



2023-2024 DISASTER SNAP PROGRAM

**New York State
Office of Temporary and Disability Assistance**

**40 North Pearl Street
Albany, New York 12243
www.otda.ny.gov**

Barbara C. Guinn
Acting Commissioner

Employment and Income Support Programs
Wendy Demarco
Director of Food and Nutrition Policy

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Disaster Supplemental Nutrition Assistance Program (D-SNAP)

Purpose

This document is the state plan for providing benefits under the federal Disaster Supplemental Nutrition Assistance Program (D-SNAP) in New York State.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act provides the Secretary of Agriculture with the authority to operate a D-SNAP when areas affected by a disaster have received a Presidential Major Disaster Declaration (for Individual Assistance).

D-SNAP is intended to provide temporary food assistance for households affected by a widespread disaster. D-SNAP provides one month of Supplemental Nutrition Assistance Program (SNAP) benefits, at the maximum allowed for the household's size, to eligible households not in receipt of regular SNAP benefits. It also can facilitate the issuance of supplemental SNAP benefits to households already in receipt of ongoing SNAP benefits. D-SNAP is designed to respond to disaster situations where a large number of households have disaster-related expenses that are not considered when determining eligibility for the regular SNAP, and where the need is so great and pervasive that the vastly streamlined and expansive eligibility criteria of the D-SNAP is warranted.

When a disaster occurs in New York State and a county has received a Presidential Major Disaster Declaration for Individual Assistance, and the local social services district for that county requests approval to operate a D-SNAP, the New York State Office of Temporary and Disability Assistance (OTDA) will submit an application on behalf of the local social services district to the United States Department of Agriculture (USDA), Food and Nutrition Services (FNS) requesting permission for the local social services district to operate iD-SNAP.

The application will be based upon the best and most current information available received from local, state and federal officials regarding the scope of the disaster. The New York State Office of Emergency Management (OEM)/Department of Homeland Security and Emergency Services (DHSES), in concert with OTDA, will coordinate state efforts to obtain information and data regarding the scope of the disaster.

The D-SNAP is a completely different program from the regular SNAP, with different eligibility and verification standards, and benefit amounts based solely on household size. Staff training should reflect these differences and they should be provided with a copy of the SNAP vs. D-SNAP requirements. (**See Attachment I – SNAP/D-SNAP Comparison Chart.**)

Requirements

Section 3.2 of the USDA Disaster SNAP Guidance states that "SNAP regulations require State agencies to maintain current disaster plans. Each State agency must review its existing D-SNAP plan on an annual basis, revise if necessary, and submit a copy to the RO [USDA Regional Office] by August 15 of each year. Alternative plan submission dates may be negotiated with the ROs on a case-by-case basis as appropriate."

Identification Of State, State Vendor/Contractor, and Local Social Services District Responsibilities for Disaster Assistance and A Description of These Responsibilities

The Commissioner of OTDA, or the agency's highest-ranking agency official, or his/her designee, shall assume responsibility for coordination and direction of OTDA's overall response in the event of a disaster. OTDA is responsible for providing technical assistance and support to the local social services districts (districts) in their disaster recovery efforts and for participating in the coordination of disaster response efforts with other state agencies.

Within OTDA, Employment and Income Support Programs (EISP) is responsible for coordination of OTDA's role in any disaster response involving SNAP or D-SNAP. The Deputy Commissioner or designee for EISP shall coordinate the allocation of Division assets necessary for recovery during the incident.

In New York State, the administration of SNAP and other public assistance programs is the direct responsibility of local government(s) and municipalities. This also is true for the implementation and operation of a D-SNAP. In New York State, the districts have the primary responsibility of implementing and operating the D-SNAP with technical and logistical support from OTDA. Districts may develop their own D-SNAP plan guidance. Such guidance would have to be reviewed and approved by OTDA for compliance with federal D-SNAP guidance. No districts in New York State currently have separate D-SNAP plan guidance. Currently, all districts would operate a D-SNAP using the OTDA Disaster Plan.

The following is a breakdown of the D-SNAP-related roles and responsibilities:

New York State Office of Temporary and Disability Assistance:

- ❖ Prior to a disaster occurring:
 - Coordinate planning efforts, including preparations for the implementation of a full array of disaster options related to D-SNAP, with federal agencies, other state agencies, and districts.
 - Identify sources of data critical for the assessment and response to a disaster and establish protocols for timely communication of such data.
- ❖ When a disaster occurs:
 - Notify FNS of the State's intention to submit an application on behalf of any districts requesting USDA's permission for the district to operate D-SNAP.
 - Submit formal request on behalf of the district to USDA using USDA's D-SNAP Waiver Request template. (See Attachment II, FNS D-SNAP Waiver Request template)
 - Identify district coordinator or contact/liason for disaster services for State OTDA communication, data collection and transmission.
 - Advise and assist districts regarding D-SNAP program and policy implementation; provide technical assistance and quality assurance.

- OTDA works with NYS OEM who manages the flow of information from the individual county Disaster Response units to state agencies.
- Data is gathered and analyzed from area utility companies of the affected districts:
 - Public Service Enterprise Group Long Island (PSEG LI)
 - National Grid
 - New York State Electric and Gas (NYSEG)
 - Con Ed
 - County Emergency Contacts (see Attachment III – County Social Services Departments)
- EBT contractor works in conjunction with OTDA to identify SNAP merchants affected by the disaster who are no longer capable of dispensing food. The EBT contractor will report these locations to the OTDA and provide alternate SNAP merchant locations who continue to operate in the affected region.
- Once a D-SNAP has been approved, provide the district, as necessary, with the most recent electronic or printed copies of all forms, documents and publications required for the operation of a D-SNAP.
- Once a D-SNAP has been approved, the district is responsible for effectively implementing the program, ensuring program integrity and complying with Civil Rights laws.
- Coordinate with the OEM and other state agencies to identify and collect data critical for the assessment of and response to the disaster, including data and information from sources such as Social Security, Supplemental Security Income (SSI), Medicaid or community-based organizations that can be used to locate vulnerable populations. OTDA will identify and obtain data from other agencies that provide services to vulnerable groups/residents in any affected areas. Below is an example of available demographic information by county.

County	Median Income	% Below Poverty
New York State	\$ 75,157	13.5
Albany County	\$ 73,810	11.7
Allegany County	\$ 54,375	16.3
Bronx County	\$ 43,726	26.5
Broome County	\$ 53,982	18.7
Cattaraugus County	\$ 53,537	17.3
Cayuga County	\$ 59,602	13.5
Chautauqua County	\$ 50,408	17.3
Chemung County	\$ 58,175	14.5
Chenango County	\$ 55,690	12.2
Clinton County	\$ 62,470	12.7
Columbia County	\$ 73,065	9.7
Cortland County	\$ 62,163	12.8
Delaware County	\$ 52,757	15.4
Dutchess County	\$ 87,112	8.8
Erie County	\$ 62,578	13.8
Essex County	\$ 61,563	9.5
Franklin County	\$ 55,279	18.4
Fulton County	\$ 55,240	14.8
Genesee County	\$ 63,734	10.4
Greene County	\$ 62,810	10.2
Hamilton County	\$ 62,841	9.7
Herkimer County	\$ 60,561	13
Jefferson County	\$ 58,271	13.1
Kings County	\$ 67,753	18.8
Lewis County	\$ 60,049	11.9
Livingston County	\$ 64,467	11.5
Madison County	\$ 63,312	9
Monroe County	\$ 66,317	13.7
Montgomery County	\$ 53,533	16.7
Nassau County	\$ 126,576	5.5

County	Median Income	% Below Poverty
New York County	\$ 93,956	15.6
Niagara County	\$ 60,834	12.4
Oneida County	\$ 61,733	14.5
Onondaga County	\$ 66,012	13.8
Ontario County	\$ 70,694	8.5
Orange County	\$ 85,640	11.7
Orleans County	\$ 54,882	14
Oswego County	\$ 61,983	16.4
Otsego County	\$ 60,523	12.4
Putnam County	\$ 111,617	6
Queens County	\$ 75,886	11.4
Rensselaer County	\$ 76,731	11.2
Richmond County	\$ 89,427	10.3
Rockland County	\$ 99,707	14.9
St. Lawrence County	\$ 54,351	17.1
Saratoga County	\$ 90,800	6.4
Schenectady County	\$ 69,891	12
Schoharie County	\$ 64,220	12.1
Schuyler County	\$ 56,437	15.8
Seneca County	\$ 59,086	11.9
Steuben County	\$ 58,652	12.8
Suffolk County	\$ 111,660	6.6
Sullivan County	\$ 63,393	14.1
Tioga County	\$ 64,987	9.3
Tompkins County	\$ 64,260	16.8
Ulster County	\$ 71,040	13.2
Warren County	\$ 68,765	7.9
Washington County	\$ 63,869	11.9
Wayne County	\$ 64,152	11.2
Westchester County	\$ 105,387	8.2
Wyoming County	\$ 60,013	9.2
Yates County	\$ 57,635	13.2

- Obtain information from district and EBT contractor regarding retailer and merchant availability information as well as an EBT environment status to provide an informal report to other state and federal agencies.
- Request other disaster waivers, as necessary and appropriate.
- Coordinate public messages and provide statewide information to the media.
- Ensure district generated D-SNAP guidelines and instructions are accurate.

- Advise districts to consider reasonable accommodations to allow the homebound, the elderly and recipients with disabilities meaningful access to the program.
- Ensure that district and EBT contractor have processes in place to enable all recipients to receive their benefits within 3 days of application or within 7 days for questionable cases.

