



George E. Pataki
Governor

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

Brian J. Wing
Commissioner

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 98 ADM-4

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: March 19, 1998

SUBJECT: Food Assistance Program (FAP)

**SUGGESTED
DISTRIBUTION:**

Income Maintenance Directors
Food Stamp Directors
Medical Assistance Directors
CAP Coordinators
Employment Coordinators
Staff Development Coordinators

**CONTACT
PERSON:**

Region I (518) 473-0332; Region II (518) 474-9344;
Region III (518) 474-9307; Region IV (518) 474-9300;
Region V (518) 473-1469; Region VI (212) 383-1658

ATTACHMENTS:

Attachment I-Budget Examples (all-available on-line)
Attachment II-Notice of Transfer from Federal to FAP
Benefits
Attachment III-Notice of transfer from FAP to Federal
Benefits

FILING REFERENCES

Previous ADMs/INPs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
97 ADM-5		18 NYCRR 358-1.1 358-2.27 and Parts 387 and 388	Sect.148-b, Welfare Reform Act of 1997 SSL 95(10)	FSSB Section V- A-6.1-6.2	96 LCM 86 97 LCM 21 GIS 96 TA/DC039 GIS 97 TA/DC015 GIS 97 TA/DC020 GIS 97 TA/DC021

I. PURPOSE

This directive advises Social Services Districts (SSDs) regarding their option to provide State and locally funded food stamp benefits to certain legal aliens under the New York State Food Assistance Program (FAP).

II. BACKGROUND

Section 148-b of the Welfare Reform Act of 1997 added a new subdivision 10 to Section 95 of the Social Services Law to authorize SSDs to participate in an optional FAP.

III. PROGRAM IMPLICATIONS

Under this optional program, SSDs that choose to participate will provide food stamp benefits to certain legal aliens ineligible for the Federal Food Stamp program because of Section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P. L. 104-193). Also see Department Regulation 387.9(a).

A. Funding

1. SSDs that choose to participate in the FAP are financially responsible for fifty percent of the non-federal share of the necessary costs of operating the FAP. This includes the cost of purchasing the food stamp coupons and any other payments to the federal government required for participating in the program, as well as SSD costs.
2. FAP benefits that are issued to children under 18 years of age will be reimbursed 100% with TANF funds.
3. To the extent that the Office Of Temporary and Disability Assistance (OTDA) incurs expenditures to operate the FAP on behalf of the SSDs, the participating SSDs will reimburse the Office for fifty percent of such costs.
4. SSDs will be financially responsible for 100% of benefits issued to persons ineligible to receive benefits under the FAP. The Office may review SSD procedures and audit payments made under the FAP. The Office may impose any sanction reasonably appropriate and require corrective action as it determines necessary.
5. If the federal government assesses a penalty, sanction, or fine because of a SSD's incorrect issuance of federal food stamp benefits in cases where the household consists of both federally participating food stamp program recipients and recipients under the FAP, the SSD is responsible for 100% of

the penalty, sanction, or fine assessed by the Federal government.

B. Notification

Those SSDs that choose to participate in the FAP must provide written notification to this Office agreeing to operate the FAP in accordance with Federal and State statutory, regulatory and policy requirements.

IV. REQUIRED ACTION

A. FAP Participation

1. A SSD may choose to participate in the FAP at any time, upon written notification to the Office of Temporary and Disability Assistance. This notification must include an estimate of the number of persons who will be eligible for the FAP and a statement whereby the SSD agrees to operate the FAP in accordance with Federal and State statutory, regulatory and policy requirements.

Food stamp coupons will be purchased for the FAP by this Office, and issued to eligible individuals in the same manner in which federal food stamps are issued.

2. A SSD may withdraw from participation in the FAP by providing written notification to this Office at least 30 days prior to terminating the program. Notice must be provided to the FAP recipients in accordance with Department Regulation.

B. FAP Eligibility Requirements

All requirements for the federal food stamp program apply to the FAP. Eligibility standards, benefit calculations, and levels are to be determined using federal food stamp program rules. However, in order to be eligible to receive FAP benefits, the individual must:

1. otherwise be eligible to receive federal food stamp benefits except for the provisions in Section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and Department Regulation 387.9(a) (see Department releases 96 LCM 86, GIS Message 96 TA/DC 039, 97 LCM-21, and 97 ADM-5); and
2. on August 22, 1996, have been residing in the same SSD in which the application for the FAP is being made; and
3. **Either:**
 - a. be under eighteen years of age; or
 - b. be elderly or disabled as defined in FSSB Section V-A-6.1 and 6.2; and

4. not have been absent from the United States for more than a total of ninety days (please note that the ninety days do not have to be consecutive) within the twelve month period immediately preceding the date of application for the FAP; and
5. **APPLY** to the United States Department of Justice, Immigration, and Naturalization Services (INS) for U.S. citizenship. If the applicant for the FAP is eligible to apply for United States citizenship, such application must be made no later than thirty days from the date of application for the FAP. However, if the applicant for the FAP is not eligible to apply for United States citizenship on the date of application for FAP, application for citizenship must be made no later than thirty days after the person becomes eligible to apply for United States citizenship in accordance with the requirements of the United States Immigration and Naturalization Services. The status of the citizenship application must be reviewed at each recertification.

C. Citizenship Requirements

1. Persons Eligible to Apply for Citizenship

Those persons eligible to apply for U.S. Citizenship include an individual who is:

- a. 18 years of age or older (see Section IV-C, paragraph 9 of this Directive); and

NOTE: Children born in the United States are citizens regardless of the alien status of their parents.

- b. a Legal Permanent Resident ("Green Card" holder) for at least 5 years, or 3 years if married to a U.S. citizen. An individual may submit an Application for Naturalization to the Immigration and Naturalization Service (INS) 90 days before the residency requirement is met; or
- c. otherwise eligible to apply under INS rules.

2. Requirements for Attaining Citizenship

To attain citizenship a person must be:

- a. of good moral character;
- b. able to speak, read, write and understand ordinary English words and phrases. (see Section IV-C, paragraphs 3 and 4 of this Directive); and
- c. able to demonstrate knowledge and understanding of the fundamentals of U.S. history and principles of government. (see Section IV-C, paragraphs 3 and 4 of this Directive).

3. Exceptions for Age and Length of Residency

- a. If an individual is over 55 years old and has lived in the U.S. as a Legal Permanent Resident for 15 years, or over 50 years old and has lived in the U.S. as a Legal Permanent Resident for 20 years, such individual may be exempt from the requirement in Section IV-C, paragraph 2, b of this Directive. They are also eligible to take the government/history test (Section IV-C, paragraph 2, c of this Directive) in their native language. Clients should submit a written request for the exemption with the application for citizenship.
- b. If an individual is at least 65 years old and has lived in the United States for a least 20 years, the individual may be exempt from the requirement of Section IV-C, paragraph 2, b of this Directive. In addition, they will be given "Special Consideration" in the requirement of Section IV-C, paragraph 2, c of this Directive. "Special Consideration" means the individual may take the government/history test in his/her native language and instead of selecting questions on civics and history from a pool of 100 questions, ten questions will be selected from a pool of 25 questions. Clients should submit a written request for "Special Consideration" with the application for citizenship.

