

WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

NOTICE OF RECERTIFICATION FOR
FOOD STAMPS.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U5300T6029		DATE: April 25, 2008		CASE NUMBER: CNSZ951W	
OFFICE	UNIT	WORKER JIM	UNIT OR WORKER NAME DISTRICT WORKER DEFAULT	TELEPHONE NO. 518-555-1234	

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>518-746-2300</u>	
OR Agency Conference	<u>518-746-2300</u>	//JIM
Fair Hearing information and assistance	<u>518-746-2300</u>	 KLJJKL KKHBK KHK, NY 12204
Record Access	<u>518-746-2300</u>	
Child/Teen Health Plan	<u>518-746-2300</u>	

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

FOOD STAMPS

You will not get food stamps after June 30, 2008 unless you reapply. To reapply and continue to get food stamps without a break you must:

Please **COMPLETE THE ENCLOSED RECERTIFICATION APPLICATION AND MAIL IT TO:**

WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD NY 12828

AS SOON AS POSSIBLE in order to be able to continue to receive benefits.

* A window envelope and a district address insert sheet are provided with this notification.

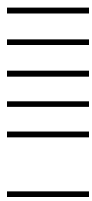
YOU also **MUST BE INTERVIEWED** to complete the recertification application process and continue your Food Stamp benefits.

In order to process your recertification application as soon as possible, **WE WILL ATTEMPT TO CALL YOU BEFORE THE DATE AND TIME OF THE SCHEDULED INTERVIEW** given immediately below to do your Telephone Interview.

A **TELEPHONE** interview has been scheduled for you on Monday, May 12, 2008 at 11:00 a.m.

Again, you will **NOT** be called and **NO** interview will be conducted until **AFTER** our office has received your signed recertification application. If you do not submit your recertification application and are not interviewed, you will not receive Food Stamp Benefits after June 30, 2008.

IF THE DATE AND TIME OF THE TELEPHONE INTERVIEW WE HAVE SCHEDULED IS NOT GOOD FOR YOU, COMPLETE THE CALL TIME REQUEST FORM that appears on the last page of this notice. **It should be returned with your application;** this will help us contact



you at a day and time that may be more convenient to you.

If we are unable to contact you on an earlier date and you do not complete the CALL TIME REQUEST FORM, the telephone interview will be conducted at the time and date scheduled above.

PLEASE NOTE: You also have the option of a face-to-face interview at our offices. If this is what you prefer, please be sure to indicate this on the CALL TIME REQUEST FORM. We will then contact you to make arrangements for an interview.

You also may bring your recertification application into the office instead of mailing, but we must receive it by June 15th. **If it is not received by this date, you will not keep getting food stamps without a break.** We encourage you to fill this application out immediately and return it to ensure a timely processing of your continued benefits.

When you mail in your recertification application, please also send in proof of the following items if they apply to you and if you have not already provided proof:

- o earned income for the past four weeks.
- o any change in the source of household income.
- o any change in heating/utility expenses.
- o any medical expenses since you last applied, or were recertified for anyone in your household who is 60 years of age or older, or disabled.
- o any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs, and any other changes.

If you need help in getting any proof please let your worker know as soon as possible.

If you, a member of your household or your authorized representative, do not mail in your recertification application, be interviewed and provide any required proof, you will not get food stamps after June 30, 2008 unless you reapply and are eligible.

If any proof is still required after the interview, you will get a notice to tell you what you need to provide. You will be given at least ten days to provide it.

The recertification application should be as complete as possible but we must accept it if it has your name, address (if you have one) and signature. However, the application must be completed before you can get food stamps.

Application Rights

- o You have the right to ask for an application for Food Stamps. This office must accept the application as long as the application is signed and has a readable name (and address if you have one).
- o You have the right to apply for Food Stamps in person, by mail or through an authorized representative. A face-to-face interview may be scheduled at your request.

NOTICE

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may reapply for Food Stamps at the Social Security office instead of filing your recertification application at the Food Stamp office.

If you choose to do this, the Social Security office must receive your application by June 15th. They will interview you and send your application with the supporting documents to the Food Stamp office to see if you can still get food stamps.

This decision is based on Regulation 18 NYCRR 387.17.

