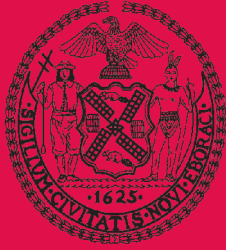


September 2003



The Council
of
The City of New
York

Hon. Gifford Miller,
Speaker

A Staff Report To:

The Committee on
Oversight
and Investigations

Hon. Eric Gioia,
Chair

and

The Committee on
General Welfare

Hon. Bill De Blasio,
Chair

Stamping Out Hunger:

Access to Food Stamp Applications in New York City



**THE COUNCIL OF
THE CITY OF NEW YORK**

HON. GIFFORD MILLER
SPEAKER

**The Committee on
Oversight And Investigations**

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This report can be found at the Council's website at
www.council.nyc.ny.us

EXECUTIVE SUMMARY

Hundreds of thousands of New Yorkers may be going hungry because of substantial barriers to accessing food stamp applications. A New York City Council Investigation Division (CID) investigation discovered that NYC residents have inadequate access food stamp applications when seeking enrollment in the Food Stamp Program (FSP) at Human Resource Administration (HRA) food stamp offices and job centers. This is the second investigation in the past year to report on the inaccessibility of food stamp applications at HRA locations.

In New York City, more than 880,000 New York City (NYC) residents are currently receiving food stamps.¹ According to one estimate, another 800,000 more New Yorkers may be eligible to receive FSP benefits.² This means the City may be eligible to receive as much as an additional \$900 million in federal funding if HRA were to increase their enrollment of residents into the FSP.³

¹ Human Resources Administration Fact Sheet. (July 2003).
www.nyc.gov/html/hra/pdf/fs_new.pdf

² “Missing Millions/Missing Meals: New York City’s Food Stamp Crisis” Report issued by *Community Food Resource Center*, 16 December 2002.

³ USDA “Funding Overview.” (March 2004) *available at*
<http://www.usda.gov/agency/obpa/BudgetSummary/2004/03.FundingOverview.htm/>

The FSP is a federally funded program administered by the U.S. Department of Agriculture (USDA). Established in 1964, the FSP enables low-income households to buy nutritious food at approved retail food stores.⁴ In New York City, the FSP is administered by HRA.

From June 9 to September 17, 2003, the New York City Council Investigation Division (CID) conducted an investigation to determine if HRA had made any improvements in the availability of food stamp applications at their food stamp offices and job centers across the City. This followed an initial investigation that took place in November and December 2002. The results from the initial investigation were presented at an Oversight hearing of the Committee on General Welfare on December 16, 2002. At this hearing, the Commissioner and Executive Deputy Commissioner of HRA told Council Members they would correct all of the addresses on their website that CID found to be incorrect.

During the investigations, CID investigators attempted to visit all forty (40) locations listed as food stamp offices and/or job centers on HRA's website. For the purposes of this investigation, investigators posed as single adults in a household of one who earned a gross salary of \$900 per month.

⁴ Food Stamp Act of 1964 (7 U.S.C.S. §§ 2011-2025).

The investigation's findings include:

- Seven (7) of the forty (40) sites listed on HRA's website had incorrect listings.
 - Of the forty (40) sites, three (3) sites were duplicate listings – they had different names but the same address.
 - Of the remaining thirty-seven (37) exclusive sites: four (4) or eleven percent (11%) of the addresses listed on the website were found to have not existed when investigators attempted to visit them.
- Of the remaining thirty-three (33) sites with correct address: Eight (8) or twenty-four percent (24%) of the time investigators weren't able to obtain a food stamp application up on request. All eight offices were job centers.
- Of the remaining thirty-three (33) sites with correct addresses: nine (9) or twenty-seven percent (27%) did not have any written information about the FSP available on the site.
- Seventeen (17) or fifty-two percent (52%) of the time investigators were asked personal information when attempting to secure a food stamp application.
- Three (3) or twelve percent (12%) of the time investigators were given an application longer than four pages.

The City Council has developed the following recommendations in an effort to assure the increased availability of food stamp applications for the FSP:

- Require HRA to regularly update and maintain its Internet site to ensure that correct information regarding their food stamp offices and job centers is provided.
- Pass Intro 385, which requires that City and “City-Affiliated Agency” employees be informed of their potential rights to tax credits and social service benefits for which they may be eligible, including food stamps.
- Increase the availability of the four page, food stamp only applications at job centers.
- Comply with State requirements for shorter applications to be made available to all local districts.
- Pass legislation requiring interactive food stamp applications on HRA’s website in conjunction with the Food Stamp Reauthorization Act of 2002.⁵
- Allow applicants to mail their completed application to HRA.
- Make applications available at other city social service agencies.

⁵ 7 USCS §2020 (2003).

BACKGROUND

The Food Stamp Program (FSP) is a federally funded program administered by the U.S. Department of Agriculture (USDA). Established in 1964, the FSP enables low-income households to buy nutritious food at approved retail food stores.¹

Nationally, an estimated 21.6 million people are receiving food stamps.² The Food Stamp Act authorizes as much funding as necessary to fulfill the goals of the program.³ Appropriations for food and nutrition programs have now reached \$42.9 billion.⁴ The USDA has proposed to increase FSP expenditures by \$990 million from FY2003 to FY2004,⁵ which anticipates an increased enrollment of 900,000 people nationwide.⁶

In New York City (NYC), the Human Resources Administration (HRA) administers and manages the FSP. As of July 2003, nearly 880,000 New

¹ Food Stamp Act of 1964 (7 U.S.C.S. §§ 2011-2025).

² USDA Press Release. "USDA Budget Proposes Record Spending for Conservation, Food Safety, Nutrition, and Food Assistance Programs." (February 2003) *available at* <http://www.usda.gov/news/releases/2003/02/0040fs2.pdf/>

³ 7 U.S.C 2027.

⁴ *Infra* note 2.

⁵ USDA "Funding Overview." (March 2004) *available at* <http://www.usda.gov/agency/obpa/BudgetSummary/2004/03.FundingOverview.htm/>

⁶ USDA "Mission Area Highlights." (April 2004) *available at* <http://www.usda.gov/agency/obpa/BudgetSummary/2004/04.ProgHighlights%20by%20Goals.htm/>

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York City residents were receiving food stamps.⁷ According to some reports, at least 800,000 more New Yorkers may be eligible, but do not receive food stamps.⁸ This could translate into as much as \$900 million in federal food stamps funds annually flowing into New York City.⁹

The FSP requires that participants meet income and other eligibility criteria. Table-1 shows the levels of income eligibility for food stamps. For example, a family of four must have a gross monthly income no greater than \$1,961 or a net monthly income no greater than \$1,509 to be eligible for food stamps.¹⁰ The maximum monthly food stamp allotment for a household of four is \$465.

Table – 1: Eligibility and Allotment for Fiscal Year 2003 (October 1, 2002 – September 30, 2003)

Household Size	Gross Monthly Income	Net Monthly Income	Max. Allotment Level
1	\$960	\$739	\$139
2	\$1,294	\$995	\$256
3	\$1,628	\$1,252	\$366
4	\$1,961	\$1,509	\$465
5	\$2,295	\$1,765	\$553
6	\$2,629	\$2,022	\$663

(Source: USDA Food & Nutrition Service. FY2003 Income Eligibility Standards. Fact sheet on resources, income, and benefits.)

⁷ Human Resources Administration “Office of Program Reporting Analysis and Accountability Fact Sheet” (July 2003) *available at* www.nyc.gov/html/hra/pdf/fs_new.pdf

⁸ “Missing Millions/Missing Meals: New York City’s Food Stamp Crisis” Report issued by *Community Food Resource Center*, 16 December 2002.

This figure is derived from the number of persons living under 125% of the poverty line, the closest figure provided by the Census Bureau to the 130% eligibility ceiling, but likely an understatement. Figures from the Fiscal Policy Institute indicate that roughly 18% of this population are ineligible for food stamps because of assets.

⁹ *Id.*

¹⁰ US Department of Agriculture Food & Nutrition Service “Applicants and Recipients: Fact Sheet on Resources, Income and Benefits” *available at* http://www.fns.usda.gov/fsp/applicant_recipients/fs_Res_Ben_Elig.htm

Availability of Applications in NYC

- Individuals can apply for food stamps at any of the twenty-four (24) HRA food stamp offices throughout the five boroughs.
- Applications for food stamps are available at job centers, and applicants for temporary assistance may submit food stamp applications when they apply for other forms of assistance.¹¹
- Food stamp application information can be obtained by calling a toll free number (1-877-HRA-8411) listed on the HRA website, or by calling 311.
- According to the New York State Office of Temporary and Disability Assistance website, food stamp offices must distribute applications on the same day they are requested.¹²

In December of 2002, the New York City Council Investigation Division (CID) released a report about the availability of food stamp applications at forty (40) HRA food stamp office and job centers across New York City. The investigation found New Yorkers face several barriers in obtaining

¹¹ Human Resources Administration “Welfare to Work Reform Program” Program Description available at http://www.nyc.gov/html/hra/html/serv_welfarework.html

food stamp applications. Eight (8) or thirty-four percent (34%) of the addresses listed on HRA's website were incorrect. At eleven (11) or thirty four percent (34%) of the sites with correct addresses, investigators were unable to access food stamp applications. At thirty one percent (31%) of the sites, investigators were asked personal information upon receiving an application.

