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TO: Commissioners; IM Directors; FS Directors; WMS Coordinators; CAP Coordinators

FROM: Patricia A. Stevens, Deputy Commissioner, Division of Temporary Assistance

SUBJECT: October 1, 2000 Food Stamp Standards

EFFECTIVE DATE: Immediately

CONTACT PERSON: FS Questions - Regional Representatives: Western Region (518)473-0332; Central Region (518)474-9344; Eastern Region (518)473-1469. MRB/A Upstate Questions - Don Evensen (518)474-9109. Region VI (212)383-1658. MRB/A NYC Questions - Stephen Cohen (212)383-2426.

The USDA has notified us of the October 1, 2000 cost-of-living adjustments to the Food Stamp Program. There are changes in Income Eligibility Limits and Thrifty Food Plan amounts.

As of October 1, 2000, the Food Stamp standards are as follows:

Standard Deduction:	\$134	(no change)
Maximum Excess Shelter Deduction:	\$300	
Homeless Shelter Deduction:	\$143	(no change)

Please note that the Standard and Homeless Shelter deductions remain the same as last year.

Household Size	Monthly Income	Maximum Gross Monthly Income 130% of Poverty	Maximum Net Monthly Income 100% of Poverty	Maximum Allotment
	Elderly/Disabled Separate/Household 165% of Poverty			
1	\$1,149	\$ 905	\$ 696	\$ 130
2	1,547	1,219	938	238
3	1,946	1,533	1,180	341
4	2,345	1,848	1,421	434
5	2,744	2,162	1,663	515
6	3,142	2,476	1,905	618
7	3,541	2,790	2,146	683
8	3,940	3,104	2,388	781
Each Add'l. Member	+ 399	+ 315	+ 242	+ 98

CC: BW, JK, BB, DF

## Standard Utility Allowances

	<u>Heating/Air Conditioning</u>	<u>Other Utility</u>
New York City	\$425	\$217
Nassau & Suffolk County	438	218
Rest of State	375	200
Telephone SUA for all Counties -	\$33	

Please note that the above standard utility allowances remain the same as last year.

The new Food Stamp tables shown above will be migrated to production upstate on August 14, 2000 and will be used for budgets with a "from date" of October 1, 2000 or later. The new amounts will also be used upstate in the ALL MRB/A for FS on August 21 and 28, 2000. New this year as part of the Upstate ALL MRB/A will be a conversion of budgets to grant the HT/AC SUA for HEAP eligible households with shelter expenses that include heat. Due to the abundance of HEAP funding this year and the extra HEAP auto-pay, most if not all of these households are entitled to the HT/AC SUA due to actual receipt of a HEAP payment. Beyond actual receipt of a HEAP payment, a forthcoming INF will explain in further detail a policy clarification which requires a HT/AC SUA to be granted based on 'anticipated receipt' of a HEAP payment.

In New York City, the new amounts will be migrated to production on September 18, 2000 and will be used in a MRB/A for active cases on the weekend of September 16-17, 2000.

Based upon new maximum allotment amounts, the MRB/A's will use the following rebudgeted amounts in eligible cases:

1. Boarder/Lodger Exclusion: \$130.00 for one or \$238.00 for two.
2. Personal Care Shelter Amount: reduced by \$3.00.

No INF or ADM will be issued regarding this change. (A copy of the mass notice sent to recipients is attached.) If the notice does not print properly and a hard copy is needed, please contact your regional team and a hard copy will be faxed to you.

NOTICE OF INTENT TO CHANGE FOOD STAMPS  
OCTOBER '00/UPSTATE

Case Number:  
Loc. Off./Unit/Worker:

General Telephone No. for  
Questions or Help:

Dear Food Stamp Recipient:

This is to inform you that there will be changes to some items used to figure the amount of food stamps a household gets. These changes are as a result of changes in Federal law. The Thrifty Food Plan has increased. These changes may increase the amount of food stamps you get. The changes will take place beginning with your October 2000 Food Stamps.

Look at the chart below. The dollar amount shown under your household size is the amount of the increase you may get in your monthly food stamps based on the Thrifty Food Plan change only. For example, if you are a typical food stamp household of two, currently receiving \$24 a month in Food Stamps, beginning in October, you would get \$28.00 a month in food stamps (\$24.00 + 4.00 = \$28.00).

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Typical Amount of Food Stamp Increase	\$3	\$4	\$6	\$8	\$9	\$11	\$12	\$14	\$16	\$18

NOTE: If you are currently receiving \$10.00 a month in food stamps your food stamps may not change.

The Regulations which allow us to do this are 18 NYCRR 387.10, 387.12 and 387.15.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible after you receive your benefit. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the top of this notice or by sending a written request to us at the address listed at the top of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference you are still entitled to a fair hearing. Even if you ask for a conference, you will still have only 90 days from the date your October benefits become available to request a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

(1) **Telephoning:** (Please have this notice with you when you call)

OR

(2) **Writing:** By sending a copy of **BOTH SIDES** of this notice **completed**, to the Office of Administrative Hearings, New York State Department of Social Services, PO Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

Case Number: \_\_\_\_\_

YOU HAVE 90 DAYS FROM THE DATE YOUR OCTOBER 2000 FOOD STAMP BENEFITS BECOME AVAILABLE TO REQUEST A FAIR HEARING.

The date your October Food Stamps become available is the date you can access your October food stamp benefits with your plastic ID card.

If you request a fair hearing the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc., that may be helpful in presenting your case.

**Legal Assistance:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the top of the front of this notice.

**Access to Records/Information:** You have the right to review your case record. Upon your request, you have the right to free copies of documents which we will present into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record which you need for your fair hearing. To request such documents or to find out how you may review your case record call the number indicated on the top of the front of this notice.

If you want additional information about your case, how to request a fair hearing, how to gain access to your case file and/or additional copies of documents, you may call the number indicated on the top of the front of this notice or write us at the address listed at the top of the front of this notice.