



**George E. Pataki**  
Governor

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	05-INF-14
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	August 9, 2005
<b>Subject:</b>	Revision of the LDSS-4826: "Food Stamp Benefits Application/Recertification" and LDSS-4826A: "How to Complete the Food Stamp Benefits Application/Recertification"
<b>Suggested Distribution:</b>	Food Stamp Benefits Staff Temporary Assistance Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Cash Assistance - (518) 474-9344 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749
<b>Attachments:</b>	LDSS-4826: "Food Stamp Benefits Application/Recertification" (Rev.5/05) and LDSS-4826A: "How to Complete the Food Stamp Benefits Application/Recertification" (Rev.5/05)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
03 ADM -3 04 INF-11		18NYCRR 387.5(a)	SSL 95(11)	FSSB Sections IV and VI	

## Section 2

### I. Purpose:

The purpose of this INF is twofold:

1. To introduce the revised Statewide 5/05 versions of:
  - **LDSS 4826:** “Food Stamp Benefits Application/Recertification”
  - **LDSS-4826A:** “How To Complete The Food Stamp Benefits Application/Recertification”
2. To inform local districts that the following “other than English” 5/05 versions have also been revised:
  - **LDSS-4826-AR:** “Food Stamp Benefits Application/Recertification” (Arabic)
  - **LDSS-4826A-AR:** “How To Complete the Food Stamp Benefits Application/Recertification” (Arabic)
  - **LDSS-4826-CH:** “Food Stamp Benefits Application/Recertification” (Chinese)
  - **LDSS-4826A-CH:** “How To Complete the Food Stamp Benefits Application/Recertification” (Chinese)
  - **LDSS-4826-HA:** “Food Stamp Benefits Application/Recertification” (Haitian/Creole)
  - **LDSS-4826A-HA:** “How To Complete the Food Stamp Benefits Application/Recertification” (Haitian/Creole)
  - **LDSS-4826-KO:** “Food Stamp Benefits Application/Recertification” (Korean)
  - **LDSS-4826A-KO:** “How To Complete the Food Stamp Benefits Application/Recertification” (Korean)
  - **LDSS-4826-RU:** “Food Stamp Benefits Application/Recertification” (Russian)
  - **LDSS-4826A-RU:** “How To Complete the Food Stamp Benefits Application/Recertification” (Russian)
  - **LDSS-4826-SP:** “Food Stamp Benefits Application/Recertification” (Spanish)
  - **LDSS -4826A-SP:** “How To Complete the Food Stamp Benefits Application/Recertification” (Spanish)

### II. Background

03 ADM-3 introduced the Statewide “Food Stamp Benefits Application/Recertification” forms, LDSS-4826 and LDSS-4826A. Local districts were informed at that time that they must offer these simplified forms to households that are:

- **Applying only for NTA Food Stamp benefits** (instead of the LDSS-2921: “Statewide Common Application” form and Pub. 1301: “How to Complete the Application”);
- **Recertifying for NTA Food Stamp benefits** (instead of the LDSS-3174: “Recertification Form” and Pub. 1313: “How to Complete the Recertification”). Please note that districts with combined NTA Food Stamp and Medicaid (“FSMA”) caseloads may continue to offer the “LDSS-3174: “Recertification Form” and Pub.1313: “How to Complete the Recertification” to households that are called in for a NTA Food Stamp recertification interview and are recertifying jointly for NTA Food Stamp benefits and Medicaid. This will avoid having “FSMA” households complete separate recertification forms for each program;  
**or**

- **Applying or recertifying for NTA Food Stamp benefits** as SSI recipients living alone or in group homes.

In addition, local districts were informed that they should continue to provide the Client Information Books (LDSS- 4148A, LDSS-4148B and LDSS-4148C) at Application/Recertification, including households that are not required to have a face to face interview.

### **III. Forms Revisions:**

The following is a listing of the changes and revisions to the 2/04 versions of the LDSS-4826: “Food Stamps Benefits Application/ Recertification” and LDSS-4826A: “How To Complete The Food Stamp Benefits Application/Recertification” for the 5/05 versions:

#### **Revisions to the LDSS-4826: “Food Stamp Benefits Application/Recertification”**

**General** – The revision date was **changed** on every page to (Rev.5/05).

#### **Cover:**

In the “Expedited Food Stamp Benefits Service” paragraph below the bulleted section, “five days” was **changed** to “5 calendar days” and the two “eligible” references were **changed** to “qualified”.

#### **Page 1:**

1. An additional “Race/Ethnic Affiliation Code” column titled “**U**” (Unknown (**MA-Only**)) was **added** directly to the right of “Race/Ethnic Affiliation Code” column titled “**W**” (White).
2. The definition for the “**U**” column was **added** as the last definition to the right of **W** – White.

It reads:

**U - Unknown (MA Only)**

#### **Page 2:**

“Heat Co. Acct. No. \_\_\_\_\_”, was **added** after “Heat Co. Name \_\_\_\_\_” at the bottom of the page.

#### **Page 3:**

1. The question about “air conditioning” was **moved** above the “Utilities” question at the top of the page and changed to read:

Pay for air conditioning, either in your electric bill or as a separate fee? ☐ Yes ☐ No

2. A new question was **added** directly below the “blind/disabled or at least 60” question that reads:

Are you, and/or anyone living with you, on Medicaid with a spenddown? ☐ Yes ☐ No

If yes, who \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Page 4:**

**No Changes**

**Page 5:**

1. The “Authorized Representative” section was **changed** to read:

**AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, print the person’s name, address and phone number below.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, **both** the Authorized Representative and the Food Stamp Benefits Head of Household must sign and date the signature sections at the bottom of this page.

2. The “**Lifeline**” section was **changed** to read:

**LIFELINE - For applicants/recipients of Food Stamp Benefits:** The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

**If you *do not* want this information released, check this box** .

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

3. The “Applicant/Representative Signature” section title at the bottom of the page was **changed** to “Applicant Signature”.
4. New “Authorized Representative Signature” and “Date” boxes were **added** directly below the “Applicant Signature” and “Date” boxes.

**Page 6:**

“**I CONSENT TO WITHDRAW MY APPLICATION**” was changed to “**I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION**” in the gray shaded workers area.

**Voter Registration Page:**

The most current version of the “Voter Registration Application” and “Instructions” has been attached.

**Revisions to the LDSS-4826A:**  
**“How To Complete the Food Stamp Benefits Application/Recertification”**

**General:**

The revision date was **changed** throughout to (Rev.5/05).

**Page 1:**

In the “Expedited Food Stamp Benefits Service” paragraph below the bulleted section, “five days” was **changed** to “5 calendar days” and the two “eligible” references were changed to “qualified”.

**Page 2:**

An additional, “Race/Ethnic code, “U” with the definition, U - Unknown (**MA Only**) was **added**.

**Page 3:**

A new 4<sup>th</sup> bullet was **added** to Section 7, “Living Arrangements and Expenses”.

This new 4<sup>th</sup> bullet reads:

- anyone in your household is on Medicaid, with a spenddown and if so, who and how much.

**Page 4:**

1. In Section 8, “Legal Statements”, the “Lifeline” information was **changed** to read:

For **Lifeline**, Food Stamp Benefits applicants/recipients must check (3) the box if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

2. The text in Section 9, “Signatures” was **changed** to:

Sign your name. If you are an Authorized Representative, you both must sign and date the signature sections on Page 5 of the Application/Recertification.

3. The text in 2<sup>nd</sup> paragraph of Section 10, “Food Stamp Benefits Authorized Representative” was **changed** to:

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution; **both** the Authorized Representative and the Food Stamp Benefits

Head of Household must sign in the signature sections.

**Page 5:**

No Changes

**IV. Forms Ordering**

We expect that the 5/05 versions of the Statewide LDSS-4826: “Food Stamps Benefits Application/Recertification” (English) and LDSS-4826A: “How To Complete The Food Stamp Benefits Application/Recertification” (English) will be delivered to the Upstate (Albany) and HRA (New York City) warehouses sometime in September 2005. All districts **will** automatically receive an initial supply of these revised English forms.

Printing of the “other than English Forms” in Arabic, Chinese, Haitian/Creole, Korean, Russian and Spanish, will follow. When the “other than English” versions are printed, **only New York City** will automatically receive supplies. All other districts must order supplies of the “other than English” forms using the procedure described below.

Upon receipt of the revised forms, all existing copies of the previous 2/04 versions of the LDSS-4826 (English); LDSS-4826A (English); LDSS-4826-AR (Arabic); LDSS-4826A-AR (Arabic); LDSS-4826-CH (Chinese); LDSS-4826A-CH (Chinese); LDSS-4826-HA (Haitian/Creole); LDSS-4826A-HA (Haitian/Creole); LDSS-4826-KO (Korean); LDSS-4826A-KO (Korean); LDSS-4826-RU (Russian); LDSS-4826A-RU (Russian); LDSS-4826-SP (Spanish); and LDSS-4826A-SP (Spanish) **must be destroyed**.

Any initial or future requests for the 5/05 versions of LDSS-4826 (English); LDSS-4826A (English); LDSS-4826-AR (Arabic); LDSS-4826A-AR (Arabic); LDSS-4826-CH (Chinese); LDSS-4826A-CH (Chinese); LDSS-4826-HA (Haitian/Creole); LDSS-4826A-HA (Haitian/Creole); LDSS-4826-KO (Korean); LDSS-4826A-KO (Korean); LDSS-4826-RU (Russian); LDSS-4826A-RU (Russian); LDSS-4826-SP (Spanish); and LDSS-4826A-SP (Spanish) should be submitted on Form OTDA-876 (Rev. 6/98): “Request for Forms or Publications” and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

In addition, for local district staff, electronic PDF versions of all of the notices referenced in this INF can be accessed on the OTDA Intranet website at [http://otda.state.ny.net/otda/ldss eforms/default.htm](http://otda.state.ny.net/otda/ldss%20eforms/default.htm) .

**Issued By** \_\_\_\_\_

**Name:** Russell Sykes  
**Title:** Deputy Commissioner  
**Division/Office:** Division of Employment and Transitional Supports



## FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION



### ***Applying For Food Stamp Benefits Only?***

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

*This application can only be used to apply for Food Stamp Benefits.*

### **When You Are Applying For Food Stamps Benefits**

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household members even if you or some other members of your household are not eligible for benefits because of immigration status. For example, immigrant parents can apply for Food Stamp Benefits for their children even if they are not themselves eligible for benefits.

### **Need Food Stamp Benefits Right Away? You May Be Eligible For Expedited Food Stamp Benefits Service**

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days of the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to ensure that benefits will be issued to all Food Stamp Benefits eligible households who meet the standards for expedited service.

### **Having Problems Coming To Us For A Food Stamp Benefits Appointment?**

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact us at \_\_\_\_\_ if you need to set up a telephone interview.

### **Questions?**

For any questions you have about completing an application or eligibility for Food Stamp benefits, you may contact us at \_\_\_\_\_.

**In addition to the Food Stamp Benefits Application, make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have an Emergency"

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
**FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION**

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	<input type="checkbox"/> Apply <input type="checkbox"/> Recertify	Lang
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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Other phone where you can be reached: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_

Other Name: \_\_\_\_\_ Are You: ☐ Applying or ☐ Recertifying ☒ Do you want to receive notices in: ☐ Spanish and English or ☐ English Only

**List everyone who lives with you even if they are not applying. List yourself first.**

	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/ or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*								
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U			
<b>1</b>								<input checked="" type="checkbox"/>		<b>self</b>	<input checked="" type="checkbox"/>												
<b>2</b>																							
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<b>6</b>																							
<b>7</b>																							
<b>8</b>																							

\*Race/Ethnic Codes:

I – Native American or Alaskan Native, **A** - Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White, **U** – Unknown (**MA Only**)

Are you and is everyone living with you a US citizen? ☐ Yes ☐ No If No, who is not a citizen? \_\_\_\_\_

Are you or is anyone living with you fleeing from a law enforcement agency on felony charges, or in violation of probation or parole according to a court? ☐ Yes ☐ No

