



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #04-10-ELI

MAILED AND FAXED PUBLIC ASSISTANCE AND/OR FOOD STAMP APPLICATIONS

Date: April 05, 2004	Subtopic(s): Eligibility
AUDIENCE	The instructions in this policy directive are for Job Center and Non-Public Assistance (NPA) Food Stamp (FS) Center staff and are informational for all others.
<p data-bbox="146 865 272 898">POLICY</p> <p data-bbox="146 1012 448 1163">The application must contain at a minimum the applicant's name, address (if s/he has one) and signature.</p>	<p data-bbox="474 865 1474 974">Any person has the right to submit an application for Public Assistance (PA) and/or Food Stamps in person, through an authorized representative, by mail and/or by facsimile (fax).</p> <p data-bbox="474 1012 1497 1157">For PA purposes, individuals who apply by mail or fax must have an initial interview no later than the seventh (7th) day of application, and for FS purposes no later than by the 30th day of application. The day the application is received by the Agency is day one.</p> <p data-bbox="474 1201 1477 1308">Failure to have an initial eligibility interview by the above-specified time frame for each program, without good cause, will result in the denial of cash assistance and/or FS benefits.</p>
REQUIRED ACTION	Workers at Job or Non-Public Assistance (NPA) FS Centers must provide the mailing address or fax number to any person requesting this information for the purpose of filing a PA or NPA FS application by mail or fax. A list of all the Job and NPA FS Centers with their mailing address and fax numbers has been attached for Workers to use in complying with this directive.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

To ensure uniformity of policy, an applicant contact notice has been created. The Request for Contact on a Mailed or Faxed Application (**W-119**) notice advises applicants who submit an application by mail or fax of the following:

- that their application has been received;
- the date and time of their initial eligibility interview; and
- whether or not their household is eligible for expedited FS service (EFS) based on the information submitted on the application.

In addition to the **W-119**, the Eligibility Factors and Suggested Documentation Guide (**W-119D**) was also developed. The **W-119D** lists the eligibility factors for PA and/or FS and the documents that may be provided to verify each eligibility factor. Workers must indicate on the **W-119D** which eligibility factors the applicant will be required to verify.

When an individual mails or faxes an application for PA and/or FS, the following actions must be taken:

Job Centers

When a PA application is received via mail or fax, it will be forwarded to a designated Worker in the Center. This Worker is responsible for ensuring that the appropriate process below is followed:


POS Centers

Expedited FS Service (EFS) Screening

- The mailed or faxed application must be screened for EFS.
- If the household is deemed eligible for FS processing on an expedited basis, indicate it on the **W-119**.

Application Registration and Initial Interview Appointment

- Application is registered in POS with the date the Agency receives the application as the application filing date. If an application is faxed after the Center's business hours, the application file date is that of the next business day.
- Schedule Initial (I) Interview as follows:
 - Start the "Schedule Appointments" activity and schedule the application interview within seven days after the date the application is received.
 - In the comments window indicate that this is a mailed or faxed application.

- Enter a case comment by clicking on the case comments icon  or pressing <ALT>M on the keyboard and entering the following:
 - the date the application was received; how it was received (mail or fax);
 - whether or not there was enough information in the application to complete an EFS screening; and
 - whether or not the applicant is eligible for EFS if there was enough information to do an EFS screening as well as indicating that the notice was sent.
- Complete and send to the applicant the **W-119** and **W-119D**.
- Scan the mailed/faxed paper application and any accompanying documents into the electronic case record.

Tracking Application

- Change Case Data Activity for 30 days after the date the application is received. In the comments window indicate that this is a mailed or faxed application.
- Place application in a 30-day tickler file.

Non-POS Centers

Expedited FS Service (EFS) Screening

- The mailed or faxed application must be screened for EFS.
- If the household is deemed eligible for FS processing on an expedited basis, indicate it on the **W-119**.

Application Registration and Initial Interview Appointment

- Application is registered in WMS with the date the Agency receives the application as the application filing date. If an application is faxed after the Center's business hours, the application file date is that of the next business day.
- Schedule the application Interview within seven days after the date the application is received.
- Complete and send to the applicant the **W-119** and the **W-119D**.
- On the History Sheet (**W-25**) indicate that this is a mailed or faxed application as well what actions were taken to address the application.
- Scan and index the mailed/faxed application and any accompanying documents.

Tracking Application

Place application in a 30-day tickler file.

In both POS and non-POS Centers, the application tickler file must be kept in the application reception unit.

Failure to keep initial eligibility interview at either POS or Non-POS Job Centers

If the applicant fails to come in for an initial eligibility interview within the required time (seven [7] days from the date of application):

- Reject the PA case with Code **286** and the FS portion with Code **258**.
- Prepare and send the following forms:
 - Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) form (**LDSS-4013A NYC**)
 - Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (**LDSS-4013B NYC**), and
 - Food Stamps – Request For Contact/Missed Interview (**LDSS-4753**).

See PB #04-55-OPE

Note: Workers are reminded that when completing the **LDSS-4013B NYC** they must check item 6, “other information,” under the **approved** section and enter the information regarding the pended FS application. In this instance they must enter the following statement:

This statement must be entered on the **LDSS-4013B NYC**

“You have until (*enter the date for the 30th day of application*) to be interviewed.”

Once the actions to reject the case have been processed in WMS, If the affected individual or household reapplies for assistance within 30 days of the previous application date, the designated Worker must follow the instructions detailed in PD #04-03-ELI.

Non-Public Assistance (NPA) Food Stamp (FS) Centers

Mailed applications received by the Mail and Processing Unit (MPU) or faxed to the Center Director’s office will be immediately forwarded to the Reception Unit.

