

SMITHTOWN DISTRICT OFFICE
200 WIRELESS BLVD
PO BOX 18100
HAUPPAUGE, NY 11788

**NOTICE OF DECISION ON YOUR
PUBLIC ASSISTANCE, SUPPLEMENTAL
NUTRITION ASSISTANCE AND MEDICAL
ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

NOTICE NUMBER: XXXXXXXXXX		DATE: October 31, 2019		CASE NUMBER: PXXXXXXXXX										
OFFICE S	UNIT 12090	WORKER 1421	UNIT OR WORKER NAME		TELEPHONE NO.									
AGENCY TELEPHONE NUMBERS GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>631-853-8714</u> <hr/> OR Agency Conference <u>631-853-8751</u> Fair Hearing information and assistance <u>800-342-3334</u> Record Access <u>631-853-8751</u> Child/Teen Health Plan <u>631-854-3505</u>			CASE NAME / AND ADDRESS S/12090/1421 DOE JANE 123 MAIN ST COMMACK, NY 11725											
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.														
If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.														
<u>PUBLIC ASSISTANCE</u> Beginning November 16, 2019, your public assistance benefits will be CHANGED . Your old benefit amount was \$636.75; your new benefit amount is \$695.25. Your monthly public assistance benefit of \$695.25 will be distributed as follows: <table border="0"> <thead> <tr> <th></th> <th><u>New Amount</u></th> <th><u>Old Amount</u></th> </tr> </thead> <tbody> <tr> <td>o Semi-monthly cash grant:</td> <td>\$65.13</td> <td>\$35.88</td> </tr> <tr> <td>o Restricted shelter payment:</td> <td>\$565.00</td> <td>\$565.00</td> </tr> </tbody> </table> If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount. Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount. This decision is based on Regulation 18 NYCRR 351.2(d). Your public assistance will be CHANGED because: <ul style="list-style-type: none"> o Your household has had a change in income. This decision is based on Regulations 18 NYCRR 352.31(a)(2), 352.14 and 352.30. <u>How we figured your Public Assistance Benefits:</u> Check the information below and let us know if something is wrong. If there is a							<u>New Amount</u>	<u>Old Amount</u>	o Semi-monthly cash grant:	\$65.13	\$35.88	o Restricted shelter payment:	\$565.00	\$565.00
	<u>New Amount</u>	<u>Old Amount</u>												
o Semi-monthly cash grant:	\$65.13	\$35.88												
o Restricted shelter payment:	\$565.00	\$565.00												

mistake, it could mean that this decision we made about your benefit is not correct.

- o The way we figure your income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>	<u>What We Count</u>
JANE DOE	Salaries/Wages	\$251.94	\$76.11

Total we count... \$76.11

- o To figure your monthly income, we multiply your weekly income by 4 & 1/3, or your bi-weekly income by 2 & 1/6, or your semi-monthly income by 2, or use the monthly income amount which you provided.

Your needs beginning November 16, 2019 are based on the following information:

- o There are 4 people in your Public Assistance household.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o There are 4 people in your Public Assistance case.
- o \$231.75 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$565.00 for housing.
- o Your household pays \$0.00 for water.
- o According to our records, your type of housing is known as Private Rent.
- o We allow \$503.00 for housing.
- o Your heat is included in your housing costs.
- o No one in your case is at least four months pregnant.

SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning December 1, 2019, your SNAP benefits will be CHANGED from \$514.00 to \$531.00. This is because:

- o Your household has had a change in Public Assistance benefits.
This decision is based on Regulations 18 NYCRR 387.10 and 387.12.
- o Your household has had a change in income.
This decision is based on Regulations 18 NYCRR 387.10 and 387.12.

How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$531.00 monthly beginning December, 2019.
- o There are 4 people in your SNAP household.
- o You pay \$565.00 for housing.
- o According to our records, your type of housing is known as Private Rent.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or you have received a HEAP payment within the last 13 months. (You may need to apply for HEAP separately.) The total of your verified heat (and/or air conditioning), utilities and phone costs is less than the standard. We allow the standard of \$744.00.
- o There is no one 60 or older or disabled in your SNAP household.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed