

# Hand Outs

**New York State Nutrition Improvement Project (NYSNIP)  
24 - Month Interim Report (NYC)**

Notice Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

fold \_\_\_\_\_

This interim report was sent to you because you are receiving your Food Stamp Benefits as a participant in the New York State Nutrition Improvement Project (NYSNIP). The purpose of this report is to gather information about changes that may have occurred in your shelter situation, specifically your shelter and utility costs, since the last time you either were recertified for Food Stamp Benefits or were in contact with your Food Stamp Center.

**If you fail to complete, sign, date and return, or otherwise respond to, this Interim Report by its due date, your Food Stamp Benefits will be discontinued.**

**QUESTIONS YOU MUST ANSWER**

**1. Do you still live at the address to which this notice was sent? Yes  No**  (If you answered "No", please write your new address below.)

<b>Your New Address:</b>	City/Town	State: <b>NY</b>	Zip Code:
--------------------------	-----------	---------------------	-----------

**2. Do you pay more than \$190 each month in shelter costs? Yes  No**  (i.e., rent, or mortgage payments, and tax and insurance payments on the property?)  
(If you answered "Yes" to this question, **and** it is only within the last two years that you began to pay more than \$190 per month in shelter costs, please attach proof of these expenses, such as, a landlord's statement, receipt or cancelled check or money order.)

**3. Do you live in either public or subsidized housing where heat is included in your rent? Yes  No**

**4. If you do live in either public or subsidized housing where heat is included in your rent, do you pay your landlord a monthly excess charge just for air conditioning? Yes  No**   
(If you answered "Yes" to this question, **and** you began paying this excess charge within the last two years, please attach proof of this expense, such as, a landlord's statement, receipt or cancelled check or money order.)

**IMPORTANT INFORMATION**

The amount of Food Stamp Benefits you receive as a participant in NYSNIP is based on shelter costs, your income and whether or not you live in subsidized housing where heating, cooling and utility costs are included in the rent. If you are getting the maximum monthly Food Stamp Benefit for one person (\$141), you **must** participate in NYSNIP. If you are not receiving the maximum monthly benefit, certain circumstances or changes in your living expenses **may** make you eligible for more Food Stamp Benefits if you do not participate in NYSNIP. Specifically,

- If you pay **more than \$35** each month in un-reimbursed medical expenses, that is, medical expenses that you must pay yourself, that are not paid either by Medicare, Medicaid or any other health insurance.
- If you live in either public or subsidized housing where heat **is** included in your rent **and** your rent is **more than \$380 per month**.
- If you live in either public or subsidized housing where heat **is** included in your rent, but you pay a utility company for your electricity.

If you have any of these circumstances, you should report and verify this information to your Food Stamp Center to find out if you **may** be eligible for more Food Stamp Benefits if you do not participate in NYSNIP.

Make sure to sign, date and return this report to the address listed above.

<p><b>APPLICANT'S SIGNATURE</b></p> <p>X</p>	<p><b>DATE SIGNED</b></p>
--	---------------------------

**We are pleased that you participate in the Food Stamp Program and would like for you to continue to participate.**

## New York State Nutrition Improvement Project (NYSNIP) 24 - Month Interim Report

AFTER YOU ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS REPORT, YOU MUST SIGN, DATE AND RETURN THIS REPORT, TO THE ADDRESS TO THE RIGHT →

**LDSS**

**ADDRESS  
CITY, STATE ZIP**

This interim report was sent to you because you are receiving your Food Stamp Benefits as a participant in the New York State Nutrition Improvement Project (NYSNIP). The purpose of this report is to gather information about changes that may have occurred in your shelter situation, specifically your shelter and utility costs, since the last time you either were recertified for Food Stamp Benefits or were in contact with your Food Stamp Worker.

**If you fail to complete, sign, date and return, or otherwise respond to, this Interim Report by the tenth (10) day of the month following the month you receive this report, your Food Stamp Benefits will be discontinued.**

### QUESTIONS YOU MUST ANSWER

1. Do you still live at the address to which this notice was sent? Yes  No  (If you answered "No", please write your new address below.)

Your New Address:

City/Town

State:

Zip Code:

**NY**

2. Do you pay more than \$190 each month in shelter costs? Yes  No  (i.e., rent, or mortgage payments, and tax and insurance payments on the property)?

(If you answered "Yes" to this question, **and** it is only within the last two years that you began to pay more than \$190 per month in shelter costs, please attach proof of these expenses, such as, a landlord's statement, receipt or cancelled check or money order.)

3. Do you live in either public or subsidized housing where heat is included in your rent? Yes  No

4. If you do live in either public or subsidized housing where heat is included in your rent, do you pay your landlord a monthly excess charge just for air conditioning? Yes  No

(If you answered "Yes" to this question, **and** you began paying this excess charge within the last two years, please attach proof of this expense, such as, a landlord's statement, receipt or cancelled check or money order.)

### ANSWER THESE QUESTIONS ONLY IF YOU PAY FOR YOUR OWN HEAT.

1. Do you pay for your own heat? Yes  No

2. My main source of heat is: Fuel Oil  Electric Heat  Natural Gas  Coal or Wood  Kerosene  Propane or Bottle Gas

3. Is the heating bill in your name? Yes  No  If "No," the bill is in whose name?

4. What is this person's relationship to you?

5. What is your heating account number (if you have one)?

6. What is your heating company's name?

7. What is your heating company's address?

Address:

City/Town

State:

Zip Code:

**MAKE SURE TO ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS REPORT.  
READ THE IMPORTANT INFORMATION ON THE REVERSE OF THIS FORM AND  
REMEMBER, YOU MUST RETURN THIS REPORT SIGNED AND DATED TO THE ADDRESS THAT APPEARS IN THE BOX ABOVE  
OR YOUR FOOD STAMP BENEFITS WILL BE DISCONTINUED.**

**ANSWER THESE QUESTIONS ONLY IF YOU PAY FOR YOUR UTILITIES.**

1. Do you pay a <i>utility</i> company directly for your lights, cooking or hot water? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Is the <i>utility</i> bill in your name? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "No," the bill is in whose name?	
3. What is this person's relationship to you?			
4. What is your <i>utility</i> account number (if you have one)?			
5. What is your <i>utility</i> company's name?			
6. What is your <i>utility</i> company's address?			
Address:		City/Town	State: Zip Code:

**IMPORTANT INFORMATION**

The amount of Food Stamp Benefits you receive as a participant in NYSNIP is based on shelter costs, your income and whether or not you live in subsidized housing where heating, cooling and utility costs are included in the rent. If you are getting the maximum monthly Food Stamp Benefit for one person (\$141), you **must** participate in NYSNIP. If you are not receiving the maximum monthly benefit, certain circumstances or changes in your living expenses **may** make you eligible for more Food Stamp Benefits if you do not participate in NYSNIP. Specifically,

- If you pay **more than \$35** each month in un-reimbursed medical expenses, that is, medical expenses that you must pay yourself, that are not paid either by Medicare, Medicaid or any other health insurance.
- If you live in either public or subsidized housing where heat **is** included in your rent **and** your rent is **more than \$380 per month**.
- If you live in either public or subsidized housing where heat **is** included in your rent, but you pay a utility company for your electricity.

If you have any of these circumstances, you should report and verify this information to your Food Stamp Center to find out if you **may** be eligible for more Food Stamp Benefits if you do not participate in NYSNIP.

Make sure to sign, date and return this report to the address listed on the front.

APPLICANT'S SIGNATURE  X	DATE SIGNED
--------------------------------	-------------

**We are pleased that you participate in the Food Stamp Program and would like for you to continue to participate.**

**New York State Nutrition Improvement Project (NYSNIP)**  
**Frequently Asked Questions**  
**(New York City)**

**Q. Why did I receive this mailing?**

- A. You received this mailing because you receive SSI benefits and you live alone, which makes you automatically eligible to receive Food Stamp Benefits.

**Q. What are Food Stamp Benefits?**

- A. Food Stamp Benefits help people with little income to buy food for a healthy diet. Food Stamp Benefits are placed in an account that is like a bank account. You use your New York State Benefit Identification Card (the same card that you use for Medicaid) like a bankcard to buy food.

**Q. Will participation in this project affect/reduce my SSI payments?**

- A. No. Participation in this project will not affect or reduce your SSI in any way. You are entitled to receive Food Stamp Benefits.

