

LDSS-4887 (Rev. 11/18)

New York State Office of Temporary And Disability Assistance

Dist Cd: 26	Ofc:	Unit: FCP30	Worker: 35200	Case Name: [REDACTED]	Case #: [REDACTED]
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**MAIL-IN RECERT/ELIGIBILITY QUESTIONNAIRE**

To determine your continued eligibility for Temporary Assistance (TA) and Supplemental Nutrition Assistance Program (SNAP) you must complete this form, sign, date it and return it to us at the address on the first page of the notice by: **RETURN DATE** 12/22/2023

- For TA this form is considered a mail-in recertification form. For SNAP it is an Eligibility Questionnaire.
- You must enclose copies of letters or documents that verify the changes you report. In addition, if you or a family member has a job (earned income) you must submit the last four pay-stubs even if the wages have not changed.
- Failure to return the form or returning it without the required verification may result in the closing of your case or reduction of benefits.

1. Do you still need: Temporary Assistance? Yes  No  SNAP? Yes  No  Medical Assistance? Yes  No

2. Did anyone **move into** or **out of** your household since the last time you reported the number of persons in your household (including births)?  
 If yes, provide the information requested below.  
 If they want to apply for assistance an application must be filed.  
 If you are reporting a newborn enclose a copy of a birth certificate for verification.

Yes  No

SOCIAL SECURITY #	NAME	RELATIONSHIP TO YOU	MOVED IN	MOVED OUT	DATE

3. Other than Temporary Assistance, did you or anyone in your household, have a change in income? Has anyone begun receiving any new or increased income or lost income from any of the following sources since the last time you reported your income? If you check "YES", indicate the amount you receive and whether this amount is new, more or less. You must submit photocopies of paystubs (if working) to verify the last four weeks of pay, or other proof of how much you or your family member earned/received in the last four weeks.

SOURCE OF INCOME	YES	NO	AMOUNT	NEW	MORE	LESS
A. Contributions		<input checked="" type="checkbox"/>	\$			
B. Employment Please indicate the number of hours working per week _____		<input checked="" type="checkbox"/>	\$			
C. Unemployment Insurance Benefits (UIB)		<input checked="" type="checkbox"/>	\$			
D. Supplemental Security Income (SSI)		<input checked="" type="checkbox"/>	\$			
E. Child Support (Including Legally Obligated Payments)		<input checked="" type="checkbox"/>	\$			
F. Veterans Or Other Military Benefits		<input checked="" type="checkbox"/>	\$			
G. Other income		<input checked="" type="checkbox"/>	\$			

4. Have there been any changes in the following since you last reported to us:

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. Rent cost: Increase Decrease New Amount \$ _____ (Enclose rent receipt copy if your rent changed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Do you now pay separately from your rent for: <input type="checkbox"/> Heat or Air Conditioning <input type="checkbox"/> Other Utilities (electricity, cooking gas, water, sewer, trash, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Is someone pregnant, disabled or 60 years of age or older? Name: _____ (Enclose copy of Medical Proof)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Resources (examples: motor vehicle, bank account, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Other changes (including hours employed or in work activities), please explain:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Have any medical conditions that limit their ability to work or the type of work they can perform? Name: _____

**Able Bodied Adult Without Dependents (ABAWDs)** - If anyone in your SNAP household is an Able Bodied Adult Without Dependents ("ABAWD"), you must report when the individual's, who is an ABAWD, monthly participation in work falls below 80 hours.

**NOTE:** The last part of this form is an application to register to vote. If you would like help filling out the voter registration application form, ask your TA examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency. Return this form to the agency whether it has been completed or not.





MAIL-IN RECERT/ELIGIBILITY QUESTIONNAIRE

SNAP

In order to determine if you can still get SNAP, you must complete the eligibility questionnaire and return it by the date on the front of this questionnaire. If you do not complete and return the eligibility questionnaire by the due date, your SNAP benefits will be reduced or stopped. We will send you another notice if this happens. This decision is based on Regulation 18 NYCRR 387.17.