Outreach

Nationwide efforts are underway to increase food stamp availability. Both Washington¹³ and Pennsylvania¹⁴ have developed online food stamp application programs. States such as Wisconsin, New Jersey, Virginia and Rhode Island have recently received federal funding to develop and implement online pre-screening programs or applications.¹⁵ Beginning November 12, 2003, federal law will require that FSP applications be available on the Internet, although the applications do not have to be interactive.¹⁶ In addition to increased accessibility, on-line applications eliminate the problem of excessive paperwork and provide a 'cleaner' application to the social service agency receiving them.

¹² NYS Office of Temporary and Disability Assistance "Food Stamps" available at <http://www.otda.state.ny.us/otda/fs>

¹³ Washington State Department of Social and Health Services "Online Application for Services" available at https://wvs2.wa.gov/dshs/onlineapp/introduction_1.asp

¹⁴ Commonwealth of Pennsylvania Application for Social Services (COMPASS) "Online Application for Services" available at <https://www.humanservices.state.pa.us/COMPASS/PGM/ASP/SC001.asp>

¹⁵ United States Department of Agriculture Press Release No. 0236.03, "USDA Awards Over \$5 Million in Food Stamp Program Participation Grants", 23 June 2003.

¹⁶ 7 USCS §2020 (2003).

New York State has taken initiatives to make the application process less arduous and increase food stamp accessibility. The State Legislature recently passed legislation, effective June 30, 2003, that requires a short application to be made available to all local districts.¹⁷

Organizations throughout New York City are also developing programs to broaden access to food stamps. The Community Food Resource Center (CFRC) is an advocacy and direct services organization that helps New Yorkers in all five boroughs meet basic needs for food and nutrition, income support and decent housing. CFRC, through an agreement with HRA, runs a multi-language, targeted food stamp media outreach campaign to deliver a positive message about the FSP. Through a grant from the United Way of New York City, CFRC also leads a program called “Food Force.”¹⁸ The program includes a team of outreach staff who travel to sites, such as unemployment offices, senior centers, and utility payment centers, to speak with individuals about their potential eligibility and what they might expect when applying for food stamps. Through a computer program, staff pre-screen individuals and families for possible food stamp eligibility, assist people with applications, and refer people to government offices to complete the application process.

¹⁷ N.Y. Soc. Serv. Law §95(11) (2002).

¹⁸ Community Food Resource Center, “Food Force Program Description” by Carlos Rodriguez, Executive Director (July 2003).

METHODOLOGY

From June 9 to September 17, 2003, the New York City Council Investigation Division (CID) conducted an anonymous investigation to determine the availability of food stamp applications at HRA food stamp offices and job centers across New York City. This investigation was a follow up to an initial investigation conducted during the weeks of November 25 and December 2, 2002.

In both investigations, CID investigators attempted to visit all sites that were listed as food stamp offices and/or job centers on HRA's website. Investigators requested applications and attempted to retrieve written information about food stamps. For the purposes of this investigation, investigators posed as single adults in a household of one who earned a gross salary of \$900 per month. After each site visit, investigators completed a survey to provide information on several factors, including:

- Accuracy of location information
- Availability of written food stamp information
- Ability to obtain food stamp applications

FINDINGS

The following results were attained from CID's first investigation (Nov. - Dec. 2002):

- Thirty-two (32) or eighty percent (80%) of the sites listed on the HRA website had correct addresses. Eight (8) or twenty percent (20%) of the addresses listed on the website were incorrect. One (1) of these eight (8) sites were listed twice on HRA's website.

- The following results are based on the thirty-two (32) sites with correct addresses:
 - In twenty-one (21) instances, or sixty-six percent (66%) of the time, investigators were able to obtain a food stamp application upon request. In eleven (11) instances, or thirty-four percent (34%) of the time, investigators were not able to obtain a food stamp application upon request.

 - Twenty-one (21) or sixty-six percent (66%) of the sites had food stamp information available on display. Eleven (11) or thirty-four percent (34%) did not have any information about food stamps available on display.

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- Before being given an application, in ten (10) instances, or thirty-one percent (31%) of the time, investigators who requested food stamp applications were asked personal information such as marital status, working status, and zip code. In twenty-two (22) instances, or sixty-nine percent (69%) of the time, investigators were not asked for any personal information.

The following results were attained from CID's follow-up investigation (June – Sept 2003):

Of the forty (40) sites, twelve (12) were food stamp only offices, fifteen (15) were job centers, and thirteen (13) were listed as both a food stamp office and a job center on HRA's website.¹⁹

- Six (6) addresses from the first investigation were not on HRA's website during the second investigation:
 1. 434 East 147th St., Bronx
 2. 2547 Bainbridge Ave., Bronx
 3. 185 Marcy St, Brooklyn
 4. 1776 New Utrecht Ave., Brooklyn
 5. 17 Hindsdale St., Brooklyn
 6. 136-56 39th Ave., Queens

Of these six addresses, two (2) had the correct address and at one (1), investigators could receive a food stamp application during the first investigation.

¹⁹ HRA "Food stamp offices in NYC" available at http://www.nyc.gov/html/hra/html/serv_foodstamps.html last visited on 9/19/03. and "Job centers in NYC" available at http://www.nyc.gov/html/hra/html/serv_welfarework.html last visited on 9/19/03.

- Out of the forty (40) sites, three (3) sites were duplicate listings -- they had different names but the same address. (For example, the “Brighton Food Stamp Center”: 2865 West 8th Street, Brooklyn, NY 11224 (718) 265-5612 and the “Coney Island Food Stamp Center”: 2865 West 8th Street, Brooklyn, NY 11224 (718) 265-7680).

Out of the remaining thirty-seven (37) sites:

- Thirty-three (33) or eighty-nine percent (89%) of the sites listed on the HRA websites had correct addresses. Four (4) or eleven percent (11%) of the addresses listed on the website were incorrect. These sites were 1716 Southern Boulevard, Bronx; 227 Schermerhorn Street, Brooklyn; 151 Lawrence St, Brooklyn; 165 East 126th St., Manhattan.

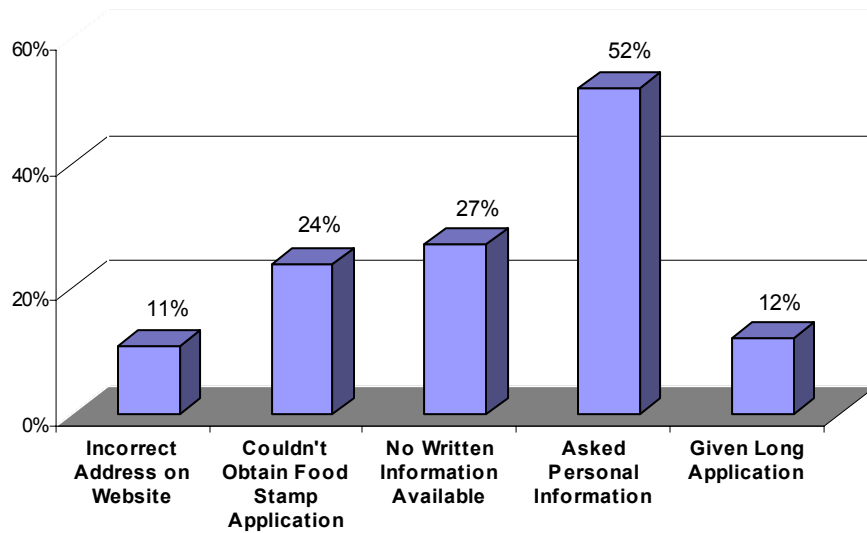
The following results are based on the thirty-three (33) sites that had correct addresses:

- Twenty-five (25) or seventy-six percent (76%) of the time investigators were able to obtain a food stamp application upon request. Eight (8) or twenty-four percent (24%) of the time investigators weren’t able to obtain a food stamp application upon request. All eight offices were job centers.

