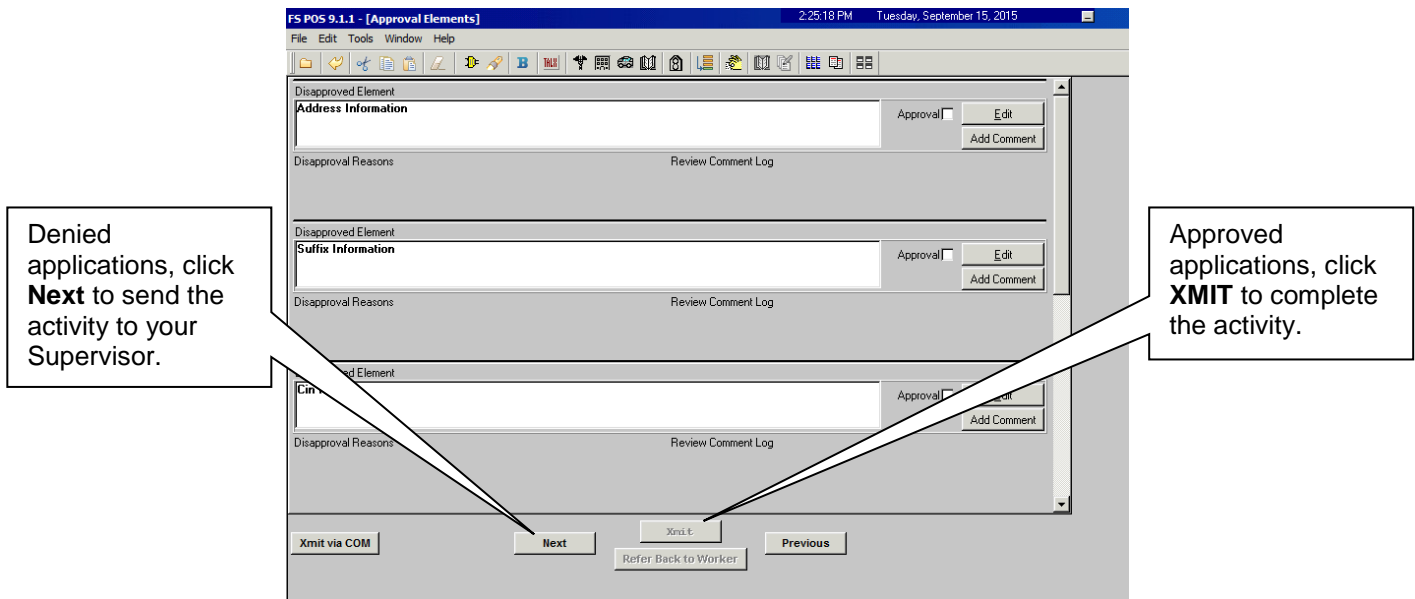
The screenshot shows a window titled "Action Taken on Your Disaster SNAP Case (Form LDSS-4989)" with a sub-window titled "Response to Question". The main area is titled "Form LDSS -4989: Action Taken on your Disaster SNAP Case". It has two radio buttons: "Approved" (selected) and "Denied because:". Below "Denied because:" is a dropdown menu and a text input field. At the bottom are "OK" and "Cancel" buttons.

- The **Print Forms** window, shown on the following page, opens.
- On the **Print Forms** window, highlight the **LDSS-4989** and click **Print**.
- Click **Next**.

Attachment D



- The **Approval Elements** window opens.
- On the **Approval Elements** window:
 - If the application was approved, click **Xmit** to complete the activity. **Xmit** is only enabled if the activity was approved.
 - If the application was denied, click **Next**, select a Supervisor to send the activity to and click **OK**. Supervisors must review all denials and approve the denial.



Receipt for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) Application

Please complete the following:

Name: _____

Address: _____

Last 4 digits of Social Security Number: _____

Date of Birth: _____

SAMPLE

This form serves as verification that you have submitted a completed and signed application for the Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) to the Human Resources Administration (HRA). HRA will review your application. Additional checks may be done on the income and resource information you provided on your application, and on prior or duplicate participation in the Supplemental Nutrition Assistance Program. After we have completed these checks, you will receive a decision in the mail.

This receipt is only valid if it is signed by an HRA employee.

If you have any questions about D-SNAP PD, you can contact the HRA Infoline at **(929) 221-0047**.

Print Name of HRA Employee

Signature of HRA Employee

Date

Recibo de la Solicitud del Programa de Asistencia de Nutrición Suplementaria de Desastre para Personas Discapacitadas (D-SNAP PD)

Favor de llenar la siguiente información:

Nombre: _____

Dirección: _____

Últimas 4 cifras
del Número de Seguro Social: _____

Fecha de Nacimiento: _____

SAMPLE

El presente formulario sirve de comprobante que usted ha presentado a la Administración de Recursos Humanos (HRA) una solicitud llenada y firmada para el Programa de Asistencia de Nutrición Suplementaria de Desastre para Personas Discapacitadas (D-SNAP PD). La HRA revisará su solicitud. Se pueden efectuar controles adicionales a la información que usted proporcionó en su solicitud sobre ingreso y recursos, y a la participación previa o duplicada en el Programa de Asistencia de Nutrición Suplementaria. Una vez realizados estos controles, usted recibirá una decisión por correo.

Este recibo es válido sólo si lo ha firmado un empleado de la HRA.

Si usted tiene alguna pregunta sobre D-SNAP PD, puede llamar a la Línea Informativa (Infoline) de la HRA al **(929) 221-0047**.

Print Name of HRA Employee

Signature of HRA Employee

Date

ATTESTATION OF DISABILITY

I, _____, did not apply for a Disaster Supplemental Nutrition Assistance Program (DSNAP) benefit in New York City in December 2012 because of a disability.

On October 27, 2012, I lived at:

Address: _____

City: _____ State: _____ Zip: _____

The address listed above is located within one of the following ZIP codes: 10002, 10306, 11224, 11235, 11231, 11691, 11692, 11693, 11694, 11697, 11229 (South of Allen Avenue in Coney Island), or 10305 (South of Seaview Avenue on Staten Island).

I state under penalty of perjury that the above is true and correct.

Print Name: _____
First Name M.I. Last Name

Signature: _____ Date: _____

CONSTANCIA DE DISCAPACIDAD

Yo, _____, no solicité un beneficio del Programa de Asistencia de Nutrición Suplementaria de Desastre (D-SNAP) en la Ciudad de Nueva York en diciembre del 2012 debido a una discapacidad.

El 27 de octubre del 2012, yo residía en:

Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

(The word "SAMPLE" is written in large blue outline letters across the form fields.)

La dirección indicada más arriba está ubicada en uno de los siguientes códigos postales: 10002, 10306, 11224, 11235, 11231, 11691, 11692, 11693, 11694, 11697, 11229 (al sur de Allen Avenue en Coney Island), o 10305 (al sur de Seaview Avenue en Staten Island).

Declaro bajo pena de perjurio que lo antemencionado es exacto y verdadero.

En letra de molde: _____
Nombre I. Apellido

Firma: _____ Fecha: _____

Questions and Answers about Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD)

What is D-SNAP?

D-SNAP (Disaster Supplemental Nutrition Assistance Program) provides temporary food assistance to households affected by a natural disaster. Individuals and families can receive a one-time payment if they lived in the identified disaster area, and if they meet certain other requirements.

What is D-SNAP PD?

D-SNAP PD is a re-run of the Superstorm Sandy D-SNAP to settle a lawsuit that was filed by some residents of the areas hit hardest by Superstorm Sandy. They claimed that they were unable to access the D-SNAP program due to a disability. The name of that lawsuit was Toney-Dick, et al. v. Robert Doar, et al., 12 Civ. 9162 (S.D.N.Y.).

Who is eligible to apply?

- People that lived in one of the ten zip codes or two partial zip codes, listed below, on October 27, 2012:
 - **Coney Island, Brooklyn:** Zip Codes 11224 and 11235
 - **Red Hook, Brooklyn:** Zip Code 11231
 - **Gerritsen Beach South of Allen Avenue, Brooklyn:** Partial area of Zip Code 11229
 - **Lower East Side, Manhattan:** Zip Code 10002
 - **Southeast Shore, Staten Island:** Zip Code 10306
 - **North Midland Beach South of Seaview Avenue, Staten Island:** Partial area of Zip Code 10305
 - **The Rockaways, Queens:** Zip Codes 11691, 11692, 11693, 11694, and 11697; **AND**
- People that did not apply for D-SNAP in December 2012 due to a disability; **AND**
- People that had a home or self-employment business damaged, and storm-related loss of income; or incurred and paid for disaster-related expenses, from October 27, 2012 to November 25, 2012.

Who is not eligible to apply?