Social Services Districts:

❖ Prior to a disaster occurring:

- Become familiar with D-SNAP requirements.
- Train appropriate local staff to operate and assist in the operation of a D-SNAP and establish or designate a disaster response coordinator or contact person to handle federal or state inquiries.
- Develop and maintain plan for alternate staffing, re-deployment of staff, requesting OTDA assistance, etc.
- Develop and maintain a plan for continuity of regular program operations in event of a D-SNAP operation.
- As the disaster circumstances permit, consider needs for the homebound, the elderly and individuals with disabilities to have an opportunity to apply for D-SNAP benefits. If possible, have sites identified and agreements in place for the use of sites with the facilities necessary and adequate for the operation of a D-SNAP; consider collaborating with local public transportation service authority and community partners to provide transport to and from application sites for remote populations, the elderly, and persons with disabilities.
- Identify sources of information for provision of data regarding local disasters, e.g.; county or municipal emergency management organization, local utility providers (for provision of detailed power and gas outage information), county and local highway and water departments (for road closures and water and sewage service outages), and sources of information on residential and commercial structural damage.
- Preparations should include consideration of Limited English Proficiency (LEP) populations as well as elderly/disabled populations. Ensure that bilingual staff are trained on how to respond to an emergency event (develop scripts for use by interpreters or establish an on-going LEP work group with community partners for ready access to support).

❖ When a disaster occurs:

- Provide timely required information and reports to OTDA, including the following:
 - Number of new households approved for D-SNAP
 - Number of new persons approved for D-SNAP
 - Value of new benefits approved for D-SNAP
 - Average amount of new benefits approved for D-SNAP
 - Number of currently active SNAP households receiving supplemental/replacement benefits

- Number of persons in currently active SNAP households receiving supplemental/replacement benefits
- Value of supplemental/replacement benefits approved for currently active SNAP households
- Average amount of supplemental/replacement benefits approved for currently active SNAP households
- Provide applicants and recipients with information on how and where to apply for assistance.
- Ensure that D-SNAP location(s) are ready to serve applicants.
- Ensure that there is a sufficient number of application sites and that these sites are safe, meet health standards and are accessible to individuals with disabilities to the extent the circumstances of the disaster permit; include potential community partner activities focused on identifying and promoting access for vulnerable populations, such as persons with disabilities and the elderly.
- Conduct outreach to homebound, elderly and disabled populations, working in conjunction with community-based organizations, when possible.
- Process D-SNAP applications, and, in conjunction with the EBT card issuance agent (if applicable), institute safeguards to prevent fraud and abuse.
- Coordinate disaster relief efforts with other county, state, and federal agencies, and with private and community-based agencies.
- Ensure that all recipients receive their benefits within 3 days of application or within 7 days for questionable cases.

Names And Phone Numbers of Local, State and Federal Officials To Contact In The Event Of A Disaster

(See Attachment IV – State and Federal Agencies Involved in Disasters)

Identification Of Private Disaster Relief Agencies Within the State

A number of voluntary/private agencies and community-based organizations are also committed to providing for the emergency food needs of disaster victims. Included in this list would be the Red Cross, the Salvation Army Centers, other community-based organizations and/or various churches, synagogues, and religious groups. In the event of a disaster, it is important that district staff have established contacts to work with voluntary agencies in their communities to ensure a coordinated effort in reaching all affected populations, including vulnerable populations, such as persons with disabilities and the elderly. **(See Attachment V – Private Agencies Involved in Disasters)**

Procedures For Informing the Public About the Disaster Program

When USDA approves a state's application on behalf of a district for the district to operate D-SNAP, television and radio stations, newspapers, and other media, local community service and volunteer agencies, and other disaster relief agencies should all be contacted by the district to spread the word about available disaster relief programs, including the D-SNAP. Where appropriate, the district must work in conjunction with staff from the Public Information Office (PIO)

of OTDA to ensure that disaster information is made available to the public in a timely and accurate fashion. Appropriate use of social media to reach the public as well as use of robo-calling is to be determined by PIO and districts involved in the disaster response. **(See Attachment VI – Sample D-SNAP News Release)**

Special efforts should be made to contact segments of the community that may not be reached through the mainstream media. Districts should make sure that both English and Spanish speaking staff and materials (i.e., D-SNAP applications, program flyers, etc.) are available to serve the communities affected by the disaster. Many communities will have additional language needs that should be considered when addressing staffing and materials. Applications and various materials can be provided in additional languages and the Language Line can be utilized for translation/interpreting needs.

The top 12 languages spoken by Limited English Proficient (LEP) individuals in New York State as of 2022:

#	Language	Estimated Number Of LEP Speakers
1	Spanish	1,166,777
2	Chinese	375,924
3	Russian	119,160
4	Yiddish	71,740
5	Bengali	66,980
6	Haitian Creole	53,335
7	Korean	51,285
8	Italian	44,128
9	Arabic	41,632
10	Polish	33,125
11	French	30,770
12	Urdu	28,827

Districts should also take steps to provide information to the home bound, the elderly and individuals with disabilities. Advocate groups (i.e., AARP, advocates for the disabled, hearing and sight impaired, etc.), churches and other community groups should be contacted to enlist their support with outreach efforts and to address any concerns they may have regarding disaster relief efforts.

County Operations While Implementing a D-SNAP Response

Once a disaster has been declared, the affected counties must run the D-SNAP in conjunction with normal SNAP operations. Depending on the nature and extent of the disaster, each county will provide staff to the designated disaster site established by the State Emergency Management Operations (SEMO) and/or Federal Emergency Management Operations (FEMO). When a disaster is more localized, the County may need to operate the D-SNAP from the local district office(s). Districts will assign staff as needed to handle the implementation of the D-SNAP process. The remainder of the county staff will continue to process regular SNAP applications. This will ensure that the timeliness of the regular SNAP processing timeframes is not adversely affected by the incoming D-SNAP applicants. Proper signage and public messaging will be utilized to direct applicants to the correct window or area of the building to apply for either program. Should additional staff be needed the local district can reassign staff from other programs or request

assistance from the State Agency.

Application Processing

Districts must process D-SNAP applications in accordance with the procedures in this section. The application will consist of either the USDA provided version or, with permission, the State–developed simplified application. Districts can also utilize the checklist available in the toolkit on the FNS website at the following link:

<https://fns-prod.azureedge.us/sites/default/files/resource-files/dsnap-guidance-handbook-toolkit.pdf>

Overview

What	Who	Where	When
Submit a completed, signed Application for Emergency Assistance.	Household (HH) member or an authorized representative	District Office Building or temporary outreach site(s) including D-SNAP locations	During the authorized application period
Interview HH and determine eligibility (may be head of HH, spouse, responsible HH member, or authorized representative.	District staff	(as above)	Walk-in basis when application is submitted.
Advise HH in writing of disposition of application, amount of benefits, certification period, and method of transacting benefits	District staff	(as above)	Same day as interview, or as soon as possible.
Verbally advise HH of rights and responsibilities	District staff	(as above)	Same day as interview, or as soon as possible.

Benefit Period

The benefit period for the D-SNAP (the period the D-SNAP payment covers) is generally a 30-day period and usually begins on the incident date, as defined in the Major Disaster Declaration.

Eligibility

Under D-SNAP, eligibility criteria are relaxed so that applicants who might not normally qualify for regular SNAP can receive food assistance. Verification rules also are relaxed to reduce administrative burdens, and to reflect the fact that in disasters, both workers and clients may not have access to their normal sources of verification. In addition, clients in receipt of ongoing SNAP benefits may be eligible for a supplemental amount of SNAP over and above their normal issuance if a D-SNAP is approved. To be eligible for D-SNAP, the household:

- (1) Must have lived in the disaster area at the time of the disaster.
- (2) May be eligible if they are temporarily living outside of the disaster area but were residing within

a designated disaster area at the time of the disaster.

(3) Must purchase or plan on purchasing food during the benefit period.

(4) Must have experienced at least one of the following adverse effects:

- Damage to or the destruction of the household's home or self-employment business
- Disaster related expenses not expected to be reimbursed during the benefit period (e.g., home or business repairs, temporary shelter expenses, etc.)
- Loss or inaccessibility of income, including reduction or termination of income or a delay in receipt of income during the benefit period approved by FNS (30 days, except in extraordinary circumstances).
- Inaccessible liquid resources (e.g., banks, banking outlets and ATMs are closed due to the disaster).

Income And Resource Test

A household must meet the income and resource test to qualify for D-SNAP. The household's total available income received or expected during the benefit period plus its accessible liquid resources, minus a deduction for disaster-related expenses shall **not exceed** the disaster gross income limit. **(See Attachment VII – D-SNAP Income and Allotment Table)**

The following are the definitions of terms related to the income and resource test:

Term	Definition
Disaster Gross Income Limit	The maximum gross income limit for the D-SNAP equals the sum of the regular SNAP's maximum monthly net income limit PLUS the standard deduction amount and the maximum shelter expense deduction.
The Shelter Expense Deduction	The maximum excess shelter expense deduction from regular SNAP.
Income	The total available take-home pay of household members.
Take-Home Pay During the Disaster Period	Includes the wages a household actually receives or is expected to receive after taxes and all other payroll withholding, public assistance payments or other unearned income, and a net self-employment income.
Accessible Liquid Resources	Includes cash on hand, all funds in accessible checking and saving accounts. However, it does NOT include IRA accounts, disaster insurance payments, or disaster assistance received or expected to be received during the benefit period, and payments from Federal, state or local government agencies or disaster assistance organizations.
Deductible Disaster Expenses	Expenses that the household has paid or expects to pay during the disaster benefit period . However, if the household receives or anticipates receiving a reimbursement for these expenses during the disaster period, only the net expense is deductible.
Maximum Disaster Benefit	An allotment equal to the maximum monthly allotment established for regular SNAP for the appropriate household size.

Verification

Introduction: There are certain things that the eligibility worker must verify, certain things should be verified where possible, and certain things could be verified if questionable. Remember that in disaster circumstances, documentation may be immediately unavailable, and alternatives must be accepted. The table below describes what information needs to be verified.