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- Twenty-four (24) or seventy-three percent (73%) of the sites had written food stamp information available on site, including posters and informational packets. Nine (9) or twenty-seven percent (27%) didn't have any written information available on site.
- Seventeen (17) or fifty-two percent (52%) of the time investigators were asked personal information, such as income or zip code, when requesting a food stamp application. Sixteen (16) or forty-eight percent (48%) of the time investigators weren't asked for any personal information.
- Of the twenty-five (25) sites where investigators were able to obtain a food stamp application, three (8) or twelve percent (12%) of the time the application was more than four pages.

Food Stamp Application Investigation Sept. 2003



Comparative Findings

The following is a calculation of the percentage increase or decrease between CID's first and second investigations:

- There was a nine percent (9%) increase in the listing of correct addresses on HRA's website.
- There was a seven percent (7%) increase in the written information available at food stamp office and job centers.
- There was a twenty-one percent (21%) increase in staff asking for personal information from the investigator applying for a food stamp application.
- There was a ten percent (10%) increase in the availability of an application at food stamp offices and job centers.

The following is a detailed look at the different findings between the initial investigation and the follow-up investigation:

- Three (3) Addresses from the second investigation were not on HRA's website during the first investigation:
 1. 98 Flatbush Ave., Brooklyn
 2. 2322 Third Ave., Manhattan

3. 1209 Colgate Ave., Bronx

- One (1) address that was found to be incorrect during the initial investigation was still listed on HRA’s website during the follow-up investigation:

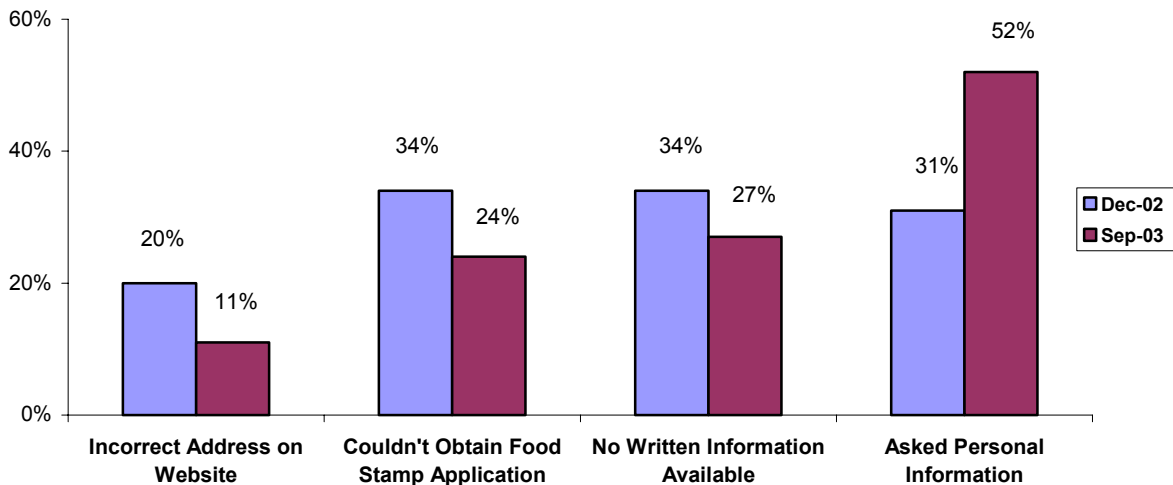
1. 151 Lawrence St., Brooklyn

- Two (2) food stamp offices that had the correct address during the first investigation had been closed since the second investigation.

1. 1716 Southern Blvd., Bronx

2. 227 Schermerhorn St., Brooklyn

Food Stamp Application Investigation Dec. 2002 vs. Sept. 2003



CONCLUSION

CID's initial and follow-up investigations show that NYC residents may be going hungry because of substantial barriers to accessing food stamp applications. The following conclusions are based on CID's findings:

- **Incorrect information makes a difficult process more challenging.**

HRA is still listing incorrect addresses on its website. CID's investigation found there are fewer sites to obtain a food stamp application than listed on HRA's website due to duplicate listings and incorrect addresses.

On December 16, 2002 the City Council Committee on General Welfare held a hearing on access to food stamps. At the hearing, possible solutions to CID's initial investigation findings were discussed. The Commissioner and Executive Deputy Commissioner of HRA told Council Members they had corrected all of the addresses on the Internet site that were noted as being incorrect. After the hearing, investigators re-visited HRA's website. More information about each food stamp office or job center was added (including the center's name, zip code and phone number). However, investigators noted that one incorrect address was not removed because the address was again noted as incorrect during the second investigation. In addition, there are sites currently listed on the website that are closed or do not exist. Only eighty-nine percent

(89%) of the addresses remain correct, even though there was a nine percent (9%) increase in the listing of correct addresses on HRA's website from the initial investigation to the follow-up investigation.

- **Some job centers are not providing food stamp applications.**

Food stamp applications are not available at twenty-four percent (24%) of job centers.

- **Food stamp offices and job centers are not complying with State legislation that requires food stamp applications to be no longer than four pages.**

The length of a food stamp application is an obstacle in applying for food stamps. New York State recently passed legislation that would require a shorter application to be made available to all local districts by June 30, 2003²⁰. Investigators documented the number of food stamp offices and job centers that distributed short applications. Of sites where investigators could obtain an application, twelve percent (12%) of the time the application was longer than four pages.

²⁰ See N.Y. Soc. Serv. Law §95(11) (2002).

- **Staff at HRA food stamp offices and job centers are asking for unnecessary and personal information from applicants.**

Fifty-two percent (52%) of the time investigators were asked for personal information such as marital status, income and zip code. This is a twenty-one percent (21%) increase from the first investigation. Asking a potential applicant for personal information is an unnecessary bureaucratic obstacle that can be a barrier in obtaining food stamp applications.

RECOMMENDATIONS

To help maximize the potential of eligible recipients of food stamps, the Council has developed the following recommendations:

- **Require HRA to update and maintain its Internet site so that it provides the correct addresses of functioning food stamp office and job centers.**

HRA should be held accountable for providing correct information to individuals seeking sites to obtain a food stamp application. Since NYC's FSP is already underutilized, it is important to make the process of obtaining a food stamp application as easy as possible. Providing incorrect information makes a difficult process more challenging.

- **Pass Intro 385, which requires that City and "City-Affiliated Agency" employees be informed of their potential rights to tax credits and social service benefits for which they may be eligible, including food stamps.**

Legislation that would notify potential FSP participants would further increase access and outreach.

- **Increase the availability of the four page, food stamp only applications at job centers.**

CID's investigation found that not all job centers are providing food stamp only applications. In 1998, HRA began converting welfare offices in NYC into job centers. Job centers are supposed to provide access to job search and placement services, childcare information, vocational, educational and training services, as well as referrals for Medicaid, food stamp and other emergency assistance benefits.²¹ Ensuring that job centers have access to food stamp only applications further increases outreach to eligible participants.

- **Enforce State legislation that requires shorter applications to be made available to all local districts.**

New York State recently passed legislation required a shorter application to be made available to all local districts by June 30, 2003²². However, investigators received long applications at sites after June 30, 2003. In compliance with the law, this legislation must be implemented and enforced by HRA. Shorter applications alleviate unnecessary confusion and frustration from the applicant and may also increase FSP participation.

²¹ *Infra* note 11

²² N.Y.S. Soc. Serv. Law §95(11) (2002).

- **Pass legislation that would require interactive applications for New York State in conjunction with the Food Stamp Reauthorization Act of 2002.²³**

Effective November 13, 2003, the federal government requires the availability of FSP Applications on the Internet. However, the law does not require interactive applications. Applicants should be able to submit their completed applications electronically to HRA, creating a more straightforward application process.

- **Allow applicants to mail their completed application to HRA.**

Applicants should be able to mail their completed applications directly to HRA. Applications could then be distributed at more outreach locations, increasing accessibility to more than just food stamp offices or job centers.

- **Make applications available at such social service agencies as the following:**

1. Housing Preservation and Development Neighborhood Planning Offices
2. Medicaid Offices
3. City Welfare Agencies

²³ *Infra* note 17.

4. HIV/AIDS Services Administration drop in centers
5. State Department of Labor Unemployment Offices
6. Public Schools (during registration)
7. Community Board Offices
8. Workforce1 Career Centers and One Stops

Food stamp outreach at agencies that already provide social services would give more people access to food stamp applications and further increase participation.