4. Exceptions for the Disabled

- a. Exceptions to the requirements of Section IV-C, paragraphs 2 b and c of this Directive are available for the disabled. Exceptions may be granted to any person who is unable because of a medically determinable physical or mental impairment or combination of impairments which has lasted or is expected to last at least 12 months, to demonstrate an understanding of the English language, or is unable for any of the same reasons to demonstrate a knowledge and understanding of the fundamentals of the history, and of the principles and form of government of the United States."

The INS requires all persons seeking an exception to submit a Form N-648, Medical Certification for Disability Exceptions, to be completed by a licensed medical doctor or a licensed clinical psychologist who is approved by INS. Clients should ask if the professional accepts MA. The list of approved professionals can be obtained from INS or agencies that assist people in applying for citizenship. See Section IV-C, paragraph 11 of this Directive.

- b. INS has asked that Form N-648 not be submitted for people with disabilities who could probably take the tests if some sort of accommodations were made for them. If a reasonable accommodation or modification to the testing procedures would enable a naturalization applicant with a disability to participate in the process, the INS will provide such accommodation. There is no need for a medical certification in such a case. For example, modifications may include sign language interpreters, wheelchair-accessible interview sites, on-site interviewing and testing, or an extension of the time for the civics test to allow an applicant with a learning disability to complete the test.
- c. The disability exceptions apply only to individuals whose disabilities are so significant that the applicants are unable to meet the English and civics requirements even with reasonable accommodations.

5. Application Process for Citizenship

To apply for U.S. Citizenship, an individual must:

- a. Submit an Application for Naturalization (Form N-400) to the INS, with the \$95.00 application fee, two photos, and a fingerprint card. INS will send the fingerprint card to the FBI to check whether the individual has committed a crime which might disqualify them from citizenship;

NOTE: A client may request a waiver from the \$95.00 fee by completing the INS "Application for Fee Waiver" and submitting it with the application for citizenship. It should be noted that INS does not grant the waiver as a common practice. However, until INS makes a decision on the waiver, the client is in compliance with the requirement to apply for citizenship. If the request for the waiver is rejected, the client must submit the \$95.00 application fee.

- b. Be interviewed by an INS officer when scheduled for an appointment. (In NYC the interview may take place 18 to 20 months after the application is submitted. An in-home interview can be requested at the time of application); and
- c. If approved for citizenship by the INS, take the Oath of Allegiance to the United States of America. This typically takes place 2 to 3 months after the interview.

6. Obtaining Application For Citizenship

To request an Application for Naturalization (INS Form N-400) and complete instructions, or an Application for Certificate of Citizenship (INS Form N-600), individuals should call the INS at 1-800-870-3676. They may also call 1-800-755-0777 for additional recorded information. Agencies which assist people in applying for citizenship also have applications. See Section IV-C, paragraph 11 of this Directive.

7. Verification of Citizenship Application

Forms of verification of citizenship application include:

- a. Canceled personal check made out to U.S. Immigration and Naturalization Service; or
- b. Money Order receipt made out to U.S. Immigration and Naturalization Service; or
- c. A copy of the application for citizenship together with the client's attestation that the application was filed; or
- d. A copy of the application for citizenship, together with a statement from an agency that assists people in applying for citizenship (see paragraph (10) below) that they filed an application for citizenship on behalf of the client and the date such application was filed.
- e. Verification from INS—the SSD should have the alien sign a consent to contact INS to verify the citizenship application status. The SSD should submit a G-845 "Document Verification Request." In Section A, question number 7, under "Other Information Attached," ask "Did subject apply for citizenship?" Inquiries should be sent to the addresses that follow:

Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Clinton, Cortland, Erie, Essex, Franklin, Genesee, Jefferson, Lewis, Livingston, Monroe, Niagara, Onondaga, Ontario, Orleans, Oswego, St. Lawrence, Schuyler, Seneca, Steuben, Tompkins, Wayne, Wyoming, and Yates Counties should send their requests to:

Immigration & Naturalization Service
Federal Center
130 Delaware Avenue
Buffalo, New York 14202

Albany, Broome, Chenango, Columbia, Delaware, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington Counties should send their requests to:

Immigration & Naturalization Service
U.S. Post Office & Courthouse
445 Broadway, Room 227
Albany, New York 12207

Dutchess, Nassau, NYCHRA, Orange, Putnam, Rockland, Suffolk,
Sullivan, Ulster and Westchester Counties should send their
requests to:

Immigration & Naturalization Service
26 Federal Plaza
New York, New York 10007

8. Submission of Verification

As stated in Section IV B, paragraph 5 of this Directive, if an applicant for the FAP is eligible to apply for United States citizenship, such application must be made no later than thirty days from the date of application for the FAP. If the applicant for FAP is not eligible to apply for United States citizenship on the date of application for the FAP, application for citizenship must be made no later than thirty days after the person becomes eligible to apply for United States citizenship in accordance with the requirements of the United States Immigration and Naturalization Services.

SSDs must establish a time standard for clients to submit verification of application for citizenship. Clients must be given a minimum of fifteen additional days but not longer than forty five additional days from the expiration of the thirty day period to submit documentation of application for citizenship. SSDs must apply the established time standard to all clients.

EXAMPLE A client applies for the FAP on October 15. The client is eligible to apply for citizenship. The application for citizenship must be submitted to INS by November 15. If the SSD establishes a fifteen day time standard, the client must submit verification of application for citizenship to the SSD by November 30. If the SSD establishes a 30 day time standard, the client must submit verification of application for citizenship to the SSD by December 15.

9. Application for Citizenship for Children

- a. As stated in Section IV-C, paragraph 1 of this Directive, a person must be 18 years of age or older in order to be eligible to apply for citizenship. However, if one or both parents are citizens or become U.S. citizens, the following procedures should be encouraged by SSDs when exploring a minor child's eligibility to apply for citizenship:

NOTE: A citizen parent is not required to apply for citizenship for a FAP eligible child. However, SSDs should encourage the parent to apply for citizenship for the child.

- b. If only **ONE** parent is or becomes a U.S. citizen, the child's application for naturalization should be made under section 322. The requirements to **qualify** for naturalization under section 322 are:

- (1) At least one parent is a U.S. citizen, either by birth or by naturalization.
- (2) The child is physically present in the U.S. pursuant to a "lawful admission". This would include children who came to the U.S. as lawful permanent residents (green card holders), or who were "lawfully admitted" with Visitors Visas, Student Visas, or most other types of legal documents specifying "lawful admission".
- (3) The child is under 18 years old and in the legal custody of the citizen parent.
- (4) A U.S. citizen parent of the child must have resided in the U.S. or its outlying possessions for a total of five years or more, at least two of which were after the parent turned 14 years old.

If the child's parent does not meet this condition, then one of two other requirements must be met. Either (a) the child must be a lawful permanent resident and living with the citizen parent in the U.S., or (b) a U.S. citizen parent of the child's U.S. citizen parent (that is, the child's grandparent) must have lived in the U.S. for five years, at least two of which were after the grandparent turned 14 years old.