The Reception Unit will be responsible for:

- Registering the case in WMS using the date the application was received as date of file.
- Screening the application for EFS eligibility.
- Informing the applicant of the date by which s/he must have an initial eligibility interview to determine his/her FS eligibility.
- Contacting the applicant by phone or by mail to schedule an initial eligibility interview.
- Mailing the applicant the **W-119**.
- Maintaining a tickler file for all mailed and faxed applications.
- Sending the Food Stamp – Request For Contact/Missed Interview (**LDSS-4753**) if the applicant fails to keep the initial eligibility interview.
- Taking action to reject a case in instances where the applicant fails to come in for an initial interview within 30 days after receipt of an application.

Mail form **W-119** to applicant.

**PROGRAM
IMPLICATIONS**

Medicaid
Implications

Failure of the applicant to keep an initial eligibility interview in person or through an authorized representative will disqualify him/her from Medicaid eligibility.

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
IMPLICATIONS**

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE. Supervisors must also ensure that the following actions are taken:

- At application/recertification, that the applicant/participant submits a completed Language Questionnaire (**W-680FF**) and that his/her language is correctly recorded in WMS.
- Selected forms have been translated and are available on the FIAweb in Arabic, Chinese, Haitian Creole, French, Korean Russian, Vietnamese and Yiddish (in addition to Spanish).
- For POS Centers, when a multilingual form is not available in POS, a manual form is completed. When imaging forms for the case record, make sure to include both the English and the translated version of the form. The **W-680FF** must be included in the imaged case record.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

Participants may request a Fair Hearing if they feel that their cases have been improperly denied/rejected.

Supervisors must ensure completeness of notices.

Supervisors must ensure that notices have been properly completed to include a clear explanation of the reason for the denial/rejection and the law and regulations that support the action. If the case is being denied because the applicant has no good cause reason for failing to appear within the specified time period (7 or 30 days), the Supervisor must also ensure that the correct closing code is used.

Conference at the Job Center

If an applicant comes to the Job Center and requests a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) unit that the applicant is to be seen by a FH&C Supervisor I/Associate Job Opportunity Specialist I (AJOS I). If the applicant calls the FH&C Supervisor I/Associate Job Opportunity Specialist I (AJOS I) directly, the Worker/Job Opportunity Specialist (JOS) must tell the applicant to go to the Receptionist to be referred to FH&C.

The FH&C Supervisor/AJOS I will listen to and evaluate the applicant's complaint regarding the denial/rejection of the application. After reviewing the case and discussing the issue with the Group Supervisor, the FH&C Supervisor I/AJOS I will make a decision. The FH&C Supervisor I/AJOS I is responsible for ensuring that the Fair Hearing request is properly controlled and the appropriate follow-up is taken in all phases of the Fair Hearing process.

Conference at the NPA FS Center

If an applicant comes to the Food Stamp Center and requests a conference, the Receptionist must alert the Center Director's designee that the applicant is to be seen.

If the applicant calls the Eligibility Specialist (ES) directly, s/he must tell the applicant to call the Center Director's designee.

The Center Director's designee will listen to and evaluate the applicant's complaint regarding the Food Stamp reduction or discontinuance. The Director's designee will review the case record and make a decision.

The Director's designee is responsible for ensuring that further appeal by the applicant through a Fair Hearing request is properly controlled and that appropriate follow-up is taken in all phases of the Fair Hearing process.

- Evidence Packets All evidence packets must contain:
- A copy of the Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (**LDSS-4013A NYC**) and a copy of the Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (**LDSS-4013B NYC**).
 - Request for Contact/Missed Interview (**LDSS-4753**).
 - History Sheet (**W-25**).
 - Request for Contact on a Mailed or Faxed Application (**W-119**)
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REFERENCES:

7 CFR 273.2 (c)(1)
 18 NYCRR 387.5(a)
 18 NYCRR 350.3
 01 ADM 8(a) 3
 03 INF 13
 Food Stamp Source Book: Section 4, page B-1
 Temporary Assistance Source Book: Chapter 3

RELATED ITEMS

PD #02-43-OPE
 PD #04-03-ELI
 PB #04-40-OPE

ATTACHMENTS

☒ Forms can now be accessed through Print on Demand at all Job Centers.

NPA/MAP Food Stamp Directory (Rev. 12/15/03)
 Job Center Directory (Rev. 12/15/03)
W-119 Request for Contact on a Mailed or Faxed Application (4/5/04)
W-119(S) Request for Contact on a Mailed or Faxed Application (Spanish) (4/5/04)
W-119D Eligibility Factors and Suggested Documentation Guide (4/1/04)
W-119D(S) Eligibility Factors and Suggested Documentation Guide (Spanish) (4/1/04)

NP/AMAP FOOD STAMP DIRECTORY

NPA FOOD STAMP SITES	ADDRESS	FAX #	PHONE #
MANHATTAN			
East End - F02	2322 Third Avenue – 3 rd New York, NY 10035	(212) 860-5211	(212) 860-5147 (212) 722-2968
Union Square – F11 (MAP)	109 East 16 th Street – 6 th floor New York, NY 10003	(212) 835-7548	(212) 835-7587 (212) 835-7588 (212) 835-7583
Washington Heights - F13	4660 Broadway – 1 st floor New York, NY 10040	(212) 569-9833	(212) 569-9832 (212) 569-9834
St. Nicholas – F14	132 W. 125 th Street – 5 th floor New York, NY 10027	(212) 666-8142	(212) 666-8690
Yorkville – F19	225 East 34 th Street -1 st floor New York, NY 10016	(212) 725-7854 (212) 725-6399	(212) 725-7932
BRONX			
Colgate – F32	1209 Colgate Avenue – 2 nd floor Bronx, NY 10472	(718) 589-2066 (718) 589-3239	(718) 620-8891 (718) 620-8880
Melrose - F40	260 East 161 Street – 8 th floor Bronx, NY 10451	(718) 664-1007	(718) 664-1014 (718) 664-1013 (718) 664-1010
Concourse – F45	1365 Jerome Avenue – 1 st floor Bronx, NY 10452	(718) 590-7225	(718) 590-7410 (718) 590-7235
Crotona – F46	1910 Monterey Avenue – 5 th floor Bronx, NY 10457	(718) 901-5305	(718) 901-5530 (718) 901-5529 (718) 901-4610 (718) 901-5459/90
Rider – F48	305 Rider Avenue – 2 nd floor Bronx, NY 10451	(718) 742-3970	(718) 742-3748 (718) 742-3709 (718) 742-3958