**APPENDIX A:
Example of Long Food Stamp
Application**

CENTER/OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE	SERV IND	CASE NUMBER	REGISTRY NUMBER	VERS	DISTRICT	SUFFIX	FS SUFFIX	CATEGORY	LANG	NUMBER REUSE INDICATOR
CASE NAME	EFFECTIVE DATE	DISPOSITION	REASON CODE	WITHDRAWAL	DATE	FORM OF	DATE RECEIVED BY AGENCY	EMPLOYED BY: PROVIDER AGENCY SPECIFY	SOCIAL SERVICES DISTRICT	NEW OPENING	REOPEN	REOPENING INFORMATION	DATE	RE-CERTIFICATION
ELIGIBILITY DETERMINED BY (WORKER)	DATE	ELIGIBILITY APPROVED BY (SUPERVISOR)	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE

I CONSENT TO WITHDRAW MY APPLICATION. I UNDERSTAND THAT I MAY REAPPLY AT ANY TIME.
 Signature X _____ Date _____

APPLICATION FOR: TEMPORARY ASSISTANCE (TA) - MEDICAL ASSISTANCE (MA) - FOOD STAMP BENEFITS (FS) - SERVICES (S), including Foster Care (FC) - CHILD CARE ASSISTANCE (CC)
We are committed to assisting and supporting you in a professional and respectful manner with your goal of achieving self-sufficiency. You, in turn, must be committed to becoming self-sufficient and must be responsible for participating in activities to reach self-sufficiency including work activities. Whenever you see "Temporary Assistance" or "TA" on the application, it means "Family Assistance" and "Safety Net Assistance". We call both Public Assistance Programs "Temporary Assistance". These TA Programs are meant to assist you only until you can fully support yourself and your family. Please refer to the "How to Complete" instruction book (Pub-1301 Statewide) when completing this application.

CHECK EACH PROGRAM YOU OR ANY HOUSEHOLD MEMBER ARE APPLYING FOR
 Temporary Assistance And Medical Assistance
 Temporary Assistance
 Medical Assistance
 Medicare Savings Program
 Food Stamp Benefits
 Services, including Foster Care
 Child Care Assistance

DO YOU WANT TO RECEIVE NOTICES IN:
 SPANISH AND ENGLISH
 ENGLISH ONLY
 ENGLISH
 SPANISH
 OTHER (specify) _____

APPLICANT INFORMATION
 PLEASE PRINT CLEARLY
 FIRST NAME _____ M.I. LAST NAME _____
 HOUSE NO. STREET ADDRESS _____ APT. NO. CITY _____ COUNTY _____ STATE _____ ZIP CODE _____
 CARE OF NAME (Complete if you receive your mail in care of another person) _____
 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____
 AGENCY HELPING APPLICANT/CONTACT PERSON/ AREA CODE PHONE NO. _____

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____ YEARS
 IS THIS A SHELTER? YES NO
 ANOTHER PHONE WHERE YOU CAN BE REACHED
 PHONE NUMBER () _____
 AREA CODE _____

FORMER ADDRESS
 APT. NO. CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

If You Are Applying For Food Stamp Benefits (FS), you have the right to turn in (file) this application the same day you get it. It must have at least your Name, Address (if you have one) and Signature below when you turn it in. If you are eligible, you will get FS back to the date you filed. You may be able to get FS quickly if you have little or no income or liquid resources, or if your rent and utility expenses are more than your income and liquid resources. Talk to your worker if you have questions about this.

FS APPLICANT/REPRESENTATIVE SIGNATURE _____ DATE SIGNED _____

- DO ANY OF THESE APPLY TO YOU?
- Pregnant
 - Victim Of Domestic Violence
 - Need To Establish Paternity
 - Need Child Support
 - Drug/Alcohol Problem
 - Fuel Or Utility Shutoff
 - No Place To Stay/Homeless
 - Urgent Personal Or Family Problem
 - Fire Or Other Disaster
 - Have No Job
 - Serious Medical Problem
 - Recently Lost Income
 - Pending Eviction
 - No Food
 - Need Foster Care
 - Need Child Care
 - Other _____

5

LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE. PLEASE PRINT.

DOES THIS PERSON (INCLUDING YOUR MINOR CHILDREN) BUY FOOD OR PREPARE MEALS WITH YOU?
 HIGHEST SCHOOL GRADE COMPLETED

RI	LN	FIRST NAME	M.I. (Middle Initial)	LAST NAME	THIS PERSON IS APPLYING FOR:							DATE OF BIRTH	SEX	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER OF APPLYING MEMBERS (See "How to Complete" instruction book Pub-1301 Statewide, or talk to your worker)
					TA	FS	MA	MSP	CC	FC	S				
	01													SELF	
	02														
	03														
	04														
	05														
	06														
	07														
	08														

PLEASE LIST MAIDEN OR OTHER NAMES BY WHICH YOU OR ANYONE IN YOUR HOUSEHOLD HAS BEEN KNOWN	Line No.	FIRST NAME	ONC	M.I.	LAST NAME

DO NOT WRITE IN SHA...

IS ANYONE SANCTIONED?	YES	NO	IF YES, WHO	REASON	END DATE

NON-APPLICANT INFORMATION

LN	FIRST NAME	LAST NAME	LEGALLY RESPONSIBLE		FOR WHOM?	CONTRIBUTION/DEEMED INCOME	CHECK IF MEMBER OF FS HOUSEHOLD
			YES	NO			

ALIEN INFORMATION

LN	ALIEN STATUS	STATUS ADJUSTED		DATE OF ENTRY/STATUS			APPLIED FOR CITIZENSHIP		SPONSORED		INDIVIDUAL EDUCATION			
		YES	NO	MONTH	DAY	YEAR	YES	NO	YES	NO	LN	DEGREE RECEIVED	LN	DEGREE RECEIVED
											01		05	
											02		06	
											03		07	
											04		08	

- RIGHT TO LIFE PARTY
- GREEN PARTY
- WORKING FAMILIES PARTY

election, you must be enrolled in a party.

Signature or mark

RACE/ETHNIC AFFILIATION CODES

H	Hispanic or Latino(a) Native American or Alaskan Native			
I	Asian			
A	Black or African American			
B	Native Hawaiian or Pacific Islander			
P	White			
W				

LN ENTER Y (YES) OR N (NO) IF HISPANIC OR LATINO

ENTER Y (YES) OR N (NO) FOR EACH RACE

LN	AFFILIATION					
	H	I	A	B	P	W
01						
02						
03						
04						
05						
06						
07						
08						

LINE NO	CODE	DATE	ANTICIPATED FUTURE ACTION	CASE TYPE	RELATED CASE NUMBERS	CONSIDER	REQUESTED	DOCUMENTATION	IN FILE
						<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Relationship <input checked="" type="checkbox"/> Filing Unit <input checked="" type="checkbox"/> Legally Responsible Relative <input checked="" type="checkbox"/> Single Economic Unit <input checked="" type="checkbox"/> FS Household Composition <input checked="" type="checkbox"/> FS Aged/Disabled Individual <input checked="" type="checkbox"/> Photo ID/AFIS <input checked="" type="checkbox"/> CBIC/PIN <input checked="" type="checkbox"/> RFI/OCA <input checked="" type="checkbox"/> Health Insurance <input checked="" type="checkbox"/> SS-5/LDSS-4000 	<ul style="list-style-type: none"> Photo I.D. Birth Verification Marriage License Social Security Card Code 9 Resolution Alien Status Multi-Suffix/Co-op Case Notice (Single Economic Unit Questionnaire) 		
						NEEDED			
						REFERRALS			
		CAP							
		Services							
		SSA							
		Legal							
						COMPLETED			

ENTER APPROPRIATE CODES

CLIENT IDENTIFICATION NUMBER

REL SSN SFUI MS SI LA EM CI EL

CITIZENSHIP/ALIEN STATUS INFORMATION

Please read the entire page carefully before completing. If you have questions see the "How to Complete" instruction book or talk to your worker.

SECTION 8

LIST EVERYONE WHO IS APPLYING OR WHO IS REQUIRED TO APPLY. IF YOU HAVE QUESTIONS, SEE THE "HOW TO COMPLETE" INSTRUCTION BOOK (PUB-1301 Statewide) OR TALK TO YOUR WORKER.

You do not have to fill out Section 8 or 9, if you are applying for MA only and:

- You are pregnant, or
You are applying only for coverage for the treatment of an emergency medical condition.
You do have to fill out Sections 8 and 9 if you are:
Applying for MA only, but you do not have to include people who do not want MA.
Applying for Child Care Assistance only, but you need to fill out the information only for the children who would be receiving Child Care Assistance.
Applying for Foster Care only, but you need to fill out the information only for children who would be receiving Foster Care.
Applying for other Services under certain circumstances.

An application for FS must list all persons living in the FS household. An application for TA must list all children for whom you are applying, their brothers and sisters and all parents of those children who live together. If you do not check whether a listed person is a U. S. citizen or national, or an alien, or provide an alien number for an alien, that person will not be given assistance, and the remaining members of the household will receive reduced benefits.