Have you or has anyone living with you ever been disqualified from receiving Food Stamp Benefits because of fraud or intentional program violation? ☐ Yes ☐ No

Are you or is anyone in your household applying for or receiving Food Stamp Benefits or Temporary Assistance in another place? ☐ Yes ☐ No

Are you or is anyone living with you blind, disabled or pregnant? ☐ Yes ☐ No If Yes, who \_\_\_\_\_

Are you or is anyone living with you a veteran? ☐ Yes ☐ No If Yes, who \_\_\_\_\_

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? ☐ Yes ☐ No

If you are recertifying for Food Stamp Benefits, list on the Page 6 what has changed since your last application or recertification (*such as moved, had a baby, someone moved in or out*). \_\_\_\_\_

<b>We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box.</b>	APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED

You may use the page 6 if you need more room or there is other information that you think we might need.

Go to Page 2



**INCOME**

List **ALL** your income and the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Amount paid \$ \_\_\_\_\_. How often paid (e.g., weekly, monthly) \_\_\_\_\_.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? ☐ Yes ☐ No

Do you or does anyone living with you have any potential income that has not yet been received? ☐ Yes ☐ No If Yes, explain on Page 6.

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Are you or is anyone living with you participating in a strike? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

**RESOURCES**

How much money does everyone applying have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts) \$ \_\_\_\_\_ Belongs to \_\_\_\_\_.

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates) ☐ Yes ☐ No

If Yes, amount \$ \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_.

How many cars, trucks or other vehicles do you or anyone in your household have?

\_\_\_ #1 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

\_\_\_ #2 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_

Do you or anyone applying own any property including your own home? ☐ Yes ☐ No if yes, list property \_\_\_\_\_ Owner \_\_\_\_\_

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for Food Stamp Benefits? ☐ Yes ☐ No

**LIVING ARRANGEMENTS AND EXPENSES**

Check all the descriptions that apply to your household:

☐ Own home or paying for home ☐ Renting ☐ Migrant/seasonal farmworker ☐ No permanent residence ☐ Live with relatives or friends

List expenses:

Monthly rent or mortgage payment \$ \_\_\_\_\_ Tax on home per year \$ \_\_\_\_\_ Insurance on home per year \$ \_\_\_\_\_.

Pay separately for Heat? ☐ Yes ☐ No If yes, specify type of heating: ☐ Gas ☐ Electric ☐ Oil ☐ Wood ☐ Coal ☐ Propane ☐ Other (list) \_\_\_\_\_

Heat Co. Name \_\_\_\_\_ Heat Co. Acct. No. \_\_\_\_\_

You may use the page 6 if you need more room or there is other information that you think we might need.

Go to Page 3

## LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

Pay for air conditioning, either in your electric bill or as a separate fee? ☐ Yes ☐ No

Pay separately for utilities (*other than heating/cooling*)? ☐ Yes ☐ No (*for example, lights, cooking gas, washer/dryer fee's, garbage/trash, water, initial installation of utilities*).

Does anyone else pay any of these expenses for you (*some examples are Section 8 or other subsidy program*)?

☐ Yes ☐ No *If yes, who pays what?* \_\_\_\_\_

Do you or does anyone living with you pay court-ordered child support? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_

Name(s) of child(ren) support is being paid for \_\_\_\_\_

Payment amount \$ \_\_\_\_\_ Frequency of payments (*for example, weekly, bi-weekly, monthly*) \_\_\_\_\_

Are you, and/or anyone living with you, blind/disabled or at least age 60? If so, does such person have medical bills? ☐ Yes ☐ No *If yes, list on the page 6 what they are for, how much and who is responsible for payment.*

Are you, and/or anyone living with you, on Medicaid with a spenddown? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_ Amount \$ \_\_\_\_\_

Are you, and/or anyone living with you (*16 years old or older*) enrolled in school or training? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_ *where* \_\_\_\_\_

**You may use the page 6 if you need more room or there is other information that you think we might need.**

## READ THE IMPORTANT INFORMATION BELOW

**FOOD STAMP BENEFITS (FS) PENALTY WARNING** – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. 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.