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NPA FOOD STAMP SITES	ADDRESS	FAX #	PHONE
BROOKLYN			
SSI Office – F15 This Office is for SSI recipients only (MAP)	233 Schermerhorn Street – 2 nd floor Brooklyn, NY 11201	(718) 722-4067	(718) 722-4909 (718) 722-4888 (718) 722-4907 (718) 722-882/3/4
Ft. Green – F20	275 Bergen Street - 1 st floor Brooklyn, NY 11217	(718) 694-8662	(718) 473-8558 (718) 473-8559 (718) 694-8196
Williamsburg – F21	30 Thornton Street – 1 floor Brooklyn, NY 11206	(718) 963-5146	(718) 963-5142 (718) 963-5141 (718) 963-5140
Coney Island – F22 (MAP)	2865 West 8 th Street – 1 st floor Brooklyn, NY 11224	(718) 265-7667	(718) 265-7681 (718) 265-7679 (718) 265-7680
Boro Hall - F23	45 Hoyt Street – 6 th floor Brooklyn, NY 11201	(718) 237-8436	(718) 237-8443 (718) 237-8190 (718) 237-8469 (718) 237-8191 (718) 237-6360
Greenwood – F24 (MAP)	253 Schermerhorn Street – 1 st floor Brooklyn, NY 11201	(718) 722-4059	(718) 722-4044/5/6
Midwood – F25	3050 West 21 st Street – 2 nd floor Brooklyn, NY 11224	(718) 333-3330	(718) 333-3275 (718) 333-3277 (718) 333-3273/93
North Brooklyn – F26	500 Dekalb Avenue, - 5 th floor Brooklyn, NY 11205	(718) 398-5053	(718) 398-8549 (718) 636-2465
New Utrecht – F27	6740 Fourth Avenue – 1 st floor Brooklyn, NY 11220	(718) 921-2092	(718) 921-2129 (718) 921-2268
Brighton – F28	2865 West 8 th Street – 1 st floor Brooklyn, NY 11224	(718) 265-5628	(718) 265-5613 (718) 265-5612
F61 Residential Treatment Food Stamps for Residential Treatment Facilities (MAP)	233 Schermerhorn Street – 3 rd floor Brooklyn, NY 11201	(718) 722-4643	(718) 722-4817 (718) 722-4640
Homebound – F63 Food Stamps for client who are Homebound and not receiving SSI (MAP)	215 Duffield Street – 3 rd floor Brooklyn, NY 11201	(718) 330-2498 (718) 237-7574	(718) 237-8082 (718) 237-4869 (718) 237-8000

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NPA FOOD STAMP SITES	ADDRESS	PHONE # & FAX #	PHONE
QUEENS			
Jamaica – F41/F54	90-75 Sutphin Blvd –4 th floor Jamaica, NY 11435	(718) 523-0093	(718) 523-6993/4 (718) 523-6558
Far Rockaway F42 (MAP)	520 Beach 20 th Street – 1 st floor Far Rockaway NY 11691	(718) 337-6504	(718) 327-4390 (718) 337-6522
Long Island City – F43 (MAP)	45-12 32 nd Place – 1 st floor LIC, NY 11101	(718) 752-4178	(718) 752-4473 (718) 752-4471 (718) 752-4469
Flushing – F53	32-20 Northern Blvd – 4 th floor LIC, NY 11101	(718) 752-7977	(718) 752-7968 (718) 784-6326 (718) 784-6315
Rockaway – F79	520 Beach 20 th Street – 1 st Fl. Far Rockaway, NY 11691	(718) 337-6504	(718) 327-4390 (718) 337-6522
STATEN ISLAND			
St. George– F51 (MAP)	444 St. Mark’s Place – 1st Staten Island, NY 10301	(718) 390-8417 (718) 390-8733	(718) 390-8423 (718) 390-8418
Richmond– F99	444 St. Mark’s Place – 1st Staten Island, NY 10301	(718) 390-8417 (718) 390-8733	(718) 390-8423 (718) 390-8418