Table with columns: LN, FIRST NAME, MI, LAST NAME, Check either "CITIZEN/NATIONAL" or "ALIEN" for each person, Alien Number (if Applicable), Sign Name, Date, T, F, M, A, S, A, F

By checking a box above and by signing the certification in Section 9, I hereby certify, under penalty of perjury, that I, and/or the persons for whom I am signing, am a United States citizen or national, or an alien with a satisfactory immigration status.

I understand that signing this Certification may result in information about a members of my household being submitted to the Immigration and Natural Service (INS) for verification of immigration status, if applicable. The use or disclosure of the information above is restricted to persons organizations directly connected with the verification of immigration status; administration or enforcement of the provisions of the Temporary Assistance for Food Stamp Benefits (TAFSB), Medical Assistance (MA), Medicare Savings Program (MSP), Child Care Assistance (CCA), Foster Care (FC) and Services (S) Program

* A person who wishes to sign the Certification but cannot write may make an "X" on the line in front of a witness. The witness must sign below. I witnessed the marks made in lines: _____ Signature of witness: _____ Date Signed: _____

SECTION 9 - CERTIFICATION

Some social services programs require that you certify that you are a U.S. citizen or national, or an alien with satisfactory immigration status. Other programs do not. If you are an alien and do not know if you have satisfactory immigration status, see the "How To Complete" instruction book to your worker.

You MUST sign the Certification below only if you are a U.S. citizen or national, or an alien with satisfactory immigration status, and you are applying for:

- Temporary Assistance (where there are children in the household or a member of the household is pregnant), or
Food Stamp Benefits, or
Medical Assistance (except if the applicant is pregnant), or
Medicare Savings Program, or
Child Care Assistance (certification is needed for the children only), or
Foster Care (certification is needed for the children only), or
Other services under certain circumstances.

An adult household member or authorized representative may sign for all household members. Example: A parent without satisfactory status may sign for his/her child who has satisfactory status.

SIGN* AND DATE THE BOX BELOW FOR EACH APPLICANT IN THE CASE OF AN APPLYING ALIEN, CHECK (✓) THE PROGRAM FOR WHICH EACH APPLYING ALIEN HAS SATISFACTORY IMMIGRATION STATUS. (SEE "HOW TO COMPLETE" INSTRUCTION BOOK, PUB-1301 STATEWIDE.)

CERTIFICATION table with columns: Sign Name, Date, T, F, M, A, S, A, F

- GREEN PARTY
WORKING FAMILIES PARTY
I DO NOT WISH TO ENROLL IN A PARTY

X

Date

NON-CUSTODIAL PARENT/CHILD SUPPORT/MEDICAL SUPPORT INFORMATION

If you are applying for Temporary Assistance, you must help us obtain child support/medical support for you and your children. If you are applying for Medical Assistance only, you may have to help us obtain medical support for yourself and your applying children. If you are applying for Child Care Assistance and/or Foster Care, you may have to help us obtain child support for the children for whom you are applying. If you have questions, see the "How to Complete" instruction book (PUB-1301 Statewide). List the names of everyone under 21 whose parent is not in the household, and write down any information you currently have about that person's non-custodial parent. If you are under 21, write down the information about your non-custodial parent who is not in the household.

Table with columns: NAME OF PERSON UNDER 21, NON-CUSTODIAL PARENT'S NAME AND ADDRESS, NON-CUSTODIAL PARENT'S DATE OF BIRTH (MONTH, DAY, YEAR), SOCIAL SECURITY NUMBER. Row A contains handwritten '10'.

Do you or does anyone who lives with you get money from child support payments? If yes, list below: YES NO

Table with columns: WHO, AMOUNT RECEIVED, HOW OFTEN, FROM WHOM. Contains handwritten entries for amounts and frequency.

ABSENT/DECEASED SPOUSE INFORMATION - If the husband or wife of anyone applying lives someplace else or is deceased, please indicate below.

Table with columns: FIRST NAME, M.I., LAST NAME, DATE OF BIRTH, DATE OF DEATH, SOCIAL SECURITY NUMBER, ADDRESS, CITY, COUNTY, STATE, ZIP CODE.

ABSENT CHILD INFORMATION - If anyone applying has a child under 18 living someplace else, please indicate below.

Table with columns: NAME OF PERSON APPLYING, NAME OF ABSENT CHILD, DATE OF BIRTH, ADDRESS, PATERINITY ESTABLISHED?, DO YOU PAY CHILD SUPPORT?.

TEEN PARENT INFORMATION

Is there a teen parent under age 18 in the household? YES NO

Form for teen parent information including marital status and high school diploma status.

TEEN PARENT:

Form for teen parent details including LN NO., Marital Status, and High School Diploma status.

TEEN PARENT CHILDREN

Form for teen parent children including LN NO.

DO NOT WRITE IN SHADED AREAS

Circle whichever arrangement applies: Is there JOINT/SHARED/SPLIT custody? YES NO. If Yes, how was it determined? court order agreement of the parties.

Table with columns: REQUESTED, DOCUMENTATION, IN FILE. Lists various legal and administrative actions like Paternity Acknowledgement, Child Support Order, etc.

Table with columns: NEEDED, REFERRALS, COMPLETED. Lists items like CTHP, CAP, CSS Application, etc.

Table with column: CONSIDER. Lists items like Health Insurance of Non-Custodial Parent, TASA, SSI/SSA.

INCOME INFORMATION:

Indicate if you or anyone who lives with you receives money from:
Wages, Salary, including Overtime, Commissions, Training Programs, Tips
Self-Employment
Unemployment Insurance Benefits
Supplemental Security Income (SSI) Benefits
Social Security Disability Benefits
Social Security Dependent Benefits
Social Security Survivor's Benefits
Social Security Retirement Benefits
Railroad Retirement Benefits
Retirement Benefits (Pensions)
Dividends/Interest from Stocks, Bonds, Savings, etc.
Workers' Compensation
NYS Disability Benefits
Veteran's Pensions/Benefits/Aid and Attendance
Public Assistance Grant
GI Dependency Allowments
Education Grants or Loans
Contributions/Gifts (Received)
Foster Care Payments (Received)
Child Support Payments (Received)
Alimony/Support (Received)
Private Disability Insurance Health/Accident Insurance Policy Income
No Fault Insurance Benefits
Union Benefits (Including Strike Benefits)
Loans (Received)
Income from a Trust (Including income you are currently entitled to receive, or were entitled to receive in the past, that has not been distributed)
Training Allowments
Rental Income (Received)
Boarders/Lodgers Income (Received)
OTHER INCOME (Please Specify)

Table with columns: YES, NO, WHO, AMOUNT/VALUE, WHO, AMOUNT/VALUE, WHO, AMOUNT/VALUE, CD, LN No., SOURCE CODE, AMOUNT. Includes handwritten '14' and '15' in the WHO column.

CONSIDER
Child Support Pass-Through
Explained
Budget
FS Aged/Disabled Indicator
Disability Review

STEPARENT/ALIEN SPONSOR INFORMATION

Answer all Questions listed below

Form with questions: Does the stepparent of any children who live with you have any resources or receive any income of any kind? Is anyone in your household an alien who was sponsored for admission into the U.S.?

Form with fields: NAME OF SPONSOR, ADDRESS, TELEPHONE NO.

Table with columns: NEEDED, REFERRAL, UIB.

- GREEN PARTY
WORKING FAMILIES PARTY
I DO NOT WISH TO ENROLL IN A PARTY

X

EMPLOYMENT INFORMATION

I am currently: employed self-employed unemployed
 Gross Income \$ _____ Current hours worked Monthly _____
 Paid: Weekly Bi-Weekly Monthly Day of the week paid _____
 Employer's Name and Address: _____

 _____ Phone No. _____

Is anyone else who lives with you currently: employed self-employed
 Who: _____
 Gross Income \$ _____ Current hours worked Monthly _____
 Paid: Weekly Bi-Weekly Monthly Day of the week paid _____
 Employer's Name and Address: _____

 _____ Phone No. _____

Does anyone have health insurance with their employer? Yes No
 Who: _____

Name of insurance Company: _____
 Does anyone have child or dependent care expenses due to employment? Yes No
 Who: _____

Does anyone have other employment-related expenses? Yes No
 Who: _____
 If not employed, when was the last time you or anyone who lives with you worked?
 Who: _____ When: _____
 Where: _____

Why did you (or they) stop working? _____
 Are you or is anyone who lives with you participating in a strike? Yes No
 Who: _____ When: _____

Are you or is anyone who lives with you a migrant or seasonal farm worker? Yes No
 Who: _____
 What type of work would you like to do? (specify) _____

Could you accept a job today? Yes No
 If not, why? _____

DO NOT WRITE IN THE SHADED AREAS

REQUESTED	DOCUMENTATION	IN FILE
	CINTRAK/RFI/IRCS	
	1099	
	Employment Verification	
	Income Tax Return	
	Self-Employment Worksheet	
	Wage Stubs	
	Work Registration Form	
	Dependent/Child Care Form/Statement	
	Approval of Informal Child Care Provider	