Applicant's	Status	Suggested Ways to Verify
Identity	Mandatory	<ul style="list-style-type: none"> • Photo ID • Two documents that verify identity and residency. • A signed affidavit from a collateral contact attesting to the identity of the applicant.
Residency	Where Possible	<ul style="list-style-type: none"> • Utility bills, tax bills, insurance policies or bills.
Household Composition	If Questionable	<ul style="list-style-type: none"> • After taking the application, the Eligibility Worker can ask the applicant to orally list the names, ages and birthdays of all household members.
Loss of accessibility of liquid resources and countable income	Where Possible	<ul style="list-style-type: none"> • Obtain a list of banks that were closed due to the disaster. • Check with the Dept. of Financial Services
Food Loss	If questionable	<ul style="list-style-type: none"> • See if residence is within the most seriously damaged areas. • Check with power company. <p><i>(An extended power outage</i></p>

Note: Districts may request, but may not require, additional means of verification, beyond verification of identity, if there are integrity concerns specific to an application. However, the nature of the D-SNAP should be kept in mind. The minimal verification requirements of D-SNAP are in place to lessen the burden on the applicant and the district, and to speed eligibility determination and case processing.

Notices To Applicants

The district must provide a written copy of the eligibility determination, as well as written notification of the option for an immediate onsite review for denied applications and of fair hearing rights to all applicants. If duplicate checks are being conducted off-site, the notice should inform clients that any eligibility determination is preliminary, and the final determination is contingent upon the subsequent checks to be performed. These notices may be combined into a single document.

Application Processing Standards

District staff will act promptly on all disaster applications. Applicant households who complete the D-SNAP application will usually have their eligibility determined the same day, or as soon as possible, but benefits need to be issued **no later than the 3rd day following the date the application was filed**. For applications with questionable information, the district has up to 7 days

to issue benefits.

System Supports for Application Processing and EBT Card Pins

In general, the locations designated by districts as D-SNAP application sites should have access to system supports in order to process applications according to the timeframes required by FNS. Supports should include access to a Virtual Private Network (VPN), laptops, offsite Welfare Management System (WMS) access, copiers, a sufficient supply of temporary EBT cards, EBT card pinning machines, etc. In addition, procedures and processes should be in place to avoid any delays in providing access and training to appropriate staff in the preparation and use of PIN terminals to effectively issue benefit cards.

Immediate Supervisory Review

Households denied D-SNAP must be provided immediate, supervisory review for denied applications. Eligibility workers should notify applicants of the right to this review, and that it will not affect their right to a fair hearing. Please note that clients whose circumstances have changed after they filed an application and were denied must reapply for the D-SNAP during the application period. Clients reapplying after a denial should have their case flagged for review by a supervisor, experienced worker, or fraud investigator. Clients do not have the right to reopen their denied case in order to have their eligibility recalculated because their personal circumstances have changed during or after the application period.

Households ineligible for D-SNAP benefits should be given referrals to other Federal, State and local programs for assistance.

Fair Hearings

Households also have an opportunity to request a fair hearing in response to a D-SNAP application denial or to contest the correctness of a D-SNAP benefit amount through the normal fair hearing request process. Administrative Hearing Officers are trained on the particular criteria of each D-SNAP operation. Fair hearing rights are located on the last page of the D-SNAP application and are also on the LDSS-4989 (Action Taken on Your DSNAP Case) given at the eligibility interview.

Reducing Hardship and Inconvenience For D-SNAP Applicants

As previously noted, current D-SNAP requirements mandate that all applications and interviews be done in person. As circumstances permit, applications for D-SNAP assistance may be taken at the district office in the disaster area(s). However, it may sometimes be necessary for the districts to establish emergency certification sites in various locations in a disaster area. If these sites are established, the district should make sure that drinking water, bathrooms, and some protection from the elements are available for applicants to the extent the disaster circumstances permit. Provisions should be made for the elderly and those with disabilities to reduce their wait at all certification sites. Staff should be available at all certification sites to assist individuals who, because of poor eyesight, hearing, or other disabilities, need help in completing D-SNAP applications. Additionally, for individuals who are homebound due to age or disability, as circumstances and resources permit, reasonable accommodations may include, but are not limited to, application by authorized representatives and/or home visits by district staff.

The D-SNAP interview, though brief, is an important element in the certification process as it allows the eligibility worker time to review potentially confusing concepts (such as the benefit period and deductible disaster-related expenses) and verify information presented on the application. The social services district must conduct an interview with all new D-SNAP applicants prior to certifying

the household for benefits. As in the regular program, households unable to apply in person may designate an authorized representative to apply on their behalf.

Alternative Procedures Regarding Access to The Interview

All interviews must be conducted at the D-SNAP site, except under circumstances in which the district determines special alternative procedures are required to facilitate the interview for applicants otherwise unable to appear physically at the D-SNAP application site. Best practices for the district to consider in providing reasonable accommodations and interview access to the elderly, persons with disabilities, and other vulnerable populations include:

- Satellite application sites strategically located to serve vulnerable populations (i.e., community or senior centers)
- Special public transport to and from application sites
- Home visits to conduct the interview for applicants with disabilities that make them otherwise unable to visit the application site
- Skype or similar technology to facilitate off-site interviews

FNS expects and encourages the State and the districts applying to operate a D-SNAP to consider the potential needs of disaster survivors with disabilities in their community and to include any special accommodations and alternative interview procedures as part of their D-SNAP plan and disaster-specific D-SNAP request.

As D-SNAP will temporarily ease the eligibility standards for SNAP, many more people will be eligible for assistance. Bilingual district staff should be available at all certification sites to meet the needs of non-English speaking applicants. The use of onsite interpreters has been deemed essential for the D-SNAP application process. In the absence of the availability of bilingual staff, the county can use alternative methods of interpretation/translation (e.g., Language Line).

Depending on the number of people affected by a disaster, crowd control measures may be critical to the operation of the certification sites. Examples of floor plans can be found at the FNS website in the D-SNAP Toolkit. Issues that should be addressed by district staff at the sites include regulating the number of people in lines, managing the crowd, appropriate staffing numbers to cover certification and issuance of benefits while ensuring that staff and interpreters have the support they need to provide service to clients (rotation of duties, breaks, availability of counselors, etc.), as well as onsite security and storage of EBT cards and pinning machines. Building and site security is also important to consider. Where appropriate, districts may request that local police provide security and crowd management at the D-SNAP sites. Signs should be posted listing the hours and days the sites will be open.

Fraud Prevention

When a D-SNAP is declared, the district(s), in conjunction with the issuing agent in the disaster area will establish and monitor the following initiatives, as appropriate, in order to maintain SNAP integrity:

(1) Issue press releases that include:

- A statement that verification of cases will be conducted to avoid duplicate participation checks;

- Program requirements;
- Criminal and civil fraud penalties; and,
- Presence of fraud staff at certification sites.

(2) Communicate with retailers and State officials to let them know:

- Type of identification (for example: temporary ID card, issuance documents, etc.) they should expect to see; and,
- Estimated number of new SNAP clients for any relevant waivers (e.g., hot and prepared food waiver).

(3) Coordinate with local law enforcement regarding all fraud and security issues. Of particular concern should be issues related to D-SNAP site security, such as security of EBT cards and card issuance equipment, crowd management and awareness and sharing of information or misinformation that could contribute to security or fraud-related issues.

Temporary EBT “vault” cards shipped from a central location should be tracked until distributed locally to households. Each issuance site needs to maintain a beginning and ending inventory and track new cards received, total cards available, and cards issued.

(4) Set-up and administer WMS clearance process to check for duplicate participation in the following programs:

(5) Enter information on all applicant household members and all denied applications into D-SNAP eligibility determination systems and perform duplicate participation checks against other D-SNAP cases and regular SNAP cases:

- Application/issuance sites should use ongoing data systems if possible and be prepared to use other available computer database and systems to determine if applicants are applying at more than one site. If lack of power in the county is an issue, steps will be taken to use stand-alone power sources or request assistance from nearby counties or State resources.
- Input all household members into the WMS to check for duplicate participation.
- District staff should refer applicants to on-site fraud investigators or experienced reviewers if they show up without verification or show inconsistent information.
- There must be a separation of certification and benefit issuance duties.
- Applicant households who complete the D-SNAP application will usually have their eligibility determined the same day or as soon as possible to ensure that benefits are issued **no later than the 3rd day following the date the application was filed**. For applications with questionable information the district has up to 7 days to issue benefits.

- All applications for D-SNAP submitted by district or OTDA employees must undergo supervisory review prior to approval, and all such approved applications are subject to post D-SNAP audit review.
- (6) Establish supervisory case review process to ensure that proper policy, required verifications/checks and required checks on duplicate case participation are being employed.
 - (7) Determine and establish role for Fraud Investigation staff at D-SNAP sites, such as applicants with current SNAP Intentional Program Violations (regular SNAP IPV's do not disqualify participation in D-SNAP), conducting interviews of any applicant households with members who work for the district or local government, or households where documentation or other verification provided contradicts or does not support the information on the application.
 - (8) Set-up a process for the recoupment of improperly issued benefits. A specific payment code is utilized within WMS to designate any disaster benefit payments issued.
 - (9) Fraud signage should be visible at each D-SNAP site and should be worded strongly to impart the importance of accurate reporting, and the penalties that can result should fraudulent information be discovered. In addition to posting signs, districts can also distribute flyers or play recorded messages (in appropriate languages) with information on program requirements, administrative, criminal and civil penalties for fraud, and information that anti-fraud measures are in place.

Samples of the signage and suggested language to be used by districts in NYS can be found in Part 2.1 at:

<https://fns-prod.azureedge.us/sites/default/files/resource-files/dsnap-guidance-handbook-toolkit.pdf>

D-SNAP Planning and Training

OTDA will advise districts of their responsibilities in disaster situations. Copies of this D-SNAP Plan will be made available to them. Annual training will be provided to the districts, including updates on any new guidance/policies/procedures, samples of any newly designed applications or notices, and information on compliance with Civil Rights laws, including providing reasonable accommodations for applicants with disabilities.