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FAMILY INDEPENDENCE ADMINISTRATION-FIELD OPERATIONS

JOB CENTER DIRECTORY

CENTER	ADDRESS	FAX #	PHONE #
13/Waverly	12 W. 14 th St., NYC 10011 – 4 th fl.	(212) 337-1641	(212) 620-4752 (212) 620-9553 (212) 620-9421/22
19/Yorkville	225 E. 34 th St., NYC 10016 – 2 nd fl.	(212) 725-7855	(212) 725-4045 (212) 725-6525/26
23/East End	2322 Third Ave. NYC 10035 – 5 th fl.	(212) 722-6314	(212) 722-2931 (212) 860-5160 (212) 860-6801/2/3
26/St. Nicholas	132 W. 125 th St., NYC 10027 – 4 th fl.	(212) 666-5568 (212) 666-1476	(212) 666-8660 (212) 666-4970/1
28/Hamilton	530 W. 135 th St., NYC 10031 – 3 rd fl.	(212) 690-9379	(212) 690-8774 (212) 690-7327 (212) 690-8740
35/ Dyckman	4660 Broadway, NYC 10040 – 2 nd fl.	(212) 569-9633	(212) 569-9798 (212) 569-9626/7/8
37/Riverview	1951 Park Ave., NYC 10037 – 3 rd fl.	(212) 690-9295	(212) 690-9898 (212) 690-9809/6459 (212) 690-9229
39/Union Square	109 E. 16 th Street, NYC 10003 – 11 th fl.	(212) 835-7265	(212) 835-7019 (212) 835-7361
47/Refugee	2 Washington Street, NYC 10004 – 8 th fl.	(212) 495-7605	(212) 495-7051 (212) 495-7050
52/RTSC Residential Treatment Service	109 E. 16 th Street, NYC, - 10003 Room 106– 1 st fl	(212) 835-8373	(212) 896-8885 (212) 835-8427
80/Seaport	172 Water Street, Manhattan 10038 – 1 st fl.	(212) 331-3510	(212) 331-4925 (212) 331-4924/26
84/Senior Center	12 West 14 th Street, NYC 10001 – 2 nd fl.	(212) 337-1035	(212) 620-9272 (212) 352-2526

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CENTER	ADDRESS	FAX #	PHONE #
BRONX			
32/Colgate	1209 Colgate Ave, Bronx N.Y. 10472 – 2 nd fl.	(718) 589-2066	(718) 620-8880
38/Rider	305 Rider Ave., Bx. N.Y. 10451 – 4 th fl.	(718) 742-3990	(718) 742-3888 (718) 742-3632 (718) 742-3924
40/Melrose	260 E. 161 st St., Bx. N.Y. 10451 – 5 th fl.	(718) 664-1177	(718) 664-1151 (718) 664-1152 (718) 664-1140/41
45/Concourse	1365 Jerome Avenue Bx N.Y. 10452 – 2 nd fl.	(718) 590-7225	(718) 590-7254 (718) 590-7240 (718) 590-7235/36
46/Crotona	1910 Monterey Ave., Bx. 10457-6 th fl.	(718) 901-5305	(718) 901-4198 (718) 901-4465 (718) 901- 5596/5288/7
48/Bergen	414 E. 147 th St., Bx. 10455 – 3 rd fl.	(718) 579-8411	(718) 579-8559 (718) 579-8595/96 (718) 579-8600/01
QUEENS			
17/Family Call Center	33-28 Northern Blvd., LIC 11101 – 2 nd fl.	(718) 610-2922	(718) 392-7283 (718) 392-6454
53/Queens	32-20 Northern Blvd., LIC 11101-3 rd fl.	(718) 784-6116	(718) 433-4612 (718) 784-6766
54/Jamaica	90-75 Sutphin Blvd. Queens 11435 – 3 rd fl.	(718) 523-4480	(718) 523-3194/9 (718) 523-4691 (718) 523-3066/3085
79/Rockaway	219 Beach 59 th St., Rockaway 11692 – 2 nd fl.	(718) 318-4190	(718) 318-4115/6 (718) 318-4115/6 (718) 318-4111/12
STATEN ISLAND			
99/Richmond	201 Bay Street, S.I. N.Y. 10301 – 2 nd fl.	(718) 390-6793 (718) 390-6784	(718) 390-8526/7/8 (718) 390-5103

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CENTER	ADDRESS	FAX #	PHONE #
BROOKLYN			
49/Refugee Annex	98 Flatbush Ave., B'klyn , NY 11217 - 1 st fl.	(718) 722-5065	(718) 237-5751 (718) 237-5617
62/Veterans Service Center	25 Chapel Street., B'klyn 11201 – 7 th fl. – Room 702	(718) 473-8333	(718) 222-2430/31
63/Coney Island	3050 West 21 st Street, B'klyn, NY 11224 – 3 rd fl.	(718) 333-3121	(718) 333-3237/3314 (718) 333-3014/20
64/DeKalb	500 Dekalb Ave. B'klyn 11205 – 6 th fl.	(718) 636-2784	(718) 636-2780/81 (718) 636-2777/6 (718) 636-2495/6
66/Bushwick	30 Thornton St., B'klyn. 11206 – 3 rd fl.	(718) 963-7444	(718) 963-1898 (718) 963-5166 (718) 963-5117/25
67/Linden	45 Hoyt Street – 6 th floor Brooklyn, NY 11201	(718) 858-4298	(718) 237-6450 (718) 237-7236/8333 (718) 237-7249/50
70/Bayridge	6740 Fourth Ave., B'klyn. 11220 – 4 th fl.	(718) 921-2111	(718) 921-2042/3 (718) 921-2002 (718) 921-2000/1
78/Euclid	404 Pine Street, B'klyn N.Y. 11208 – 3 rd fl.	(718) 827-3967	(718) 827-3162/63 (718) 827-3969/8
85/Greenwood	275 Bergen Street, B'klyn N.Y. 11217 - 1 st fl.	(718) 694-7619	(718) 694-8393 (718) 694-8390/91

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Date: _____
Case Number: _____
Case Name: _____
Telephone Number: _____
Job Center: _____

Request for Contact on a Mailed or Faxed Application

We received your application for Public Assistance/Food Stamps on _____ .
Date

We received your application for Food Stamps only on _____ .
Date

We have scheduled an initial eligibility interview for you:

Appointment Date: _____ Day: _____ Time: _____ Phone: _____

Location: _____
Location Name

Address Line 1

Address Line 2

City _____ State _____ Zip Code _____

We have also enclosed the Eligibility Factors and Suggested Documentation Guide (Form **W-119D**). The eligibility factors that must be verified as a condition of eligibility have been checked. If you have any or all of the documents required to verify the checked eligibility factors, please bring them with you when you report to the above interview. If you have been determined to be eligible for expedited Food Stamp processing or think you may be eligible, please ensure that at the very least you bring proof of identity with you.