List of changes you must report for SNAP at this time:

- Changes in any source of income for anyone in your household.
- Changes in your household's total earned income when it goes up or down by more than \$100 a month.
- Changes in your household's total unearned income from a public source such as Social Security Benefits or Unemployment Insurance benefits when it goes up or down by more than \$100 a month.
- Changes in your household's total unearned income from a private source such as Child Support Payments or Private Disability Insurance when it goes up or down by more than \$100 a month.
- Changes in the amount of legally obligated child support you pay to a child outside of your SNAP household.
- Changes in who lives with you.
- If you move, your new address and your new rent or mortgage costs, heat/air conditioning costs and utility costs.
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all household members now amounts to more than \$2250 for a household without an elderly or permanently disabled household member or \$3500 for a household with an elderly or permanently disabled household member.
- If anyone in your SNAP household is an Able-Bodied Adult Without Dependents ("ABAWD"), he/she MUST tell the district if their hours go below 20 hours weekly/80 hours each month within 10 days after the end of that month. The ABAWD can request a qualifying work activity from the district to help him/her meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, he/she should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes he/she should be exempt from the ABAWD requirement.

**MEDICAL ASSISTANCE** - You must immediately report any changes in your address, income, resources or household size to this agency. You will be notified if your Medical Assistance coverage changes.

**Authorization To Repay Public Assistance Benefits From Retroactive SSI**

I authorize the Commissioner of the Social Security Administration (SSA) to use my first payment of SSI (i.e. my retroactive SSI payment) to reimburse the local Social Services District (SSD) for Public Assistance (PA) the SSD pays me from State or local funds while SSA decides if I am eligible for Supplemental Security Income (SSI). SSA will not reimburse the SSD for PA that was paid using any federal funds.

I will be bound by this authorization only if the State gives notice to SSA that I and an SSD representative have signed it. The State must give notice within 30 calendar days of matching my SSI record with my State record. SSA will not accept it after 30 calendar days. Instead, SSA will send me my retroactive SSI payment under SSA rules.

Only my first payment of SSI can be used. If my first payment is larger than the amount owed to the SSD, SSA will send the rest to me under its rules. SSA can reimburse the SSD in two situations:

- (1) It will repay the SSD if I apply for SSI and SSA finds me eligible.
- (2) It will repay the SSD if my SSI benefits are reinstated after termination or suspension.

SSA will only reimburse the SSD for PA it paid me during the time I am waiting for an SSA determination of eligibility. This is called "interim assistance". The period begins (1) with the first month I become eligible for payment of SSI benefits, or (2) on the first day I am reinstated after my SSI was suspended or terminated. The period includes the month SSI payments actually begin. If the SSD cannot stop my last PA payment, the period ends the next month.

No later than 10 days after SSA reimburses the SSD, the SSD must send me a notice telling me the amount of interim assistance paid. The notice will also tell me that SSA will send me a letter telling me how any remaining SSI money owed to me will be sent by SSA and, that if I do not agree with a state decision, how I can appeal the decision to the state. Under its rules, SSA may use the date I sign this authorization as the date I first become eligible for SSI. It will do this only if I apply for SSI within the next 60 days. This authorization applies to any SSI application or appeal I now have pending before SSA.

This authorization terminates if my SSI case is completely decided. It terminates when SSA first pays me. The State and I can also agree to terminate the authorization. I must sign a new authorization consistent with NYS rules if I reapply for SSI after this authorization terminates, or if I file a new SSI claim while I have an SSI application or appeal pending.

I will be given an opportunity for a fair hearing if I disagree with a decision the SSD made about reimbursement.

I received a copy of the pamphlet called "What You Should Know About Social Services Programs". I understand what it says about interim assistance.

SIGNATURE SECTION	
I swear (or) affirm that the information I have provided on this form is true and correct.	
Sign here: X	Date:
Spouse or Authorized Representative Signature: X	Date:
Worker Signature: X	Date:

**WARNING:** Federal and State law provides for penalties of fine, imprisonment or both if you do not tell the truth or if you conceal or fail to disclose facts regarding your continuing eligibility for assistance. Regulations require that you immediately notify this agency of any changes in needs, income, resources, living arrangements or address.