- c. To **apply** for naturalization under Section 322 the parent or parents should complete Form N-600, "Application for a Certificate of Citizenship", on behalf of the child. (Note that the N-600 form, rather than the N-400, is used even though this is a naturalization application.) As

long as the process will be completed before the child turns 18, naturalization under section 322 has fewer requirements for the child than naturalization for the adult applicant. The children do not have to:

- (1) speak, read or write English;
- (2) know about history or government of the U.S.;
- (3) meet residence or other physical presence requirements once they have made a lawful admission and are physically present in the U.S.;
or
- (4) take the oath of allegiance if they are under 14 years old.

d. If, **BOTH** parents become U.S. citizens prior to when the child turned 18, the child may automatically derive U.S. citizenship upon the naturalization of their parents. To verify the child's citizenship status the SSD should complete the Form N-600 "Application for a Certificate of Citizenship."

10. Good Cause For Failure To Apply For Citizenship

- a. An applicant or recipient may be exempt from complying with the requirement to apply for citizenship if the applicant or recipient has good cause for failure to comply. Good cause exists when:
- (1) the applicant or recipient has a verifiable physical or mental condition which prevents compliance; or
 - (2) the applicant's or recipient's failure to comply is directly attributable to SSD error; or
 - (3) other extenuating circumstances, beyond the control of the applicant or recipient, exist which prevent the applicant or recipient from being reasonably expected to comply. For example, an Act of Nature such as an ice storm or other weather-related disaster which prevents the individual from complying.
- b. The applicant or recipient is responsible for notifying the SSD of the reasons for failing to comply and for furnishing evidence to support any claim of good cause. The SSD must review the information and evidence provided and make a determination of whether the information and evidence supports a finding of good cause. The exemption should be granted for as long as good cause continues to exist. However, good cause must be reviewed by the SSD

at the time of recertification and such exemption be extended if appropriate.

c. Good cause cannot be based on:

- (1) financial reasons. In such a case, application for a waiver can be made to INS.
- (2) the individual's inability to meet INS requirements for citizenship. It should be based on whether or not the individual has the ability to APPLY for citizenship.

11. Assistance in Applying for Citizenship

- a. The Office of Temporary and Disability Assistance has established a hot line to answer client questions on applying for citizenship. The number is 1-800-566-7636. SSDs should provide clients with this number.
- b. The Office of Temporary and Disability Assistance is in the process of finalizing contracts with agencies to provide assistance to clients who are applying for citizenship. SSDs may call the 800 number listed above to obtain the list of agencies.

D. Budgeting Methodology

The following procedure is to be used to budget households containing members eligible for the FAP (see Attachment I for budgeting examples):

1. ALL MEMBERS ARE ELIGIBLE FOR EITHER THE FAP OR FEDERAL BENEFITS

- a. Calculate benefits as if all members were eligible for federal benefits.
- b. Calculate benefits for the members who are eligible for federal benefits:
 - (1) allow the full standard deduction.
 - (2) apply the total income of all federally eligible household members.
 - (3) Prorate the income of the FAP persons among the household members including the FAP persons.*
 - (4) Apply all but the FAP persons' shares of income to the federally eligible household members.*
 - (5) Prorate the shelter expenses (including SUAs) paid by or billed to the FAP persons among the household members, including the FAP persons.
 - (6) Apply all but the FAP persons' share of the shelter expenses, and SUAs to the federally eligible household members.

***If the FAP person has PA income, divide the PA income evenly among the PA household members. All but the FAP person's share is applied to the federal household members.**

- c. Store the budget calculated in paragraph b.
- d. Subtract the benefits calculated in paragraph b from the benefits calculated in paragraph a. The remainder is the FAP benefit.
- e. Write the "96" payment line for the benefits calculated in paragraph b.
- f. Enter payment type "X6" for the FAP benefit calculated in paragraph d.
- g. Enter an "X" in the "FAP Ind" field on Screen 3 for each individual who is eligible for the FAP.

2. THE HOUSEHOLD CONSISTS OF MEMBERS ELIGIBLE FOR FEDERAL BENEFITS, FAP BENEFITS AND SOME WHO ARE NOT ELIGIBLE FOR EITHER

- a. Calculate the benefits for members eligible for federal and FAP benefits:
 - (1) allow the full standard deduction.
 - (2) apply the total income of all federal and FAP household members.
 - (3) prorate the income of members ineligible for federal or FAP benefits among the household members including the ineligible members.*
 - (4) apply all but the ineligible member's share of income to the federal and FAP household members.*
 - (5) prorate the shelter expenses (including SUAs) billed to or paid by the ineligible members among the household members, including the ineligible members.
 - (6) apply all but the ineligible members' shares of the shelter expenses, and SUAs to the federal and FAP household members.

***If the ineligible person has PA income, divide the PA income evenly among the PA household members. All but the ineligible person's share is applied to the federal and the FAP household members.**

- b. Calculate benefits for the members who are eligible for federal benefits:
 - (1) allow the full standard deduction.
 - (2) apply the total income of all federally eligible household members.
 - (3) prorate the income of the FAP members, and ineligible members among the household members, including the FAP and ineligible members.*

- (4) apply all but the FAP members' and ineligible members' shares of income to the federally eligible household members.*
- (5) prorate the shelter expenses, (including SUAs) billed to or paid by the FAP members and ineligible members among the household members, including the FAP and ineligible members.
- (6) apply all but the FAP members' and ineligible members' shares of the shelter expenses, and SUAs to the federally eligible household members.

*If the FAP person or the ineligible person has PA income, divide the PA income evenly among the PA household members. All but the FAP members' and/or the ineligible's members' share is applied to the federal household members.

- c. Store the budget calculated in paragraph b.
- d. Subtract the benefits calculated in paragraph b from the benefits calculated in paragraph a. The remainder is the FAP benefit.
- e. Write the "96" payment line for the benefits calculated in paragraph b.
- f. Enter payment type "X6" for the FAP benefit calculated in paragraph d.
- g. Enter an "X" in the "FAP Ind" field on Screen 3 for each individual who is eligible for FAP.

E. NOTICE Requirements

1. Ineligible for the FAP

The reason language paragraph below is for use when an individual is denied or closed because of ineligibility for the FAP. SSDs that produce FS closing and denial notices through the CNS will, by using the appropriate reason code, produce the required reason language.

Districts that use manual notices must use the appropriate State mandated (or approved local equivalent) notice:

DSS-4013: "Action Taken on Your Application: Public Assistance, Food Stamps, Medical Assistance and Services";

DSS-4014: "Action Taken on Your Recertification: PA, FS, MA, Coverage and Services";

DSS-4015: "Notice of Intent to Change Benefits: PA, FS, MA Coverage and Services" (Timely and Adequate).

When a full explanation of the action will not fit on the notice, an attachment will be needed. Include enough information on the notice to identify the reason for the action and refer the recipient to the attachment for a full explanation. When an attachment is needed, the Regulatory citation must appear on the notice.