- People that **received** recurring SNAP benefits as of October 27, 2012.
- People that **applied** for D-SNAP in December 2012.
- People that did not apply for D-SNAP in December 2012 for a reason other than a disability.

Where can I apply?

- Coney Island Job Center, 3050 West 21st Street, Brooklyn, NY 11224
- Richmond Job Center, 201 Bay Street, Staten Island, NY 10301
- Rockaway Job Center, 219 Beach 59th Street, Far Rockaway, NY 11692
- Union Square Job Center, 109 E 16th Street, New York, NY 10003
- Clinton Hill Job Center, 495 Clermont Avenue, Brooklyn, NY 11238

When can I apply?

D-SNAP PD applications will be accepted at the locations listed above from 8:30 am to 6:00 pm on October 3-4, 10-11, 17-18, and 24-25, 2015.

How can I schedule a home visit if I can't come to an HRA location?

If you are unable to come to an HRA location to apply for D-SNAP PD, please call Infoline at **(929) 221-0047** to schedule a home visit. You can call Infoline October 3 - 25, 2015, from 9:00 am to 5:00 pm. Infoline will be open seven days a week, except on holidays. October 25, 2015 is the last day to call to schedule a home visit.

What if I don't want to give certain information on the application?

When applying for D-SNAP PD, applicants must be honest about their personal information. They must report their income and resources accurately. Making false statements on an application for government benefits like D-SNAP PD is welfare fraud – a felony.

What is the process to apply for D-SNAP PD?

After you pass through triage where we will determine if you are eligible to apply for D-SNAP PD, you will be directed to another area. There, you will fill out your (1) D-SNAP PD application, (2) the Attestation of Disability, and (3) the Application Supplement for Disaster Supplemental Nutrition Assistance Program (D-SNAP). You should also bring documents that prove your identity, place of residence on October 27, 2012, income, resources, disaster related expenses and household size. We will make copies of these documents and return them to you. After you complete your application, please give it to the HRA worker in the area where you are sitting. This worker will review your application to check that it is complete and legible. They will ask you some questions to clarify any answer that is unclear. You will be given a receipt confirming that we have received your application. If any questions about your application come up, another HRA worker will interview you to determine your eligibility.

When will I hear if I am eligible for D-SNAP PD?

You should receive a notice in the mail telling you if you were approved or denied for D-SNAP PD benefits within three to seven days.

If I am approved what will happen?

If you are approved you will receive an approval notice in the mail. Also within three to seven days, you will receive your Electronic Benefit Card in a separate mailing. This second mailing will include instructions on how to use your Electronic Benefit Card. In a third mailing you will receive your PIN.

What are the instructions for filling out the application?

Information for completing the Application for Disaster Supplemental Nutrition Assistance (D-SNAP) (Form **LDSS-4988** [Rev. 6/14]):

- **Part A – HOUSEHOLD SITUATION:** Check YES or NO for each question. If a question asks for additional information, write the information in the space provided.
- **Part B – HOUSEHOLD MEMBERS AND INCOME DURING THE DISASTER PERIOD:** List only the individuals that were part of your household on October 27, 2012. Do not list any individuals with whom you were temporarily staying due to the disaster. List the income source/type, name of your employer, how often you received the income and the total net income received during the period October 27, 2012 through November 25, 2012. This includes income such as Social Security benefits and net wages received after automatic payroll deductions such as taxes, insurance premiums, union dues, and 401k contributions. Provide the employer address and phone number if you have the information.
- **Part C – RESOURCES (as of the beginning of the disaster period):** List all cash, including checking and savings accounts your household had access to during the period October 27, 2012 through November 25.
- **Part D – DISASTER EXPENSES (During the disaster period):** List your household's un-reimbursed disaster related expenses that were incurred during the period October 27, 2012 through November 25, 2012. List any expenses for food purchased at restaurants from October 27, 2012 through November 25, 2012 in the line labeled "other disaster related expenses".
- **Part F – CERTIFICATION AND SIGNATURE:** Sign and date the application
- **Part G – ELIGIBILITY COMPUTATION (To be completed by SNAP workers):** Do not enter any information in Part G of the application.

What if I want to apply for ongoing Supplemental Nutrition Assistance Program (SNAP) benefits?

We will give you information at the exit that will tell you how to apply for ongoing SNAP benefits.

Preguntas y Respuestas sobre El Programa de Asistencia de Nutrición Suplementaria de Desastre Para las Personas Discapacitadas (D-SNAP PD)

¿Qué es D-SNAP?

El D-SNAP (Programa de Asistencia de Nutrición Suplementaria de Desastre) brinda asistencia temporaria de alimentos a los hogares afectados por un desastre natural. Las personas y familias pueden recibir un pago único si vivieron en la zona identificada del desastre, y si reúnen ciertos requisitos de elegibilidad.

¿Qué es D-SNAP PD?

El D-SNAP PD es un restablecimiento del D-SNAP de la Tormenta Sandy para resolver la demanda interpuesta por algunos residentes de las zonas más azotadas por la Tormenta Sandy. Ellos reclamaban no poder acceder al programa D-SNAP debido a discapacidad. Esa demanda se denominaba Toney-Dick, et al. v. Robert Doar, et al., 12 Civ. 9162 (S.D.N.Y.).

¿Quién puede presentar solicitud?

- Las personas quienes vivían en uno de los diez códigos postales o dos códigos postales parciales listados más abajo, el 27 de octubre de 2012:
 - **Coney Island, Brooklyn:** códigos postales 11224 y 11235
 - **Red Hook, Brooklyn:** código postal 11231
 - **Gerritsen Beach al sur de Allen Avenue, Brooklyn:** zona parcial del código postal 11229
 - **Lower East Side, Manhattan:** código postal 10002
 - **Southeast Shore, Staten Island:** código postal 10306
 - **North Midland Beach al sur de Seaview Avenue, Staten Island:** zona parcial del código postal 10305
 - **The Rockaways, Queens:** códigos postales 11691, 11692, 11693, 11694, y 11697; **Y**
- Las personas quienes no presentaron solicitud de D-SNAP en diciembre del 2012 debido a discapacidad; **Y**
- Las personas quienes sufrieron daños a su residencia o local de negocio propio, y quienes también sufrieron pérdida de ingreso a causa de la tormenta, o quienes incurrieron y costearon gastos relacionados con el desastre, del 27 de octubre de 2012 al 25 de noviembre de 2012.

¿Quién no es elegible para presentar solicitud?

- Las personas quienes **recibieron** beneficios recurrentes de SNAP a partir del 27 de octubre de 2012.
- Las personas quienes **presentaron solicitud** de D-SNAP en diciembre de 2012.
- Las personas quienes no presentaron solicitud de D-SNAP en diciembre de 2012 por un motivo aparte de la discapacidad.

¿En dónde puedo presentar solicitud?

- Coney Island Job Center, 3050 West 21st Street, Brooklyn, NY 11224
- Richmond Job Center, 201 Bay Street, Staten Island, NY 10301
- Rockaway Job Center, 219 Beach 59th Street, Far Rockaway, NY 11692
- Union Square Job Center, 109 E 16th Street, New York, NY 10003
- Clinton Hill Job Center, 495 Clermont Avenue, Brooklyn, NY 11238

¿Cuándo puedo presentar solicitud?

Se aceptarán las solicitudes de D-SNAP PD en los locales listados más arriba de 8:30 am a 6:00 pm en los siguientes días del mes de octubre, 2015: 3-4, 10-11, 17-18, y 24-25.

¿Cómo puedo programar una visita a mi hogar si no puedo trasladarme a un local de la HRA?

Si usted no puede trasladarse a un local de la HRA para presentar su solicitud de D-SNAP PD, favor de llamar a la Línea Informativa (Infoline) al **929-221-0047** para programar una visita a su hogar. Usted puede llamar a la Línea Informativa entre 3-25 de octubre, 2015, de 9:00 am a 5:00 pm. La línea Informativa estará disponible los siete días de la semana, excepto los días feriados. El 25 de octubre, 2015, es el último día en que se puede llamar para programar una visita al hogar.

¿Qué tal si no deseo proporcionar cierta información en la solicitud?

Al presentar solicitud de D-SNAP PD, los solicitantes deben ser francos respecto a sus datos personales. Ellos deben reportar su ingreso y recursos con exactitud. Hacer declaraciones falsas en la solicitud de beneficios públicos como D-SNAP PD constituye fraude del bienestar público – un delito mayor.

¿Cuál es el trámite para presentar solicitud de D-SNAP PD?