**Q. Why am I receiving this benefit amount? It seems low.**

- A. You are getting this amount because we don't have information about your shelter and utility expenses. We need to know how much you pay for rent, and if you pay for utilities such as Con Edison or air conditioning. You may submit proof of these expenses to our office by mail or in person. If you do, we will rebudget your case to see if you are eligible for more benefits. You can use the response sheet attached to the notice letter to submit the information and proof.

**Q. What should I do if my New York State Benefit Identification Card (Benefit ID Card) is not working?**

- A. If your Benefit ID Card is not working, you can call the SSI Food Stamp Center at 1-718-722-4009. They will check to see if there is a problem with the card, and if there are Food Stamp Benefits in the system. If your Benefit ID Card needs to be replaced, they will need your name, social security number and address. It will take 7 to 10 days to replace your card.

**Q. What should I do if I do not receive my Personal Identification Number (PIN)?**

- A. If you do not receive your PIN,
- A mailer with your PIN will be mailed to you. If you have not received it yet, you should within a few days. If you do not receive it within five days of receiving this letter, you should order another PIN
  - If you want to order the PIN by yourself, call EBT Customer Service at 1-888-328-6399.
  - If you want us to order it for you, we need your name, Social Security Number and address. It will take 5 to 7 days. Please call the SSI Food Stamp Center at 1-718-722-4009 if you want us to order the PIN for you.

**Q. How do I use my PIN?**

- A. At the store or supermarket, after your groceries have been scanned and totaled, you or the clerk/cashier will swipe your card. You will enter your PIN number. You will receive a receipt showing your remaining balance.

Please keep your receipts so you will know your balance for the next time you shop. You should not give your PIN to the clerk.

**Q. What should I do if I loose my PIN?**

- A.** If you loose your PIN, you can get a new one by calling EBT Customer Service at 1-888-328-6399. This will also cancel your old PIN.

**Q. What happens if I forget my PIN?**

- A.** If you forget your PIN, we can order a PIN for you; the PIN mailer you receive will contain the previous PIN you were using. You can also call the EBT Customer Service Line at 1-888-328-6399 to select a new PIN; this will cancel your old PIN.

**Q. Where can I use the Benefit ID Card?**

- A.** You should be able to use the Benefit ID Card where you presently shop. Almost all supermarkets and food stores accept the card. If the QUEST logo is not visible, where you buy food, you should ask the store if they accept the card.

**Q. Should I give my PIN to the grocery clerk?**

- A. No.** You should never give your PIN to the grocery clerk.

**Q. Can I give my PIN to my home attendant, son, daughter, spouse, relative, or friend?**

- A.** Yes, you can. However, we caution you to make sure it is someone you know and trust. Keep in mind that providing access to your Benefit ID Card and PIN will give them access to your benefits. If someone uses your card and your Food Stamp Benefits without your permission, we cannot replace the benefits.

As an alternative, you can have an authorized representative of your choice, who can do grocery shopping for you with an Authorized Representative card. The authorized representative will have his/her own PIN. If you choose this option, call the SSI Food Stamp Center at 1-718-722-4009 and we will send you a form to be completed and signed by you and your authorized representative. Upon return of the form we will order a card and a PIN for your authorized representative, which will be sent by US mail to your address.

**Q. What happens if I don't receive my Benefit ID Card?**

- A.** Your Medicaid Card (New York State Benefit ID Card) is also your Food Stamp Benefit ID Card. However, if you do not have a Medicaid Card in the next week, or if you do not get one in the mail, we can order a card for you. You can call the SSI Food Stamp Center at 1-718-722-4009. It will take 3 to 5 days before you receive your card. We need your name, social security number and address. If you want, you can come into our office (253 Schermerhorn Street, Brooklyn, NY) for a referral. You must then take this referral to the NYS/HRA Client Benefit Issuance Card Center for a card which will be issued the same day. If you choose this option, please bring two pieces of identification, such as a driver's license, reduced fare card, passport, birth certificate, or SSI award letter. You can also call the HRA Infoline at 1-877-472-8411.

**Q. What do I do if I loose my Benefit ID Card?**

- A.** If you loose your Benefit ID Card, call the HRA Infoline at 1-877-472-8411 or the SSI Food Stamp Center at 1-718-722-4009 to report the loss. We will order a new card for you, using your name, social security number and address. This action will automatically cancel your lost card and issue a new card in 3 to 5 days.

# **New York State Nutrition Improvement Project (NYSNIP)**

## **Frequently Asked Questions**

### **(Rest of State)**

**Q. Why did I receive this mailing?**

**A.** You received this mailing because you receive SSI benefits and you live alone, which makes you automatically eligible to receive Food Stamp Benefits.

**Q. What are Food Stamp Benefits?**

**A.** Food Stamp Benefits help people with little income to buy food for a healthy diet. Food Stamp Benefits are placed in an account that is like a bank account. You use your New York State Benefit Identification Card (the same card that you use for Medicaid) like a bankcard to buy food.

**Q. Will participation in this project affect/reduce my SSI payments?**

**A.** No. Participation in this project will not affect or reduce your SSI in any way. You are entitled to receive Food Stamp Benefits.

**Q. Why am I receiving this benefit amount? It seems low.**

**A.** You are getting this amount because we don't have any information about your shelter (housing) and utility expenses. In order to see if you may get a higher benefit amount each month, we need to know how much you pay each month for rent, or for mortgage, property taxes and homeowner's insurance, if you own your home. We also we need to know if you pay for heating or air conditioning or electricity separate from your rent. You may submit proof of these expenses to our office by mail or in person. If you do, we will rebudget your case to see if you are eligible for more benefits. You can use the response sheet attached to the notice letter to submit the information and proof.

**Q. What should I do if my New York State Benefit Identification Card (Benefit ID Card) is not working?**

**A.** If your Benefit ID Card is not working:

- Call an Electronic Benefit Transfer (EBT) Customer Service Representative at 1-888-328-6399 to check your account balance to make sure there are benefits in your account.
- If you have benefits in your account and your Benefit ID Card still does not work, tell EBT Customer Service that you have benefits in your account, but that your Benefit ID Card will not work.
- If EBT Customer Service can't solve the problem, call your local food stamp office. They will check to see if there is a problem with the card, and if there are Food Stamp Benefits in the system. If your card needs to be replaced, they will need your name, social security number and address. It will take 5 to 7 days to replace your card.

**Q. What should I do if I do not receive my Personal Identification Number (PIN)?**

**A.** If you do not receive your PIN:

- A mailer with your PIN will be mailed to you. If you have not received it yet, you should within a few days. If you do not receive it within five days of receiving this letter, you should order another PIN
- If you want to order the PIN by yourself, call EBT Customer Service at 1-888-328-6399.
- If you need the help of your local department of social services food stamp worker to request that a new PIN mailer be sent to you, please call your county department of social services. They will need your name, Social Security Number and address in order to request a new PIN mailer. It will take from 3 to 5 days for the new PIN mailer to come to your home. If you don't know the phone number for your county department of social services, you may call the New York State Food Stamp Hotline at 1-800-342-3009 to get the number for your county office.

**Q. How do I use my PIN?**

- A.** At the store or supermarket, after your groceries have been scanned and totaled, either you or the clerk/cashier will swipe your card. You will enter your PIN. You will receive a receipt showing your remaining balance. Please keep your receipts so you will know your balance for the next time. You should not give your PIN to the clerk/cashier to enter. Only you should enter your PIN.

**Q. What should I do if I loose my PIN?**

- A.** If you loose your PIN, you can get a new one by calling EBT Customer Service at 1-888-328-6399. This will also cancel your old PIN.

**Q. What should I do if I forget my PIN?**

- A.** If you forget your PIN, call your food stamp worker to request that a new PIN mailer be sent to you. To do this, they will need your name, Social Security Number and address.

You can also call the EBT Customer Service Line at 1-888-328-6399 to select a new PIN. They will also cancel your old PIN.

**Q. Where can I use the Benefit ID Card?**

- A.** You should be able to use the Benefit ID Card where you presently shop. Almost all supermarkets and food stores accept the card. If the QUEST logo is not visible where you buy food, you should ask the store if they accept the card.

**Q. Should I give my PIN to the grocery clerk?**

- A. No.** You should never give your PIN to the grocery clerk.