NEEDED	REFERRALS	COMPLETED
	CAP	
	Disability	
	Employment	
	TPHI/COBRA	
	UIB	
	Worker's Compensation	
	Drug/Alcohol	
	Domestic Violence	

CONSIDER
<input checked="" type="checkbox"/> Earned Income Tax Credit (Flyer)
<input checked="" type="checkbox"/> Explaining Periodic Reporting Requirements
<input checked="" type="checkbox"/> Net Loss of Cash Income
<input checked="" type="checkbox"/> P.A.S.S. Income Amount and Sources
<input checked="" type="checkbox"/> Employment Sanctions
<input checked="" type="checkbox"/> Temporary Employment
<input checked="" type="checkbox"/> Disability Review
<input checked="" type="checkbox"/> Individual Development Account (IDA)
<input checked="" type="checkbox"/> Voluntary Quit

CHILD/DEPENDENT CARE EXPENSES				
Who Pays	Amount	Name(s)	Age(s)	Care Provider
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

PERIOD

LETED

DO NOT WRITE IN SHADED AREAS

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING FOR OR GETTING ASSISTANCE:

Has a High School diploma or G.E.D.? Yes No

Who _____

Dates attended _____

Dates completed _____

Is or has been in any training program? Yes No

Who _____

Where _____

Program _____

Dates attended _____

Dates completed _____

Is 16 years of age or older and is attending school or college? Yes No

Who _____

Where _____

For your children under 16, list their names and what schools they attend:

Who _____

School _____

Who _____

School _____

Who _____

School _____

Who _____

School _____

Who _____

School _____

Who _____

School _____

REQUESTED	DOCUMENTATION	IN FILE
	School Attendance Verification (LDSS- 3708)	
	Educational Grant Worksheet	
	Child Care Statement	

NEEDED	REFERRALS
	Supportive Services

FS STUDENT ELIGIBILITY CRITERIA	YES	NO
Does anyone 18 through 49 who is attending college half-time or more meet the FS student eligibility requirement?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone pay for child or dependent care to attend school or training?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a 16-19 year old parent who does not have a high school diploma or G.E.D., and who is not attending school?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in training?	<input type="checkbox"/>	<input type="checkbox"/>
Are any other supportive services appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any training related expenses?	<input type="checkbox"/>	<input type="checkbox"/>

- GREEN PARTY
- WORKING FAMILIES PARTY

in a party.



RESOURCES INFORMATION

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING:

YES	NO	WHO	IF YES, GIVE AMOUNT/VALUE	WHO	IF YES, GIVE AMOUNT/VALUE
1			\$		\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

18

VEHICLE INFORMATION

YR	MAKE	MODEL	OWNER'S NAME	AMOUNT OWED	NADA VALUE	EXEMPT	LIEN HOLDER	ACCOUNT NO.
						YES* NO		
				\$				
				\$				

*IF EXEMPT, WHY?

DO NOT WRITE IN SHADED AREAS

NEEDED	REFERRAL	COMPETED
	Legal	
	Resource	

LIFE INSURANCE	
FACE AMOUNT	CASH VALUE

REQUESTED	DOCUMENTATION	IN FILE
	Resource Checklist	
	Market Value	
	DMV Clearance	
	Bank Statement	
	Assignment of Proceeds	
	Car/Vehicle Title	
	Car/Vehicle Registration	
	Bank Clearance	
	RF/IOCA	
	1099	

CONSIDER

- "In Trust" Accounts
- Children's Resources
- Lump Sum
- Boats, Campers, Snowmobiles
- Income Tax Refund
- Individual Development Account (IDA)
- Exempt Vehicles

MEDICAL INFORMATION

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING:

	YES	NO	IF YES, WHO
Has any medical bills or medically-related expenses	1		
Has health or hospital/accident insurance (including insurance from employer)	2		
Has Medicare (red, white, and blue card)	3		
Has a health attendant	4		
Is blind, sick or disabled	5		
Is a handicapped child	6		
Is in a hospital, nursing home or other medical institution	7		
Has paid or unpaid medical bills within 3 months preceding the month of this application	8		
Is or was drug or alcohol dependent	9		
Needs home care	10		
Is pregnant	11		

19

IF PREGNANT PLEASE GIVE DUE DATE:

12

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING:

	YES	NO	IF YES, WHO
Receives treatment from a drug abuse or alcohol treatment program	13		
Has not been able to work for at least 12 months because of a disability or illness	14		
Has daily activity limited because of a disability or illness that has lasted or will last at least 12 months	15		
Has been in a car accident or work-related accident in the past two years	16		
Has any government agency (public program) besides Medical Assistance or Medicare paid any of your medical bills?	17		

RETROACTIVE MEDICAID	WHO	DATE

RECURRING MEDICAL EXPENSES	WHO	AMOUNT \$	AMOUNT \$

MEDICAL BILLS: YES NO YES NO YES NO

DO NOT WRITE IN SHADED AREAS

POLICY NO.:
INSURANCE COMPANY NAME:

REQUESTED

Pregnancy Statement
Med/Psych Statement
Drug/Alcohol Screening (LDSS-4571)
Drug/Alcohol Statement
Paid or Unpaid Medical Bills
SSI Application Verification TA ONLY

CONSIDER

- AD/SSI Related
- FS Aged/Disabled Indicator
- FS Medical Deduction
- TPHI Reimbursement
- Buy-In Eligibility
- Kreiger (LDSS-3664)
- Domestic Violence
- SSI Referral

NEEDED

REFERRALS

- SSI (D-CAP)
- Disability Interview (LDSS-1151)
- Medical Report (LDSS-486, 486t)
- Disability Report
- AD
- TPHI
- VESID
- CTHP
- PCAP
- Family Planning
- TASA
- SSA (RSDI)
- Veteran's Benefits
- Veteran's Counseling
- Child Health Plus
- COBRA Eligibility
- Nurse's Aide Service
- Home Care

GREEN PARTY
 WORKING FAMILIES PARTY

in a party.

SHELTER

WHAT IS YOUR LANDLORD'S NAME?

WHAT IS YOUR LANDLORD'S ADDRESS?

WHAT IS YOUR LANDLORD'S PHONE NUMBER?

	YES	NO	IF YES, GIVE AMOUNT
Do you (or anyone who lives with you) have a rent, mortgage or other shelter expense?			\$
Do you (or anyone who lives with you) have a heat bill separate from your rent or shelter expense?			
Do you (or anyone who lives with you) have the following expenses separate from your rent or shelter expense?	YES	NO	IF YES, GIVE AMOUNT
• Electricity	1		\$
• Gas	2		
• Other utilities (water, etc.)	3		20
• Telephone	4		
• Air conditioning	5		
• Utility/telephone installation fees	6		
Does any person, group or organization outside the household pay any of the household expenses?	7		
Do you live in public housing?	8		
Do you live in Section 8 or other subsidized housing?	9		
Do you live in a drug/alcohol rehab. facility?	10		
Do you live in a domestic violence shelter?	11		

DO NOT WRITE IN SHADED AREAS

SHELTER COSTS	MONTHLY ACTUAL COST
A. Room and Board	
B. Rent	
C. Trailer Lot Rent	
D. Mortgage Payment	
1. Principal	
2. Interest	
3. Property Tax (including School Tax)	
4. Homeowner's Insurance on Structure (incl. Fire Insurance)	
5. Taxes Included in Mortgage (Escrow Payment)	
6. Assessments (Sewer, etc.)	
D. Total Mortgage Payment (Line 1-6)	
E. Utility/Phone Installation Fees	
TOTAL (Lines A - E)	

MONTHLY EXPENSES	MONTHLY ACTUAL COST	NAME OF DEALER	IN WHOSE NAME IS THE BILL? (CUSTOMER OF RECORD)	WHO IS THE TENANT OF RECORD?
A. Fuel for Heat(ing) *				
B. Electricity				
C. Gas				
D. Liquid Propane Gas				
E. Other Utilities* (Water, etc.)				
F. Telephone*				
G. Air Conditioning				
H. Utility/Telephone Installation Fees				
I. Sewer				
J. Garbage				
K. Trash				
L. Other Expenses				
TOTAL				

CONSIDER

- ✓ Utility and/or Fuel Restrict
- ✓ Utility Guarantee
- ✓ HEAP
- ✓ Subsidized Housing May Show Total Rent, NOT Client Amount
- ✓ Foster Care Related Additional Allowances
- ✓ FS Household Comp. Rules
- ✓ FS Aged/Disabled Indicator
- ✓ Real Property Tax Credit
- ✓ Life Line
- ✓ AIDS/HIV Emergency Shelter Allowance
- ✓ Property Lien

* CONSIDER CUSTOMER OF RECORD FOR SUA

ADDITIONAL INFORMATION

OTHER EXPENSES

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING:

	YES	NO	IF YES, GIVE AMOUNT
1 Pays child support			\$
2 Pays alimony			\$
3 Pays child care	21		\$
4 Pays dependent care			\$
5 Pays tuition and fees			\$
6 Has additional expenses			\$
7 Do you or anyone who lives with you who is applying owe at least four months' court-ordered support for a child under age 18?			