Tras usted pasar el triaje por el cual nosotros determinaremos si usted es elegible para D-SNAP PD, se le dirigirá a otra parte. Ahí usted podrá llenar (1) su solicitud de D-SNAP PD, (2) la Constancia de Discapacidad, y (3) el Documento de Información del Programa de Asistencia de Nutrición Suplementaria de Desastre (D-SNAP). Usted también debe traer documentos que prueben su identidad, lugar de residencia el 27 de octubre de 2012, ingreso, recursos, gastos relacionados con el desastre y composición de su hogar. Nosotros haremos copias de estos documentos y luego se los devolveremos. Tras usted llenar su solicitud, favor de entregársela al trabajador de la HRA responsable del lugar en que usted esté sentado. Este trabajador revisará su solicitud para asegurarse de que esté completa y que sea legible. El trabajador le hará preguntas para poner en claro cualquier respuesta que no esté clara. Usted recibirá un recibo para confirmar que nosotros hemos recibido su solicitud. Si se presenta cualquier pregunta sobre su solicitud, otro trabajador de la HRA le entrevistará para determinar su elegibilidad.

¿Cuándo averiguaré si soy elegible para D-SNAP PD?

Usted debiera recibir un aviso por correo dentro de tres a siete días que indique si se le ha aprobado o denegado los beneficios de D-SNAP PD.

¿Qué sucederá si se me aprueba?

Si a usted se le aprueba, recibirá por correo un aviso de aprobación. Además, dentro de tres a siete días, usted recibirá por correo y por separado su Tarjeta de Beneficios Electrónicos. Este segundo envío postal incluirá instrucciones de cómo utilizar su Tarjeta de Beneficios Electrónicos. En un tercer envío postal, usted recibirá su PIN.

¿Cómo se debe llenar la solicitud?

Información para llenar la Solicitud del Programa de Asistencia de Nutrición Suplementaria en Caso de Emergencia Debida a un Desastre (D-SNAP) (formulario **LDSS-4988 [SP]** [Rev. 6/14]):

- **Parte A – SITUACIÓN FAMILIAR:** Marque *Sí* o *NO* para cada pregunta. Si en la pregunta se solicita información adicional, escribala en el espacio correspondiente.
- **Parte B – MIEMBROS DEL GRUPO FAMILIAR Y LOS INGRESOS DURANTE EL PERÍODO DE TIEMPO DEL DESASTRE:** Liste solo a las personas quienes eran parte de su hogar el día 27 de octubre del 2012. No liste a ninguna persona con quien usted estaba viviendo temporalmente a causa del desastre. Liste la/el fuente/tipo de ingreso, el nombre de su empleador, la frecuencia del ingreso y el total del ingreso neto durante el período desde el 27 de octubre de 2012 hasta el 25 de noviembre de 2012. Esto incluye ingreso, tal como sus beneficios de seguro social y salario neto percibido tras las deducciones automáticas de paga, tales como impuestos, primas de seguro, cuotas sindicales, y contribuciones de 401k. Proporcione la dirección y teléfono del empleador si dispone de esa información.
- **Parte C – RECURSOS (desde el principio del período de tiempo del desastre):** Liste todo dinero en efectivo, incluidas la cuenta corriente y la cuenta de ahorros; al que tenía acceso su hogar desde el 27 de octubre de 2012 hasta el 25 de noviembre de 2012.
- **Parte D – DESASTRE GASTO (durante el período de tiempo del desastre):** Liste los gastos de su hogar no reembolsados relacionados con el desastre incurridos durante el período desde el 27 de octubre de 2012 hasta el 25 de noviembre de 2012. Liste todo gasto para alimentos adquiridos en restaurantes desde el 27 de octubre de 2012, hasta el 25 de noviembre de 2012, en la línea “otros gastos relacionados con la devastación”.
- **Parte F – ATESTACIÓN Y FIRMA:** Firme y feche la solicitud.
- **Parte G – CÁLCULOS PARA DETERMINAR LA HABILITACIÓN (esta sección deberá ser rellena por los trabajadores de casos del programa SNAP):** No ingrese información alguna en la Parte G de la solicitud.

¿Qué tal si deseo presentar solicitud de beneficios continuos del Programa de Asistencia de Nutrición Suplementaria (SNAP)? Nosotros le brindaremos información a la salida que le ayudará a solicitar beneficios continuos de SNAP.

Date: _____

Name: _____

Missed Homebound Interview for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD)

We tried to visit you on _____ but were unable to enter your building or reach you by telephone. It is urgent that you contact the Human Resources Administration (HRA) Infoline in reference to your request for a Home Visit Needed/Homebound (HVN/HB) interview for Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD).

As soon as you get this letter, please call the HRA Infoline at **(929) 221-0047**, between the hours of 9:00 AM and 5:00 PM.

Please call us no later than October 25, 2015 to reschedule your homebound interview for D-SNAP PD.

Thank you for your cooperation.

SAMPLE

Fecha: _____

Nombre: _____

**Entrevista Faltada de Confinamiento al Hogar
para el Programa de Asistencia de Nutrición Suplementaria
para los Discapacitados (D-SNAP PD)**

Nosotros tratamos de visitarle el _____ pero no pudimos entrar en su edificio ni comunicarnos con usted por teléfono. Es urgente que usted se comunique con la Línea Informativa (Infoline) de la Administración de Recursos Humanos (HRA) respecto a su petición de una entrevista de Necesidad de Visita/Confinamiento al Hogar (HVN/HB) para el Programa de Asistencia de Nutrición Suplementaria para Desastre para los Discapacitados (D-SNAP PD).

Tan pronto usted reciba esta carta, favor de llamar a la Línea Informativa (Infoline) al **(929) 221-0047**, entre las horas de 9:00 AM y 5:00 PM.

Favor de llamarnos a más tarde del 25 de octubre del 2015 para reprogramar su entrevista de confinamiento al hogar para D-SNAP PD.

Se le agradece su cooperación.

APPLICATION SUPPLEMENT FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR PERSONS WITH DISABILITIES (D-SNAP PD)

Applicant's Name: _____ **Date:** _____

We require this information only to facilitate the processing of your case. Immigration status does not affect Disaster Supplemental Nutrition Assistance Program for Persons with Disabilities (D-SNAP PD) eligibility.

EMPLOYMENT INFORMATION						
If you included employment information in Part B - Household Members and Income During the Disaster Period of the Application for Disaster Supplemental Nutrition Assistance Program (SNAP) (LDSS-4988), we need the following information for each household member listed with income between October 27, 2012 and November 25, 2012:						
	First Name	MI	Last Name	Employer	Monthly hours worked:	Day of the week paid:
1						
2						
3						
4						
5						
6						
7						
8						

CITIZENSHIP INFORMATION
Are you a US Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No

LANGUAGE INFORMATION
What is your preferred spoken language? Please select only ONE .
<input type="checkbox"/> Arabic <input type="checkbox"/> Haitian - Creole <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____
Do you require free interpreter services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written notices can be sent in the languages listed below. Please select only ONE . If your preferred language is not listed, please check (<input checked="" type="checkbox"/>) English.
<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian - Creole <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean

SUPLEMENTO DE LA SOLICITUD DEL PROGRAMA DE ASISTENCIA DE NUTRICIÓN SUPLEMENTARIA DE DESASTRE PARA LOS DISCAPACITADOS (D-SNAP PD)

Nombre: _____ **Fecha:** _____

Nosotros necesitamos esta información sólo para facilitar la tramitación de su caso. El estado de inmigración no afecta la elegibilidad.

INFORMACIÓN SOBRE EMPLEO						
Si usted incluyó información sobre empleo en la Parte B - Miembros del Grupo Familiar y los Ingresos Durante el Período de Tiempo del Desastre de la Solicitud del Programa de Asistencia de Nutrición Suplementaria (SNAP) en Caso de Emergencia Debido a un Desastre (LDSS-4988 [SP]), nosotros necesitamos la siguiente información para cada miembro del hogar listado con ingreso entre octubre 27, 2012 y noviembre 25, 2012:						
	Nombre		Apellido	Empleador	Horas Mensuales Trabajadas:	Día de la semana de paga:
1						
2						
3						
4						
5						
6						
7						
8						

INFORMACIÓN DE CIUDADANÍA
¿Es usted Ciudadano de EEUU ? <input type="checkbox"/> Sí <input type="checkbox"/> No

INFORMACIÓN DE IDIOMA
¿Cuál es su idioma oral preferido? Favor de seleccionar sólo UNO . <input type="checkbox"/> arábigo <input type="checkbox"/> haitiano - creol <input type="checkbox"/> coreano <input type="checkbox"/> español <input type="checkbox"/> chino <input type="checkbox"/> inglés <input type="checkbox"/> ruso <input type="checkbox"/> Otro idioma: _____
¿Necesita usted servicios gratuitos de interpretación? <input type="checkbox"/> Sí <input type="checkbox"/> No Los avisos por escrito pueden enviarse en los idiomas listados a continuación. Favor seleccione sólo UNO . Si su idioma preferido no está listado, favor de marcar (☑) inglés. <input type="checkbox"/> inglés <input type="checkbox"/> arábigo <input type="checkbox"/> haitiano - creol <input type="checkbox"/> ruso <input type="checkbox"/> chino <input type="checkbox"/> coreano <input type="checkbox"/> español

SAMPLE

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

(Pursuant to 7 CFR 280)

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

DO NOT WRITE IN SHADED AREAS

APPLICATION DATE:	INTERVIEW DATE	CENTER/OFFICE	UNIT	WORKER	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERSION	LANG E OR S	LANG READ (NYC) XXXXXXXXXXXX
DISASTER AUTHORIZATION PERIOD:		PAYMENT PERIOD			HH SIZE		PAYMENT AMOUNT		1ST CARD NUMBER	
FROM:		TO:		FROM:		TO:		\$		XXXXXXXXXXXXXXXXXXXXXXXXXXXX

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but intentionally refuses on purpose to give any required information, it will not be eligible to receive DSNAP benefits. When you are interviewed, you must show identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use DSNAP benefits on your behalf.

Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt. # _____ City _____, NY Zip Code: _____

Current Residence Address (if different): _____ Apt. # _____ City _____, NY Zip Code: _____

Mailing Address (if different): _____ Apt # _____ City _____, NY Zip Code: _____

PART A – HOUSEHOLD SITUATION

	YES	NO
1. Are you a current SNAP Participant? If Yes, STATE: _____ COUNTY: _____		
2. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions:		
Did the disaster damage or destroy your home or self-employment property?		
Does your household have any additional un-reimbursed expenses as a result of the disaster?		
While the effects of the disaster are being cleaned up, will your household be buying food?		
Did the disaster delay, reduce or stop your household's income?		
Does your household have any cash or money in checking or savings accounts which you cannot get to because the accounts are not accessible due to the disaster?		
3. Are you or anyone in your household employed by New York State, NYC HRA or a local social services district? If Yes, where? _____		

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD IN PART B.** List each household member's Social Security Number (SSN), Date of Birth, and source and amount of take-home (net) pay. List any other income your household members have received or expect to receive while the DSNAP is operating. SSNs are not required to qualify for D-SNAP but can be used to identify your household members and to make sure they are eligible for DSNAP. They will also be used for computer matching, program reviews or audits.

PART B – HOUSEHOLD MEMBERS AND INCOME DURING THE DISASTER PERIOD

	First Name	MI	Last Name	Social Security Number (SSN) of household member (If none, write "None")	Date of Birth	Marital Status	Sex (M or F)	Hispanic or Latino?		Race*	Relationship to you	Income Source/Type	If wages, Name of Employer**	Freq. of Income	Net Income Amount
								Yes	No						
1											SELF				\$
2															\$
3															\$
4															\$
5															\$
6															\$
7															\$
8															\$
TOTAL HOUSEHOLD INCOME															\$

*Race/Ethnic Codes: **I** - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** - White

The provision of this information is voluntary, but if not completed, the interviewer may have to record by observation. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

** For Each Employer listed above please provide their Name, Address and phone number.

Employer _____ Address: _____ Phone Number: _____
 Employer _____ Address: _____ Phone Number: _____
 Employer _____ Address: _____ Phone Number: _____

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

In **Part C**, list all cash your household has access to during this disaster period. In **Part D**, list the disaster-caused expenses that your household paid or expects to pay during this disaster period, _____ to _____.

DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.

PART C – RESOURCES (as of the beginning of the disaster period)		AMOUNT
Cash on Hand		\$
Accessible Checking Accounts – Name of Bank _____		\$
Accessible Savings Accounts – Name of Bank _____		\$
TOTAL ACCESSIBLE CASH RESOURCES		\$
PART D – DISASTER EXPENSES (During the disaster period)		AMOUNT
Food destroyed as a result of the disaster		\$
Dependent care due to disaster		\$
Funeral/medical expenses due to disaster		\$
Moving and storage costs due to disaster		\$
Temporary Shelter expenses		\$
Cost to protect property during disaster		\$
Cost to repair or replace items for home or self-employment property		\$
Other disaster-related expenses		\$
TOTAL DISASTER EXPENSES		\$

PART E – PENALTY WARNING

If your household gets DSNAP it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your DSNAP benefits to make sure you were eligible for disaster aid. **DO NOT** give false information or hide information to get DSNAP or to continue to get SNAP. **DO NOT** give or sell DSNAP benefits or authorization documents to anyone not authorized to use them. **DO NOT** use DSNAP benefits to buy unauthorized items such as alcohol or tobacco. **DO NOT** use another household's DSNAP benefits for your household.

PART F – CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster, I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing verbally (in person or by phone) or in writing.

APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an x):	Date Signed:
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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

PART G – ELIGIBILITY COMPUTATION (To be completed by a SNAP workers)

PART G – ELIGIBILITY COMPUTATION (To be completed by a SNAP workers)			
DGIL (<\$100 in Disaster Expenses)	Amount	DGIL with DSED (>\$100 in Disaster Expenses)	Amount
1. Total anticipated income (From Part B)	\$	1. Total anticipated income	\$
2. Total accessible case resources (From Part C)	\$	2. Total accessible cash resources	\$
3. Add #1 and #2	\$	3. Add #1 and #2	\$
4. Total disaster expenses	\$	4. Maximum Gross Income Limit (amount from Disaster Table A)	\$
5. Total available funds (Subtract #4 from #3)	\$	5. ELIGIBLE (#3 is equal to or less than #4) Max Monthly Benefit Amount for HH of _____	\$
6. Maximum Gross Income Limit (Amount from Disaster Table B)	\$	6. INELIGIBLE (#3 is greater than #4)	\$
7. ELIGIBLE (#5 is equal to or less than #6) Max Monthly Benefit Amount for HH of _____	\$		
8. INELIGIBLE (#5 is greater than #6)	\$		

The US Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complain of discrimination, complete the USDA Program Discrimination complaint Form, found on-line at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at US Department of Agriculture, Direct, Office of Adjudication, 1400 Independence Avenue, SW Washington, DC 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the New York State Office of Temporary and Disability Assistance at (800) 342-3009 or contact your local social services district.

This information can also be found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

"USDA is an equal opportunity provider and employer."

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SOLICITUD DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP) EN CASO DE EMERGENCIA DEBIDO A UN DESASTRE

(Conforme a 7 CFR 280)

Según la legislación federal y los principios generales del Departamento de Agricultura de Estados Unidos (USDA, siglas en inglés), a esta institución se le prohíbe discriminar basándose en raza, color de piel, nacionalidad, sexo, edad, religión, ideas políticas o incapacidad.

NO ESCRIBA EN LAS ÁREAS SOMBRADAS

APPLICATION DATE:	INTERVIEW DATE	CENTER/OFFICE	UNIT	WORKER	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERSION	LANG E OR S	LANG READ (NYC) XXXXXXXXXX
DISASTER AUTHORIZATION PERIOD: FROM: TO:		PAYMENT PERIOD FROM: TO:		HH SIZE	PAYMENT AMOUNT \$		1 ST CARD NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXX			

INSTRUCCIONES: Rellene la solicitud completamente según su leal saber y entender. Si su hogar tiene los datos solicitados , pero intencionalmente retiene esa información , no recibirá las prestaciones del subsidio DSNAP. Cuando se le entreviste tendrá que presentar documentos de identidad. Usted debe comprobar que su unidad familiar vivía en el área devastada al momento que ocurrió el desastre. Posiblemente se le pida verificar gastos dudosos. Puede autorizar a otra persona, que no forme parte de su unidad familiar, para que solicite en caso de emergencia y canjee el subsidio DSNAP por usted.