Ineligible Alien: Food Assistance Program--Reason code F95

This is because non-citizens cannot participate in the Food Assistance Program unless they meet certain eligibility requirements. You do not meet all the eligibility requirements. In order to be eligible to receive benefits in the Food Assistance Program an individual must:

- A. be otherwise eligible to receive federal food stamp benefits except for the non-citizen provisions in Section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and 18 NYCRR 387.9(a).
- B. on August 22, 1996, have been residing in the same district in which the application for the Food Assistance Program is being made; and
- C. either:
 - 1. be under age 18; or
 - 2. be age 60 or older; or
 - 3. be disabled; and
- D. not have been absent from the United States for more than a total of ninety days (the ninety days do not have to be consecutive) within the twelve month period immediately preceding the date of application for the Food Assistance Program; and
- E. apply to the United States Department of Justice, Immigration and Naturalization Services for United States citizenship. If the applicant for the Food Assistance Program is eligible to apply for United States citizenship, such application must be made no later than thirty days from the date of application for the Food Assistance Program. If the applicant for the Food Assistance Program is not eligible to apply for United States citizenship on the date of application for the Food Assistance Program, such application for citizenship must be made no later than thirty days after the person becomes eligible to apply for United States citizenship in accordance with the requirements of the United States Immigration and Naturalization Services.

If you think you meet the eligibility requirements for the Food Assistance Program, we suggest you contact one of the legal advocate groups listed in the **Legal Assistance** section of this notice to discuss your status and rights.

This decision is based on Department Regulation 388.3.

NOTE: For cases that did not receive benefits retroactive to September 1, 1997, Individual Reason code F92-Ineligible Alien should also be used. This informs the client of their ineligibility for Federal food stamps.

2. Transfer between Federal and FAP Benefits

A household must be sent a notice when members who were in receipt of federal benefits become eligible for the FAP or when members in receipt of the FAP become eligible for federal benefits. The language in Attachments II and III must be used.

F. Claims

If a claim against a household has been established under the Federal Food Stamp Program and the household is moved into the FAP, then the SSD must continue recoupment and reporting of the monies collected on the monthly DSS-3214, Claims Against Households Report.

If there is an overpayment claim for both the Federal Food Stamp Program and FAP, then any monies collected must first be applied to offset the Federal claim. Additionally, claims relating to FAP cannot be offset by recoupment from Federal Food Stamp Program Issuances.

V. SYSTEMS IMPLICATIONS

UPSTATE

Individuals participating in the Food Assistance Program should be identified as such on WMS by worker entry of an "X" in the FAP Indicator field. Three new Payment Type Codes have been added to support FAP. These codes should be used by SSDs opting to participate in FAP, to authorize State/local funded food stamp benefits. The three new codes are:

- "X1 - Expedited FAP Benefit"
- "X3 - Single Issue FAP Benefit"
- "X6 - Ongoing FAP Benefit"

These codes will be used in place of "normal" FS Payment Type Codes (91, 93-97) where all members of the case are FAP individuals. They should be used in addition to "normal" FS Payment Types in instances where some case members are FAP individuals and some are eligible for Federal food stamp benefits.

Guidelines for using the new Payment Types are as follows:

1. If Pay Type X1, X3, or X6 is used, at least one individual in the case must have an "X" present in the newly-activated FAP Indicator field, and the PA/FS Code must = 01.
2. If Pay Type X1 or X3 is used, the Issuance Code must be "2-Once Only".

3. If the FAP Indicator is "X-d" for all case members, "normal" FS Pay Types will be prohibited.

NEW YORK CITY


A new Income Source Code —"70" has been developed to identify those individuals participating in FAP. During Eligibility and Undercare transactions the system will determine which individuals meet the criteria for participation in the program based on data which has been input during the transaction and data which is stored on the database. If the individual meets the criteria for participation, the system will place a Code 70 on the individual's line. If the worker inputs a Code 70 on the line of the individual and the individual is not eligible for participation, the system will error the transaction.

Code 70 will be used by the system to determine the correct Federal and State claiming of the authorized Food Stamps benefits.

Workers should refer to their procedures memorandum for more detailed instructions.

VI. EFFECTIVE DATE

This release is effective April 1, 1998 retroactive to September 1, 1997.



Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

BUDGET EXAMPLES FOR THE FOOD ASSISTANCE PROGRAM

Example 1: Single individual, eligible for the Food Assistance Program

Example 2: Mixed household with public assistance income

Example 3: Mixed NPA household

Example 4: SSI couple

Example 5: Household with existing recoupment

Example 1 - Single Elderly Person

Mr. Brown is 61 years old, a non-citizen and has not worked 40 quarters. He has earnings of \$150 a week and his shelter is \$400 a month, heat included. He receives HEAP.

1. Calculate a food stamp budget as if he were eligible for federal food stamps.
2. Entire amount is FAP.
3. Store the budget calculated in Step 1.
4. Enter payment type "X6".
5. Enter an "X" in the "FAP Ind" field on Screen 3 for Mr. Brown.

WEGIFS ** FS BUDGET **		VERSION		DIST ALBA 08/19/97																										
CASE NAME	CASE NO.	OFC	UNIT	WRKR	TT	SD	CT	CE	#	SH	AD	IT																		
SINGLE ELDERLY PERSON			WMSU	KK	05		31	N	01			X																		
I/TY	ACTUAL	ALLOW	UNEARNED INCOME	EARNED	INCOME	***** ADDL *****																								
01 SHELFT	40000	40000	LN SRC FRQ AMOUNT	LN SRC	FRQ AMOUNT	** EXCLUSIONS *																								
WATER	0	0		0 01	01 W	65000	BRD/LDG	0																						
H O HT/AC	0	35500		0		0	NEG-FRM	0																						
DISP	0	0		0		0	PSNL CR	0																						
N UTIL	0	0		0	TOTAL	65000	SPONSOR	0																						
N PHONE	0	0	PA	0			TOTAL	0																						
OTHER	0	0	PA	0	***** DEDUCTIONS *****																									
TOTAL SHELFT	75500		TOTAL	0			ACTUAL	ALLOW																						
\$\$ FS ALLOTMENT \$\$ ***** CLAIMS ***** TOTAL INC 65000 T DISQ BALANCE AMOUNT MO REM ADDL EXCL 0 TOTAL DED 82600 FS NET INC 0 RECALC CLAIM AMT 0 \$\$\$\$ BENEFIT \$\$\$\$ MONTHLY 12000 ** EFFECTIVE DATE ** 09/01/97 TO 12/31/97 DATE STORED / /							DEP CARE	0	0	DEP CARE	0	0	DEP CARE	0	0	MEDICAL	0	0	SUPPORT	0	0	20% EARNED	13000	STANDARD	13400	EXC SHELFT	56200	56200	TOTAL DEDUCTIONS	82600

Example 2 - Mixed Household with PA Income

Ms. Bowman is an PA single mother with 3 children: 2 were born in the United States and are therefore citizens and eligible for federal food stamps, 1 is eligible for FAP; Ms. Bowman is ineligible for federal food stamps and FAP. She receives \$642 a month in PA.