EBT Activities - Planning for Disasters

- (1) A D-SNAP should not be implemented and operated until there are sufficient food retailer locations open to serve households in the D-SNAP area. The adequacy of retailer availability is to be determined in concert with the county(ies) and the EBT Contractor affected by the disaster and USDA.
- (2) An inventory of vault cards is maintained at each district outside New York City, and at most Business Access Centers (BAC) in New York City. Vault card inventories at each location are maintained by a Vault Card Coordinator at the district/BAC. The Vault Card Coordinator is responsible for maintaining vault card security by keeping cards in a secure area and tracking distribution of cards on an inventory log. Vault card inventory is also tracked by the State card vendor's automated vault card issuance tracking and ordering system. The system uses an automated alert process to notify the districts/BACs when they reach a pre-determined re-order threshold. The re-order point is driven by the system's ability to track the issuance of every vault card activated and decrement the issue of each card from the beginning total of cards issued to

each district/BAC. OTDA uses a trend-based formula for each district to establish re-order thresholds for the system.

(3) Ongoing SNAP EBT Card Replacement – Ongoing SNAP recipients may lose their EBT cards in a disaster, especially when they must relocate quickly to avoid harm. The EBT system is designed to support the issuance of replacement cards (Vault Cards) as soon as possible. This process involves registering replacement cards (Vault Cards) via the contractor’s EBT Administrative System should the need arise. Once WMS access is established, replacement card issuance will follow the standard procedures established for registering cards to EBT. The ability of the local districts to serve clients in receipt of on-going benefits who are in need of replacement EBT cards, in addition to D-SNAP applicants, is at the local district’s discretion as to whether they report to the D-SNAP site or to the regular district office.

- It is possible that SNAP and D-SNAP clients who have been issued replacement benefits for food lost in a disaster to subsequently lose that food in a second disaster or power outage. In both instances, the procedure for replacing these benefits is the same as for any other issuance: in order for the State to replace the benefits, the client would need to file an affidavit of loss within the allotted time frame.

(4) When a D-SNAP is declared operational, one of several scenarios which affect the method of issuance will be in effect. These scenarios depend upon whether EBT and/or the Welfare Management System (WMS) are operational. The following describes D-SNAP issuance under five scenarios:

1. EBT and WMS are both operational.
2. EBT is partially operational and WMS is operational.
3. EBT is operational and WMS is not operational.
4. EBT is not operational or Retailer Connectivity is lost to EBT host.
5. Neither EBT nor WMS are operational.

Scenarios

Scenario 1. EBT and WMS are both operational.

If EBT and WMS are both operational, disaster SNAP benefits would be issued using the same issuance procedures currently used for the regular SNAP program. The necessary modifications will be made to WMS to allow Disaster SNAP benefits to be authorized and tracked separately from the regular SNAP benefits. Vault card stock would be used to issue cards. All districts in New York State already have the card stock, equipment and training to issue same-day cards. Additional card stock, if necessary, could be delivered within 24 hours.

Scenario 2. EBT is partially operational and WMS is operational.

If WMS is operational, D-SNAP benefits will be authorized and processed to the EBT vendor based on normal SNAP issuance rules. However, if point-of-sale (POS) processing is not available as a result of connectivity failures to the EBT host, SNAP merchants will process SNAP purchases by the use of manual SNAP purchase vouchers. Purchases will be authorized based on the remaining EBT SNAP account balance. Pre-authorization for the manual SNAP voucher must be acquired by the SNAP merchant for the purchase. This step will ensure the manual SNAP voucher is cleared by the SNAP merchant for the settlement of the transaction.

This scenario anticipates that telephone lines and/or cellular telephones will be available to obtain EBT authorization for SNAP manual voucher purchases.

Scenario 3. EBT is operational and WMS is not operational.

The EBT system is dependent upon data from WMS. If EBT is operational but WMS is not available in a district involved in D-SNAP, district workers in such a county may go to another site or district to do WMS transactions for D-SNAP, if this is feasible. Another alternative may be for the necessary data entry to be done at OTDA's headquarters in Albany or by faxing or transporting the necessary data to be entered to one or more other districts.

In another situation where EBT is operational, but WMS is not operational, benefit issuance can be handled through the use of secure EBT disaster screens in the EBT Administration System. This process would permit the district worker to enter information about a new D-SNAP recipient for whom the disaster case is being set up. Once the disaster case is set up, a subsequent screen will permit the worker to issue the first benefit and register a vault card for the known disaster event. The benefit amount will be determined at the time the D-SNAP is approved. Maximum benefit amounts for SNAP (and Cash) benefits are currently supported on the EBT system, and systems checks are in place to ensure that benefits do not exceed a specified amount. The amount parameter is designed to be adjusted once the OTDA and USDA determine a specific amount. Adding benefits for a disaster to an existing client using the administrative system is not supported. **IF** WMS is not operational, all D-SNAP recipients will be managed and registered on EBT as new recipients.

For households receiving ongoing benefits, OTDA may also authorize the EBT contractor to roll-over the previous issuance amounts or a pro-rated share to replace food.

OTDA may also request the EBT contractor to lift staggered issuance (future dated benefits) during a prolonged disaster scenario. A new administrative system screen will be available to permit the district to select for those offices for which staggered benefits will be lifted. The contractor will create a nightly process making the benefits available the next day.

Scenario 4. *EBT is not operational or Retailer Not Connected to EBT Host*

If the Contractor's EBT Host system is not operational or the retailer has lost connectivity to the EBT system, perhaps due to a wide area power loss, a SNAP manual voucher stand in process may be invoked by the EBT contractor for issuance of essential SNAP benefits. SNAP retailers will be required to seek authorization to process the voucher by calling the EBT Merchant Helpline. The authorization will ensure that the merchant will receive settlement for the SNAP transaction authorized during the stand in process (\$40.00). The merchant will be responsible for electronically clearing the voucher once power has been restored or mail the voucher to the EBT contractor for settlement of the SNAP transaction. Once processed and cleared the retailer would receive settlement for the entire amount from the clients' accounts; if the client account balance is less than the voucher amount, not to exceed \$40.00, the EBT contractor will be responsible for settling the remaining balance of the original transaction of the \$40.00 transaction. For audit purposes, SNAP merchants are required to file a paper record for all manual vouchers authorized during all D-SNAP activities.

In certain situations, EBT can be operational, but the Retailer's POS equipment is not. Retailers who support a Store and Forward system may choose to continue processing SNAP transactions. The SNAP transactions will be stored on the SNAP merchants' systems. Once the EBT system is restored the transactions are processed to the EBT contractor for authorization and settlement to the merchant. This processing alternative is

not recommended. The risk is entirely on the merchant as it may lead to denied store and forward transactions processed with invalid cards or PINs and the additional risk that SNAP accounts may not have sufficient funds to settle the entire transaction amount. However, store and forward rules have changed, and the current process permits for a partial settlement if the EBT account only contains a portion of the entire SNAP transaction.

Scenario 5. *Neither EBT nor WMS are operational*

If neither EBT nor WMS are operational, a SNAP manual voucher stand in process would be used for issuance of essential SNAP benefits. Retailers will be required to acquire authorization for the SNAP voucher as described in Scenario #4. **(See Attachment VIII – Manual Issuance Alternative)**

WMS Host Disaster Backup Procedure

OTDA's primary data center located at 257 Fuller Road in Albany, New York, known as SUNY's College of Nanoscale Science and Engineering (CNSE), houses the main data processing facility for WMS and Benefit Identification Card System (BICS). If this building was devastated, backup data processing operations would be assumed by the alternate "hot site" data processing facility in Utica, New York, according to the State of New York, Electronic Benefits Transfer Disaster Recovery Plan.

If WMS transactions could be data-entered in all of the districts and the disaster was isolated to damage at 257 Fuller Road, clients would be served at the districts as usual. The host computer backup processing would be made operational in a somewhat invisible transition, and business would continue as usual. Benefit files would be transmitted to the contractor from the backup host and clients would go to their usual issuance locations.

EBT Host Disaster Backup Procedure

The primary objectives of the emergency action plan are to provide a plan of action to accomplish the following recovery goals after critical outages:

- Continue Critical Business operations.
- Maintain primary operations and provide a process to re-establish processing.

The plan seeks to minimize the number of decisions that must be made following any outages, the need to develop, test, and debug new procedures during critical outages, and the adverse impact of lost data due to outages.

The primary data center could be out of operation for the retailer who is trying to issue SNAP for several reasons, such as flood, hurricane, or physical disaster that destroys the facility. Whatever the reason, if the use of the primary data center is lost, transactions will be routed to the identically configured backup data center.

Post-Disaster Review: Procedures and Reporting

Closing Out the Certification Sites

If the district needs to establish and use temporary certification sites other than the district office(s) to accept and/or process D-SNAP applications, in closing out such temporary certification sites,

workers will review all client files for duplication, and ensure issuance documents have been included. Files will be boxed and marked with the site and box number. Boxes will be forwarded to the local social service department. Workers will inventory all equipment and supplies used and return them to their source. Security will be maintained until the temporary certification site is emptied.

Returning To the Regular SNAP Benefit Program

Near the end of the D-SNAP certification period, the district will estimate the number of people left to be served and determine whether or not the district will ask OTDA to contact USDA and request, on the district's behalf, that the D-SNAP be extended. In limited circumstances, if demand for D-SNAP benefits among the community or specific groups/areas remains significant, FNS may consider State requests to extend the application period beyond 7 days.

However, once it is determined that the disaster population has been adequately served, the district will resume the regular SNAP program for those SNAP recipients who had been previously determined eligible for on-going SNAP.

Reports

Post-Disaster Review

OTDA will conduct a post-disaster review of disaster certification, issuance, and fraud prevention activities. OTDA will select and review a .5% sample (500 maximum, 25 minimum) of new cases certified for disaster issuance. This sample should include both approved and denied applications from new applicants.

Reviewers will examine each case record for the accurate issuance of disaster benefits and adequate fraud prevention activities and determine whether or not a claim should be filed. Upon completion of the review, an error analysis will be conducted. OTDA will review 100% of D-SNAP applications, approved and denied, filed by district employees and OTDA employees.