**Q. Can I give my PIN to my home attendant, family member, or friend?**

- A.** Yes, you can. However, we caution you to make sure it is someone you know and trust. Keep in mind that providing access to your Benefit ID Card and PIN will give them access to your benefits. If someone uses your card and your Food Stamp Benefits without your permission, we cannot replace the benefits.

If you would like, you can choose somebody to be your “authorized representative.” This would be a person you trust who can do grocery shopping for you. The authorized representative can get their own Benefit ID Card and PIN. To find out more about choosing an authorized representative, please call your county department of social services. Again, if you don’t know the phone number for your county department of social services, you may call the New York State Food Stamp Hotline at 1-800-342-3009.

**Q. What happens if I don’t receive my Benefit ID Card?**

- A.** Your Medicaid card (New York State Benefit Identification Card) is also your Food Stamp Benefit ID card. However, if you do not have a Medicaid card already, or if you do not get one in the mail within the next week, a new card can be ordered for you. To order one, please call your county department of social services. Again, if you don’t know the phone number for your county department of social services, you may call the New York State Food Stamp Hotline at 1-800-342-3009 to get the number for your county office. It will take 3 to 5 days before you receive your card. They will need your name, Social Security Number and address.

**Q. What do I do if I loose my Benefit ID Card?**

- A.** If you loose you Benefit ID Card, call EBT Customer Service at 1-888-328-6399 to report your lost or stolen card. This action will automatically cancel your card that has been lost or stolen, and result in a new card being sent to you. The new card should arrive within 3 to 5 days.



**New York State Nutrition Improvement Project (NYSNIP)  
Food Stamp Case Shelter Type 98 Information Collection Sheet**

CASE NAME:	CASE NUMBER:
------------	--------------

AFTER YOU ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS REPORT, YOU MUST SIGN, DATE AND RETURN THIS REPORT, TO THE ADDRESS TO THE RIGHT →

**LDSS****ADDRESS  
CITY, STATE ZIP**

Because we do not have any information about how much you pay for shelter costs and whether or not you live in either public or subsidized housing where heating costs are included in your rent, you are eligible only to receive one of the two minimum food stamp benefit amounts approved for this project. If you answer the questions below in **SECTION 1**, and provide proof (if necessary) of your current shelter expenses, it will help us determine if you are eligible for more food stamp benefits than you now receive.

Also, if you do pay a utility or fuel company for your heating costs, or, if you just pay for your utility costs, and you answer the questions in **SECTION 2** and **SECTION 3**, it will help us determine if you are eligible to receive an annual Home Energy Assistance Program (HEAP) payment. It also will provide us with the information we need, if you are eligible, to determine if you should automatically receive a HEAP payment without having to file an application.

**Please be sure you or your authorized representative sign and date the SIGNATURE SECTION on the reverse of this form.**

**SECTION 1 - Answer questions 1 – 3.**

*Only answer question 4 if you live in either public or subsidized housing where heat is included in the rent.*

**1. Do you still live at the address to which this notice was sent? Yes  No**  (If you answered "No", please write your new address below.)

**Your New Address:**

City/Town:

State:

Zip Code:

**NY**

**2. Do you pay more than \$190 each month in shelter costs? Yes  No**  (i.e., rent, or mortgage payments, and tax and insurance payments on the property)?

(If you answered "Yes" to this question, please attach proof of these expenses, such as, a landlord's statement, receipt or cancelled check or money order.)

**3. Do you live in either public or subsidized housing where heat is included in your rent? Yes  No**

**4. If you do live in either public or subsidized housing where heat is included in your rent, do you pay your landlord a monthly excess charge just for air conditioning? Yes  No**

(If you answered "Yes" to this question, please attach proof of this expense, such as, a landlord's statement, receipt or cancelled check or money order.)

**SECTION 2 - Answer questions 1 – 7 *only* if you pay for your own heat.**

**1. Do you pay for your own heat? Yes  No**

**2. My main source of heat is:**

Fuel Oil  Electric Heat  Natural Gas  Coal or Wood  Kerosene  Propane or Bottled Gas

**3. Is the heating bill in your name? Yes  No**  If "No," the bill is in whose name?

**4. What is this person's relationship to you?**

**5. What is your heating account number (if you have one)?**

**6. What is your heating company's name?**

**7. What is your heating company's address?**

Address:

City/Town:

State:

Zip Code:

**MAKE SURE TO ANSWER ALL THE QUESTIONS ON THE FRONT AND REVERSE OF THIS FORM,  
READ THE IMPORTANT INFORMATION ON THE REVERSE OF THIS FORM AND REMEMBER,  
YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST RETURN THIS FORM SIGNED AND DATED  
TO THE ADDRESS THAT APPEARS IN THE BOX ABOVE**

**SECTION 3** - Answer questions 1 - 6 *only if you pay for your utilities.*1. Do you pay a *utility* company directly for your lights, cooking or hot water? Yes  No 2. Is the *utility* bill in your name? Yes  No  If "No," the bill is in whose name? \_\_\_\_\_

3. What is this person's relationship to you? \_\_\_\_\_

4. What is your *utility* account number (if you have one)? \_\_\_\_\_5. What is your *utility* company's name? \_\_\_\_\_6. What is your *utility* company's address?

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IMPORTANT INFORMATION SECTION** – Read Carefully

The amount of Food Stamp Benefits you receive as a participant in NYSNIP is based on shelter costs, your income and whether or not you live in subsidized housing where heating, cooling and utility costs are included in the rent. If you are getting the maximum monthly Food Stamp Benefit for one person (\$141), you **must** participate in NYSNIP. If you are not receiving the maximum monthly benefit, certain circumstances or changes in your living expenses **may** make you eligible for more Food Stamp Benefits if you do not participate in NYSNIP. Specifically,

- If you pay **more than \$35** each month in un-reimbursed medical expenses, that is, medical expenses that you must pay yourself, that are not paid either by Medicare, Medicaid or any other health insurance.
- If you live in either public or subsidized housing where heat **is** included in your rent **and** your rent is **more than \$380 per month**.
- If you live in either public or subsidized housing where heat **is** included in your rent, but you pay a utility company for your electricity.

If you have any of these circumstances, you should report and verify this information to your Food Stamp Center to find out if you **may** be eligible for more Food Stamp Benefits if you do not participate in NYSNIP.

**AUTHORIZED REPRESENTATIVE SECTION** – If you are an Authorized Representative fill out this section.

You can authorize someone who knows your household circumstances to handle matters related to your food stamp case (such as providing and verifying the information requested above) for you. You can also authorize someone outside your household to use your food stamp benefits to buy food for you. . If you want to do this, have your authorized representative sign in the signature section at the bottom of this page, and print the person's name, address and phone number below.

Print Authorized Representative's Name: \_\_\_\_\_

Auth. Rep. Phone Number:

( )

Authorized Representative's Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**SIGNATURE SECTION** - Make sure to do the following:

- Print the Recipient's Name and Social Security Number, if known.
- Sign, Date and Return this form to the address listed on the first page of this form.

Print the Recipient's Name: \_\_\_\_\_

Print the Recipient's Social Security Number (if known): \_\_\_\_\_

Recipient/Authorized Representative Signature

Date Signed

X

We are pleased that you participate in the Food Stamp Program and would like for you to continue to participate.

## **Applicant/Recipient Rights and Responsibilities for the Food Stamp Program**

**FOOD STAMP BENEFITS (FS) PENALTY WARNING** - Any information you provide in connection with your food stamp case is subject to verification by Federal, State and local officials. If any information is incorrect, your food stamp case may be closed. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get Food Stamp Benefits (FS) again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your: ■ First IPV, you will not be able to get FS for one year. ■ Second IPV, you will not be able to get FS for two years. A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system. You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

**CONSENT** – As a participant in the New York State Nutrition Improvement Project, I understand that by redeeming Food Stamp Benefits I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for FS. If additional information is requested, I will provide it, I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

**PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN)** – The collection of SSN's is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code Sections 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

**NON-DISCRIMINATION NOTICE** – In accordance with Federal Law and United States Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to apply for Food Stamp Benefits (FS) for you. If you do, have them sign in the appropriate signature section at the bottom of this page. You can also authorize someone outside your household to use your FS to buy food for you. If you would like to authorize someone, print the person's name, address and phone number below.