Mr. Coleman lives with the Bowman family and is included on the food stamp case. He earns \$100 a week. Their shelter is \$500 a month with heat included. The household receives HEAP.

1. Calculate a PA budget for 4.
2. Divide the PA grant of \$642 by 4 and subtract Ms. Bowman's share (\$160.50).
3. Calculate a scratchpad FS budget for everyone receiving food stamps (the 3 Bowman children and Mr. Coleman):
 - a. PA income of \$481.50 + Mr. Coleman's \$100/week earnings;
 - b. Divide total shelter of \$500 by 5 to determine Ms. Bowman's share (\$100); subtract this amount from the total shelter;
 - c. The heating SUA (\$355) is divided by 5 to determine Ms. Bowman's share (\$71); subtract \$71 from the SUA and enter \$284 amount as actual costs.
4. Calculate a FS budget for those receiving federal food stamps (2 children + Mr. Coleman), prorating the PA income and shelter expenses:
 - a. \$321 PA income + \$100/week earnings;
 - b. \$300 shelter;
 - c. \$213 SUA (actual costs).
5. Store the budget calculated in Step 4.
6. Subtract the budget for 3 from the budget for 4. The remainder is the amount of FAP benefits.
7. Write the "96" payment line for those receiving federal food stamps.
8. Enter payment type "X6" for those receiving FAP.
9. Enter an "X" in the "FAP Ind" field on Screen 3 for the FAP eligible child.

WBGTPA ** PA BUDGET **		VERSION	XCALC	DIST ALBA 08/19/97		
CASE NAME		CASE NO.	OFC UNIT	WORKER	TRAN	CASE MR SANC
MOTHER + 3 CHILDREN			WMSU	KK	05	11
HH CA DP-HH DP-CA HC	FST NR PI SI FP	***** EARNED INCOME *****				
04 04	00	#	LN	301	30M	SRC FRQ D OCR
TY R	ACTUAL	ALLOW	1:			
			2:			
	BASIC	30700				
	ENRGY	3870	**** OTHER INCOME ****			
	SPMNT	3000	LN	SRC	F	AMOUNT EXEMPT
01	SHELT	50000	26700	0	0	GROSS 0
	WATER	0	0	0	0	TAXES 0
0	FUEL	0	0	0	0	NYS DIS 0
	OTHER	0	0	TOTAL NET 0		WORK EXP 0
	OTHER	0	0	\$\$\$\$ PA GRANT \$\$\$\$\$		EXEMPT 0
	OTHER	0	0	TOTAL NEEDS 64200		CH CARE 0
	TOTAL NEEDS	64200	TOTAL INC		0	CH CARE 0
***** RECOUPMENT *****			CD / AMT	D	64200	30&I/3-\$30 0
TY	BALANCE	%	MO	AMT	REM	RECOUPMENT 0
	0	00.0		0	0	UTIL/RES 0
	0	00.0		0	0	SHELT/RES 0
	0	00.0		0	0	RESTRICTED 0
RECALC	00.0			CASH GRANT	64200	* EFFECTIVE DATE *
FS CASE NO.			SEMI	32100	090197 TO 123197	
				DATE STORED	/ /	

WBGTFB ** FS BUDGET **		VERSION		DIST ALBA 08/25/97				
CASE NAME	CASE NO.	OFC UNIT	WRKR	TT	SD	CT	CE	# SH AD IT
3 CHILD.+MR. COLEMAN	SCRATCHPAD		KK	05	32	N	04	
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	*****	ADDL *****
01	SHELT	40000	40000	LN SRC FRQ	AMOUNT	LN SRC FRQ	AMOUNT	** EXCLUSIONS *
	WATER	0	0			0 04 01 W	43333	HRD/LDG 0
I	0 HT/AC	28400	28400					0 NEG-FRM 0
	DISP	0	0					0 PSNL CR 0
N	UTIL	0	0			TOTAL	43333	SPONSOR 0
N	PHONE	0	0	PA	48150			TOTAL 0
	OTHER	0	0	PA	0			***** DEDUCTIONS *****
	TOTAL SHELT	68400		TOTAL	48150			ACTUAL ALLOW
\$\$ FS ALLOTMENT \$\$	***** CLAIMS *****			DEP CARE	0	0		
TOTAL INC	91483	T DISQ	BALANCE	AMOUNT	MO	REM	DEP CARE	0 0
ADDL EXCL	0		0	0	0		MEDICAL	0 0
TOTAL DED	47067		0	0			SUPPORT	0 0
FS NET INC	44416	RECALC					20% EARNED	8667
CLAIM AMT	0						STANDARD	13400
\$\$\$\$ BENEFIT \$\$\$\$\$							EXC SHELT	33692
MONTHLY	26600	** EFFECTIVE DATE **					TOTAL DEDUCTIONS	47067
		09/01/97 TO 12/31/97						
		DATE STORED	/	/				

WBGIFS ** FS BUDGET **		VERSION		DIST ALBA 08/25/97				
CASE NAME	CASE NO.	OFC UNIT	WRKR	TT	SD	CT	CE #	SH AD IT
2 CHILD.+MR. COLEMAN			KK	05	32	N	03	
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	*****	ADDL *****
01 SHELIF	30000	30000	LN SRC	FRQ	AMOUNT	LN SRC	FRQ	AMOUNT ** EXCLUSIONS *
WATER	0	0			0	04 01 W	43333	HRD/LDG 0
I 0 HT/AC	21300	21300			0			0 NEG-FRM 0
DISP	0	0			0			0 PSNL CR 0
N UTIL	0	0			0	TOTAL	43333	SPONSOR 0
N PHONE	0	0	PA	32100				TOTAL 0
OTHER	0	0	PA	0				***** DEDUCTIONS *****
TOTAL SHELIF	51300		TOTAL	32100				ACTUAL ALLOW
DEP CARE								0 0
DEP CARE								0 0
DEP CARE								0 0
MEDICAL								0 0
SUPPORT								0 0
20% EARNED								8667
STANDARD								13400
EXC SHELIF	24617							24617
TOTAL DEDUCTIONS	46684							46684
\$\$\$ FS ALLOTMENT \$\$\$	*****	CLAIMS *****						
TOTAL INC	75433	T DISQ	BALANCE	AMOUNT	MO	REM		
ADDL EXCL	0		0	0	0			
TOTAL DED	46684		0	0				
FS NET INC	28749	RECALC						
CLAIM AMT	0							
\$\$\$\$ BENEFIT \$\$\$\$\$								
MONTHLY	22800	** EFFECTIVE DATE **						
		09/01/97 TO 12/31/97						
		DATE STORED / /						

Example 3 - Mixed NEA Household

Mr. and Mrs. Kellogg are non-citizens with 1 child. Mr. Kellogg is ineligible for both federal food stamps and FAP; he has earnings of \$300 a month. Mrs. Kellogg is disabled and eligible for FAP; she receives \$250 a month in social security disability. Their child is eligible for federal food stamps. Their shelter is \$300 a month, heat included. The household receives HEAP.