For each sample case, the review will include:

- Review of the case file.
- Interview with the participant (reasonable attempts to contact the participant must be made).
- Verification of the information in the case file.
- Check for duplicate participation.
- Data matching, such as wage matching, Income Eligibility Verification System (IEVS), etc.
- Redetermination of the participant's eligibility for disaster assistance.

The report will include:

- Brief description of the D-SNAP design, including waivers.
- Major problems applicants encountered.
- Interventions used to solve major problems.

- Information on any claims established.
- Lessons learned.
- Specific additions/changes to the State's disaster plan.
- Recommended changes to internal policies.
- Recommended additions or changes to the D-SNAP plan.

Claims And Restored Benefits

The district will establish claims and issue repayment demand letters for over-issuances which are the result of:

- Intentional Program Violations (IPVs),
- Inadvertent household errors, or
- Administrative errors.

OTDA will follow the FNS threshold of \$125 set forth in Section 273.18(e)(2)(ii) of SNAP regulations.

Claims will be established as soon as possible, but no later than 180 days after the close of the disaster operation or the date of discovery, whichever is later. This timeframe, while in keeping with the State Claims Plan, may be superseded by any approved waivers.

The district will restore to households the amount of SNAP benefits that were lost due to agency error, or when a denial of benefits is subsequently reversed. The accountability system will clearly indicate that an issuance was a restored benefit.

SNAP/D-SNAP Comparison Chart

Eligibility Element	SNAP	D-SNAP
Disaster Status	N/A	Experienced an adverse effect as a result of disaster
Identity of applicant	Verified	Verified
Residency	Residence in State or Project area is verified	Living in disaster area at the time of the disaster, State option to include those working in disaster area. Verified where possible
Household Composition	Individuals who purchase and prepare meals together	Persons living and eating together at the time of a disaster
Benefit amount	Varies depending on circumstances	Maximum allotment for household size
Restricted Eligibility Categories	Student, IPV, citizenship status, and work registration restrictions apply	Student, IPV, citizenship status, and work registration not applicable
Resources	Counted separately	No separate resource test. Accessible liquid resources and income added together to find Disaster Gross Income.
Income	Must meet gross income test to qualify	Only net (take-home) income during the benefit period counted. Add to resources to find disaster gross income.
Deductions & Expenses	Deductions calculated for eligible households.	Maximum standard and shelter deductions already incorporated into disaster eligibility standards. Use of net income eliminates need to calculate earned income deduction. Unreimbursed, out of pocket, disaster-related expenses not expected to be reimbursed during the 30-day disaster benefit period are allowed as deductions.
Intentional Program Violations	Penalties are 12 months, 24 months, and permanent disqualification	SNAP IPV not applicable in D-SNAP. D-SNAP IPV counts toward disqualification in SNAP.

Waiver Request
Disaster Supplemental Nutrition Assistance Program

- Type of request:** *Initial, Extension, Expansion, or Modification*
- State:** *Click here to enter text.*
- Region:** *Click here to enter text.*
- Regulatory Citations:** *7CFR 273.1(a), 273.2(f), 273.7, 273.8(e), 273.9(a), 273.10(e), and 273.10(f)*
- Disaster Information:** *Identify type of disaster. Date the disaster struck or date of mandatory evacuation order. Counties or other areas included in the Presidential disaster declaration for individual assistance. Explain which counties or areas are included under this request and why.*
- Disaster Impact:** *Include number of households/businesses impacted. Use joint FEMA, state and local Preliminary Damage Assessments (PDAs); power outage information; and/or flood/mandatory evacuation maps. Are commercial channels of food distribution up and running?*
- Benefit Period:** *List the start and end dates for the 30-day benefit period beginning date disaster struck/date of mandatory evacuation order.*
- Application Period:** *List the start date and end date for the application period (typically 7 days). Describe locations, dates and hours of operation for application sites (note if sites are opened on weekends/holidays).*
- Eligibility Criteria:** *Will eligibility extended to households who lived or who lived/worked in the disaster area? Is food loss alone a qualifying factor? Is the State using the DSED?*
- Ongoing Households:** *Will the State issue supplements? If so, automatic or by affidavit? If automatic, who is eligible? If by affidavit what is the process for requesting?*
- Anticipated Issuance:** *Include estimated number of new D-SNAP applicants. Estimated number of ongoing clients that will request/receive supplements. If automatic supplements, include total estimated value of benefit issuance. How was estimate derived?*
- EBT:** *Describe issuance procedures; number of EBT vault cards on hand, plans for requesting, receiving, and distributing additional cards as needed. State whether the cards on hand have been tested and are viable. Include name of card vendor.*
- Duplicate Participation:** *Describe how/when checks will be conducted.*

Program Integrity:

Describe fraud prevention strategies and security measures in place.

Logistics:

Describe application sites, plans for publicity, and security/crowd control. Include plans for ensuring access to persons with disabilities, the elderly and other vulnerable populations, as appropriate (e.g. authorized representatives, satellite application sites, special public transport, home visits, use of Skype or similar technology to conduct interviews, or other alternative procedures).

Staffing:

Describe plans for utilizing staff from other areas, as appropriate. Indicate number of staff/supervisors available and how they will be distributed among application sites.

Employee Applications:

Describe procedure for handling applications from State agency employees.

Attachments:

Required supporting documentation including draft press releases, D-SNAP application, PDAs, FEMA declaration, map of disaster area. Any other optional supporting information (such as client notices).

County Social Services Departments

After Hours Emergency Contact Numbers

<i>County</i>	<i>Day Phone</i>	<i>After-Hours Phone Number</i>
Albany	(518) 447-7333	(518) 765-2351, Sheriff/911 Center
Allegany	(585) 268-9622	(585) 268-9189
Broome	(607) 778-1100	(607) 778-1911, Emerg Svc.
Cattaraugus	(716) 373-8065	(716) 938-9111, Sheriff
Cayuga	(315) 255-1161	(315) 253-1222, Sheriff
Chautauqua	(716) 753-2131	(716) 753-2131, Sheriff
Chemung	(607) 735-8600 (CWP)	(607) 735-8600 (CWP)
Chenango	(607) 334-2000	(607) 334-2000, Sheriff
Clinton	(518) 565-3300	(518) 565-4791 Emerg. Svc.
Columbia	(518) 828-9411	(518) 828-3344, County Sheriff
Cortland	(607) 753-5305	(607) 753-3311, Sheriff
Delaware	(607) 832-5300	(607) 832-5555, Sheriff
Dutchess	(845) 486-3001	(845) 486-2080, DC Emerg. Response
Erie	(716) 858-7511	(888) 696-9211 or 211
Essex	(518) 873-3441	(518) 873-2116, Emergency Dispatch
Franklin	(518) 481-1805	(518) 483-1219 Emerg. Svc.
Fulton	(518) 736-5640	(518) 736-2100, Sheriff
Genesee	(585) 344-2580	(585) 343-5000, Sheriff
Greene	(518) 719-3700	(518) 622-3344, Emerg Svc
Hamilton	(518) 648-6131	(518) 548-3113, Sheriff
Herkimer	(315) 867-1222	(315) 866-0974, Emerg Command Ctr
Jefferson	(315) 786-2654	(315) 786-2601
Lewis	(315) 376-5400	(315) 376-3511, Sheriff
Livingston	(585) 243-7300	(585) 243-7100, Sheriff

<u>County</u>	<u>Day Phone</u>	<u>After-Hours Phone Number</u>
Madison	(315) 366-2211	(315) 366-5003
Monroe	(585) 428-6666	(585) 428-6666, 911, Office of Emerg. Comm., Ask for Shift Supervisor
Montgomery	(518) 853-4646	(518) 853-5500, or 911,
Nassau	(516) 227-7471	(516) 573-8626
Niagara	(716) 439-7604	(716) 438-3393, Sheriff
Oneida	(315) 798-5733	(315) 736-0141, Sheriff
Onondaga	(315) 435-2525	(315) 435-2525, Dept. of Emergency Management
Ontario	(585) 396-4015	911 or (585) 394-4560, Sheriff
Orange	(845) 291-4000 (845) 568-5100 Newburgh (845) 360-7960 Port Jervis (845) 346-1120 Middletown	(845) 343-7115, EHG/HONOR
Orleans	(585) 589-7000	(585) 589-5527, Sheriff
Oswego	(315) 963-5031	(315) 349-3411, Sheriff
Otsego	(607) 547-1700	(607) 547-1697, 911 Communication
Putnam	(845) 808-1500	(845) 808-4000, Emergency Management
Rensselaer	(518) 266-7836	(518) 833-6000
Rockland	(845) 364-3032	(845) 638-5400, Sheriff
St. Lawrence	(315) 379-2155	(315) 379-2222, Sheriff
Saratoga	(518) 884-4140	(518) 885-6761, Sheriff
Schenectady	(518) 388-4400	(518) 382-0383
Schoharie	(518) 295-8334	(518) 295-8114, Sheriff
Schuyler	(607) 535-8303	(607) 535-8222, Sheriff
Seneca	(315) 539-1800	(315) 539-9241, Sheriff
Steuben	(607) 664-2000	(800) 346-2211
Suffolk	(631) 854-9930	(631) 854-9100, Emergency Services

<u>County</u>	<u>Day Phone</u>	<u>After-Hours Phone Number</u>
Sullivan	(845) 292-0100	(866) 381-6576, answering svc/on call
Tioga	(607) 687-8301	(607) 687-1010, Sheriff
Tompkins	(607) 274-5680	(607) 272-2444, Sheriff
Ulster	(845) 334-5000	(845) 338-1440, Emergency Manager
Warren	(518) 761-6300	(518) 743-2500 option #1
Washington	(518)746-2300	(518) 747-7520, Emergency Services
Wayne	(315) 946-4881	(315) 946-9711, Sheriff or 911; or (315) 359-8024, On call worker
Westchester	(914) 995-3333	(914) 995-2099, Emergency Services
Wyoming	(585) 786-8989	(585) 786-2255, Sheriff or (585) 786-8867 Fire & Emerg. Svc.
Yates	(315) 536-5183	(315) 536-4438, Sheriff
NYC HRA	(929) 221-7315	(212) 630-9542