# nysnip cns request

---

**Date:** 3/10/2004

**To:** Tom Hedderman

**From:** Ron Jackowitz

**RE:** CNS Paragraph CO151

---

Pursuant to the NYSNIP/CNS conversation we had on Tuesday, Paragraph Number CO151, FS Approval: NYSNIP, which has the top priority amongst the various notices, needs some tweaking beyond what we discussed. This is as a result of the two opening codes we've created, one for Shelter Types 94 – 97 (A25) and one for Type 98 (A39). Paragraph CO151 makes reference to both scenarios, yet because we have different opening codes it will be necessary to create a separate paragraph for a situation where the STORED BUDGET SHELTER TYPE (11-121) DOES NOT = 98.

## Case Examples

- **Managing cases transitioning in and out of NYSNIP**
  - **Transferring NYSNIP cases between districts**

### Moving a FS Case into NYSNIP

#### Case Example 1:

A TA FS recipient is living alone in the community and begins receiving SSI. The TA case is listed on a daily SDX Exception list for NYSNIP. (FS cases eligible for NYSNIP and **active TA** will be listed as exceptions on daily SDX reports) The household is eligible to participate in NYSNIP and must be included as a project cases (unless benefits would be less). The worker must close the TA case and process a FS separate determination and include the household in NYSNIP.

#### Processing a NYSNIP FS separate determination:

- Close the TA case
- Calculate the regular FS benefit (do not store the budget)
- Calculate the NYSNIP FS benefit (do not store the budget)
- Compare benefit amounts and store the NYSNIP budget if the benefit amount is the same or greater than the regular benefit amount (**note:** the NYSNIP benefit amount may be less than the last TA FS benefit amount issued).
- Open NYSNIP FS case and extend certification period to 48 months from the original authorization “from” date.
- Notify the household by entering CNS FS case reason code **B27** (FS benefits remain the same or increase) or **B28** (FS benefits reduced).

#### Case Example 2:

A NPA FS household is not automatically converted into NYSNIP but it’s determined at recertification that the household would benefit as a participant in NYSNIP. This FS household was not automatically converted into NYSNIP because the automated conversion logic showed that the household would receive less benefits as a NYSNIP participant than as a non-NYSNIP participant. At recertification, the household reports a new address and still has low shelter costs but is ineligible for either the HT/AC SUA or the Utility SUA.

#### Changing a regular FS case to a NYSNIP Case at recertification:

- Calculate the regular FS benefit with new changes (do not store the budget).
- Calculate a NYSNIP FS benefit with new changes (do not store the budget).
- Compare benefit amounts and store the NYSNIP budget if the benefit amount is the same or greater than the regular benefit amount (**note:** the NYSNIP benefit amount may be less than the last FS benefit amount issued).

- ❑ Open NYSNIP FS case and authorize a 48 - month certification period.
- ❑ Notify the household by entering CNS FS case reason code **B27** (FS benefits remain the same or increase) or **B28** (FS benefits reduced). (The **B27** and **B28** are currently used to extend the FS case certification period to 48 months for NYSNIP with transaction type code **05**. Transaction type **06** is currently being made operational, and recert specific codes are being developed.)

### **Moving a FS case out of NYSNIP**

#### **Case Example 3:**

A NYSNIP case is authorized from 6/1/04 to 5/31/08. The daily SDX report received in the 17<sup>th</sup> month shows a change in living arrangements. The household member is now married and no longer meets the required SSI living alone status for NYSNIP. Her husband is also on SSI.

#### **Changing the NYSNIP case to a FS case:**

- ❑ Determine how far the household is into the certification period. In this example, the household is in the 17<sup>th</sup> month.
- ❑ Determine what's the maximum certification period permitted with the new circumstances. In this example, all adults are disabled and therefore the household is eligible for a 24 month certification period.
- ❑ Determine if a recertification or request for contact (RFC) is needed. In this example, the certification period is shortened to 24 months with a new certification "to" date of 5/31/06.
- ❑ Notify the household by entering CNS code **B23** (Return to regular FS from NYSNIP. FS benefits remain the same, increase, or decrease)

#### **Case Example 4:**

A NYSNIP case is authorized from 6/1/04 to 5/31/08. The daily SDX report received in the 14<sup>th</sup> month (7/05) of the certification period shows that the household has lost active SSI live alone payment status.

#### **Changing the NYSNIP case to a FS case:**

- ❑ Determine how far the household is into the certification period. In this example, the household is in the 14<sup>th</sup> month.
- ❑ Determine what's the maximum certification period permitted with the new circumstances. In this example, it is determined the household is no longer disabled under Federal and Medicaid definition. The household is eligible for a 12 month certification period.
- ❑ Determine if a recertification or request for contact (RFC) is needed. In this example, because more than 10 months have already elapsed of the 48 month certification period, the household must be called-in to recertify.
- ❑ Notify the household using CNS code **Z75** ( recert call-in without shortening the certification period.)

## **NYSNIP move out of District**

### **Case Example 5:**

A NYSNIP case is authorized from 6/1/04 to 5/31/08 by County A. The daily SDX report received in 7/04 shows that the household has moved from County A to County B. Both County A and B are aware of the move per the SDX report.

#### **County A will-**

- ❑ Close the NYSNIP case the end of the month following the month the SDX report is received. In this example, the case is closed 8/31/04.
- ❑ Notify the household the case is closed effective 8/31/04.

#### **County B will -**

- ❑ Open the NYSNIP case effective the second month following the month of the SDX report. In this example, the case is opened 9/1/04 by County B.
- ❑ Determine the certification period based on the original “from” date. In this example, the authorization period is from 9/1/04 to 5/31/08.
- ❑ Determine the shelter type based on the SDX information. A shelter type 97 is used if no new shelter and utility information for the new address is found on the SDX.
- ❑ Calculate the NYSNIP benefit amount.
- ❑ Notify the household using CNS code **A39** (FS Approval for NYSNIP)
- ❑ If a shelter type 97 is used, send the household the LDSS 4841, NYSNIP Information Collection Sheet to attempt to get new shelter and utility costs.

### **Case Example 6:**

A NYSNIP case is authorized from 6/1/04 to 5/31/08 by County X. On 7/15/04, the household reports to County X that it will be moving to County Z on 8/1/04. The household provides verification of the new shelter and utility costs to county X.

#### **County X will-**

- ❑ Close the NYSNIP case the month following the month of the move **or the month following the move is reported**. In this example, the case is closed 9/30/04.
- ❑ Notify the household the case is closed 9/30/04.
- ❑ County X will notify County Z and will provide new and verified information.

#### **County Z will-**

- ❑ Open the NYSNIP case effective the second month following the month of the move or the month the move was reported. In this example, the case is opened 10/1/04.
- ❑ Determine the certification period based on the original “from” date. In this example, the authorization period is from 10/1/04 to 5/31/08.
- ❑ Determine the shelter type based on the new information from County X.



- ❑ Calculate the NYSNIP benefit amount.
- ❑ Notify the household using CNS code **A39** (FS Approval for NYSNIP)

**Case Example 7:**

A NYSNIP case is authorized from 6/1/04 to 5/31/08 and has moved from County C to County D on 7/1/04. The household does not report the move to county C but reports the move to the County D on 9/15/04. County D reports the move to County C on 10/1/04.

**County C will:**

- ❑ Close the NYSNIP case the month following the month County D reports the move to County C. In this example, the case is closed 11/30/04.
- ❑ Notify the household the case is closed 11/30/04.

**County D will:**

- ❑ Open the NYSNIP case effective the second month following the month of the move or the month the move was reported. In this example, the case is opened 12/1/04.
- ❑ Determine the certification period based on the original “from” date. In this example, the authorization period is from 12/1/04 to 5/31/08.
- ❑ Determine the shelter type based on the new information received from the household.
- ❑ Calculate the NYSNIP benefit amount.
- ❑ Notify the household using CNS code **A39** (FS Approval for NYSNIP)

## NYSNIP BACKGROUND

- Vulnerable Population: Elderly and Disabled
- Greatly underserved population: Only about 60% of SSI Code A/A Individuals participate in the FSP in NYS
- Payment Accuracy Advantages
- Administrative Savings

---

---

---

---

---

---

---

---

## NYSNIP BACKGROUND

- Categorically Eligible Food Stamp Population: SSI Code A/A Live-Alone Individuals
- Agreement w/USDA on standardized benefit levels
- Agreement w/ SSA to ask 2 questions to willing SSI applicants/recipients

---

---

---

---

---

---

---

---

## HOW NYSNIP WORKS

- Similar MA-SSI auto case creation
- NYSOTDA will use data, passed to the State daily via the SDX (State Data Exchange between SSA and the states), to automatically open Food Stamp cases for SSI Individuals in WMS or convert an existing FS case to NYSNIP

---

---

---

---

---

---

---

---

## WHO IS IN?

- **SSI Code A/A Individuals** – That is, SSI individuals living alone in the community. This is the **only** group that will be part of this project.