**READ THE IMPORTANT INFORMATION BELOW (cont'd)**

**CONSENT** – I understand that by signing this application form 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 Food Stamp Benefits. 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.

**SUA (STANDARD UTILITY ALLOWANCE) INFORMATION** – I understand that Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, I intend to apply for a benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

**TELEPHONE ALLOWANCE INFORMATION** – I understand that Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated phone. If I do not have any cost to make phone calls, I will let my worker know.

**CHANGES** – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement or address to the best of my knowledge or belief in accordance with my reporting requirements.

**REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES** – I understand that my household must report child care and utility expenses in order to get a Food Stamp Benefits (FS) deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a FS deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for FS or may increase my FS. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of FS in future months in accordance with the rules for change reporting and processing changes.

**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 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.

If you do not have an SSN and need to get one, the information you give to the social services district may be used to get one for you.

**CITIZENSHIP/IMMIGRATION STATUS**– I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of my self and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

**READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM (cont'd)**

**NON-DISCRIMINATION NOTICE** – In accordance with Federal Law and U.S. 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. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, print the person's name, address and phone number below.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, **both** the Authorized Representative and the Food Stamp Benefits Head of Household must sign and date the signature sections at the bottom of this page.

**LIFELINE: For applicants/recipients of Food Stamp Benefits:** The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

**If you *do not* want this information released, check this box** ☐

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

**CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.**

APPLICANT SIGNATURE <b>X</b>	DATE SIGNED	HUSBAND/WIFE SIGNATURE <b>X</b>	DATE SIGNED
AUTHORIZED REPRESENTATIVE SIGNATURE <b>X</b>	DATE SIGNED		

**IF APPLYING FOR SOMEONE ELSE AS AN AUTHORIZED REPRESENTATIVE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*Use this area for additional information:*

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

11

**I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION.** I understand that I may reapply at any time.

SIGNATURE

DATE

12

***For Agency Use Only***

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Who Obtained Eligibility Information: \_\_\_\_\_ Date \_\_\_\_\_

Employed by: ☐ Social Services District ☐ Provider Agency

(Specify) \_\_\_\_\_

Reason \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Withdrawal ☐ Denial ☐ Recert. Closing

Eligibility Approved by \_\_\_\_\_ Date \_\_\_\_\_

FS Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

**Comments:**

# NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本

"If you are not registered to vote where you live now, would you like to apply to register here today?"

☐ **YES** (If you check yes, please complete **VOTER REGISTRATION APPLICATION** at bottom of page)

☐ **NO** because I choose not to register OR

☐ I am already registered at my current address OR

☐ I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

(Signature) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please Print Name)

## IMPORTANT!

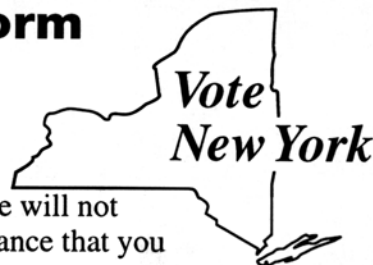
Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with *New York State Board of Elections, 40 Steuben Street, Albany, New York 12207-2109.*

Tele: 1-800-469-6872, TTY 1-800-533-8683; or visit our web site - [www.elections.state.ny.us](http://www.elections.state.ny.us)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.



**VOTER REGISTRATION FORM**

## Qualifications for Registration

### You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you last voted
- enroll in a political party or change your enrollment

### To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form (note: you must be 18 years old by the date of the general, primary, or other election in which you want to vote.)
- be a resident of the County, or of the City of New York at least 30 days before an election.
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

## VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (10/03)

☐ Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** ☐ Yes, I would like to be an Election Day worker