State and Federal Agencies Involved in Disasters

1. Federal Emergency Management Agency (FEMA)

Region II
26 Federal Plaza
New York, NY 10278
(212) 680-3612

2. United States Department of Agriculture (USDA)

Food And Nutrition Service Northeast Region Disaster Contacts

Administrator's Office

Primary

Lizbeth Silberman
Regional Administrator
(617) 565-7177
Lauren Casale
Disaster Coordinator
New England states & NY
(617) 565-5689

Patti Connolly
Disaster Coordinator
New England states & NY
(617) 565-5986

Alternate

Christine Ruggieri
Deputy Regional
Administrator
(617) 565-7110

Mishka Nembhard
Disaster Coordinator
New England states & NY
(617) 565-4121

Supplemental Nutrition Assistance Program

Primary

Mishka Nembhard
Branch Chief, SNAP TNI Branch
Supplemental Nutrition Assistance Program
(617) 565-4121 -office
Mishka.nembhard@usda.gov

Alternate

Rachel Eisenberg
EBT Analyst
SNAP TNI Branch
(617) 565-1604
rachel.eisenberg@usda.gov

Public Affairs

Primary

Eddie Ortega
Program Specialist
Heriberto.ortega@usda.gov
(617) 565-6413

Alternate

Cynthia Tackett
Public Affairs Director
Cynthia.tackett@usda.gov
(617) 565-6412

In the event that Regional Office officials cannot be reached due to a disaster, the following official should be contacted:

Brian McCall
Director for the Office of Emergency Management
Work cell: (404) 967-4269
Brian.mccall@usda.gov

3. NYS Department of Health

Empire State Plaza Corning Tower
Albany, NY 12237
(518) 402-7716

4. NYS Office Of Temporary And Disability Assistance (OTDA)

40 North Pearl Street
Albany, NY 12243

Eric Schwenzfeier, OTDA Disaster Response Coordinator	(518) 473-3912
Anthony Farmer, Public Information Officer	(518) 474-9516
Andrew Bryk, Director of HEAP	(518) 486-3591
Shannon Al-Jabi, Temporary Assistance Bureau Chief	(518) 408-4985
Wendy Demarco, Director, Food and Nutrition Policy	(518) 486-6939
Elida Esposito, SNAP Bureau Chief/D-SNAP Coordinator	(518) 474-8905

5. Division of Homeland Security and Emergency Services

Office of Emergency Management (OEM)

Building #22 State Campus
1220 Washington Avenue
Albany, NY 12242
(518) 242-5000

Maggie Daigle, State Voluntary Agency Liaison
(518) 242-5141 Office
(518) 416-4955 Cell
Maggie.daigle@dhses.ny.gov

Community and Private Agencies Involved In Disasters

1. American Red Cross

33 Everett Road
Albany, NY 12205
(518) 458-8111
Eric Gaunay, NY State Relations Disaster Liaison

(518) 728-1711 (cell)
Eric.Gaunay2@redcross.org

2. Northeast Division American Red Cross

33 Everett Road
Albany, NY 12205
(518) 458-8111

Jerry DeLuca, Director of Division Disaster State Relations
(518) 779-5220 (cell)
Gerald.Deluca@redcross.org

6. Salvation Army

20 S. Ferry Street
Albany, NY 12202
(518) 463-6678

Zack Hodgson, Director of Emergency Services Greater NY Division
(212) 337-7459
Zachary/Hodgson@use.salvationarmy.org

7. NYS VOAD (Voluntary Organizations Active in Disaster)
Peter B. Gudaitis, Executive Director & CEO
New York Interfaith Services (NYDIS)

(212) 669—6100
nyvoad@gmail.com

8. Hunger Solutions New York

14 Computer Drive East, 2nd floor Albany, NY 12205
(518) 436-8757
www.hungersolutionsny.org

Andres Vives, Executive Director
(518) 380-5101
Andres.vives@HungerSolutionsNY.org

Sample News Release

NYS Office of
Temporary and
Disability Assistance

40 N. Pearl Street
Albany, NY
12243

**FOR
IMMEDIATE
RELEASE**

Contact: _____
()__-__

Date:

Disaster SNAP (D-SNAP) Benefit Declaration

In response to _____, the New York State Office of Temporary and Disability Assistance (OTDA) is working with United States Department of Agriculture to speed up the process and waive certain eligibility requirements that could delay persons in need of food assistance.

Disaster SNAP (D-SNAP) benefits will be made available to areas hardest hit. D-SNAP benefits differ from regular SNAP benefits in that eligibility criteria are relaxed, and most applicants can receive a D-SNAP benefit within three (3) days.

On _____ State and federal officials will announce specific geographical areas covered under the declaration and explain where and how residents of these areas can apply for D-SNAP benefits.

Those applying for help should bring their driver's license or other picture ID. The social security numbers of everyone in the household should also be provided.

If those affected by the disaster are currently receiving regular SNAP benefits, D-SNAP may help the household with additional SNAP benefits (a D-SNAP supplement). Current SNAP recipients eligible for D-SNAP usually are not required to submit an application to receive a D-SNAP supplement.

County residents can begin applying for D-SNAP on _____.

D-SNAP Income and Allotment Table: October 1, 2023 – September 30, 2024

Household Size	Disaster Gross Income Limit*	Maximum Allotment*
1	\$2,085	\$291
2	\$2,514	\$535
3	\$2,942	\$766
4	\$3,380	\$973
5	\$3,845	\$1,155
6	\$4,308	\$1,386
7	\$4,736	\$1,532
8	\$5,165	\$1,751
Each Additional	+\$429	+\$219

These figures include all necessary calculations. For example, for a 1-person household in the 48 States and DC, the maximum net monthly income = \$1,215; standard deduction = \$198; maximum shelter deduction = \$672. Therefore, the DGIL for a 1-person household is $\$1,215 + \$198 + \$672 = \$2,085$.

Manual Issuance Alternative Extremely Limited Access Conditions

Except in those occasions when USDA approves alternative issuance procedures for fixed amounts of benefits, a paper voucher or check system will be required to provide essential benefits when there are major disruptions of WMS, EBT and phone systems. Such circumstance may exist while the food retail community remains able to provide goods and services. Because the actual Food Coupons have been eliminated, districts faced with such circumstances will be required to use either store-specific vouchers or checks issued manually or with limited automated support.

Households can be certified for the amounts authorized in the Disaster Plan using the Disaster Eligibility Standards and subsequently entered on the system when the services resume.

Activation of this alternative system will be dependent upon approval of NYSOTDA and reimbursement under the SNAP will require USDA approval. It is, therefore, a remedy of last resort.

Daily SNAP Benefit Report

The certification site will prepare a daily report for submission to OTDA to provide to USDA containing the following information:

- Number of new households approved
- Number of ongoing households receiving supplements
- Number of new persons approved
- Number of ongoing persons approved for supplements
- Number of new households denied
- Value of new benefits approved
- Value of supplements approved
- Average benefit per new household
- Average benefit per ongoing household

Note: “ongoing” refers to those previously certified for ongoing SNAP who also receive assistance under the disaster authorization.

FNS-292B Report of Benefit Issuance

The FNS-292B will be completed by the date specified in the memorandum approving the D-SNAP request. This report should reflect only actual issuance made to households, and should not reflect any issuance that was approved, but not picked up by applicant households.

Note: an approved equivalent may also be used for this purpose.

The FNS-292B will contain the following issuance data for D-SNAP operations:

- Number of Households – new households issued D-SNAP benefits
- Total Number of Persons Assisted - new persons issued D-SNAP benefits
- Number of Certified Persons - ongoing households issued supplemental benefits
- Value of Benefits Issued - total of benefits issued to new households and supplements issued to ongoing households.

FNS-388 (8-92) Monthly Issuance Report

The FNS-388, Monthly Issuance Report will reflect disaster issuance and participation figures, including replacement benefits.

Note: An approved equivalent may also be used for this purpose.

FNS-46 Issuance Reconciliation Report

The FNS-46 will be completed with detailed issuance and participation figures for new

D-SNAP households and ongoing SNAP households receiving disaster supplements and/or replacements. Note: The remarks section of the report should explain what portion of the D-SNAP was reported in the Gross, Returns and Net Issuance.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
(Pursuant to 7 CFR 280)

DO NOT WRITE IN SHADED AREAS

APPLICATION DATE:	INTERVIEW DATE	CENTER/OFFICE	UNIT	WORKER	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERSION	LANG E OR S	LANG READ (NYC) XXXXXXXXXX
DISASTER AUTHORIZATION PERIOD: FROM: TO:		PAYMENT PERIOD FROM: TO:		HH SIZE		PAYMENT AMOUNT \$		1 ST CARD NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXX		

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but intentionally refuses on purpose to give any required information, it will not be eligible to receive DSNAP benefits. When you are interviewed, you must show identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use DSNAP benefits on your behalf.

Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt. # _____ City _____, NY Zip Code: _____

Current Residence Address (if different): _____ Apt. # _____ City _____, NY Zip Code: _____

Mailing Address (if different): _____ Apt # _____ City _____, NY Zip Code: _____

PART A – HOUSEHOLD SITUATION

	YES	NO
1. Are you a current SNAP Participant? If Yes, STATE: _____ COUNTY: _____		
2. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions:		
Did the disaster damage or destroy your home or self-employment property?		
Does your household have any additional un-reimbursed expenses as a result of the disaster?		
While the effects of the disaster are being cleaned up, will your household be buying food?		
Did the disaster delay, reduce or stop your household's income?		
Does your household have any cash or money in checking or savings accounts which you cannot get to because the accounts are not accessible due to the disaster?		
3. Are you or anyone in your household employed by New York State, NYC HRA or a local social services district? If Yes, where? _____		

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD IN PART B.** List each household member's Social Security Number (SSN), Date of Birth, and source and amount of take-home (net) pay. List any other income your household members have received or expect to receive while the DSNAP is operating. SSNs are not required to qualify for D-SNAP but can be used to identify your household members and to make sure they are eligible for DSNAP. They will also be used for computer matching, program reviews or audits.