---

---

---

---

---

---

---

---

## WHO IS NOT IN?

- **SSI Code A/A Couples** are not in
- **SSI Code A/B Individuals**, that is, SSI individuals living w/other non-SSI individuals are not in
- SSI Individuals residing in **Group Living Arrangements** are not in

---

---

---

---

---

---

---

---

## 3 FACTORS THAT DETERMINE THE BENEFIT AMOUNT

- **The Three Factors Are As Follows:**
  - ✓ Are the Shelter Costs “High” or “Low”?
  - ✓ (Current threshold for “high” is \$190.01.)
  - ✓ Is he/she **eligible for the full Heating/Air Conditioning SUA?**
  - ✓ Is there **income in the case in addition to the SSI income?**

---

---

---

---

---

---

---

---

## HOW ARE BENEFIT LEVELS DESIGNATED

- Five Shelter Type Codes, unique to NYSNIP, along with the presence or absence of income in addition to SSI income are used to designate the benefit tiers
- The Shelter Type Codes are 94, 95, 96, 97 and 98

---

---

---

---

---

---

---

---

## PROJECT SHELTER TYPE DEFINITION MATRIX

SHELTER TYPE	SHELTER COST	SUA ELIGIBLE
94	HIGH	YES
95	LOW	YES
96	HIGH	NO
97	LOW	NO
98	DON'T KNOW	DON'T KNOW

---

---

---

---

---

---

---

---

Shelter Type	Income Source	Monthly FS Benefit		
		NYC	Nas./Suff	Upstate
94	SSI Only	\$141	\$141	\$141
	+ Other	\$141	\$141	\$127
95	SSI Only	\$103	\$94	\$80
	+ Other	\$96	\$87	\$73
96	SSI Only	\$26	\$26	\$26
	+ Other	\$22	\$22	\$22

---

---

---

---

---

---

---

---

Shelter Type	Income Source	Monthly FS Benefit		
		NYC	Nas./Suff	Upstate
97	SSI Only	\$20	\$20	\$20
	+ Other	\$16	\$16	\$16
98	SSI Only	\$20	\$20	\$20
	+ Other	\$16	\$16	\$16

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Current Status**

- **Initial conversion of existing NYSNIP-eligible cases was completed**
  - ✓ July 2003 in New York City (~83,000 out of ~111,000)
  - ✓ December 2003 for the Rest of State (~33,000 out of ~51,000)
- **Subsequent conversions will be scheduled periodically** to bring eligible cases that would benefit into NYSNIP

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two**

- **Phase Two** - Opening of *new* food stamp cases for NYSNIP-eligible SSI recipients currently **not** receiving FS, and processing of SDX under care changes
- New openings will be phased in over six months, from June through November/December 2004

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two - Schedule**

- NYC implementation will be geographic (by ZIP Codes)
- Rest of State implementation will be phased in according to the last digit of the SSN
  - ✓ First Month – SSNs ending in '1'
  - ✓ Second Month – SSNs ending in '2'
  - ✓ Third Month – '3' and '4',
  - ✓ Next Three Months – two digits at a time

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two – The Work**

- Monthly lists of cases to be opened
- Districts have 10 days from case opening run date to assign case numbers

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two – The Work**

- Process returned Shelter Type 98 Information Collection Sheets
  - Shelter/Housing Cost Information
  - Heating/Air Conditioning SUA Information
  - Utility SUA information
  - HEAP Auto-Pay Information
- Undercare change processing

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Three – Description**

- Opening of the Combined Application Process (NYCAP) with SSA
  - SSA will begin to ask two NYSNIP-related questions as part of SSI eligibility and re-determination process
  - SSA will begin to collect and transmit responses to these questions to OTDA via the SDX

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Three – Description**

- Opening of the Combined Application Process (NYCAP) with SSA (*cont*)
  - OTDA will begin using this information to auto-open NYSNIP cases at all benefit tiers
- Target date for opening of NYCAP is July/August 2004

---

---

---

---

---

---

---

---

**WHAT WILL SSA DO?**

- Current “Joint Application Process” w/SSA will be supplemented, for the project-eligible population, with the “Combined Application Process”
- SSA, on certain occasions, will ask **willing** SSI applicants and recipients two questions

---

---

---

---

---

---

---

---

## WHAT WILL SSA DO?

### The 2 Questions SSA Will Ask Are

- Is the applicant/recipient's **SHELTER COST AT OR ABOVE [THE] STATE STANDARD** of \$190.01?
- Does the applicant/recipient live in **SUBSIDIZED HOUSING WITH HEAT INCLUDED IN THE RENT?**

---

---

---

---

---

---

---

---

## WHAT WILL SSA DO?

- SSA will ask the two questions or update the information on three occasions:
  - ✓ **Application**
  - ✓ **Re-determination**
  - ✓ **When making a related change intrinsic to the administration of the SSI case, e.g., an address change**

---

---

---

---

---

---

---

---

## WHAT SSA WILL NOT DO

- **Process Reported Changes** when the change is not intrinsic to the administration of the SSI case
- **Process Interim Contacts and Recertifications**

---

---

---

---

---

---

---

---



**WHAT DISTRICTS WILL DO UNDER CAP**

- Districts initially will have 10 days from case opening run date to assign case numbers
- Process returned Information Collection Sheets for Shelter Types 94 through 97
  - HEAP Auto-pay Information.
- Undercare change processing

---

---

---

---

---

---

---

---

**WHAT DISTRICTS WILL DO UNDER CAP**

- **Accept and Process Applications** from SSI applicants/recipients not participating in the project
- **Process Interim Contacts and Recertifications**
- **Process certain SDX changes and other reported and verified changes**

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES**

**Automatic Changes from SDX Data**

- **Death** -> Case Closed
  - **Moved Out of State** -> Case Closed
  - **Moved Out of District\* (NYC Only)** -> Case Closed
- \* (Moves from upstate districts to NYC also will be auto-closed.)

---

---

---

---

---

---

---

---

## PROCESSING SDX CHANGES

### Worker-Processed SDX Changes: Upstate District to Upstate District Move

- “From” district and “to” district will be notified of county to county moves via daily SDX change reports available through BICS

---

---

---

---

---

---

---

---

## PROCESSING SDX CHANGES

### Worker-Processed SDX Changes: Upstate District to Upstate District Move

- “From” district will close the case at the end of the month following the month of the SDX report of move.
- “To” district will open a case beginning the second month following the month of the SDX report of move.

---

---

---

---

---

---

---

---

## PROCESSING SDX CHANGES

### Worker-Processed SDX Changes: No Longer Eligible for NYSNIP

- **Change in Living Arrangement**
  - Got Married – Could now be A/A couple
  - No Longer Code A/A
- **Loss of SSI Income**
  - No Longer Coded “C01- Active Pay Status”\*

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES:  
Living Arrangements**

- Determining the household's living arrangement is SSA's job
- It is **not** the local district's job to investigate rumors and suspicions that contradict SSA's determination, and...
- NYSNIP participants are not required to report changes in their living arrangements to the LDSS

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES:  
Living Arrangements**

- But what if I have information that contradicts SSA's LA determination?
  - Was the info reported **and verified**?
  - Is it currently valid?
  - If so, does it prove that the NYSNIP participant is **not** eligible to be a separate food stamp household? (See Section V of the FS Source Book).
  - If so, then you must act on that info.

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES:  
Loss of Active (C01) Pay Status**

- Many who lose SSI Active (C01) Pay Status will regain it within 30 days
- Closed cases that are restored to Active Pay Status will be re-opened automatically

---

---

---

---

---

---

---

---

**ASSESSING CONTINUING  
ELIGIBILITY of Project Leavers**

Basic Questions:

- How far (months) into the certification period?
- What's the maximum cert period permitted with new circumstances?
- In need of recertification or RFC?