<b>1</b> Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form.		<b>2</b> I will be 18 years old on or before election day: Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form, unless you will be 18 by the end of the year.		<b>For Board use only!</b>	
<b>3</b> Last Name First Name Middle Initial Suffix					
<b>4</b> Address Where You Live (do not give P.O. address) Apt. No. City/Town/Village Zip Code County					
<b>5</b> Address Where You Get Your Mail (if different from above) P.O. box, star rte., etc. Post Office Zip Code					
<b>6</b> Date of Birth	<b>7</b> Sex (circle) M F	<b>8</b> Home Tel. Number (optional)	<b>9</b> ID Number - Check the applicable box and provide your number <input type="checkbox"/> New York Driver's License Number <input type="checkbox"/> Last four digits of your Social Security number <input type="checkbox"/> I do not have a New York driver's license number or a Social Security number.		
<b>10</b> The last year you voted	Your Address was (give house number, street, and city)		<b>→</b>		
In county/state	Under the name (if different from your name now)				
<b>11</b> Choose a Party — Check one box only <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY			<b>12</b> <b>AFFIDAVIT:</b> I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city, or village for at least 30 days before the election. • I meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years. ↓ Signature or mark ↓  X _____ Date _____		

Please do not write in this space

## TO COMPLETE THIS FORM:

**Box 1:** Must be completed. If you answer NO, do not complete this form.

**Box 2:** Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

**Box 4:** Give your home address.

**Box 5:** Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

**Box 8:** The completion of this box is optional.

**Box 9:** Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

**Box 10:** If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

**Box 11:** In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

**Box 12:** This application must be signed and dated in ink.



## HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION

### **Applying For Food Stamp Benefits Only?**

If you are only applying for Food Stamp Benefits (FS) you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

*This application can only be used to apply for Food Stamp Benefits.*

### **When You Are Applying For Food Stamps Benefits**

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, for us to determine your eligibility the application must be completed, signed on page 5 and we must interview you.
- You can apply for and get Food Stamp Benefits for eligible household members even if you or some other members of your household are not eligible for benefits because of immigration status. For example, immigrant parents can apply for Food Stamp Benefits for their children even if they are not themselves eligible for benefits.

### **Need Food Stamp Benefits Right Away? You May Be Eligible For Expedited Food Stamp Benefits Service**

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farm worker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days of the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to ensure that benefits will be issued to all Food Stamp Benefits eligible households who meet the standards for expedited service.

### **Having Problems Coming To Us For A Food Stamp Benefits Appointment?**

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances, we can interview you by telephone.

Please contact us at \_\_\_\_\_ if you need to set up a telephone interview.

### **Questions?**

For any questions you have about completing an application or eligibility for Food Stamp Benefits, you may contact us at \_\_\_\_\_.

**In addition to the Food Stamp Benefits Application/Recertification, make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have an Emergency"



Please **PRINT** clearly in blue or black ink.

Do **NOT** print in the shaded areas.

Be sure to complete each section.

If you are applying as someone's representative, please print information about that person, not yourself.

### **SECTION 1: APPLICANT INFORMATION**

**NAME: PRINT** your legal name including your first name, middle initial and last name.

**TELEPHONE NUMBER: PRINT** your home phone number.

**OTHER PHONE: PRINT** another phone number that you can be reached at.

**RESIDENCE ADDRESS: PRINT** the street, avenue, road, etc., where you now live. PRINT the city you live in. PRINT your zip code.

**MAILING ADDRESS: PRINT** your mailing address if it is different from your residence.

**OTHER NAME: PRINT** any maiden names, names from a previous marriage, or other names that any person listed has or now uses.

Check (✓) whether you are applying or recertifying for Food Stamp Benefits.

Check (✓) if you wish to receive notices in Spanish **and** English or just English.

### **SECTION 2: HOUSEHOLD MEMBERS INFORMATION:**

**LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.**

**PRINT** your full name first. Then **PRINT** the names of the other people who live with you:

**PRINT** the date of birth, Social Security Number (if the individual does not have a SSN, enter "none"), marital status and sex for each person applying. Certain non-applicants not eating with the household may choose not to list their Social Security Numbers.

Check (✓) Yes or No to tell us who is applying.

For **each** person in the household, PRINT how they are related to you (for example: wife, son, friend, etc.)

Check (✓) Yes if that person buys and/or prepares food with you.

Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino or not\*

Enter Y (Yes) or N (No) for each race.