SERVICES AND OTHER INFORMATION

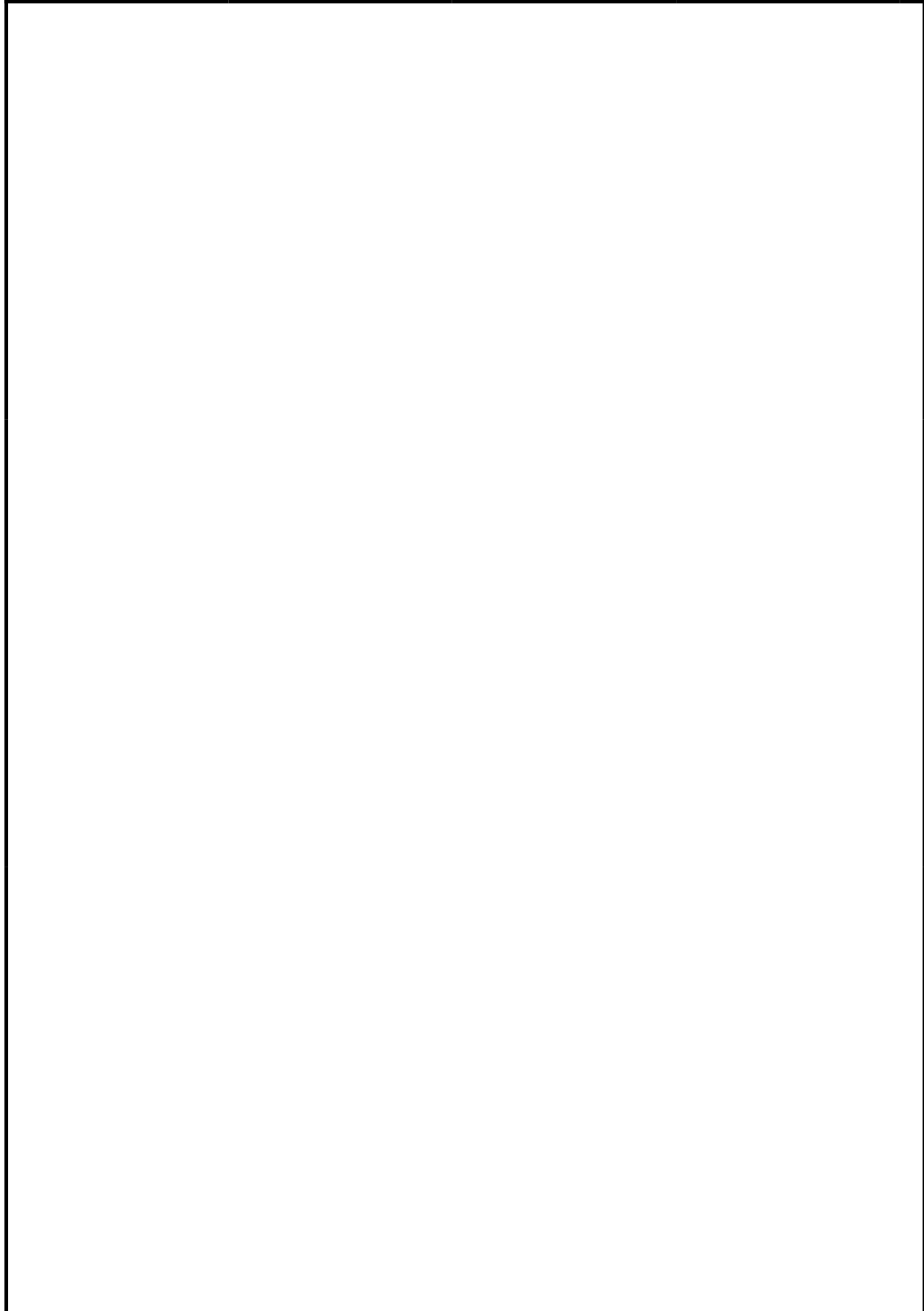
Your NYS Common Benefit Identification Card:

You should have a New York State Common Benefit Identification card. Even though

you are no longer eligible for benefits, keep your card in a safe place. The same card will be used again if you become eligible for benefits in the future.

HEAP: Although you may no longer be eligible for Public Assistance, Food Stamps, or Medical Assistance, you still may be eligible for assistance with your heating costs by applying for the Home Energy Assistance Program (HEAP). Information on HEAP can be obtained by calling the general telephone number as listed on page 1 of this notice.





CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by **July 24, 2008**. This is the deadline even if you asked for a meeting (conference) with us.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

When you call, please tell the worker the number of this notice which is U5300T6029.

OR FAX: Send a copy of this notice to fax number **(518) 473-6735**

OR ONLINE: Complete the online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name : KLJKL
Address : KKHBK
 KHK, NY 12204

District No: 53
Notice No. : U5300T6029
Case Number: CNSZ951W
Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

ADVOCATE 12399, XXX, XXX, NY 12356

Telephone: (518) 765-8901

LEGAL AID SOCIETY OF NORTHEASTERN NY, 10-12 LAKE AVENUE, SARATOGA SPRINGS, NY 12866

Telephone: (518) 587-5188

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201**



CALL TIME REQUEST FORM
FOOD STAMP PHONE RECERTIFICATION

KLJKL

CNSZ951W

Please provide us with the PHONE NUMBER where you can most easily be reached:

To assist us in scheduling a TELEPHONE interview, please indicate below the times you are generally available:

	<u>Morning</u>	<u>Afternoon</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____


If you do not want a telephone interview and want a face-to-face interview, please indicate this on the line below and return this form to our office.

I do NOT want a TELEPHONE INTERVIEW.
Please contact me to make arrangements for an interview at your office. (Please mark with an 'X' if this applies to you.)



WASHINGTON COUNTY DSS
383 BROADWAY
FORT EDWARD, NY 12828-9990

NOTICE NUMBER: U5300T6029		DATE:		CASE NUMBER: CNSZ951W	
OFFICE	UNIT	WORKER JIM	UNIT OR WORKER NAME		TELEPHONE NO.

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS	
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		//JIM  WASHINGTON COUNTY DSS 383 BROADWAY FORT EDWARD, NY 12828-9990	
OR Agency Conference _____			
Fair Hearing information and assistance _____			
Record Access _____			
Child/Teen Health Plan _____			

This is the DISTRICT ADDRESS insert sheet.
Fold this sheet squarely in half.
Place the folded sheet and your completed application into the envelope provided
so that the district ADDRESS appears through the envelope window.
Secure the postage paid envelope and mail.
Telephone Interview Date: Monday, May 12, 2008 at 11:00 a.m.





NOTICE ATTACHMENTS

DSS-4826 (Rev. 4/95) ...FOOD STAMP APPLICATION FOR SSI RECIPIENTS AND
GROUP LIVING RELATIVES.

DSS-4826A (Rev. 4/95) ...HOW TO APPLY FOR FOOD STAMPS : SSI/GROUP HOME.

DSS-3668 (Rev. 1/95) ...PA-FS SHELTER VERIFICATION FORM.

DSS-4464.3 ...POSTAGE PAID ENVELOPE FOR RETURNED APPLICATION.

PUB-4918 ...TELEPHONE RECERT BROCHURE.