If you cannot keep this appointment, please telephone _____ for a rescheduled appointment.

Failure to keep an initial eligibility interview without good cause can result in the denial of your application.

At this time and based on the information provided on your application, we have determined the following:

- We have found you eligible for expedited Food Stamp service. At the time of your initial interview, if you are determined eligible for Food Stamp Benefits you will be issued benefits within five (5) days.
- We have determined your household to be ineligible for expedited Food Stamp service. At the time of your initial interview, if your situation has changed, we will reevaluate your household for expedited Food Stamp service. If you are found to be eligible for expedited service, and are also eligible for Food Stamp Benefits, you will be issued benefits within five (5) days.
- You did not provide enough information to determine eligibility for expedited Food Stamp service. However, at the time of your initial interview, we will evaluate your household for expedited Food Stamp service. If you are found to be eligible for expedited service, and are also eligible for Food Stamp Benefits, you will be issued benefits within five (5) days.

Enclosure: Eligibility Factors and Suggested Documentation Guide (Form **W-119D**)



Fecha: _____

Número de Caso: _____

Nombre del Caso: _____

Número de Teléfono: _____

Centro de Trabajo: _____

Petición de Contacto Respecto a una Solicitud Enviada por Correo o Fax

Recibimos su solicitud de Asistencia Pública/Cupones para Alimentos el _____ .
Fecha

Recibimos su solicitud solo de Cupones para Alimentos el _____ .
Fecha

Le hemos programado una entrevista de elegibilidad preliminar:

Fecha de la Cita: _____ Día: _____ Hora: _____ Teléfono: _____

Local: _____
Nombre del Local

Línea de Dirección 1

Línea de Dirección 2

Ciudad Estado Código Postal

Además hemos incluido el formulario Factores de Elegibilidad y Guía de Documentos Requeridos (Form **W-119D [S]**). Los factores que deben verificarse como condición de elegibilidad han sido marcados. Si usted tiene uno o todos los documentos requeridos para verificar los factores de elegibilidad que se han marcado, por favor traigalos a su entrevista cuando se presente a la misma al lugar indicado más arriba. Si se determina que usted es elegible para el trámite acelerado de Cupones para Alimentos o si usted considera que puede ser elegible, asegúrese de por lo menos traer con usted una prueba de identidad.

Si usted no puede acudir a esta cita, por favor llame al _____ para programarle otra cita.

El no acudir a la entrevista de elegibilidad preliminar sin motivo justificado puede resultar en el rechazo de su solicitud.

De acuerdo a la información incluida en su solicitud, se ha determinado en esta ocasión lo siguiente:

Hemos concluido que usted es elegible para el trámite acelerado de Cupones para Alimentos. Si durante su entrevista preliminar se determina que usted es elegible para Beneficios de Cupones para Alimentos se le emitirán beneficios dentro de cinco (5) días.

Hemos determinado que su hogar no es elegible para el trámite acelerado de Cupones para Alimentos. Si su situación cambia, volveremos a evaluar su hogar respecto al trámite acelerado de Cupones para Alimentos durante su entrevista preliminar. Si se determina que usted es elegible para el trámite acelerado y también para los Beneficios de Cupones para Alimentos, se le emitirán beneficios dentro de cinco (5) días.

Usted no proporcionó suficientes datos que ayudaran a determinar su elegibilidad para el trámite acelerado de Cupones para Alimentos, sin embargo, cuando usted se presente para su entrevista preliminar, evaluaremos si su hogar tiene derecho a dicho trámite. Si resulta elegible para el trámite acelerado y también para los Beneficios de Cupones para Alimentos, se le emitirán beneficios dentro de cinco (5) días.

Adjunto: Factores de Elegibilidad y Guía de Documentos Requeridos (Form **W-119D [S]**)

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	(obtain one)	Eligibility Factor	(obtain one)
<input type="checkbox"/> Identity You must establish identity for each person listed.	<ul style="list-style-type: none"> • Photo I.D. • Driver's license • U.S. passport • Naturalization certificate • Hospital/doctor's records • Adoption papers 	<input type="checkbox"/> Relationship You must prove the relationship of payee to child.	<ul style="list-style-type: none"> • Birth certificate (long form) • Adoption papers/records • Court records • Marriage certificate
<input type="checkbox"/> Marital Status You must prove you are married, divorced, separated, or widowed.	<ul style="list-style-type: none"> • Marriage/death certificates • Separation agreement • Divorce decree • Social Security records • Veterans Administration (VA) records 	<input type="checkbox"/> Citizenship or Current Alien Status US citizens are eligible for Temporary Assistance, Food Stamps, and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps and Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> • Birth certificate • Baptismal certificate/records • Hospital records • U.S. passport • Military service records • Naturalization certificate • USCIS documentation • Evidence of continuous U.S. residence since prior to 1/1/72
<input type="checkbox"/> Residence You must verify place of residence (if applicable).	<ul style="list-style-type: none"> • Statement from landlord/primary tenant • Current rent receipt or lease • Mortgage records 		
<input type="checkbox"/> Household Composition/Size You must prove who is living in the home.	<ul style="list-style-type: none"> • Statement from nonrelative landlord • School records 		
<input type="checkbox"/> Age You must prove the age of each person applying for assistance.	<ul style="list-style-type: none"> • Birth certificate • Baptismal records/certificate • Hospital records • Adoption papers/records • Naturalization certificate • Driver's license 		
<input type="checkbox"/> Social Security Number (For Temporary Assistance and Medical Assistance only, applicant/participant does not have to provide proof of Social Security number [SSN] unless the SSN does not match with the Social Security Administration's records or cannot be verified by the agency.)	<ul style="list-style-type: none"> • Social Security card • Official correspondence from SSA <p>A Social Security number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.</p>	Earned Income <ul style="list-style-type: none"> <input type="checkbox"/> From employer <input type="checkbox"/> From self-employment <input type="checkbox"/> Income from rent or room/board 	<ul style="list-style-type: none"> • Current wage stubs • Pay envelopes • Contact with employer • Business records • Tax records • Records and related materials concerning self-employment earnings and expenses • Current income tax return • Current contribution check • Statement from roomer, boarder, tenant • Income tax records
<input type="checkbox"/> Absence/Death of Parent(s) You must prove the absence of one or both parents of any child in the home.	<ul style="list-style-type: none"> • Death certificate • Survivor's benefit records • Hospital records • VA or military records • Divorce papers • Proof of remarriage 	<input type="checkbox"/> Unpaid Bills Rent, Utility, Medical	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of services and provider
<input type="checkbox"/> Absent Parent Information For each applying child who has an absent parent(s), you must provide information such as name, address, Social Security number, birth date.	<ul style="list-style-type: none"> • Pay stubs • Tax returns • Social Security or VA records • Unemployment Insurance Benefits (UIB) book • I.D. cards (health insurance) • Driver's license or registration 	<input type="checkbox"/> Other Expenses/Dependent Care Cost You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Cancelled checks or receipts
		<input type="checkbox"/> School Attendance You must prove who is in school.	<ul style="list-style-type: none"> • School records (current report card) • Statement from school

