

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: UXXXXXXXXX		DATE: September 26, 2018		CASE NUMBER: PXXXXXXXXX	
OFFICE S	UNIT 12090	WORKER 1421	UNIT OR WORKER NAME		TELEPHONE NO.

<b>AGENCY TELEPHONE NUMBERS</b>		<b>CASE NAME / AND ADDRESS</b>	
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>631-853-8714</u>		S/12090/1421  DOE JANE 123 MAIN ST COMMACK, NY 11725	
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>			

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.

**PUBLIC ASSISTANCE**

Your public assistance case has been **RECERTIFIED** for the period October 1, 2018 to March 31, 2019.

The following individuals will receive Public Assistance:

- JANE DOE
- MARY SMITH
- JOHN DOE
- BOB SMITH

You will continue to get the **SAME AMOUNT** of public assistance benefits: \$753.00. Even though we figured your public assistance benefits again for October 1, 2018, it did not change the amount of public assistance benefits you get.

Your monthly public assistance benefit of \$753.00 will be distributed as follows:

- o Semi-monthly cash grant: ..... \$96.50
- o Restricted shelter payment : ..... \$560.00

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).



**How we figured your Public Assistance 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.

Your needs beginning October 1, 2018 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 \$251.00 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$560.00 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 Someone else pays for your heat.
- o No one in your case is at least four months pregnant.

**SUPPLEMENTAL NUTRITION ASSISTANCE**

Your application for continued SNAP benefits is **APPROVED** from October 1, 2018 to March 31, 2019.

The following individuals are approved for SNAP benefits:

JANE DOE  
MARY SMITH  
JOHN DOE  
BOB SMITH

You will get \$493.00 in SNAP benefits each month.

Each month, your SNAP benefits will become available on the second day of the month. **If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.**

This decision is based on Department Regulations 18 NYCRR 387.8, 387.14 and 387.15.

**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 \$493.00 monthly beginning October, 2018.
- o There are 3 people in your SNAP household.
- o You pay \$560.00 for housing.
- o According to our records, your type of housing is known as Private Rent.
- o Because you have heating and/or air conditioning costs, 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 or seeking employment through job search, or are in training. You do not pay for child care or dependent care.