1. Calculate a scratchpad FS budget for those receiving food stamps (Mrs. Kellogg and the child):
 - a. Prorate Mr. Kellogg's income by 3 and subtract his share (\$100/month);
 - b. Count Mrs. Kellogg's disability income of \$250/month;
 - c. Prorate the shelter by 3 and subtract Mr. Kellogg's share (\$100) from the total;
 - d. Prorate the heating SUA (\$355) by 3 and subtract Mr. Kellogg's share (\$118.33) from the full SUA; enter (\$236.66) as actual costs.
2. Calculate a FS budget for the child receiving federal food stamps, prorating the income and expenses:
 - a. \$83.33/month unearned income;
 - b. \$100/month earned income;
 - c. \$100/month shelter;
 - d. \$118.33 SUA actual costs.
3. Store the budget calculated in Step 2.
4. Subtract budget for 1 from budget for 2. The remainder is the amount of the FAP benefit.
5. Write the "96" payment line for those receiving federal food stamps.
6. Enter payment type "X6" for those receiving FAP.
7. Enter an "X" in the "FAP Ind" field of Screen 3 for Mrs. Kellogg.

WBGTFB ** FS BUDGET **		VERSION		DIST ALBA 08/25/97								
CASE NAME	CASE NO.	OFC	UNIT	WRKR	TT	SD	CT	CE	#	SH	AD	IT
MRS. KELLOGG+CHILD	SCRATCHPAD			KK	05		31	N	02			X
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	*****	ADDL	*****			
01	SHELT	20000	20000	LN SRC	FRQ	AMOUNT	LN SRC	FRQ	AMOUNT	**	EXCLUSIONS	*
	WATER	0	0				03 01 M	20000		BRD/LDG		0
I	0 HT/AC	23666	23666	01	42	M		25000		0 NEG-FRM		0
	DISP	0	0							0 PSNL CR		0
N	UTIL	0	0						TOTAL	20000	SPONSOR	0
N	PHONE	0	0	PA							TOTAL	0
	OTHER	0	0	PA					*****	DEDUCTIONS	*****	
	TOTAL SHELT	43666		TOTAL		25000				ACTUAL	ALLOW	
										DEP CARE	0	0
										DEP CARE	0	0
										DEP CARE	0	0
										MEDICAL	0	0
										SUPPORT	0	0
										20% EARNED		4000
										STANDARD		13400
										EXC SHELT	29866	29866
										TOTAL DEDUCTIONS	47266	
\$\$	FS ALLOIMENT	\$\$	*****	CLAIMS	*****							
TOTAL INC	45000	T DISQ	BALANCE	AMOUNT	MO	REM						
ADDL EXCL	0			0	0	0						
TOTAL DED	47266			0	0							
FS NET INC	0	RECALC										
CLAIM AMT	0											
\$\$\$\$	BENEFIT	\$\$\$\$										
MONTHLY	22000	**	EFFECTIVE DATE	**								
			09/01/97	TO	12/31/97							
			DATE STORED	/	/							

Example 4 - SSI Couple

Mr. and Mrs. Green each receive \$209.25 a month from SSI. Mr. Green also receives \$430 a month from SSA. He is a citizen and Mrs. Green is an alien eligible for FAP benefits. They are living rent free with their adult children. They purchase and prepare food separately.

1. Calculate a FS budget for a household of 2:
 - a. Mr. Green's SSI monthly income of \$209.25 and \$430 from SSA
 - b. Mrs. Green's SSI income of \$209.25 a month
 - c. No shelter costs are involved.
2. The \$10 minimum benefit is the amount of federal food stamps; there is no FAP benefit.
3. Store the budget calculated in Step 1.
4. Write the "96" payment line.

WBGIFS ** FS BUDGET **		VERSION		DIST ALBA 08/19/97								
CASE NAME	CASE NO.	OFC	UNIT	WRKR	TT	SD	CT	CE	#	SH	AD	IT
SSI COUPLE				KK	05	31	Y	02			X	
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	*****	ADDL	*****			
01	SHELT	0	0	IN SRC FRQ	AMOUNT	IN SRC FRQ	AMOUNT	**	EXCLUSIONS	*		
	WATER	0	0		0		0	BRD/LDG		0		
N 0	HT/AC	0	0	01	45 M	20925		0	NEG-FRM		0	
	DISP	0	0	02	45 M	20925		0	PSNL CR		0	
N	UTIL	0	0	01	44 M	43000	TOTAL	0	SPONSOR		0	
N	PHONE	0	0	PA		0			TOTAL		0	
	OTHER	0	0	PA		0		*****	DEDUCTIONS	*****		
	TOTAL SHELT	0	0	TOTAL		84850			ACTUAL		ALLOW	
									DEP CARE	0	0	
									DEP CARE	0	0	
									DEP CARE	0	0	
									MEDICAL	0	0	
									SUPPORT	0	0	
									20% EARNED		0	
									STANDARD		13400	
									EXC SHELT		0	
									TOTAL DEDUCTIONS		13400	
\$\$	FS ALLOTMENT	\$\$	*****	CLAIMS	*****							
TOTAL	INC	84850	T	DISQ	BALANCE	AMOUNT	MO	REM				
ADDL	EXCL	0		0	0	0	0					
TOTAL	DED	13400		0	0							
FS	NET INC	71450	RECALC									
CLAIM	AMT	0										
\$\$\$\$	BENEFIT	\$\$\$\$										
MONTHLY		1000	**	EFFECTIVE	DATE	**						
				09/01/97	TO	12/31/97						
				DATE	STORED	/ /						

Example 5 - Household with Existing Recoupment

Mrs. Bell and her child are citizens and eligible for federal food stamps; Mr. Bell receives \$600 a month in Social Security disability payments and is eligible for FAP. Their shelter is \$375 a month, heat included. The household receives HEAP. They have an overpayment being recouped.

1. Calculate a scratchpad FS budget for a household of 3 with no recoupment:
 - a. Mr. Bell's disability income of \$600/month
 - b. The shelter is \$375
2. Calculate a FS budget for the two people receiving federal food stamps, prorating the income and expenses:
 - a. \$400/month unearned income;
 - b. \$250/month shelter;
 - c. \$236.66 SUA (actual costs)
3. Subtract budget for 2 from budget for 3. The remainder is the amount of the FAP benefit.
4. Add the recoupment data to the budget.
5. Store the budget calculated in Step 4.
6. Write the "96" payment line for those receiving federal food stamps.
7. Enter payment type "X6" for those receiving FAP.
8. Enter an "X" in the "FAP Ind" field of Screen 3 for Mr. Bell.