Nombre: _____ Número de telefonor: _____ Otro número de teléfono donde se le pueda localizar: _____

Dirección de residencia: _____ Apt. N° _____ Ciudad _____, NY Código postal: _____

Dirección actual (si es distinta): _____ Apt. N° _____ Ciudad _____, NY Código postal: _____

Dirección para envío de correspondencia (si es distinta): _____ Apt N° _____ Ciudad _____, NY Código postal: _____

PARTE A: SITUACIÓN FAMILIAR

SÍ NO

1. ¿Recibe usted actualmente el subsidio SNAP? Si contestó que «Sí», indique ESTADO: _____ CONDADO: _____		
2. ¿Vivía su familia en la zona, ahora devastada, al momento del desastre? Si la respuesta es sí, conteste las siguientes preguntas:		
¿Causó el desastre daños o destrucción a su casa o propiedad donde se desempeña como trabajador independiente?		
¿Tiene su hogar gastos no reembolsados, incurridos como resultado del desastre?		
¿Cree usted que su familia necesitará alimentos durante el tiempo que duren las tareas de limpieza debido al desastre?		
¿Ocasionó el desastre una demora, reducción o suspensión de ingresos del hogar?		
¿Tiene su hogar dinero en efectivo o dinero en una cuenta corriente o de ahorros, al cual no tiene acceso en este momento debido a que las cuentas no están disponibles a causa del desastre?		
3. ¿Es usted o alguien de su familia empleado del Estado de Nueva York, NYC HRA o un distrito de servicios sociales locales? Si contestó que «Sí», indique donde: _____		

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

Haga una lista de los miembros de la familia afectados por el desastre, incluyéndose a sí mismo(a), que viven y comparten los alimentos con usted. **SI ACTUALMENTE SE ESTÁ QUEDANDO CON OTRA FAMILIA DEBIDO AL DESASTRE, NO INDIQUE EN LA PARTE B, LOS MIEMBROS DE ESA FAMILIA.** Por cada miembro de la familia indique el respectivo número de Seguro Social (SSN), fecha de nacimiento, la fuente y cantidad de ingresos (netos). Haga una lista de los ingresos adicionales que los miembros de la familia han recibido o esperan recibir durante el periodo que dure el programa DSNAP. El número de Seguro Social no es exigido para recibir el subsidio D-SNAP, pero puede ser utilizado para establecer la identidad de los miembros de la unidad familiar y con el propósito de cerciorarnos de que habilitan para recibir el subsidio DSNAP. También se usa en el cruzamiento de datos informáticos, análisis de programas y auditorias.

PARTE B: MIEMBROS DEL GRUPO FAMILIAR Y LOS INGRESOS DURANTE EL PERÍODO DE TIEMPO DEL DESASTRE

	Primer nombre	Inicial del segundo nombre	Apellido	Número de Seguro Social (SSN) del miembro del grupo familiar (Si no tiene uno, escriba «No tiene»)	Fecha de nacimiento	Estado Civil	Sexo		¿Hispano o latino?	Raza	Parentesco con usted	Ingresos: Fuente/Tipo	Si recibe un salario, indique el nombre del empleador	Con que frecuencia recibe ese ingreso	Ingreso neto: Cantidad
							M	F							
1											YO MISMO (A)				\$
2															\$
3															\$
4															\$
5															\$
6															\$
7															\$
8															\$

TOTAL DE INGRESOS DE LA UNIDAD FAMILIAR \$

*Códigos de Raza o etnia: **I** – Norteamericano(a) nativo(a) o nativo(a) de Alaska, **A** – Asiático(a), **B** – Negro(a) o Afroamericano(a), **P** – Nativo(a) de Hawai o Islas del Pacífico, **W** - Blanco(a)

*Esta información es voluntaria de su parte; sin embargo, si no la contesta, el entrevistador la contestará basándose en las observaciones que él / ella haga. Ello no afectará la habilitación de las personas que hacen la solicitud o el nivel de beneficios recibidos. Esta información se utiliza para garantizar que los subsidios del programa se distribuyan sin importar la raza, color de piel o nacionalidad.

** **Indique el nombre** , dirección y número de teléfono de cada empleador arriba mencionado.

Empleador _____	Dirección: _____	Nº de teléfono: _____
Empleador _____	Dirección: _____	Nº de teléfono: _____
Empleador _____	Dirección: _____	Nº de teléfono: _____

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

En la Parte C, indique la cantidad completa de dinero en efectivo que su familia podrá obtener durante el periodo de devastación. En la Parte D, indique los gastos incurridos, o los gastos que espera incurrir, a consecuencia del desastre natural. Del _____ al _____.

NO INCLUYA GASTOS QUE FUERON PAGADOS O QUE PAGARÁ UNA PERSONA NO MIEMBRO DE LA UNIDAD FAMILIAR.

PARTE C – RECURSOS (desde el principio del periodo de tiempo del desastre)		MONTO
Dinero en efectivo a mano		\$
Cuentas corrientes disponibles – Nombre del banco _____		\$
Cuentas de ahorros disponibles – Nombre del banco _____		\$
TOTAL DE RECURSOS DISPONIBLES DE DINERO EN EFECTIVO		\$
PARTE D – DESASTRE GASTOS (Durante el periodo de tiempo del desastre)		MONTO
Alimentos dañados por el desastre		\$
Cuidado de personas a cargo a consecuencia del desastre		\$
Gastos funerarios / médicos ocasionados por el desastre.		\$
Gastos de mudanza y almacenamiento a consecuencia del desastre		\$
Gastos de albergue temporal		\$
Gastos de protección de la propiedad a causa del desastre		\$
Gastos de reparación o reemplazo de enseres domésticos o de enseres de la propiedad de empleo propio		\$
Otros gastos relacionados con la devastación		\$
TOTAL DE GASTOS OCASIONADOS POR EL DESASTRE		\$
PARTE E – ADVERTENCIA SOBRE SANCIONES		
<p>Si a su hogar se le aprueba el subsidio DSNAP, debe acatar las reglas a continuación. Es posible que después de que su hogar reciba el subsidio DSNAP, éste sea seleccionado con motivo de realizar una revisión federal o estatal con el fin de cerciorarnos de que su hogar reunía los requisitos para recibir la asistencia por desastres. <u>NO DÉ</u> información falsa o retenga datos con el propósito de recibir DSNAP o continuar recibiendo SNAP. <u>NO DÉ</u> o venda prestaciones de DSNAP o documentos de autorización a ninguna persona que no sea la persona autorizada. <u>NO USE</u> DSNAP para comprar artículos no autorizados, tales como alcohol o tabaco. <u>NO UTILIZE</u> el subsidio DSNAP perteneciente a otro grupo familiar para beneficio de su propio hogar.</p>		
PARTE F – ATESTACIÓN Y FIRMA		
<p>Entiendo las preguntas formuladas en esta solicitud, como también las sanciones que se imponen por retener o dar información falsa. Mi hogar necesita alimentos de emergencia debido al desastre. Por este motivo, yo afirmo, so pena de perjurio, que los datos que he suministrado son exactos e íntegros, según mi leal saber y entender. A su vez, autorizo la revelación de todo dato pertinente con el fin de verificar la exactitud de mi reconocimiento. Entiendo que, si yo no estoy de acuerdo con la decisión tomada en mi caso, tengo el derecho a solicitar una audiencia imparcial (en persona o por teléfono) , ya sea de forma verbal o por escrito.</p>		
SOLICITANTE, REPRESENTANTE AUTORIZADO O TESTIGO (si se coloca una x en vez de una firma)		Firmado el día:

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

Parte G-CÁLCULOS PARA DETERMINAR LA HABILITACIÓN (esta sección deberá ser rellena por los trabajadores de casos del programa SNAP)			
DGIL (<\$100 in Disaster Expenses)	Amount	DGIL with DSED (>\$100 in Disaster Expenses)	Amount
1. Total anticipated income (From Part B)	\$	1. Total anticipated income	\$
2. Total accessible case resources (From Part C)	\$	2. Total accessible cash resources	\$
3. Add #1 and #2	\$	3. Add #1 and #2	\$
4. Total disaster expenses	\$	4. Maximum Gross Income Limit (amount from Disaster Table A)	\$
5. Total available funds (Subtract #4 from #3)	\$	5. ELIGIBLE (#3 is equal to or less than #4) Max Monthly Benefit Amount for HH of _____	\$
6. Maximum Gross Income Limit (Amount from Disaster Table B)	\$	6. INELIGIBLE (#3 is greater than #4)	\$
7. ELIGIBLE (#5 is equal to or less than #6) Max Monthly Benefit Amount for HH of _____	\$		
8. INELIGIBLE (#5 is greater than #6)	\$		

Según los principios generales del Departamento de Agricultura de Estados Unidos (U.S Department of Agriculture, USDA) está prohibido discriminar en contra de los clientes, empleados o solicitantes de empleo de dicho organismo basándose en raza, color de piel, nacionalidad, edad, incapacidad, sexo, identidad de sexo, religión, represalias y donde sea pertinente, ideas políticas, estado civil, situación de familia o situación de padre / madre, orientación sexual; o sobre la base en cuanto a si el ingreso (parcial o total) proviene de un programa de asistencia pública, o sobre la base de datos genéticos protegidos en relación con la solicitud de un empleo o de un programa o actividad dirigido por el Departamento. (No todas las instancias prohibidas aplican a todos los programas o actividades de empleo).

Si desea registrar una queja por discriminación ante el programa de Derechos Civiles, rellene el formulario de queja del Programa de Quejas por Discriminación del USDA el cual puede obtener en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html ; o en una oficina del USDA o marcando el (866) 632-9992 donde podrá solicitarlo. También puede mandar una carta con todos los datos indicados en el formulario. Envíenos el formulario de queja relleno o la carta por correo a la siguiente dirección: U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410. O por fax al (202) 690-7442; o por correo electrónico al: program.intake@usda.gov.