Race/Ethnic codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White **U** – Unknown (**MA Only**) \*

\*These answers are optional but, if not completed, the interviewer may have to record them by observation. This information will not affect your eligibility.

**SECTION 3:** Answer all questions in section 3.

**SECTION 4:** Sign your name and date, only if you want to submit your application without completing the next page at this time.

**SECTION 5: INCOME:** List all your income and the income of everyone living with you. PRINT the name of the person receiving the income, the source of income and how often it is received. Income can include: Regular job (wages), income before strike, on-the-job-training, military reserves, national guard, work study, alimony, child support, educational assistance (grants, scholarships, etc.), friends or relatives (other than loans), public assistance, pensions or retirement, Supplemental Security Income (SSI), Social Security benefits, veterans benefits, unemployment benefits, worker's compensation, babysitting, taxi driving, cleaning homes or other buildings, farming/ranching, income from a roomer, income from a boarder or arts and crafts.

***NOTE:*** Foster Care Payments and Food Stamp Benefits –You may choose to include the foster care child or adult in the Food Stamp Benefits household. If you do, any associated foster care payments will **not** be counted as income. All other income or resources of the foster care child will be counted. If you have any questions about this, make sure to ask your worker.

Be sure to answer all other questions in section 5.

**SECTION 6: RESOURCES:** *If everyone in your household is receiving SSI, you do not need to fill out this section.*

Answer all the questions in Section 6 for yourself and everyone who is applying for Food Stamp Benefits. List the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Resources may include any of the following: cash on hand, cash held by others, checking or savings account, savings bonds, individual retirement account, pension plan, individual development account, stocks/bonds, mutual funds, trust fund, money market certificates, buildings, land, rental property, vacation or recreational property or house other than home.

**SECTION 7: LIVING ARRANGEMENTS AND EXPENSES:**

PRINT the amount you pay for rent, mortgage, room and board or other housing. List the dollar (\$) amount that you pay for your property taxes and homeowner's insurance (including fire insurance).

If you pay for your heat separately, check (✓) what type of heat you have.

Also, indicate if:

- you pay for other utilities separately from your rent/mortgage, have telephone costs or air conditioning costs and if you do, who pays what?
- anyone pays court-ordered child support and if so, who, how much and the frequency of payments?
- anyone applying has any medical bills such as in-home nursing service, dentures, hearing aid, eyeglasses, seeing eye dog or service animal, health insurance and medical payments, hospital or nursing care, medical or dental services, prescription drugs or medical transportation?
- anyone in your household is on Medicaid, with a spenddown and if so, who and how much?
- anyone in your household is enrolled in school or in a training program and if so, who and where?

Be sure to answer all other questions in section 7.

**SECTION 8: LEGAL STATEMENTS:** Read this section carefully or have someone read it to you. Fill in names of individuals who are not U.S. citizens, national or persons with satisfactory immigration status.

For **Lifeline**, Food Stamp applicants/recipients must check (✓) the box if you **do not** authorize the NYS Office of Temporary and Disability Assistance to possibly disclose your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate. Lifeline is the lowest rate available for basic telephone service from telephone service providers.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

**Note:** NY State Law provides for fine or jail, or both, for a person found guilty of obtaining Food Stamp Benefits by hiding the facts or not telling the truth.

**SECTION 9: SIGNATURES:** Sign your name. If you are an Authorized Representative, you both must sign and date the signature sections on page 5 of the Application/Recertification.

**SECTION 10: FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE:** If you want someone from outside your household to get the Food Stamp Benefits or to buy the food for you, PRINT their name, address and phone number.

When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, **both** the Authorized Representative and the Food Stamp Benefits Head of Household must sign and date the signature sections on Page 5 of the Application/Recertification.

**SECTION 11: ADDITIONAL INFORMATION:** Use this section to let us know additional information that you think we might need to know.

**SECTION 12: CONSENT TO WITHDRAW:** If you decide you no longer wish to apply for Food Stamp Benefits, sign your name and enter date. You may reapply at any time.

**Note:** The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect the amount of assistance that you will be given by this agency.

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services Programs and to deter fraud.