PART B – HOUSEHOLD MEMBERS AND INCOME DURING THE DISASTER PERIOD

	First Name	MI	Last Name	Social Security Number (SSN) of household member (If none, write "None")	Date of Birth	Marital Status	Sex M, F or X	Hispanic or Latino?		Race*	Relationship to you	Income Source/Type	If wages, Name of Employer**	Freq. of Income	Net Income Amount
								Yes	No						
1											SELF				\$
2															\$
3															\$
4															\$
5															\$
6															\$
7															\$
8															\$
TOTAL HOUSEHOLD INCOME															\$

*Race/Ethnic Codes: **I** - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** - White

The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

** For Each Employer listed above please provide their Name, Address and phone number.

Employer _____ Address: _____ Phone Number: _____
 Employer _____ Address: _____ Phone Number: _____
 Employer _____ Address: _____ Phone Number: _____

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

<p>In Part C, list all cash your household has access to during this disaster period. In Part D, list the disaster-caused expenses that your household paid or expects to pay during this disaster period, _____ to _____.</p>	
DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.	
PART C – RESOURCES (as of the beginning of the disaster period)	
	AMOUNT
Cash on Hand	\$
Accessible Checking Accounts – Name of Bank _____	\$
Accessible Savings Accounts – Name of Bank _____	\$
TOTAL ACCESSIBLE CASH RESOURNCES	\$
PART D – DISASTER EXPENSES (During the disaster period)	
	AMOUNT
Food destroyed as a result of the disaster	\$
Dependent care due to disaster	\$
Funeral/medical expenses due to disaster	\$
Moving and storage costs due to disaster	\$
Temporary Shelter expenses	\$
Cost to protect property during disaster	\$
Cost to repair or replace items for home or self-employment property	\$
Other disaster-related expenses	\$
TOTAL DISASTER EXPENSES	\$
PART E – PENALTY WARNING	
<p>If your household gets DSNAP it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your DSNAP benefits to make sure you were eligible for disaster aid. DO NOT give false information or hide information to get DSNAP or to continue to get SNAP. DO NOT give or sell DSNAP benefits or authorization documents to anyone not authorized to use them. DO NOT use DSNAP benefits to buy unauthorized items such as alcohol or tobacco. DO NOT use another household's DSNAP benefits for your household.</p>	
PART F – CERTIFICATION AND SIGNATURE	
<p>I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster, I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing verbally (in person or by phone) or in writing.</p>	
<p>APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an x):</p>	<p>Date Signed:</p>

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

PART G – ELIGIBILITY COMPUTATION (To be completed by a SNAP workers)			
DGIL (<\$100 in Disaster Expenses)	Amount	DGIL with DSED (>\$100 in Disaster Expenses)	Amount
1. Total anticipated income (From Part B)	\$	1. Total anticipated income	\$
2. Total accessible case resources (From Part C)	\$	2. Total accessible cash resources	\$
3. Add #1 and #2	\$	3. Add #1 and #2	\$
4. Total disaster expenses	\$	4. Maximum Gross Income Limit (amount from Disaster Table A)	\$
5. Total available funds (Subtract #4 from #3)	\$	5. ELIGIBLE (#3 is equal to or less than #4) Max Monthly Benefit Amount for HH of _____	\$
6. Maximum Gross Income Limit (Amount from Disaster Table B)	\$	6. INELIGIBLE (#3 is greater than #4)	\$
7. ELIGIBLE (#5 is equal to or less than #6) Max Monthly Benefit Amount for HH of _____	\$		
8. INELIGIBLE (#5 is greater than #6)	\$		

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete form AD-3027 – USDA Program Discrimination Complaint Form, which can be obtained online at: <http://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (833) 620-1071 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistance Secretary for civil rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

- (1) Mail: Food and Nutrition Services, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) fax: 833-256-1665 or 202-690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SOLICITUD DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP) EN CASO DE EMERGENCIA DEBIDO A UN DESASTRE (Conforme a 7 CFR 280)											
NO ESCRIBA EN LAS ÁREAS SOMBRADAS											
APPLICATION DATE:	INTERVIEW DATE	CENTER/OFFICE	UNIT	WORKER	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERSION	LANG E OR S	LANG READ (NYC) XXXXXXXXXX	
DISASTER AUTHORIZATION PERIOD:		PAYMENT PERIOD		HH SIZE		PAYMENT AMOUNT		1 ST CARD NUMBER			
FROM:	TO:	FROM:	TO:			\$		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
<p>INSTRUCCIONES: Rellene la solicitud completamente según su leal saber y entender. Si su hogar tiene los datos solicitados, pero intencionalmente retiene esa información, no recibirá las prestaciones del subsidio DSNAP. Cuando se le entreviste tendrá que presentar documentos de identidad. Usted debe comprobar que su unidad familiar vivía en el área devastada al momento que ocurrió el desastre. Posiblemente se le pida verificar gastos dudosos. Puede autorizar a otra persona, que no forme parte de su unidad familiar, para que solicite en caso de emergencia y canjee el subsidio DSNAP por usted.</p>											
<p>Nombre: _____ Número de teléfono: _____ Otro número de teléfono donde se le pueda localizar: _____</p> <p>Dirección de residencia: _____ Apt. Nº _____ Ciudad _____, NY Código postal: _____</p> <p>Dirección actual (si es distinta): _____ Apt. Nº _____ Ciudad _____, NY Código postal: _____</p> <p>Dirección para envío de correspondencia (si es distinta): _____ Apt. Nº _____ Ciudad _____, NY Código postal: _____</p>											
PARTE A: SITUACIÓN FAMILIAR										SÍ	NO
1. ¿Recibe usted actualmente el subsidio SNAP? Si contestó que «Sí», indique ESTADO: _____ CONDADO: _____											
2. ¿Vivía su familia en la zona, ahora devastada, al momento del desastre? Si la respuesta es sí, conteste las siguientes preguntas:											
¿Causó el desastre daños o destrucción a su casa o propiedad donde se desempeña como trabajador independiente?											
¿Tiene su hogar gastos no reembolsados, incurridos como resultado del desastre?											
¿Cree usted que su familia necesitará alimentos durante el tiempo que duren las tareas de limpieza debido al desastre?											
¿Ocasionó el desastre una demora, reducción o suspensión de ingresos del hogar?											
¿Tiene su hogar dinero en efectivo o dinero en una cuenta corriente o de ahorros, al cual no tiene acceso en este momento debido a que las cuentas no están disponibles a causa del desastre?											
3. ¿Es usted o alguien de su familia empleado del Estado de Nueva York, NYC HRA o un distrito de servicios sociales locales? Si contestó que «Sí», indique donde: _____											

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

Haga una lista de los miembros de la familia afectados por el desastre, incluyéndose a sí mismo(a), que viven y comparten los alimentos con usted. **SI ACTUALMENTE SE ESTÁ QUEDANDO CON OTRA FAMILIA DEBIDO AL DESASTRE, NO INDIQUE EN LA PARTE B, LOS MIEMBROS DE ESA FAMILIA.** Por cada miembro de la familia indique el respectivo número de Seguro Social (SSN), fecha de nacimiento, la fuente y cantidad de ingresos (netos). Haga una lista de los ingresos adicionales que los miembros de la familia han recibido o esperan recibir durante el periodo que dure el programa DSNAP. El número de Seguro Social no es exigido para recibir el subsidio D-SNAP, pero puede ser utilizado para establecer la identidad de los miembros de la unidad familiar y con el propósito de cerciorarnos de que habilitan para recibir el subsidio DSNAP. También se usa en el cruzamiento de datos informáticos, análisis de programas y auditorías.

PARTE B: MIEMBROS DEL GRUPO FAMILIAR Y LOS INGRESOS DURANTE EL PERÍODO DE TIEMPO DEL DESASTRE

	Primer nombre	Inicial del segundo nombre	Apellido	Número de Seguro Social (SSN) del miembro del grupo familiar (Si no tiene uno, escriba «No tiene»)	Fecha de nacimiento	Estado Civil	Sexo M, F o X	¿Hispano o latino?		Raza*	Parentesco con usted	Ingresos: Fuente/Tipo	Si recibe un salario, indique el nombre del empleador**	Con que frecuencia recibe ese ingreso	Ingreso neto: Cantidad
								Sí	No						
1											YO MISMO (A)				\$
2															\$
3															\$
4															\$
5															\$
6															\$
7															\$
8															\$
TOTAL DE INGRESOS DE LA UNIDAD FAMILIAR															\$

*Códigos de Raza o etnia: I – Norteamericano (a) nativo(a) o nativo(a) de Alaska, A – Asiático(a), B – Negro(a) o Afroamericano(a), P – Nativo(a) de Hawái o Islas del Pacífico, W - Blanco(a)

*Esta información es voluntaria de su parte. Ello no afectará la habilitación de las personas que hacen la solicitud o el nivel de beneficios recibidos. Esta información se utiliza para garantizar que los subsidios del programa se distribuyan sin importar la raza, color de piel o nacionalidad.

** Indique el nombre, dirección y número de teléfono de cada empleador arriba mencionado.

Empleador _____	Dirección: _____	Nº de teléfono: _____
Empleador _____	Dirección: _____	Nº de teléfono: _____
Empleador _____	Dirección: _____	Nº de teléfono: _____

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

En la **Parte C**, indique la cantidad completa de dinero en efectivo que su familia podrá obtener durante el periodo de devastación. En la Parte D, indique los gastos incurridos, o los gastos que espera incurrir, a consecuencia del desastre natural. Del _____ al _____.

NO INCLUYA GASTOS QUE FUERON PAGADOS O QUE PAGARÁ UNA PERSONA NO MIEMBRO DE LA UNIDAD FAMILIAR.