Las personas con sordera, dificultades auditivas o discapacidades de habla, pueden comunicarse con la oficina del USDA por medio del sistema de transmisión federal marcando el (800) 877-8339; o el (800) 845-6136 (español).

Si tiene preguntas o temas a tratar sobre el Programa de Asistencia Nutricional Suplementaria (SNAP), comuníquese con la línea directa de USDA SNAP al (800) 221-5689; se le atiende la llamada en español o puede marcar el número de teléfono de la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (*New York State Office of Temporary and Disability Assistance*): (800) 342-3009 o comuníquese con su oficina local de servicios sociales del distrito

También puede encontrar información en línea en http://www.fns.usda.gov/snap/contact_info/hotlines.htm

«USDA es un proveedor y empleador que brinda igualdad de oportunidades».

ACTION TAKEN ON YOUR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CASE

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:		
CASE NUMBER:	CIN NUMBER:			
CASE NAME (And C/O Name if Present) AND ADDRESS				
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Fair Hearing Information _____ And assistance _____ Record Access _____ Legal Assistance Information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

The action(s) taken on your application/recertification request for SNAP dated _____ is explained below, next to the checked box(es).

DISASTER SNAP BENEFITS NOT PICKED UP WITHIN 90 DAYS CANNOT BE REPLACED.

APPROVED for Disaster SNAP for _____ to _____.

You will get \$ _____. You may access your benefits on _____.

(NOTE: This approval is conditional. Additional verification may be done on the income and resource information you provided on your application and on prior or duplicate participation in this D-SNAP. If you are subsequently determined to be ineligible, a notice of denial will be sent to you.)

DENIED for Disaster SNAP because:

you did not live in the disaster area at the time of the disaster.

Your available income and resources are more than the disaster SNAP standards.

You are not planning to buy food during the month of _____.

Other: _____

The above decision(s) is based on the Food Stamp Act of 1977, as amended, Section 5 (h) {7 U.S.C. 2014 (h)} and 7 C.F.R. part 280 and disaster waivers issued by the United States Department of Agriculture.

ACTION TAKEN ON YOUR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CASE

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors.
 2. Ask for a State fair hearing with a State hearing officer.
1. **CONFERENCE:** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
 2. **STATE FAIR HEARING:** You have **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **on-line**.

Writing: Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- 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.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

On-line: Complete an on-line request form at: <http://otda.ny.gov/oah/>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

As the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, 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 that explain why we are wrong.

To help explain at the hearing why you think we are 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help 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 that 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 that 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 phone number on the **front** of this notice or write to us at the address on the **front** 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 phone numbers on the **front** of this notice or write to use at the address on the **front** of this notice.

MEDIDAS TOMADAS EN SU CASO DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP) POR DESASTRE

FECHA DEL AVISO:		NOMBRE Y DIRECCIÓN DEL ORGANISMO/CENTRO U OFICINA DISTRITAL		
NÚMERO DE CASO:	NÚMERO DE CIN:			
NÚMERO DE CASO (y nombre C/O si está presente) Y DIRECCIÓN				
		NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS U OBTENER AYUDA _____ O Reunión con el organismo Información y asistencia con respecto a la Audiencia de Imparcialidad _____ Acceso al registro _____ Información de asistencia legal _____		

NO. DE OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR	NOMBRE DE LA UNIDAD O DEL TRABAJADOR	NO. DE TELÉFONO
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La(s) medida(s) tomadas en su solicitud/pedido de recertificación para el SNAP de fecha _____ se explica(n) más abajo, al lado de la(s) casilla(s) marcada(s).

LOS BENEFICIOS DEL SNAP POR DESASTRES QUE NO SEAN RECOGIDOS DENTRO DE LOS 90 DÍAS NO PUEDEN SER REEMPLAZADOS.

- APROBADO** el SNAP por desastres por _____ para _____.
- Usted recibirá \$ _____. Puede tener acceso a sus beneficios el _____.

(NOTA: esta aprobación es provisoria. Se podrá hacer una verificación adicional de los datos sobre ingreso y recursos que usted suministró en la solicitud y en solicitudes previas o duplicadas de subsidio D-SNAP. Si posteriormente se determina que usted no habilita, se le enviará una carta al respecto).

- DENEGADO** el SNAP por desastres debido a que:
- Usted no vivía en el área del desastre al momento de la ocurrencia.
 - Sus ingresos y recursos disponibles son mayores que los estándares del SNAP por desastres.
 - Usted no planea comprar alimentos durante el mes de _____.
 - Otro: _____
- _____
- _____

La(s) decisión(ones) se basa en la Ley de Cupones de Alimentos de 1977, según enmienda, Artículo 5 (h) {Código 7 de EE.UU. (USC, por sus siglas en inglés 2014 (h)) y Código 7 de las Disposiciones Federales (CFR, por sus siglas en inglés) parte 280 y exenciones por desastres emitidas por el Departamento de Agricultura de Estados Unidos.

MEDIDAS TOMADAS SOBRE SU CASO DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP, POR SUS SIGLAS EN INGLÉS) POR DESASTRES

NOMBRE:	DIRECCIÓN:	NÚMERO DE CASO:
---------	------------	-----------------

SECCIÓN DE REUNIÓN Y AUDIENCIA DE IMPARCIALIDAD - ¿USTED PIENSA QUE ESTAMOS EQUIVOCADOS?

Si usted piensa que nuestra decisión está equivocada, puede solicitar una revisión de la misma. Nosotros corregiremos nuestros errores. Usted puede hacer tanto el 1 como el 2:

1. Solicite una reunión (conferencia) con uno de nuestros supervisores.
 2. Solicite una audiencia de imparcialidad del estado ante un funcionario de audiencias estatal.
1. **REUNIÓN:** (reunión informal con nosotros) – Si usted piensa que nuestra decisión está equivocada o no la comprende, por favor llámenos para coordinar una reunión. Para hacer esto, llame al número de teléfono para reuniones en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de este aviso. Algunas veces, esta es la forma más rápida de resolver cualquier problema que pueda tener. Lo alentamos a que haga esto, incluso si ha solicitado una audiencia de imparcialidad.
 2. **AUDIENCIA DE IMPARCIALIDAD DEL ESTADO:** usted tiene **90 días** a partir de la fecha de este aviso para solicitar una audiencia de imparcialidad.

CÓMO SOLICITAR UNA AUDIENCIA DE IMPARCIALIDAD: puede solicitar una audiencia de imparcialidad por escrito, por teléfono, por fax o en línea.

Por escrito: Envíe una copia de ambos lados de este aviso *lleno* a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Para Personas con Discapacidades del Estado de Nueva York, P.O. Box 1930, Albany, New York 12201. Por favor conserve una copia para usted.

- Deseo una audiencia de imparcialidad. No estoy de acuerdo con las medidas del organismo. (Usted puede explicar más abajo la razón por la que no está de acuerdo, pero no tiene que incluir una explicación por escrito).

Teléfono: 800-342-3334 (POR FAVOR TENGA ESTE AVISO CON USTED CUANDO LLAME).

Fax: Envíe una copia por fax del anverso y el reverso de este aviso al: (518) 473-6735 o

En línea: Llene un formulario de solicitud en línea a: <http://otda.ny.gov/oah/>

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por fax o en línea, por favor escriba para solicitar una audiencia de imparcialidad antes del plazo.

QUÉ ESPERAR EN UNA AUDIENCIA DE IMPARCIALIDAD: el estado le enviará un aviso indicando cuándo y dónde se realizará la audiencia de imparcialidad.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que nuestra decisión está equivocada. Usted puede traer un abogado, un pariente, un amigo o a alguien que lo ayude a hacer esto. Si no puede venir personalmente, puede enviar a alguien que lo represente. Si envía a alguien a la audiencia en su lugar, que no sea un abogado, debe proporcionarle una carta que le muestre al funcionario de audiencias que desea que esta persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante tendrán la oportunidad de explicar por qué estamos equivocados y una oportunidad de brindarle al funcionario de audiencias documentación por escrito que explique la razón por la que estamos equivocados.

Para ayudar a explicar en la audiencia por qué piensa que estamos equivocados, debe traer testigos que lo puedan ayudar. También debe traer cualquier documentación que tenga, como: boletas de pago, contratos de alquiler, recibos, facturas, certificados médicos.

En la audiencia, usted y su abogado u otro representante pueden hacer preguntas a los testigos que traigamos o que ustedes traigan para ayudar en su caso.

ASISTENCIA LEGA: si usted piensa que necesita un abogado para ayudarlo con este problema, puede obtener uno sin costo alguno para usted, comunicándose con su Sociedad de Asistencia Legal u otro grupo de defensoría legal. Para obtener el nombre de otros abogados, verifique su directorio telefónico bajo "Abogados".