Eligibility Factor	(obtain one)	Eligibility Factor	(obtain one)
<p>Unearned Income</p> <p><input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> Unemployment Insurance Benefits (UIB)</p> <p><input type="checkbox"/> Social Security Benefits (Including SSI)</p> <p><input type="checkbox"/> Workers' Compensation</p> <p><input type="checkbox"/> Education Grants and Loans</p> <p><input type="checkbox"/> Interest/Dividends/Royalties</p> <p><input type="checkbox"/> Veterans' Benefits</p> <p><input type="checkbox"/> Other Unearned Income</p>	<ul style="list-style-type: none"> • Statement from Family Court • Statement/cancelled checks or records from person paying support • Check stubs • Official correspondence from the Child Support Enforcement Unit • Current award certificate • Current benefit check • Official correspondence with New York State Department of Labor • State Data Exchange (SDX) • Current award certificate/letter • Current benefit check • Official correspondence from Social Security Administration • Award letter • Check stub • Statement from school • Statement from bank • Statement from agency administering grant/award letter • Statement from bank or credit union • Statement from broker/financial institution • Current award certificate • Current benefit check • Veterans Administration official correspondence • Current award letter • Current benefit check • Official correspondence from source of income • Contact with source of income • Current contribution check 	<p><input type="checkbox"/> Health Insurance</p> <p>If anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.</p>	<ul style="list-style-type: none"> • Insurance policy/card • Statement from provider of coverage • Medicare card • Separation or divorce agreement with court-ordered health coverage
		<p><input type="checkbox"/> Disabled/Incapacitated/Pregnant</p>	<ul style="list-style-type: none"> • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness • Observation of obvious physical handicap (for MA only, resource information is not requested from pregnant women, children and persons eligible for Family Health Plus)
<p><input type="checkbox"/> Shelter Expenses You must prove rent and other household expenses.</p> <p>Medical Assistance does not require documentation of shelter expenses.</p>	<ul style="list-style-type: none"> • Current rent receipt/lease/mortgage records • Landlord statement • Garbage/trash collection bills or receipts • Property and school tax records • Sewer and water bills • Homeowner's insurance records • Fuel bills • Nonheating utility bills • Telephone bills (or a statement from the household that the expense is incurred) 	<p>Resources (For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19 and persons eligible for Family Health Plus)</p> <p><input type="checkbox"/> Cash on Hand</p> <p><input type="checkbox"/> Bank Account: Checking, Savings Retirement (IRA and Keogh), Credit Union, Stocks, Bonds, Certificates and Mutual Funds</p> <p><input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Burial Trust or Fund, Burial Plot or Funeral Agreement</p> <p><input type="checkbox"/> Income Tax Refund or Earned Income Tax Credit (EITC)</p> <p><input type="checkbox"/> Real Estate other than Residence</p> <p><input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Lump Sum Payment</p> <p><input type="checkbox"/> Other Resources</p>	<ul style="list-style-type: none"> • Statement from household • Statement from nursing home • Current bank records • Current credit union records • Stock/bond certificate • Statement from financial institution • Insurance policy • Statement from insurance company • Bank records • Burial agreement • Burial plot deed • Statement from funeral director • Refund or EITC check • Statement from tax office • Deed • Statement from real estate broker • Broker's appraisal/estimate of current value • Registration • Title of ownership • Appraisal of current value by dealer • Financing data • Statement from the source of payment • Lump sum check • Household statement of current value • Sales slips • Insurance appraisal
<p><input type="checkbox"/> Medical Expenses</p>	<ul style="list-style-type: none"> • Statement from provider of medical services • Copies of medical bills (paid or unpaid) 		