OTHER INFORMATION

8 Do you buy or plan to buy meals from a home delivery or communal dining service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9 Are you able to prepare meals at home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10 Have you or anyone in your household ever been in the U.S. military? Who?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11 Has your spouse ever been in the U.S. military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12 Is anyone in your household a dependent of someone who is in the U.S. military? Who?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you or does anyone who lives with you receive assistance or services now? YES NO

IF YES, WHO	13 TYPE OF ASSISTANCE	LOCATION RECEIVED	DATES RECEIVED

Have you or anyone who lives with you received assistance or services in the past? YES NO

IF YES, WHO	14 TYPE OF ASSISTANCE	LOCATION RECEIVED	DATES RECEIVED

NEEDED	REFERRALS	COMPLETED	CONSIDER
	Services		<input checked="" type="checkbox"/> FS Dependent Care Deductions
	State Charge		<input checked="" type="checkbox"/> District of Fiscal Responsibility (SSL 62.5)
	UJB		

DO NOT WRITE IN SHADED AREAS

OTHER INFORMATION (cont.)

Have you or anyone who lives with you who is applying moved into this county from another New York State county within the past two months?	YES	NO
Have you or anyone who lives with you ever been found guilty of and/or been disqualified for Temporary Assistance and/or Food Stamp Benefits because of fraud/intentional program violation?		
Have you or anyone who lives with you received benefits for which they were not entitled, which have not been fully repaid to this or another agency?		
Have you or any member of your household been convicted of making a fraudulent statement or representation of residence in order to receive Temporary Assistance in two or more states?		
Are you or any member of your household fleeing prosecution, confinement or conviction for a felony?		
Are you or any member of your household violating probation or parole?		

PROPERTY TRANSFER STATUS

I have I have not sold, transferred or given away any of my property to anyone to get Temporary Assistance or Food Stamp Benefits.

REQUESTED

REQUESTED	DOCUMENTATION
	School Attendance Verification (LDSS-3708)
	Educational Grant Worksheet
	Child/Dependent Care Statement
	Recoupments
	Outstanding Overpayment
	Pending Disqualification

- RIGHT TO LIFE PARTY
- GREEN PARTY
- WORKING FAMILIES PARTY

must be enrolled in a party.

NOTES/COMMENTS

IF TOTAL EXPENSES (INCLUDING EXPENSES NOT USED IN THE BUDGET DETERMINATION) EXCEED INCOME (INCLUDING TA GRANT), EXPLORE HOW THE HOUSEHOLD IS MEETING ITS OBLIGATIONS.

Actual Expenses \$

- Actual Income \$

= Difference \$

Does Client Receive Contribution Towards Difference YES NO

If Yes, From Whom?

- CONSIDER
- Actual Expenses
 - Actual Shelter
 - Actual Fuel/Utility Costs
 - Telephone Expenses
 - Car Expenses
 - Furniture/Appliance Rental
 - Cable TV
 - Private School Tuition
 - Out-of-Pocket Medical Expenses

READ THE IMPORTANT INFORMATION BELOW.

NOTICES

PRIVACY ACT STATEMENT -- COLLECTION AND USE OF SOCIAL SECURITY NUMBERS (SSNs) - The collection of SSNs 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).

With respect to all other programs for which this application form requires a SSN, the collection of SSNs is also mandatory and is authorized under one or more of the following sections of law: 205(c) of the Social Security Act (42 U.S. Code 405), Section 1137 of the Social Security Act (42 U.S. Code 1320b-7) and Section 7(a)(2) of the Privacy Act of 1974. See the "How To Complete" instruction book Sections 6 and 23 or talk to your worker.

The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or 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.

This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

The information will be used to check identity, to verify earned and unearned income, to determine if absent parents can receive health insurance coverage for applicants or recipients, to determine if applicants or recipients can obtain child or spousal support and to determine if applicants or recipients can receive money or other help.

Information collected with respect to applicants for and recipients of Family Assistance and Safety Net Assistance, including SSNs, may be used to assist in the formation of jury pools.

If a FS claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary for Food Stamp Benefits. However, anyone applying who fails to give a SSN will be denied FS. SSNs of ineligible members will also be used and disclosed in the manner above.

REIMBURSEMENT OF MEDICAL EXPENSES - You have a right as part of your Medical Assistance application, or later, to request reimbursement of expenses you paid for covered medical care, services and supplies received during the three month period prior to the month of your application. After the date of your application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid-enrolled providers.

SUPPORT - Applying for or receiving Family Assistance (FA), Safety Net Assistance (SNA) or foster care services operates as an assignment to the State and the social services district of any rights to support from any other person that the applicant or recipient may have in his or her own right or on behalf of any other family member for whom the applicant or recipient is applying or receiving assistance (Social Services Law, 158 and 348). Other sections of this application contain additional assignments.

NON-DISCRIMINATION NOTICE

- In accordance with Federal law Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of national origin, sex, age, or disability. Under the Food Stamp Act and USDA discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA 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). HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3762 (TDD). USDA and HHS are equal opportunity providers and employers.

FOOD STAMPS AUTHORIZED REPRESENTATIVE - You can authorize someone in your household to apply for FS for you. If you do, have the Signature section at the bottom of page 16. You can also authorize someone outside your household to get FS for you or to use them to buy food for you. To authorize someone, print the person's name, address and phone number below.

NAME, ADDRESS AND PHONE NUMBER OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)

PENALTIES - Your application may be investigated. By signing this agreement you are consenting to cooperate in such an investigation. Federal and State laws prohibit penalties of fine, imprisonment or both if you do not tell the truth when you apply for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Service Care Assistance (Assistance, Benefits or Services) or at any time when you apply for your eligibility, or cause someone else not to tell the truth when you apply for your continuing eligibility. Penalties also apply if you conceal or Services, or if you conceal or fail to disclose facts that would affect someone for whom you have applied to obtain or continue to receive Benefits or Services; and such Assistance, Benefits or Services must be provided to other person and not for yourself. Federal and State laws provide that any assets for less than fair market value made by an individual or an individual within 36 months (or 60 months in the case of trust-related transfers) prior to the month in which the individual is both in receipt of nursing facility services and submitted an application for Medical Assistance, may render the individual ineligible for nursing facility services or home and community based waived services for a period of time. It is unlawful to obtain Assistance, Benefits or Services by information or providing false information.

RIGHT TO LIFE PARTY
 GREEN PARTY

must be enrolled in a party.

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM.

ASSIGNMENTS, AUTHORIZATIONS & CONSENTS (cont.)

CHANGES - I agree to inform the agency promptly of any change in my needs, income, property, living arrangements or address to the best of my knowledge or belief.
If I am applying for child care assistance, I agree to inform the agency promptly of any change in child care arrangements, including where care is provided, who is providing child care, provider fees, and hours for which child care is needed.

CONSENT FOR INVESTIGATION - I agree to any investigation to verify or confirm the information I have given in connection with my request for TA, MA, FS, Services or Child Care Assistance. If additional information is requested, I will provide it. I will also cooperate fully with State and Federal personnel in a Temporary Assistance and/or Food Stamp Quality Control Review.

STANDARD UTILITY ALLOWANCE (SUA) - I understand that Temporary Assistance (TA) and Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Programs (HEAP). If I am not included in the annual automatic HEAP payment process for certain TA and FS recipients, I intend to apply for a HEAP 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.

ASSIGNMENT OF SUPPORT RIGHTS - I assign to the State and social services district any rights I have to support from persons having legal responsibility for my support and any rights I have to support on behalf of any family member.

AUTHORIZATION FOR REIMBURSEMENT OF PUBLIC ASSISTANCE BENEFITS FROM SSI RETROACTIVE PAYMENT - I authorize the Commissioner of the Social Security Administration (SSA) to send to the local social services district the amount due to me at the time of my first payment of (1) retroactive Supplemental Security Income (SSI) benefits that I may receive upon an application for SSI or (2) retroactive SSI benefits I may receive if I am terminated or suspended from receiving SSI benefits and am later reinstated.