ACCEDA A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS: para ayudar a prepararse para la audiencia, usted tiene el derecho de ver su expediente. Si nos llama o nos escribe, nosotros le brindaremos copias gratuitas de los documentos de su expediente, las que entregaremos al funcionario de audiencias en la audiencia imparcial. También, si nos llama o nos escribe, le brindaremos copias gratuitas de otra documentación de su expediente que usted considere que pueda necesitar para prepararse para su audiencia de imparcialidad. Para solicitar documentación o saber cómo ver su expediente, llámenos al número de teléfono de Acceso al registro en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de este aviso.

Si desea copias de documentos del expediente de su caso, debe solicitarlas con anticipación. Estas le serán provistas dentro de un tiempo razonable antes de la fecha de la audiencia. La documentación le será enviada por correo postal únicamente si solicita específicamente que así se haga.

INFORMACIÓN: si desea más información sobre su caso, cómo solicitar una audiencia de imparcialidad, cómo ver su expediente o cómo obtener copias adicionales de la documentación, llámenos a los números telefónicos en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de ese aviso.



**HUMAN RESOURCES ADMINISTRATION
INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION**

D-SNAP Referral to IREA

(Disaster Period: October 27, 2012 through November 25, 2012)

Date: _____

Applicant's Name: _____
Last First

- Applicant was employed by HRA or OTDA during the disaster period
- Applicant is currently employed by HRA or OTDA
- Applicant was homeless during the disaster period
- Applicant does not have a valid photo identification
- Applicant does not have proof of the address they resided at during the disaster period
- Seven (7) or more household members during the disaster period
- Nobody in the household had verifiable income during the disaster period
- Applicant submits a document that appears altered or forged

Instruction to FIA staff: Attach completed form to the case folder and refer to IREA staff.

Supplemental Nutrition Assistance Program (SNAP) Income Guidelines

- SNAP benefits provide your family with assistance when buying food. They are used in place of cash to buy food at grocery stores or supermarkets.
- You don't have to be out of work to apply for SNAP benefits. You can be employed and still be eligible for SNAP benefits.
- You can own your own home and car and still be eligible for SNAP benefits.
- If you are eligible, you will receive SNAP benefits within 30 days. Certain households with little income or savings, or with high shelter costs, can receive SNAP benefits within five days.

Family Size	1	2	3	4	5	6	7	8	Each additional member
Maximum Gross Monthly Income	\$1,276	\$1,726	\$2,177	\$2,628	\$3,078	\$3,529	\$3,980	\$4,430	+ \$451

- These income limits are effective October 1, 2015.
- The Maximum Gross Monthly Income limits do not apply to SNAP households with an elderly or disabled individual, or if everyone in your household receives SSI, TANF, or SNA, you do not need to meet any income limit. Households that incur dependent care expenses are subject to higher gross income limits.

To file a SNAP application, you may:

- submit an application online through the **ACCESS NYC** website at www.nyc.gov/accessnyc;
- mail your application to the **Division of SNAP Services, Mail Application & Referral Unit (MARU), P.O. Box 24510, Brooklyn, NY 11201**;
- fax your application to **(917) 639-1111**;
- apply at a participating community based organization (CBO) [call 311 for a listing of participating CBO's]; or
- appear in person during the listed hours of operation for any of the SNAP Centers identified below.

Your SNAP application will be considered as filed if it contains a minimum of your name, address (if you have one), and a signature on the application. When your application is received, you will be contacted to schedule an eligibility interview.

Please review the enclosed SNAP Documentation Guide (**W-129G**), which lists some of the more common documents that can be used to verify each of the applicable eligibility factors. If you are mailing the application, please ensure that you enclose copies of all required documentation. If you plan to file the application in person, please bring originals of all required documentation. Providing the required documentation will assist us in expediting the processing of your SNAP application.

New York City SNAP Centers				Extended Hours Centers	
The following SNAP Centers are open from 8:30 AM to 5:00 PM, Monday through Friday (except legal holidays)				The following SNAP Centers are open from 8:30 AM to 6:00 PM, Monday through Friday and 9:00 AM to 5:00 PM on Saturday (except legal holidays)	
Manhattan	East End – S02 2322 Third Avenue 3rd Floor New York, NY 10035	Washington Heights – S13 4055 10th Avenue Lower Level New York, NY 10034	St. Nicholas – S14 132 West 125th Street 3rd Floor New York, NY 10027	Waverly – S19 12 West 14th Street 4th Floor New York, NY 10011	
Brooklyn	Williamsburg – S21 30 Thornton Street 4th Floor Brooklyn, NY 11206	Coney Island – S22 2865 West 8th Street 1st Floor Brooklyn, NY 11224	Ft. Greene – S20 275 Bergen Street 1st Floor Brooklyn, NY 11217		
	North Brooklyn – S26 500 Dekalb Avenue 4th Floor Brooklyn, NY 11205	East New York – S28 404 Pine Street 1st Floor Brooklyn, NY 11208			
Bronx	Hunts Point – S40 845 Barretto Street 1st Floor Bronx, NY 10474	Crotona – S46 1910 Monterey Avenue 5th Floor Bronx, NY 10457	Concourse – S45 1375 Jerome Avenue 2nd Floor Bronx, NY 10452		
Queens	Queens – S53 32-20 Northern Boulevard 2nd Floor Long Island City, NY 11101	Rockaway – S79 219 Beach 59th Street 1st Floor Rockaway, NY 11692	Jamaica – S54 165-08 88th Avenue 3rd Floor Jamaica, NY 11432		
Staten Island				Richmond – S99 201 Bay Street 2nd Floor Staten Island, NY 10301	

Pautas de Ingresos del Programa de Asistencia de Nutrición Suplementaria (SNAP)

- Los beneficios de SNAP le proveen a su familia asistencia a la hora de comprar alimentos. Se usan en lugar de dinero en efectivo para comprar alimentos en bodegas o supermercados.
- Usted no tiene que estar desempleado para solicitar beneficios de SNAP. Usted puede estar empleado y aún ser elegible para los beneficios de SNAP.
- Usted puede ser propietario(a) de su casa y automóvil y aún ser elegible para beneficios de SNAP.
- Si usted es elegible, recibirá beneficios de SNAP dentro de 30 días. Ciertos hogares con poco ingreso o ahorros, o con altos costos de alquiler, pueden recibir los beneficios de SNAP dentro de cinco días.

Miembros en la Familia	1	2	3	4	5	6	7	8	Cada miembro adicional
Máximo Ingreso Bruto Mensual	\$1,276	\$1,726	\$2,177	\$2,628	\$3,078	\$3,529	\$3,980	\$4,430	+ \$451

- Estos límites de ingresos entran en vigor a partir del 1 de octubre de 2015.
- Los límites del Máximo de Ingreso Bruto Mensual no corresponden a los hogares de SNAP con personas ancianas o discapacitadas, o si todos en su hogar reciben SSI, TANF, o SNA, usted no tiene que cumplir ningún límite de ingreso. Los hogares que incurrir en gastos de cuidado de dependientes están sujetos a límites mayores del ingreso bruto.