Factores de Elegibilidad y Guía de Documentación Sugerida

Factor de Elegibilidad	(obtenga uno)	Factor de Elegibilidad	(obtenga uno)
<input type="checkbox"/> Identidad Usted debe establecer la identidad de cada persona listada.	<ul style="list-style-type: none"> Identificación con foto Licencia Pasaporte de EE.UU. Certificado de naturalización Registros hospitalarios/médicos Documentos de adopción 	<input type="checkbox"/> Relación Usted debe probar la relación entre el beneficiario y el niño.	<ul style="list-style-type: none"> Partida de nacimiento (documento completo) Documentos/registros de adopción Acta de juicios Licencia matrimonial
<input type="checkbox"/> Estado Civil Usted debe probar que está casado(a), divorciado(a), separado(a), o enviudado(a).	<ul style="list-style-type: none"> Licencia de matrimonio/partida de defunción Acuerdo de separación Sentencia de divorcio Registros de seguridad social Registros de la Administración de Veteranos (Veterans Administration – VA) 	<input type="checkbox"/> Ciudadanía o Estado Actual de Extranjería Los ciudadanos de EE.UU. tienen derecho a Asistencia Temporal, Cupones para Alimentos, y Asistencia Médica. Los extranjeros deben tener un estado satisfactorio de inmigrante para poder ser elegible con respecto a Asistencia Temporal, Cupones para Alimentos y Asistencia Médica. El estado migratorio no se toma en cuenta en casos de mujeres embarazadas o niños inmigrantes que estén solicitando Salud Adicional B para el Niño (Child Health Plus B). Los inmigrantes indocumentados y los no inmigrantes temporarios sólo tienen derecho a tratamiento en casos de emergencias médicas.	<ul style="list-style-type: none"> Partida de nacimiento Documentos/acta de bautismo Registros hospitalarios Pasaporte de EE.UU. Expedientes de servicio militar Certificado de naturalización Documentación USCIS Prueba de residencia continua en EE.UU. desde antes de 1/1/72
<input type="checkbox"/> Residencia Usted debe comprobar su lugar de residencia (en su caso).	<ul style="list-style-type: none"> Declaración del casero/inquilino principal Recibo actual de alquiler o contrato de arrendamiento Documentos hipotecarios 		
<input type="checkbox"/> Miembros/Tamaño del Hogar Usted debe probar quién está viviendo en el hogar.	<ul style="list-style-type: none"> Declaración de casero que no sea pariente Expedientes escolares 		
<input type="checkbox"/> Edad Usted debe probar la edad de cada persona que solicite asistencia.	<ul style="list-style-type: none"> Partida de nacimiento Documentos/acta de bautismo Registros hospitalarios Documentos/registros de adopción Certificado de naturalización Licencia de conducir 		
<input type="checkbox"/> Número de Seguro Social (Sólo para Asistencia Temporal y Asistencia Médica, el solicitante o participante no tiene que proporcionar prueba del Número de Seguro Social [Social Security Number – SSN] a menos que el SSN no corresponda a los archivos de la Administración de Seguro Social o no se pueda comprobar por dicho organismo.)	<ul style="list-style-type: none"> Tarjeta de Seguro Social Correspondencia oficial de la SSA No necesitan número de Seguro Social los extranjeros que deseen Asistencia Médica sólo para tratamientos de emergencia o que estén solicitando sólo Asistencia Médica en estado de embarazo.		
<input type="checkbox"/> Ingreso Salarial <input type="checkbox"/> De parte del empleador <input type="checkbox"/> De empleo por cuenta propia <input type="checkbox"/> Ingresos de alquiler o pensión completa	<ul style="list-style-type: none"> Talones salariales actuales Sobres de paga Contacto con el empleador Registros comerciales Documentos tributarios Toda documentación relacionada con las ganancias y gastos de trabajo por cuenta propia Declaración de impuestos actual Cheque de contribución actual Declaración del inquilino o pensionario Documentos tributarios 		
<input type="checkbox"/> Ausencia/Muerte del Padre o de la Madre Usted debe probar la ausencia del padre o de la madre, o de ambos, respecto a cualquiera de sus niños en el hogar.	<ul style="list-style-type: none"> Partida de defunción Expedientes de las prestaciones al superstita Registros hospitalarios Expediente militar o de la Administración de Veteranos (Veterans' Administration – VA) Documentos de divorcio Prueba de nuevo matrimonio 	<input type="checkbox"/> Cuentas Sin Pagar Alquiler, Servicios Públicos, Cuentas Médicas	<ul style="list-style-type: none"> Copia de cada cuenta en que figure la cantidad adeudada, período de servicio y proveedor
<input type="checkbox"/> Información Respecto al Padre o Madre Ausente Para cada niño solicitante que tenga un padre o una madre ausente, usted debe proporcionar datos como nombre, dirección, número de Seguro Social, fecha de nacimiento.	<ul style="list-style-type: none"> Talones de paga Declaración de impuestos Registros de Seguridad Social o de la VA Folleto de Beneficios de Seguro de Desempleo (Unemployment Insurance Book – UIB) Tarjetas de identificación (seguro médico) Registro o licencia de conducir 	<input type="checkbox"/> Otros Gastos/Costo del Cuidado de Dependientes Si usted hace pagos de pensión alimenticia por decreto judicial, cuidado infantil, deudas recurrentes, o los servicios de un ayudante de salud doméstico, debe proporcionar prueba de dichos pagos.	<ul style="list-style-type: none"> Decreto judicial Declaración por parte de la guardería de niños u otro prestador de cuidado infantil Declaración por parte del ayudante de salud Cheques o recibos cancelados
		<input type="checkbox"/> Asistencia Escolar Usted debe probar quién asiste a la escuela.	<ul style="list-style-type: none"> Registros escolares (libreta de notas actual) Declaración por parte de la escuela