WBGIFS ** FS BUDGET **		VERSION		DIST ALBA 08/25/97															
CASE NAME	CASE NO.	OFC UNIT	WRKR	TT	SD	CT	CE	#	SH	AD	IT								
HH OF 3 WITH NO RECOUP SCRATCHPAD												KK	05	31	N	03	X		
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	*****	ADDL	*****										
01	SHELT	37500	37500	LN	SRC	FRQ	AMOUNT	LN	SRC	FRQ	AMOUNT	**	EXCLUSIONS *						
	WATER	0	0				0				0	BRD/LDG	0						
H	0	HI/AC	0	35500	01	42	M	60000				0	NEG-FRM	0					
		DISP	0	0			0				0	PSNL CR	0						
N		UTIL	0	0			0	TOTAL			0	SPONSOR	0						
N		PHONE	0	0	PA		0					TOTAL	0						
		OTHER	0	0	PA		0	*****	DEDUCTIONS	*****									
	TOTAL	SHELT	73000	TOTAL	60000			ACTUAL	ALLOW										
\$\$ FS ALLOTMENT \$\$		***** CLAIMS *****										DEP CARE	0	0					
TOTAL	INC	60000	T	DISQ	BALANCE	AMOUNT	MO	REM	DEP CARE	0	0	0	0						
ADDL	EXCL	0	0	0	0	0	0	MEDICAL	0	0	0	0	0						
TOTAL	DED	63100	0	0	0	0	0	SUPPORT	0	0	0	0	0						
FS	NET	INC	0	RECALC			20% EARNED					0	0						
CLAIM	AMT	0											STANDARD	13400	13400				
\$\$\$\$	BENEFIT	\$\$\$\$\$											EXC SHELT	49700	49700				
MONTHLY	31500	**	EFFECTIVE	DATE	**			TOTAL	DEDUCTIONS	63100	63100								
												09/01/97 TO 12/31/97							
												DATE STORED / /							

WBGIFS ** FS BUDGET **		VERSION		DIST ALBA 08/25/97							
CASE NAME	CASE NO.	OFC UNIT	WRKR	TT	SD	CT	CE	#	SH	AD	IT
HH of 2 WITH NO RECOUP SCRATCHPAD											
KK 05 31 N 02											
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	***** ADDL *****				
01	SHELT	25000	25000	LN SRC FRQ	AMOUNT	LN SRC FRQ	AMOUNT	** EXCLUSIONS *			
	WATER	0	0		0			0	BRD/LDG	0	
I	0	HI/AC	23666	23666	01 99 M	40000		0	NEG-FRM	0	
		DISP	0	0		0		0	PSNL CR	0	
N		UTIL	0	0		0	TOTAL	0	SPONSOR	0	
N		PHONE	0	0	PA	0			TOTAL	0	
		OTHER	0	0	PA	0		***** DEDUCTIONS *****			
	TOTAL SHELT	48666	TOTAL	40000				ACTUAL	ALLOW		
\$\$ FS ALLOTMENT \$\$		***** CLAIMS *****						DEP CARE	0	0	
TOTAL INC	40000	T DISQ	BALANCE	AMOUNT	MD	REM		DEP CARE	0	0	
ADDL EXCL	0		0	0	0			MEDICAL	0	0	
TOTAL DED	38400		0	0				SUPPORT	0	0	
FS NET INC	1600	RECALC						20% EARNED	0		
CLAIM AMT	0							STANDARD	13400		
\$\$\$\$ BENEFIT	\$\$\$\$\$							EXC SHELT	35366	25000	
MONTHLY	21500	** EFFECTIVE DATE **						TOTAL DEDUCTIONS	38400		
09/01/97 TO 12/31/97											
DATE STORED / /											

WBGIFS ** FS BUDGET **		VERSION		DIST ALBA 08/25/97							
CASE NAME	CASE NO.	OFC UNIT	WRKR	TT	SD	CT	CE	#	SH	AD	IT
HH 2 WITH RECOUP			KK	05		31	N	02			
I/TY	ACTUAL	ALLOW	UNEARNED	INCOME	EARNED	INCOME	*****	ADDL	*****		
01 SHELIT	25000	25000	LN SRC	FRQ	AMOUNT	LN SRC	FRQ	AMOUNT	**	EXCLUSIONS	*
WATER	0	0			0				0	BRD/LDG	0
I 0 HT/AC		23666	01	99	M	40000			0	NEG-FRM	0
DISP	0	0			0				0	PSNL CR	0
N UTIL	0	0			0		TOTAL		0	SPONSOR	0
N PHONE	0	0	PA		0					TOTAL	0
OTHER	0	0	PA		0			*****		DEDUCTIONS	*****
TOTAL SHELIT	48666		TOTAL		40000					ACTUAL	ALLOW
\$\$\$ FS ALLOTMENT \$\$\$	*****	CLAIMS	*****							DEP CARE	0
TOTAL INC	40000	T DISQ	BALANCE	AMOUNT	MO	REM				DEP CARE	0
ADDL EXCL	0	1	73000	2200	33	400				DEP CARE	0
TOTAL DED	38400		0	0						MEDICAL	0
FS NET INC	1600	RECALC								SUPPORT	0
CLAIM AMT	2200									20% EARNED	0
\$\$\$\$ BENEFIT \$\$\$\$										STANDARD	13400
MONTHLY	19300	**	EFFECTIVE DATE	**						EXC SHELIT	35366
			09/01/97	TO	12/31/97					TOTAL DEDUCTIONS	38400
			DATE STORED	/	/						

Federal to FAP

This notice is to inform you that, as of 00/00/00 (you/NAME) will no longer receive Federal Food Stamps (18 NYCRR 387.1 and 387.9). However, (you/NAME) are/is eligible to receive food stamp benefits under the State Food Assistance Program (FAP) (18 NYCRR Part 388). The total amount of food stamp benefits, resulting from the combination of the two programs or from the State Food Assistance Program alone, that your household will receive WILL BE THE SAME.

FEDERAL FOOD STAMP PROGRAM ELIGIBILITY REQUIREMENTS

Persons can only get federal Food Stamps if they are a citizen of the United States or an eligible alien with certain kinds of status. The people named above are not citizens of the United States or such an alien. The following aliens may be eligible for federal Food Stamps:

- o an alien admitted to the United States as a refugee within the last five years under Section 207 of the Immigration and Nationality Act (INA); or
- o an alien granted asylum within the last five years under Section 208 of the Immigration and Nationality Act (INA); or
- o an alien whose deportation has been withheld within the last five years under Section 243(h) of the Immigration and Nationality Act (INA); or
- o an alien granted status as Cuban/Haitian entrant within the last five years as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or
- o an alien admitted to the United States as an Amerasian immigrant within the last five years as described in Section 402(a)(2)(A)(i)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; or
- o a qualified alien who is a veteran with an honorable discharge or is on active military duty, not for training, in the armed forces of the United States or the spouse or unmarried dependent children of such veteran or alien; or
- o a permanent resident alien who has worked or can be credited with 40 (Social Security) qualifying quarters of work. A qualifying quarter includes any quarter worked by the parent of an alien before the alien reaches age 18 and any quarter worked by a spouse during marriage, if the alien remains married to the spouse or the spouse is deceased. Permanent resident aliens can tell us about their work history. Even if they do not have proof in writing, we may be able to find

that they qualify. Quarters earned after December 31, 1996 do not count if the alien received any Federal means-tested public benefits during these quarters such as public assistance, medical assistance or food stamp benefits.