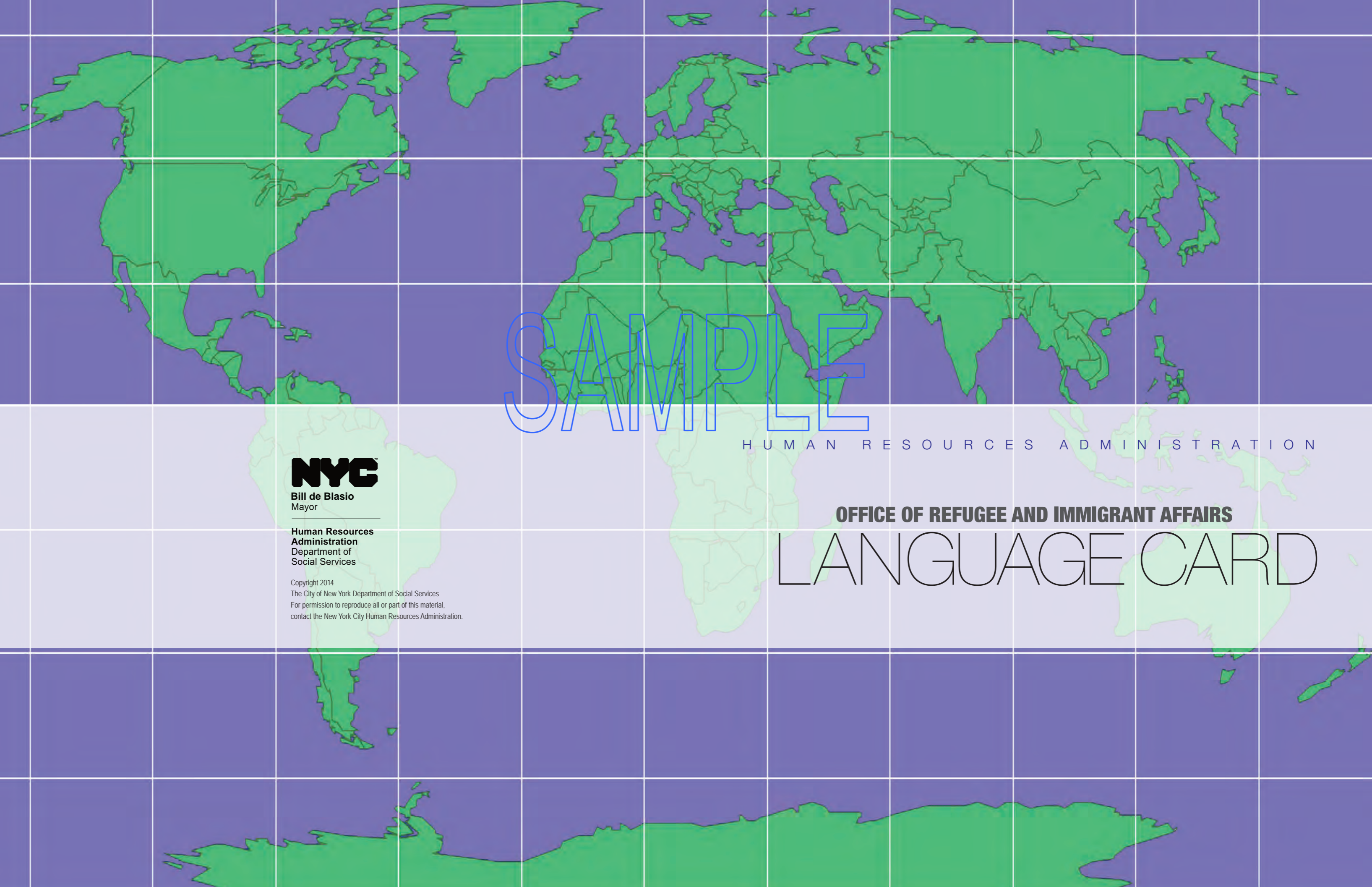
Para presentar una solicitud de SNAP, usted puede:

- presentar una solicitud por el Internet mediante el sitio Web de **ACCESS NYC** en www.nyc.gov/accessnyc;
- enviar por correo su solicitud a la **Division of SNAP Services, Mail Application & Referral Unit (MARU), P.O. Box 24510, Brooklyn, NY 11201**;
- enviar su solicitud por fax al **(917) 639-1111**;
- presentar solicitud en una organización comunitaria (CBO) [llame al 311 para una lista de los CBO participantes]; o
- presentarse en persona durante las horas laborables indicadas para cualquiera de los Centros de SNAP identificados abajo.

Su solicitud de SNAP se considerará presentada si contiene como mínimo su nombre, dirección (de tenerla), y firma en la solicitud. Cuando se reciba su solicitud, nos comunicaremos con usted para programar una entrevista de elegibilidad.

Por favor repase la adjunta Guía de Documentación de SNAP (**W-129G [S]**), la cual lista algunos de los documentos más comunes que se pueden utilizar para verificar cada uno de los factores de elegibilidad que correspondan. Si usted va a enviar por correo su solicitud, favor de asegurarse de adjuntar copias de todos los documentos solicitados. Si piensa presentar la solicitud en persona, favor de traer los originales de toda la documentación solicitada. El proporcionar la documentación solicitada nos permitirá acelerar el trámite de su solicitud de SNAP.

Los Centros de SNAP de la Ciudad de Nueva York				Los Centros Con Horarios Suplementarios	
Los siguientes Centros de SNAP están abiertos de las 8:30 AM a las 5:00 PM, de lunes a viernes (excepto los días feriados oficiales)				Los siguientes Centros de SNAP están abiertos de las 8:30 AM a las 6:00 PM, de lunes a viernes y de las 9:00 AM a las 5:00 PM el sábado (excepto los días feriados oficiales)	
Manhattan	East End – S02 2322 Third Avenue 3er piso New York, NY 10035	Washington Heights – S13 4055 10th Avenue planta baja New York, NY 10034	St. Nicholas – S14 132 West 125th Street 3er piso New York, NY 10027	Waverly – S19 12 West 14th Street 4to piso New York, NY 10011	
Brooklyn	Williamsburg – S21 30 Thornton Street 4to piso Brooklyn, NY 11206	Coney Island – S22 2865 West 8th Street 1er piso Brooklyn, NY 11224		Ft. Greene – S20 275 Bergen Street 1er piso Brooklyn, NY 11217	
	North Brooklyn – S26 500 Dekalb Avenue 4to piso Brooklyn, NY 11205	East New York – S28 404 Pine Street 1er piso Brooklyn, NY 11208			
Bronx	Hunts Point – S40 845 Barretto Street 1er piso Bronx, NY 10474	Crotona – S46 1910 Monterey Avenue 5to piso Bronx, NY 10457		Concourse – S45 1375 Jerome Avenue 2do piso Bronx, NY 10452	
Queens	Queens – S53 32-20 Northern Boulevard 2do piso Long Island City, NY 11101	Rockaway – S79 219 Beach 59th Street 1er piso Rockaway, NY 11692		Jamaica – S54 165-08 88th Avenue 3er piso Jamaica, NY 11432	
Staten Island				Richmond – S99 201 Bay Street 2do piso Staten Island, NY 10301	



SAMPLE

HUMAN RESOURCES ADMINISTRATION

NYC

Bill de Blasio
Mayor

**Human Resources
Administration**
Department of
Social Services

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OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS

LANGUAGE CARD

IF YOU DO NOT KNOW THE LANGUAGE OF THE PERSON WHO WANTS YOUR HELP, USE THIS CARD.
THE PERSON CAN POINT TO THE LANGUAGE NEEDED AND YOU CAN ARRANGE FOR AN INTERPRETER.

English	“Do you speak...”	“Please be seated. I will call an interpreter for you.”	Hindi	क्या आप हिन्दी बोलते हैं?	कृपया बैठ जाइए। मैं आपके लिए दुभाषिये की व्यवस्था करूंगा/करूंगी।
Albanian	Flisni shqip?	Uluni ju lutem. Po shkoj të thërras një përkthyes për ju.	Italian	Parla italiano?	Prego, si accomodi e attenda mentre Le chiamo un interprete.
Arabic	هل تتكلم اللغة العربية؟	تفضل بالجلوس. سأتصل بمترجم لك.	Khmer	តើអ្នកនិយាយភាសាខ្មែរឬទេ?	សូមអញ្ជើញអង្គុយ ។ ខ្ញុំនឹងទូរស័ព្ទហៅអ្នកបកប្រែ ដើម្បីបកប្រែឲ្យអ្នក ។
Bengali	আপনি কি বাংলায় কথা বলেন?	অনুগ্রহ করে বসুন। আমি আপনার জন্য একজন দোভাষী ডাকবো।	Korean	한국어를 사용하십니까?	앉으십시오. 통역사를 불러드리겠습니다.
Bosnian	Govorite li bosanski?	Molimo, sjednite. Poslaću prevodioca za Vas.	Polish	Czy Pan/Pani mówi Po polsku?	Proszę siadać, podczas gdy wołam tłumacza.
Cantonese	您講廣東話嗎?	請坐。讓我為您叫一位翻譯員。	Russian	Вы говорите по-русски?	Присядьте, пожалуйста. Я сейчас позову переводчика, который вам поможет.
Mandarin	您講國語嗎?	請坐。讓我為您叫一位翻譯員。	Spanish	¿Habla español?	Tome asiento, por favor. Llamaré a un intérprete para que lo ayude.
Creole	Èske ou pale Kreyòl?	Tanpri chita. Mwen pral rele yon moun pou tradwi pou ou.	Ukrainian	Чи Ви розмовляєте українською мовою?	Будь ласка, посидьте, поки я викликаю перекладача для Вас.
French	Parlez-vous français?	Veillez vous asseoir. Je vais vous appeler un interprète.	Urdu	کیا آپ اردو بولتے ہیں؟	کے لیے کسی ترجمان کو بلاتا ہوں/بلاتی ہوں۔ مہربانی کر کے بیٹھ جائیے۔ میں آپ
Greek	Μιλάτε Ελληνικά	Παρακαλώ καθίστε. Θα καλέσω ένα διερμηνέα για σας .	Vietnamese	Anh/chị nói tiếng Việt phải không?	Xin mời ngồi chờ. Tôi sẽ gọi người thông dịch cho anh/chị.
Hebrew	האם את/ה דובר/ת עברית?	נא לשבת. אני אזמין מתרגם/ת.	Yiddish	איר רעדט אידיש?	ביטע זעצט אייך. איך וועל רופן א דאלמעטשער פאר אייך.
	Hearing Impaired	If you need an interpreter in sign language, please point here.			