---

---

---

---

---

---

---

---

**Processing a NYSNIP FS  
separate determination  
Example 1**

- Close the TA case
- Calculate the regular FS benefit
- Calculate the NYSNIP FS benefit
- Compare benefit amounts and store the NYSNIP budget if the benefit amount is = to or > regular benefit amount

---

---

---

---

---

---

---

---

**Processing a NYSNIP FS  
separate determination  
Example 1**

- Open NYSNIP FS case and extend certification period to 48 months from the original authorization "from" date
- Notify the household by entering CNS FS case reason code B27 or B28

---

---

---

---

---

---

---

---

**Changing a regular FS case to a NYSNIP case at recertification  
Example 2**

- Calculate the regular FS benefit with new changes
- Calculate a NYSNIP FS benefit with new changes
- Compare benefit amounts and store the NYSNIP budget if the benefit amount is = or > regular benefit amount

---

---

---

---

---

---

---

---

**Changing a regular FS case to a NYSNIP case at recertification  
Example 2**

- Open NYSNIP FS case and authorize a 48- month certification period
- Notify the household by entering CNS FS case reason code B27 or B28

---

---

---

---

---

---

---

---

**Changing a NYSNIP case to a FS case**

- Determine how far the household is into the certification period
- Determine what's the maximum certification period permitted with the new circumstances
- Determine if a recertification or request for contact (RFC) is needed
- Notify the household by entering CNS code B23 or CNS code Z7

---

---

---

---

---

---

---

---

**Changing a NYSNIP case to a FS case  
Example 3**

- Household is in the 17<sup>th</sup> month
- All adults are disabled, therefore the household is eligible for a 24 month certification period
- Certification period is shortened to 24 months with a new certification "to" date of 5/31/06
- Notify household by entering CNS code B23(return to regular FS from NYSNIP. FS benefits remain the same, increase, or decrease)

---

---

---

---

---

---

---

---

**Changing a NYSNIP case to a FS case  
Example 4**

- Household is in the 14<sup>th</sup> month
- Household is no longer disabled under the Federal and Medicaid def. Household is eligible for a 12 month certification period
- More than 10 months have elapsed of the 48 month certification period, household must be called-in to recertify
- Notify the household using CNS code Z75 (recertification call-in without shortening the certification period)

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 5**

- County A will—
- Close the NYSNIP case the end of the month following the month the SDX report is received, i.e., 8/31/04
  - Notify the household case closed, i.e., effective 8/31/04

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 5**

County B will—

- Open NYSNIP case effective the second month following the month of the SDX report, i.e., case opened 9/1/04
- Determine the cert. period based on the original "from" date, i.e., authorization period 9/1/04 to 5/3/08
- Determine the shelter type based on the SDX info. A shelter type 97 is used if no new shelter and utility info for new address is on SDX.

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 5**

County B will—

- Calculate the NYSNIP benefit amount
- Notify the household using CNS A39
- If a shelter type 97 is used, sent the household the LDSS 4841, NYNIP Information Collection Sheet to attempt to get new shelter and utility costs

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 6**

County X will—

- Close the NYSNIP case the month following the month of the move or the month following the move is reported, i.e., case closed 9/30/04
- Notify the household the case is closed 9/30/04
- Notify County Z and provide new and verified info

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 6**

County Z will—

- Open NYSNIP case effective the second month following the month of the SDX report , i.e., case opened 10/1/04
- Determine the certification period based on the original "from" date , i.e., authorization period 10/1/04 to 5/3/08
- Determine the shelter type based on the new info from County X

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 6**

County Z will—

- Calculate the NYSNIP benefit amount.
- Notify the household using CNS A39

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 7**

County C will—

- Close NYSNIP case the month following the month County D reports the move to County C , i.e., case is closed 11/30/04
- Notify the household the case is closed 11/30/04

---

---

---

---

---

---

---

---



**NYSNIP move out of District  
Example 7**

County D will—

- Open the NYSNIP case effective the second month following the month of the move or the month the move was reported, i.e., case opened 12/1/04
- Determine the cert. Period based on the original "from" date , i.e., authorization period is from 12/1/04 to 5/31/08

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 7**

County D will—

- Determine the shelter type based on the new info received from the household
- Calculate the NYSNIP benefit amount
- Notify household using CNS code A39.S

---

---

---

---

---

---

---

---

**PROCESSING REPORTED  
CHANGES**

- **Remember!** There are *no* mandatory reporting requirements for NYSNIP participants, except at the interim contact and recertification
- **But, changes that are** voluntarily reported **and verified must be processed** if they would affect the benefit amount or disqualify for the project

---

---

---

---

---

---

---

---

## PROCESSING REPORTED CHANGES

**What the local district still must do:**

- Districts must process certain reported and verified changes, e.g.,
  - Address changes,
  - Changes in shelter costs or utility situation that could affect the benefit amount,
  - Loss of **non-SSD** "other" income,
  - Move to project-ineligible living arrangement

---

---

---

---

---

---

---

---

## PROCESSING REPORTED CHANGES

**What the local district still must do:**

- Change certification periods for project leavers.

---

---

---

---

---

---

---

---

## WHAT WILL THE CASES LOOK LIKE?

- Project cases will be identifiable in several ways:
  - ✓ Shelter Type Codes 94 through 98
  - ✓ 'S' in the **Special Project Code Indicator Field** on "Screen 1" of the DSS-3209 (Upstate WMS Only)
  - ✓ 'S' in the **Aged/Disabled Indicator Field** on the ABEL budget (Upstate only)

---

---

---

---

---

---

---

---

**WHAT WILL THE CASES  
LOOK LIKE?**

- For existing FS cases being converted to the project, certain information – such as, fuel type and utility vendor info – will be carried over into the new ABEL budget in order to facilitate the HEAP auto-pay
- Actual shelter amount and, obviously, Shelter Type will not be carried over

---

---

---

---

---

---

---

---

**WHAT WILL THE CASES  
LOOK LIKE?**

- Actual income amounts from the SDX will populate the income fields on the ABEL budget
- Cases will be included in the October and January SSI COLA mass re-budgeting

---

---

---

---

---

---

---

---

**WHAT WILL THE CASES  
LOOK LIKE?**

- **Certification periods of up to 48 months**
- As with the MA-SSI automatic case creation process, **local districts will be able to assign a case number**
- As with the MA-SSI automatic case creation process, we will provide you with reports of new cases coming on

---

---

---

---

---

---

---

---

## WHAT WILL THE CASES LOOK LIKE?

- Cases being opened via the CAP w/SSA will have the FS case opened the month following the determination of SSI eligibility
- For current FS cases, if we get the SSI eligibility info after the 20<sup>th</sup> of the month, the NYSNIP case will be opened the second month following

---

---

---

---

---

---

---

---

## PARTICIPATION IN NYSNIP

- Existing **project-eligible FS cases that would lose benefits by being included in NYSNIP, will not be included automatically** in the project, but may choose to join
- Project participants who would receive more FS benefits as a non-project FS case may choose to leave the project. All others required to participate

---

---

---

---

---

---

---

---

## COMING SOON

- **Post Conversion Conference Calls – TBA**
- **NYSNIP ADM and Q & A INF.** Fall 2004.
- **Outreach – With Community Groups & OFA.** (Spring/Summer 2004)  
-Joint LCM with OFA
- **On-site NYSNIP Training – Available Summer 2004**

---

---

---

---

---

---

---

---

## Policy Directives

- ABEL 03-6 and ABEL 03-7 Addendum
- WMS/CNS Coordinator Letters
  - October 23, 2003
  - October 24, 2003
  - November 5, 2003
- GIS 03 TA/WMS028
- GIS 03 TA/WMS029

---

---

---

---

---

---

---

---

## Evaluations and Handouts

Internet:  
<http://www.dfa.state.ny.us/ohrd>  
Intranet:  
<http://sdssnet5/ohrd>

---

---

---

---

---

---

---

---

## OTDA Next Teleconference

**Food Stamp Claims**

**Thursday June 3, 2004  
1:30-3:30**

---

---

---

---

---

---

---

---

## NYSNIP BACKGROUND

- Vulnerable Population: Elderly and Disabled
- Greatly underserved population: Only about 60% of SSI Code A/A Individuals participate in the FSP in NYS
- Payment Accuracy Advantages
- Administrative Savings

---

---

---

---

---

---

---

---

## NYSNIP BACKGROUND

- Categorically Eligible Food Stamp Population: SSI Code A/A Live-Alone Individuals
- Agreement w/USDA on standardized benefit levels
- Agreement w/ SSA to ask 2 questions to willing SSI applicants/recipients

---

---

---

---

---

---

---

---

## HOW NYSNIP WORKS

- Similar MA-SSI auto case creation
- NYSOTDA will use data, passed to the State daily via the SDX (State Data Exchange between SSA and the states), to automatically open Food Stamp cases for SSI Individuals in WMS or convert an existing FS case to NYSNIP

---

---

---

---

---

---

---

---

## WHO IS IN?

- **SSI Code A/A Individuals** – That is, SSI individuals living alone in the community. This is the **only** group that will be part of this project.