If you think any of the persons listed above is eligible for federal Food Stamps, proof of eligibility should be delivered or mailed to the worker that handles your case in order for your household to receive appropriate benefits. YOUR BENEFITS WILL NOT DECREASE. However, the person(s) listed above, if eligible for Federal food stamps will not be required to comply with the requirements specific to the State Food Assistance Program listed below.

This is based on Department Regulations 387.1, 387.8(b), 387.9(a)(2) and 387.14(a).

STATE FOOD ASSISTANCE PROGRAM ELIGIBILITY REQUIREMENTS

In order to be eligible for the State Food Assistance Program, you must have been eligible for federal Food Stamps under the rules that existed before the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Federal Welfare Reform) and meet the following new State conditions:

- you were residing in this county on August 22, 1996, and
- you were not outside of the United States for more than 90 days during the past 12 months, and either
- you are under age 18, or
- you are age 60 or over, or
- you are disabled (regardless of age).

If you meet the eligibility criteria listed above and you are currently eligible to apply to become a United States citizen, you must apply to become a United States citizen within 30 days of the date of this notice. Proof of this application for citizenship must be provided within (SSD must insert the number of days they allow for verification. It must be a minimum of 45 days and a maximum of 75 days) days of the date of this notice. If you are not yet eligible to apply to become a United States citizen under Immigration and Naturalization Service (INS) rules, you must apply to become a citizen within 30 days of when you become eligible to apply. If you are not eligible to apply, you must provide documentation within 60 days of the date of this notice that you are ineligible to apply.

Documentation of citizenship application includes, but is not limited to, a copy of the money order, a copy of a cancelled check made out to INS or a receipt from INS verifying payment of the citizenship application fee. A copy of the entire application for citizenship and an attestation that the application for citizenship was filed is also acceptable documentation.

You must also submit documentation that you have not been out of the country for more than 90 days during the past 12 months. Documentation includes, but is not limited to a copy of your Passport or a signed statement attesting to the fact that you have not been out of the country for more than ninety days within the past twelve months. This documentation must be submitted within 60 days of this notice.

Failure to submit the documentation requested in this notice will result in your State Food Assistance Program food stamp benefits being terminated or reduced.

This is based on Department Regulation Part 388.

Worker/Date _____ Supvr./Date _____

Telephone _____

**YOU HAVE THE RIGHT TO APPEAL THESE DECISIONS
REGARDING THE FEDERAL FOOD STAMP PROGRAM AND
THE STATE FOOD ASSISTANCE PROGRAM
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

Local districts must add fair hearing language to this notice.



FAP to Federal

This notice is to inform you that, as of 00/00/00 (you/NAME) will no longer receive food stamp benefits under the State Food Assistance Program (FAP) (NYCRR Part 388). However, (you/NAME) are/is eligible to receive Federal Food Stamps (18 NYCRR 387.1 and 387.9). **The total amount of food stamp benefits, resulting from the combination of the two programs or from Federal Food Stamps alone, that your household will receive WILL BE THE SAME.**

FEDERAL FOOD STAMP PROGRAM ELIGIBILITY REQUIREMENTS

Persons can only get federal Food Stamps if they are a citizen of the United States or an eligible alien with certain kinds of status. The people named above are not citizens of the United States or such an alien. The following aliens may be eligible for federal Food Stamps:

- o an alien admitted to the United States as a refugee within the last five years under Section 207 of the Immigration and Nationality Act (INA); or
- o an alien granted asylum within the last five years under Section 208 of the Immigration and Nationality Act (INA); or
- o an alien whose deportation has been withheld within the last five years under Section 243(h) of the Immigration and Nationality Act (INA); or
- o an alien granted status as Cuban/Haitian entrant within the last five years as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or
- o an alien admitted to the United States as an Amerasian immigrant within the last five years as described in Section 402(a)(2)(A)(i)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; or
- o a qualified alien who is a veteran with an honorable discharge or is on active military duty, not for training, in the armed forces of the United States or the spouse or unmarried dependent children of such veteran or alien; or
- o a permanent resident alien who has worked or can be credited with 40 (Social Security) qualifying quarters of work. A qualifying quarter includes any quarter worked by the parent of an alien before the alien reaches age 18 and any quarter worked by a spouse during marriage, if the alien remains married to the spouse or the spouse is deceased. Permanent resident aliens can tell us about their work history. Even if they do not have proof in writing, we may be able to find that they qualify. Quarters earned after December 31, 1996 do not

count if the alien received any Federal means-tested public benefits during these quarters such as public assistance, medical assistance or food stamp benefits.

If you think any of the persons listed above are not eligible for federal Food Stamps, proof should be delivered or mailed to the worker that handles your case in order for your household to receive appropriate benefits. YOUR BENEFITS WILL NOT DECREASE. However, the person(s) listed above, if not eligible for Federal food stamps will be required to comply with the requirements specific to the State Food Assistance Program listed below.

This is based on Department Regulations 387.1, 387.8(b), 387.9(a)(2) and 387.14(a).

STATE FOOD ASSISTANCE PROGRAM ELIGIBILITY REQUIREMENTS

In order to be eligible for the State Food Assistance Program, you must have been eligible for Federal Food Stamps under the rules that existed before the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Federal Welfare Reform) and meet the following new State conditions:

- you were residing in this county on August 22, 1996, and
- you were not outside of the United States for more than 90 days during the past 12 months, and either
- you are under age 18, or
- you are age 60 or over, or
- you are disabled (regardless of age).

If you meet the eligibility criteria listed above and you are currently eligible to apply to become a United States citizen, you must apply to become a United States citizen within 30 days of the date of this notice. Proof of this application for citizenship must be provided within (SSD must insert the number of days they allow for verification. It must be a minimum of 45 days and a maximum of 75 days) days of the date of this notice. If you are not yet eligible to apply to become a United States citizen under Immigration and Naturalization Service (INS) rules, you must apply to become a citizen within 30 days of when you become eligible to apply. If you are not eligible to apply, you must provide documentation within 60 days of the date of this notice that you are ineligible to apply.

Documentation of citizenship application includes, but is not limited to, a copy of the money order, a copy of a cancelled check made out to INS or a receipt from INS verifying payment of the citizenship application fee. A copy of the entire application for citizenship and an attestation that the application for citizenship was filed is also acceptable documentation.

You must also submit documentation that you have not been out of the country for more than 90 days during the past 12 months. Documentation includes, but is not limited to a copy of your Passport or a signed

statement attesting to the fact that you have not been out of the country for more than ninety days within the past twelve months. This documentation must be submitted within 60 days of this notice.

Failure to submit the documentation requested in this notice will result in your State Food Assistance Program food stamp benefits being terminated or reduced.

This is based on Department Regulation Part 388.

Worker/Date _____ Supvr./Date _____

Telephone _____

YOU HAVE THE RIGHT TO APPEAL THESE DECISIONS
REGARDING THE FEDERAL FOOD STAMP PROGRAM AND
THE STATE FOOD ASSISTANCE PROGRAM
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

Local districts must add fair hearing language to this notice.