I understand that the local social services district may take from my SSI payment the amount of Public Assistance (except assistance paid wholly or partly with federal funds) that was paid to me during the period beginning with my first day of eligibility for SSI or the first day to which SSI benefits were reinstated after a period of suspension or termination and ending with the month that SSI payments actually began (or the following month if the local social services district cannot stop delivery of my last public assistance payment during the month that SSI payments began).

After taking this money from my SSI check(s), the local social services district will pay me the balance, if there is any, no later than 10 working days from the date it receives my SSI payment. I also understand that if the district takes more money than I believe was paid to me as Public Assistance, I will be given an opportunity for a hearing.

I understand that:

- the SSA may treat the date that I submit this signed authorization to the local social services district as the date I first become eligible for SSI if I submit an application for initial SSI benefits within the next 60 days.

- this authorization will apply to any SSI application or appeal which is presented pending before the SSA with respect to me and to any SSI application I make or appeal I request with respect to the period ending one year after I sign this agreement.

This authorization will terminate one (1) year after it is received by the local social services district and will not have any effect upon future SSI applications, appeals or reviews if my case is completely decided, if the SSA makes an initial payment of SSI either on my application or after a period of suspension or termination or if the State and I mutually agree to terminate the authorization.

I have read and understand the notices above. I understand and agree to the assignments, authorizations and consents above. 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/REPRESENTATIVE SIGNATURE	DATE SIGNED	DATE SIGNED
		20
		X

(HUSBAND/WIFE OR PROTECTIVE REPRESENTATIVE SIGNATURE)

X

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)

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

IMPORTANT!

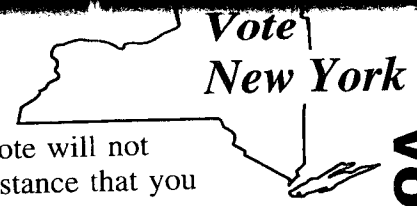
Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

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

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

VOTER REGISTRATION APPLICATION

NVRA-05 (4/01)

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

1	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, do not complete this form.	2	Check boxes that apply: <input type="checkbox"/> new registration and enrollment <input type="checkbox"/> address change <input type="checkbox"/> party enrollment change <input type="checkbox"/> name change	For Board Use Only	
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____				
4	Address Where You Live (do not give P.O. address) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____				
5	Address Where You Get Your Mail (if different from above) _____ P.O. box, star rte., etc. _____ Post Office _____ Zip Code _____				
6	Date of Birth _____	7	Sex (circle) M F	8	Home Tel. Number (optional) _____
9	The last year you voted _____	Your Address was (give house number, street, and city) _____		In county/state _____	Under the name (if different from your name now) _____
10	<p>Choose a Party — Check one box only</p> <p><input type="checkbox"/> REPUBLICAN PARTY</p> <p><input type="checkbox"/> DEMOCRATIC PARTY</p> <p><input type="checkbox"/> INDEPENDENCE PARTY</p> <p><input type="checkbox"/> CONSERVATIVE PARTY</p> <p><input type="checkbox"/> LIBERAL PARTY</p> <p><input type="checkbox"/> RIGHT TO LIFE PARTY</p> <p><input type="checkbox"/> GREEN PARTY</p> <p><input type="checkbox"/> WORKING FAMILIES PARTY</p> <p><input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY</p>		11	<p>AFFIDAVIT: I swear or affirm that</p> <ul style="list-style-type: none"> • 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. • 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. <p>↓ Signature or mark ↓</p> <p>_____</p> <p>X _____ Date _____</p>	

Please note:
In order to vote in a **primary election**, you must be enrolled in a party.

APPENDIX B:
Example of Short Food Stamp
Application



FOOD STAMP BENEFITS APPLICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version
------------------	----------------	---------------	------	--------	-----------	-------------	-----------------	---------

Name _____ Telephone Number _____

Residence Address _____ City _____, NY Zip Code _____

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

Another phone number where you can be reached _____ Do you want to receive notices in: Spanish and English 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	Date of Birth	Sex M or F	Is this person applying?		Relationship to you	Buys and/or prepares food with you?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*					
							Yes	No		Yes	No	Yes	No	I	A	B	P	W	
1							<input checked="" type="checkbox"/>	<input type="checkbox"/>	self	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
2																			
3																			
4																			
5																			
6																			
7																			
8																			

*Race/Ethnic Codes: I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White
 Is everyone living with you a US citizen? Yes No If No, who is not a citizen? _____

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

Has anyone living with you ever been disqualified from receiving Food Stamp benefits because of fraud or intentional program violation? Yes No

Is anyone in your household applying for or receiving assistance in another place? Yes No

Is anyone living with you blind, disabled or pregnant? Yes No If Yes, who _____

Is anyone living with you a veteran? Yes No If Yes, who _____

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 FS, list on the last page what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out).

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED
------------------------------------	-------------

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

INCOME

List ALL 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	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

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) _____

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
 Does anyone living with you have any potential income that has not yet been received? Yes No *If Yes, explain on last page.*

Does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? Yes No *If Yes, who* _____
 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 _____

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 have? #1 Year _____ #2 Year _____ Make _____ Model _____ Owner _____ Used for: _____
 Make _____ Model _____ Owner _____ Used for: _____

Do you or anyone applying own any property including your own home? Yes No *List 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 farm worker No permanent residence Live with relatives or friends
 List your expenses: Monthly rent or mortgage payment \$ _____ Tax on home per year \$ _____ Insurance on home per year \$ _____
 Monthly heating/cooling cost \$ _____ Specify type of heating: Gas Electric Oil Wood Coal Other (list) _____
 Monthly utilities (other than heating/cooling) \$ _____ Other (for example, garbage/trash, water, initial installation of utilities) \$ _____
 Monthly telephone expense \$ _____

Do you have an air conditioner or have central air conditioning? Yes No

Does anyone living with you pay any of these expenses for you (including Section 8 or other subsidy program)? Yes No *If yes, who* _____

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) _____

Does anyone living with you have medical bills? Yes No *If yes, list on the last page what they are for, how much and who is responsible for payment.*

Is anyone living with you (16 years old or older) enrolled in school or training? Yes No *If yes, who* _____ *where* _____

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

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM

FOOD STAMP BENEFITS (FS) PENALTY WARNING - Any information you provide in connection with your application for Food Stamp Benefits 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 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 law of third intentional program violation (IPV). 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 intentional program violation 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 - I understand that by signing this application form I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for FS benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Quality Control Review.

SUA INFORMATION - I understand that Food Stamp 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.

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.

REPORTING TO REPORT/VERIFY HOUSEHOLD EXPENSES - I 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 benefits. 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 benefits in future months in accordance with the rules for change reporting.

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 service district may be used to get one for you.

CERTIFICATION OR CITIZENSHIP/ALIEN STATUS FOR FOOD STAMPS - I swear and affirm under penalties of perjury, that all household members except are United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that information about my Food Stamp household will be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of information about household members including myself who are applying for or receiving FS is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Food Stamp Program. I also understand that information received from the INS may affect my household's eligibility and level of benefits.

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 FS for you. If you do, have them sign in the signature section at the bottom of this page. 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.

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/REPRESENTATIVE SIGNATURE X	DATE SIGNED	HUSBAND/WIFE SIGNATURE X	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 _____

Use this area for additional information:

Who: _____ Explanation: _____

Who: _____ Explanation: _____

Who: _____ Explanation: _____

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

SIGNATURE

DATE

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 _____

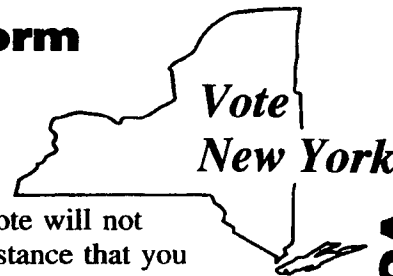
FS Authorization Period: From _____ To _____

Comments:

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本



VOTER REGISTRATION FORM

"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

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.

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

NVRA-05 (4/01)

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

1	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, do not complete this form.	2	Check boxes that apply: <input type="checkbox"/> new registration and enrollment <input type="checkbox"/> address change <input type="checkbox"/> party enrollment change <input type="checkbox"/> name change	For Board Use Only	
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____				
4	Address Where You Live (do not give P.O. address) _____ Apt. No. _____ City/Town/Village _____		Zip Code _____	County _____	
5	Address Where You Get Your Mail (if different from above) _____ P.O. box, star rte., etc. _____		Post Office _____	Zip Code _____	
6	Date of Birth _____	7	Sex (circle) M F	8	Home Tel. Number (optional) _____
9	The last year you voted _____	Your Address was (give house number, street, and city) _____		In county/state _____	Under the name (if different from your name now) _____
10	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"/> LIBERAL PARTY <input type="checkbox"/> RIGHT TO LIFE PARTY <input type="checkbox"/> GREEN PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY		11 AFFIDAVIT: 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. • 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