Factor de Elegibilidad	(obtenga uno)	Factor de Elegibilidad	(obtenga uno)
<p>Ingreso No Salarial</p> <p><input type="checkbox"/> Manutención de Niños</p> <p><input type="checkbox"/> Beneficios de Seguro de Desempleo (Unemployment Insurance Benefits – UIB)</p> <p><input type="checkbox"/> Beneficios de Seguro Social (Incluido el SSI)</p> <p><input type="checkbox"/> Compensación Laboral</p> <p><input type="checkbox"/> Subsidios y Préstamos de Educación</p> <p><input type="checkbox"/> Intereses/Dividendos/Regalías</p> <p><input type="checkbox"/> Beneficios de Veteranos</p> <p><input type="checkbox"/> Otros Ingresos No Salariales</p>	<ul style="list-style-type: none"> • Declaración del Tribunal Familiar • Declaración/cheques cancelados o expedientes de la persona responsable de la manutención • Talones de cheques • Correspondencia oficial de la Unidad de Aplicación de Manutención de Niños (Child Support Enforcement Unit) <ul style="list-style-type: none"> • Certificado actual de beneficio • Cheque actual de beneficio • Correspondencia oficial con el Departamento de Trabajo del Estado de Nueva York (New York State Department of Labor • Intercambio Estatal de Datos (State Data Exchange – SDX) • Certificado/carta actual de beneficio • Cheque de beneficio actual • Correspondencia oficial de la Administración de Seguro Social <ul style="list-style-type: none"> • Carta de beneficio • Talón de paga <ul style="list-style-type: none"> • Declaración de la escuela • Declaración del banco • Declaración del organismo administrador del subsidio/carta de beneficio <ul style="list-style-type: none"> • Declaración del banco o cooperativa de crédito • Declaración del corredor de bolsa/institución financiera <ul style="list-style-type: none"> • Certificado de beneficio actual • Cheque de beneficio actual • Correspondencia oficial de la Administración de Veteranos <ul style="list-style-type: none"> • Carta de beneficio actual • Cheque de beneficio actual • Correspondencia oficial de la fuente de ingreso • Contacto con la fuente de ingreso • Cheque de contribución actual 	<p><input type="checkbox"/> Seguro Médico</p> <p>Si alguno de los solicitantes tiene cobertura de seguro médico (aun si la paga otra persona), usted debe probarlo.</p> <p><input type="checkbox"/> Inválido/Incapacitado/Embarazada</p> <p>Recursos (Sólo para Asistencia Médica, no se le exigen datos sobre recursos a las embarazadas, los niños menores de 19 años, y a las personas elegibles respecto a Salud Familiar Adicional [Family Health Plus])</p> <p><input type="checkbox"/> Dinero en Efectivo Disponible</p> <p><input type="checkbox"/> Cuenta de Banco: Corriente, de Ahorros, Retiro (IRA y Keogh) Cooperativa de Crédito, Acciones, Bonos, Certificados y Fondos de Inversión Mobiliaria</p> <p><input type="checkbox"/> Seguro de Vida</p> <p><input type="checkbox"/> Fideicomiso o Fondo de Entierro, Emplazamiento de Entierro o Acuerdo de Funerario</p> <p><input type="checkbox"/> Reembolso del Impuesto sobre los Ingresos o Crédito Tributario del Ingreso Salarial (Earned Income Tax Credit – EITC)</p> <p><input type="checkbox"/> Bienes Inmobiliarios aparte de la Residencia</p> <p><input type="checkbox"/> Vehículos Automotores</p> <p><input type="checkbox"/> Pago de Suma Global</p> <p><input type="checkbox"/> Otros Recursos</p>	<ul style="list-style-type: none"> • Póliza/tarjeta de seguro • Declaración del prestador de la cobertura • Tarjeta de Medicare • Acuerdo de separación o divorcio con cobertura médica decretada por un tribunal <ul style="list-style-type: none"> • Declaración de parte de un médico, clínica u hospital que compruebe el embarazo, fecha de nacimiento anticipada • Declaración de profesional médico • Prueba de beneficios de SSA/SSI respecto a invalidez/ceguera • Observación de impedimento físico obvio (sólo para MA, no se les exige datos respecto a sus recursos a las embarazadas, los niños y a aquellos elegibles para Salud Familiar Adicional [Family Health Plus]) <ul style="list-style-type: none"> • Declaración del hogar • Declaración de hogar de ancianos <ul style="list-style-type: none"> • Registros bancarios actuales • Registros actuales de cooperativa de crédito • Certificado de acciones/bonos • Declaración de institución financiera <ul style="list-style-type: none"> • Póliza de seguros • Declaración de la compañía de seguros <ul style="list-style-type: none"> • Registros bancarios • Acuerdo de entierro • Título del emplazamiento de entierro • Declaración del director de funeraria <ul style="list-style-type: none"> • Reembolso o cheque de EITC • Declaración de la oficina de impuestos
<p><input type="checkbox"/> Gastos de Alojamiento</p> <p>Usted debe proporcionar pruebas de alquiler y otros gastos domésticos.</p> <p>Para la Asistencia Médica no se requir documentación respecto gastos de alojamiento.</p>	<ul style="list-style-type: none"> • Recibo de alquiler/contrato de arrendamiento/documentos hipotecarios actuales • Declaración del casero • Recibos o cuentas de recolección de basuras • Registros de propiedad y registros de impuestos escolares • Cuentas de alcantarilla y de agua • Expedientes de seguro de propietario de vivienda • Cuentas de combustible • Cuentas de servicios públicos aparte de la calefacción • Cuentas de teléfono (o una declaración del hogar en sentido de que el gasto ha sido contradicto) 	<p><input type="checkbox"/> Medical Expenses</p>	<ul style="list-style-type: none"> • Título • Declaración de agente inmobiliario • Tasación del agente/presupuesto del valor actual <ul style="list-style-type: none"> • Matrícula • Título de propietario • Tasación de valor actual por parte del concesionario • Datos de financiación • Declaración de la fuente de pago • Cheque de suma global <ul style="list-style-type: none"> • Declaración del hogar respecto al valor actual • Notas de caja • Tasación de seguro
<p><input type="checkbox"/> Medical Expenses</p>	<ul style="list-style-type: none"> • Declaración del proveedor respecto a servicios médicos • Copias de cuentas médicas (pagadas o sin pagar) 		