---

---

---

---

---

---

---

---

## WHO IS NOT IN?

- **SSI Code A/A Couples** are not in
- **SSI Code A/B Individuals**, that is, SSI individuals living w/other non-SSI individuals are not in
- SSI Individuals residing in **Group Living Arrangements** are not in

---

---

---

---

---

---

---

---

## 3 FACTORS THAT DETERMINE THE BENEFIT AMOUNT

- **The Three Factors Are As Follows:**
  - ✓ Are the Shelter Costs “High” or “Low”?
  - ✓ (Current threshold for “high” is \$190.01.)
  - ✓ Is he/she **eligible for the full Heating/Air Conditioning SUA?**
  - ✓ Is there **income in the case in addition to the SSI income?**

---

---

---

---

---

---

---

---

## HOW ARE BENEFIT LEVELS DESIGNATED

- Five Shelter Type Codes, unique to NYSNIP, along with the presence or absence of income in addition to SSI income are used to designate the benefit tiers
- The Shelter Type Codes are 94, 95, 96, 97 and 98

---

---

---

---

---

---

---

---

## PROJECT SHELTER TYPE DEFINITION MATRIX

SHELTER TYPE	SHELTER COST	SUA ELIGIBLE
94	HIGH	YES
95	LOW	YES
96	HIGH	NO
97	LOW	NO
98	DON'T KNOW	DON'T KNOW

---

---

---

---

---

---

---

---

Shelter Type	Income Source	Monthly FS Benefit		
		NYC	Nas./Suff	Upstate
94	SSI Only	\$141	\$141	\$141
	+ Other	\$141	\$141	\$127
95	SSI Only	\$103	\$94	\$80
	+ Other	\$96	\$87	\$73
96	SSI Only	\$26	\$26	\$26
	+ Other	\$22	\$22	\$22

---

---

---

---

---

---

---

---



Shelter Type	Income Source	Monthly FS Benefit		
		NYC	Nas./Suff	Upstate
97	SSI Only	\$20	\$20	\$20
	+ Other	\$16	\$16	\$16
98	SSI Only	\$20	\$20	\$20
	+ Other	\$16	\$16	\$16

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Current Status**

- **Initial conversion of existing NYSNIP-eligible cases was completed**
  - ✓ July 2003 in New York City (~83,000 out of ~111,000)
  - ✓ December 2003 for the Rest of State (~33,000 out of ~51,000)
- **Subsequent conversions will be scheduled periodically** to bring eligible cases that would benefit into NYSNIP

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two**

- **Phase Two** - Opening of *new* food stamp cases for NYSNIP-eligible SSI recipients currently **not** receiving FS, and processing of SDX under care changes
- New openings will be phased in over six months, from June through November/December 2004

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two - Schedule**

- NYC implementation will be geographic (by ZIP Codes)
- Rest of State implementation will be phased in according to the last digit of the SSN
  - ✓ First Month – SSNs ending in '1'
  - ✓ Second Month – SSNs ending in '2'
  - ✓ Third Month – '3' and '4',
  - ✓ Next Three Months – two digits at a time

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two – The Work**

- Monthly lists of cases to be opened
- Districts have 10 days from case opening run date to assign case numbers

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Two – The Work**

- Process returned Shelter Type 98 Information Collection Sheets
  - Shelter/Housing Cost Information
  - Heating/Air Conditioning SUA Information
  - Utility SUA information
  - HEAP Auto-Pay Information
- Undercare change processing

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Three – Description**

- Opening of the Combined Application Process (NYCAP) with SSA
  - SSA will begin to ask two NYSNIP-related questions as part of SSI eligibility and re-determination process
  - SSA will begin to collect and transmit responses to these questions to OTDA via the SDX

---

---

---

---

---

---

---

---

**PROJECT IMPLEMENTATION:  
Phase Three – Description**

- Opening of the Combined Application Process (NYCAP) with SSA (*cont*)
  - OTDA will begin using this information to auto-open NYSNIP cases at all benefit tiers
- Target date for opening of NYCAP is July/August 2004

---

---

---

---

---

---

---

---

**WHAT WILL SSA DO?**

- Current “Joint Application Process” w/SSA will be supplemented, for the project-eligible population, with the “Combined Application Process”
- SSA, on certain occasions, will ask **willing** SSI applicants and recipients two questions

---

---

---

---

---

---

---

---

## WHAT WILL SSA DO?

### The 2 Questions SSA Will Ask Are

- Is the applicant/recipient's **SHELTER COST AT OR ABOVE [THE] STATE STANDARD** of \$190.01?
- Does the applicant/recipient live in **SUBSIDIZED HOUSING WITH HEAT INCLUDED IN THE RENT?**

---

---

---

---

---

---

---

---

## WHAT WILL SSA DO?

- SSA will ask the two questions or update the information on three occasions:
  - ✓ **Application**
  - ✓ **Re-determination**
  - ✓ **When making a related change intrinsic to the administration of the SSI case, e.g., an address change**

---

---

---

---

---

---

---

---

## WHAT SSA WILL NOT DO

- **Process Reported Changes** when the change is not intrinsic to the administration of the SSI case
- **Process Interim Contacts and Recertifications**

---

---

---

---

---

---

---

---

**WHAT DISTRICTS WILL DO UNDER CAP**

- Districts initially will have 10 days from case opening run date to assign case numbers
- Process returned Information Collection Sheets for Shelter Types 94 through 97
  - HEAP Auto-pay Information.
- Undercare change processing

---

---

---

---

---

---

---

---

**WHAT DISTRICTS WILL DO UNDER CAP**

- **Accept and Process Applications** from SSI applicants/recipients not participating in the project
- **Process Interim Contacts and Recertifications**
- **Process certain SDX changes and other reported and verified changes**

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES**

**Automatic Changes from SDX Data**

- **Death** -> Case Closed
  - **Moved Out of State** -> Case Closed
  - **Moved Out of District\* (NYC Only)** -> Case Closed
- \* (Moves from upstate districts to NYC also will be auto-closed.)

---

---

---

---

---

---

---

---

## PROCESSING SDX CHANGES

### Worker-Processed SDX Changes: Upstate District to Upstate District Move

- “From” district and “to” district will be notified of county to county moves via daily SDX change reports available through BICS

---

---

---

---

---

---

---

---

## PROCESSING SDX CHANGES

### Worker-Processed SDX Changes: Upstate District to Upstate District Move

- “From” district will close the case at the end of the month following the month of the SDX report of move.
- “To” district will open a case beginning the second month following the month of the SDX report of move.

---

---

---

---

---

---

---

---

## PROCESSING SDX CHANGES

### Worker-Processed SDX Changes: No Longer Eligible for NYSNIP

- **Change in Living Arrangement**
  - Got Married – Could now be A/A couple
  - No Longer Code A/A
- **Loss of SSI Income**
  - No Longer Coded “C01- Active Pay Status”\*

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES:  
Living Arrangements**

- Determining the household's living arrangement is SSA's job
- It is **not** the local district's job to investigate rumors and suspicions that contradict SSA's determination, and...
- NYSNIP participants are not required to report changes in their living arrangements to the LDSS

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES:  
Living Arrangements**

- But what if I have information that contradicts SSA's LA determination?
  - Was the info reported **and verified**?
  - Is it currently valid?
  - If so, does it prove that the NYSNIP participant is **not** eligible to be a separate food stamp household? (See Section V of the FS Source Book).
  - If so, then you must act on that info.

---

---

---

---

---

---

---

---

**PROCESSING SDX CHANGES:  
Loss of Active (C01) Pay Status**

- Many who lose SSI Active (C01) Pay Status will regain it within 30 days
- Closed cases that are restored to Active Pay Status will be re-opened automatically

---

---

---

---

---

---

---

---

**ASSESSING CONTINUING  
ELIGIBILITY of Project Leavers**

Basic Questions:

- How far (months) into the certification period?
- What's the maximum cert period permitted with new circumstances?
- In need of recertification or RFC?

---

---

---

---

---

---

---

---

**Processing a NYSNIP FS  
separate determination  
Example 1**

- Close the TA case
- Calculate the regular FS benefit
- Calculate the NYSNIP FS benefit
- Compare benefit amounts and store the NYSNIP budget if the benefit amount is = to or > regular benefit amount

---

---

---

---

---

---

---

---

**Processing a NYSNIP FS  
separate determination  
Example 1**

- Open NYSNIP FS case and extend certification period to 48 months from the original authorization "from" date
- Notify the household by entering CNS FS case reason code B27 or B28

---

---

---

---

---

---

---

---



**Changing a regular FS case to a NYSNIP case at recertification  
Example 2**

- Calculate the regular FS benefit with new changes
- Calculate a NYSNIP FS benefit with new changes
- Compare benefit amounts and store the NYSNIP budget if the benefit amount is = or > regular benefit amount

---

---

---

---

---

---

---

---

**Changing a regular FS case to a NYSNIP case at recertification  
Example 2**

- Open NYSNIP FS case and authorize a 48- month certification period
- Notify the household by entering CNS FS case reason code B27 or B28

---

---

---

---

---

---

---

---

**Changing a NYSNIP case to a FS case**

- Determine how far the household is into the certification period
- Determine what's the maximum certification period permitted with the new circumstances
- Determine if a recertification or request for contact (RFC) is needed
- Notify the household by entering CNS code B23 or CNS code Z7

---

---

---

---

---

---

---

---

**Changing a NYSNIP case to a FS case  
Example 3**

- Household is in the 17<sup>th</sup> month
- All adults are disabled, therefore the household is eligible for a 24 month certification period
- Certification period is shortened to 24 months with a new certification "to" date of 5/31/06
- Notify household by entering CNS code B23(return to regular FS from NYSNIP. FS benefits remain the same, increase, or decrease)

---

---

---

---

---

---

---

---

**Changing a NYSNIP case to a FS case  
Example 4**

- Household is in the 14<sup>th</sup> month
- Household is no longer disabled under the Federal and Medicaid def. Household is eligible for a 12 month certification period
- More than 10 months have elapsed of the 48 month certification period, household must be called-in to recertify
- Notify the household using CNS code Z75 (recertification call-in without shortening the certification period)

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 5**

- County A will—
- Close the NYSNIP case the end of the month following the month the SDX report is received, i.e., 8/31/04
  - Notify the household case closed, i.e., effective 8/31/04

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 5**

County B will—

- Open NYSNIP case effective the second month following the month of the SDX report, i.e., case opened 9/1/04
- Determine the cert. period based on the original "from" date, i.e., authorization period 9/1/04 to 5/3/08
- Determine the shelter type based on the SDX info. A shelter type 97 is used if no new shelter and utility info for new address is on SDX.

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 5**

County B will—

- Calculate the NYSNIP benefit amount
- Notify the household using CNS A39
- If a shelter type 97 is used, sent the household the LDSS 4841, NYNIP Information Collection Sheet to attempt to get new shelter and utility costs

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 6**

County X will—

- Close the NYSNIP case the month following the month of the move or the month following the move is reported, i.e., case closed 9/30/04
- Notify the household the case is closed 9/30/04
- Notify County Z and provide new and verified info

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 6**

County Z will—

- Open NYSNIP case effective the second month following the month of the SDX report , i.e., case opened 10/1/04
- Determine the certification period based on the original "from" date , i.e., authorization period 10/1/04 to 5/3/08
- Determine the shelter type based on the new info from County X

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 6**

County Z will—

- Calculate the NYSNIP benefit amount.
- Notify the household using CNS A39

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 7**

County C will—

- Close NYSNIP case the month following the month County D reports the move to County C , i.e., case is closed 11/30/04
- Notify the household the case is closed 11/30/04

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 7**

County D will—

- Open the NYSNIP case effective the second month following the month of the move or the month the move was reported, i.e., case opened 12/1/04
- Determine the cert. Period based on the original “from” date , i.e., authorization period is from 12/1/04 to 5/31/08

---

---

---

---

---

---

---

---

**NYSNIP move out of District  
Example 7**

County D will—

- Determine the shelter type based on the new info received from the household
- Calculate the NYSNIP benefit amount
- Notify household using CNS code A39.S

---

---

---

---

---

---

---

---

**PROCESSING REPORTED  
CHANGES**

- **Remember!** There are *no* mandatory reporting requirements for NYSNIP participants, except at the interim contact and recertification
- **But, changes that are** voluntarily reported **and verified must be processed** if they would affect the benefit amount or disqualify for the project

---

---

---

---

---

---

---

---

## PROCESSING REPORTED CHANGES

**What the local district still must do:**

- Districts must process certain reported and verified changes, e.g.,
  - Address changes,
  - Changes in shelter costs or utility situation that could affect the benefit amount,
  - Loss of **non-SSD** "other" income,
  - Move to project-ineligible living arrangement

---

---

---

---

---

---

---

---

## PROCESSING REPORTED CHANGES

**What the local district still must do:**

- Change certification periods for project leavers.

---

---

---

---

---

---

---

---

## WHAT WILL THE CASES LOOK LIKE?

- Project cases will be identifiable in several ways:
  - ✓ Shelter Type Codes 94 through 98
  - ✓ 'S' in the **Special Project Code Indicator Field** on "Screen 1" of the DSS-3209 (Upstate WMS Only)
  - ✓ 'S' in the **Aged/Disabled Indicator Field** on the ABEL budget (Upstate only)

---

---

---

---

---

---

---

---

**WHAT WILL THE CASES  
LOOK LIKE?**

- For existing FS cases being converted to the project, certain information – such as, fuel type and utility vendor info – will be carried over into the new ABEL budget in order to facilitate the HEAP auto-pay
- Actual shelter amount and, obviously, Shelter Type will not be carried over

---

---

---

---

---

---

---

---

**WHAT WILL THE CASES  
LOOK LIKE?**

- Actual income amounts from the SDX will populate the income fields on the ABEL budget
- Cases will be included in the October and January SSI COLA mass re-budgeting

---

---

---

---

---

---

---

---

**WHAT WILL THE CASES  
LOOK LIKE?**

- **Certification periods of up to 48 months**
- As with the MA-SSI automatic case creation process, **local districts will be able to assign a case number**
- As with the MA-SSI automatic case creation process, we will provide you with reports of new cases coming on

---

---

---

---

---

---

---

---

## WHAT WILL THE CASES LOOK LIKE?

- Cases being opened via the CAP w/SSA will have the FS case opened the month following the determination of SSI eligibility
- For current FS cases, if we get the SSI eligibility info after the 20<sup>th</sup> of the month, the NYSNIP case will be opened the second month following

---

---

---

---

---

---

---

---

## PARTICIPATION IN NYSNIP

- Existing **project-eligible FS cases that would lose benefits by being included in NYSNIP, will not be included automatically** in the project, but may choose to join
- Project participants who would receive more FS benefits as a non-project FS case may choose to leave the project. All others required to participate

---

---

---

---

---

---

---

---

## COMING SOON

- **Post Conversion Conference Calls – TBA**
- **NYSNIP ADM and Q & A INF.** Fall 2004.
- **Outreach – With Community Groups & OFA.** (Spring/Summer 2004)  
-Joint LCM with OFA
- **On-site NYSNIP Training – Available Summer 2004**

---

---

---

---

---

---

---

---



## Policy Directives

- ABEL 03-6 and ABEL 03-7 Addendum
- WMS/CNS Coordinator Letters
  - October 23, 2003
  - October 24, 2003
  - November 5, 2003
- GIS 03 TA/WMS028
- GIS 03 TA/WMS029

---

---

---

---

---

---

---

---

## Evaluations and Handouts

Internet:  
<http://www.dfa.state.ny.us/ohrd>  
Intranet:  
<http://sdssnet5/ohrd>

---

---

---

---

---

---

---

---

## OTDA Next Teleconference

**Food Stamp Claims**

**Thursday June 3, 2004  
1:30-3:30**

---

---

---

---

---

---

---

---