PARTE C – RECURSOS (desde el principio del periodo de tiempo del desastre)	MONTO
Dinero en efectivo a mano	\$
Cuentas corrientes disponibles – Nombre del banco _____	\$
Cuentas de ahorros disponibles – Nombre del banco _____	\$
TOTAL DE RECURSOS DISPONIBLES DE DINERO EN EFECTIVO	\$

PARTE D – DESASTRE GASTOS (Durante el periodo de tiempo del desastre)	MONTO
Alimentos dañados por el desastre	\$
Cuidado de personas a cargo a consecuencia del desastre	\$
Gastos funerarios / médicos ocasionados por el desastre	\$
Gastos de mudanza y almacenamiento a consecuencia del desastre	\$
Gastos de albergue temporal	\$
Gastos de protección de la propiedad a causa del desastre	\$
Gastos de reparación o reemplazo de enseres domésticos o de enseres de la propiedad de empleo propio	\$
Otros gastos relacionados con la devastación	\$
TOTAL DE GASTOS OCASIONADOS POR EL DESASTRE	\$

PARTE E – ADVERTENCIA SOBRE SANCIONES

Si a su hogar se le aprueba el subsidio DSNAP, debe acatar las reglas a continuación. Es posible que después de que su hogar reciba el subsidio DSNAP, éste sea seleccionado con motivo de realizar una revisión federal o estatal con el fin de cerciorarnos de que su hogar reunía los requisitos para recibir la asistencia por desastres. **NO DÉ** información falsa o retenga datos con el propósito de recibir DSNAP o continuar recibiendo SNAP. **NO DÉ** o venda prestaciones de DSNAP o documentos de autorización a ninguna persona que no sea la persona autorizada. **NO USE** DSNAP para comprar artículos no autorizados, tales como alcohol o tabaco. **NO UTILIZE** el subsidio DSNAP perteneciente a otro grupo familiar para beneficio de su propio hogar.

PARTE F – ATESTACIÓN Y FIRMA

Entiendo las preguntas formuladas en esta solicitud, como también las sanciones que se imponen por retener o dar información falsa. Mi hogar necesita alimentos de emergencia debido al desastre. Por este motivo, yo afirmo, so pena de perjurio, que los datos que he suministrado son exactos e íntegros, según mi leal saber y entender. A su vez, autorizo la revelación de todo dato pertinente con el fin de verificar la exactitud de mi reconocimiento. Entiendo que, si yo no estoy de acuerdo con la decisión tomada en mi caso, tengo el derecho a solicitar una audiencia imparcial (en persona o por teléfono) , ya sea de forma verbal o por escrito.

SOLICITANTE, REPRESENTANTE AUTORIZADO O TESTIGO (si se coloca una x en vez de una firma)	Firmado el día:
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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

Parte G-CÁLCULOS PARA DETERMINAR LA HABILITACIÓN (esta sección deberá ser rellena por los trabajadores de casos del programa SNAP)			
DGIL (<\$100 in Disaster Expenses)	Amount	DGIL with DSED (>\$100 in Disaster Expenses)	Amount
1. Total anticipated income (From Part B)	\$	1. Total anticipated income	\$
2. Total accessible case resources (From Part C)	\$	2. Total accessible cash resources	\$
3. Add #1 and #2	\$	3. Add #1 and #2	\$
4. Total disaster expenses	\$	4. Maximum Gross Income Limit (amount from Disaster Table A)	\$
5. Total available funds (Subtract #4 from #3)	\$	5. ELIGIBLE (#3 is equal to or less than #4) Max Monthly Benefit Amount for HH of _____	\$
6. Maximum Gross Income Limit (Amount from Disaster Table B)	\$	6. INELIGIBLE (#3 is greater than #4)	\$
7. ELIGIBLE (#5 is equal to or less than #6) Max Monthly Benefit Amount for HH of _____	\$		
8. INELIGIBLE (#5 is greater than #6)	\$		

Conforme a la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de Estados Unidos (U.S Department of Agriculture, USDA), está prohibido por parte del USDA, discriminar basándose en raza, color de piel, nacionalidad, sexo (incluyendo identidad de género y orientación sexual), religión, discapacidad, edad, ideas políticas o tomar represalias y retaliaciones por actividades en materia de derechos civiles realizadas anteriormente.

Es probable que haya información disponible sobre el programa en otros idiomas diferentes al inglés. Las personas con impedimentos físicos que requieran medios alternativos para la comunicación (por ejemplo, Braille, letras grandes, grabaciones, lenguaje de señas estadounidense, etc.), deben comunicarse con la agencia (estatal o local) donde solicitaron los beneficios. Las personas con sordera, dificultades auditivas o discapacidades de habla pueden comunicarse con la oficina de USDA por medio del sistema de transmisión federal marcando el (800) 877-8339.

Si desea registrar una queja por discriminación ante el programa de Derechos Civiles, rellene el formulario AD-3027- USDA Discrimination Complaint Form, el cual puede obtener en línea en: <http://www.usda.gov/sites/default/files/documents/ad-3027.pdf> o en una oficina del USDA o marcando el (833) 620-1071 donde podrá solicitarlo. También puede mandar una carta a la USDA. La carta debe incluir el nombre de la persona que instaura la queja, dirección, número de teléfono y una descripción por escrito con suficientes detalles informándole al Subsecretario de Derechos Civiles (ASCR) sobre el tipo y fecha de la presunta violación de los derechos civiles. Debe enviar el formulario de queja AD-3027rellenado o la carta a:

- (1) Correo:
Food and Nutrition Services, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; o
- (2) Fax: 833- 256-1665 o 202-690-7442; o
- (3) Correo electrónico: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

LDSS-4989 (Rev. 5/16)

**ACTION TAKEN ON YOUR
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CASE**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:			
CASE NUMBER:	CIN NUMBER:				
CASE NAME (And C/O Name if Present) AND ADDRESS					
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____			
		OR Agency Conference _____			
		Fair Hearing Information And assistance _____			
		Record Access _____			
		Legal Assistance Information _____			
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.	

The action(s) taken on your application/recertification request for SNAP dated _____ is explained below, next to the checked box(es).

DISASTER SNAP BENEFITS NOT PICKED UP WITHIN 90 DAYS CANNOT BE REPLACED.

APPROVED for Disaster SNAP for _____ to _____.

You will get \$ _____. You may access your benefits on _____.

(NOTE: This approval is conditional. Additional verification may be done on the income and resource information you provided on your application and on prior or duplicate participation in this D-SNAP. If you are subsequently determined to be ineligible, a notice of denial will be sent to you.)

DENIED for Disaster SNAP because:

you did not live in the disaster area at the time of the disaster.

Your available income and resources are more than the disaster SNAP standards.

You are not planning to buy food during the month of _____.

Other: _____

The above decision(s) is based on the Food Stamp Act of 1977, as amended, Section 5 (h) (7 U.S.C. 2014 (h)) and 7 C.F.R. part 280 and disaster waivers issued by the United States Department of Agriculture.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

LDSS-4989 (Rev. 5/16)

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

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

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE:** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING:** You have **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **on-line**.

Writing: Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

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.) _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

On-line: Complete an on-line request form at: <http://otda.ny.gov/oaah/>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

As the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, 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 that explain why we are wrong.

To help explain at the hearing why you think we are 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help 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 that 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 that 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 phone number on the **front** of this notice or write to us at the address on the **front** 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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

MEDIDAS ADOPTADAS EN SU CASO DEL PROGRAMA DE ASISTENCIA NUTRICIONAL SUPLEMENTARIA (SNAP) - CATÁSTROFE (D-SNAP)

FECHA DEL AVISO:		NOMBRE Y DIRECCIÓN DEL ORGANISMO/CENTRO U OFICINA DISTRITAL		
NÚMERO DE CASO:	NÚMERO DE CIN:			
NÚMERO DE CASO (y nombre C/O si está presente) Y DIRECCION				
		NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS U OBTENER AYUDA		
		<input type="checkbox"/> Reunión con el organismo Información y asistencia con respecto a la Audiencia de Imparcialidad _____ Acceso al registro _____ Información sobre Asistencia Legal _____		
NO. DE OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR	NOMBRE DE LA UNIDAD O DEL TRABAJADOR	NO. DE TELÉFONO
La(s) medida(s) adoptada(s) en su solicitud / pedido de revalidación de SNAP de fecha _____ se explica(n) más abajo, al lado de la(s) casilla(s) marcada(s).				
LOS SUBSIDIOS SNAP POR SITUACIÓN DE CATÁSTROFE QUE NO SEAN RECOGIDOS DENTRO DE 90 DÍAS NO SE REPLAZARÁN				
<input type="checkbox"/> APROBADO el SNAP por situación de catástrofe por _____ para _____. <input type="checkbox"/> Usted recibirá \$ _____. Puede tener acceso a sus subsidios el _____.				
(NOTA: esta aprobación es provisoria. Se podrá hacer una verificación adicional de los datos sobre ingreso y recursos que usted suministró en la solicitud y en solicitudes previas o duplicadas de subsidio D-SNAP. Si posteriormente se determina que usted no habilita, se le enviará una carta al respecto).				
<input type="checkbox"/> DENEGADO el SNAP por situación de catástrofe debido a que: <ul style="list-style-type: none"> <input type="checkbox"/> Usted no vivía en la zona devastada al momento de la ocurrencia. <input type="checkbox"/> Sus ingresos y recursos disponibles superan el estándar fijado por D-SNAP. <input type="checkbox"/> Usted no planea comprar alimentos durante el mes de _____. <input type="checkbox"/> Otro: _____ 				
_____ _____				
La(s) decisión(ones) se basa en la Ley de Cupones de Alimentos de 1977, según enmienda, Artículo 5 (h) (Código 7 de EE.UU. (USC, por sus siglas en inglés 2014 (h)) y Código 7 de las Disposiciones Federales (CFR, por sus siglas en inglés) parte 280 y exenciones por desastres emitidas por el Departamento de Agricultura de Estados Unidos.				

ASEGÚRESE DE LEER EL REVERSO DE ESTE AVISO PARA QUE SEPA SUS DERECHOS SOBRE CÓMO APELAR A ESTA DECISIÓN.

NOMBRE:	DIRECCIÓN:	NÚMERO DE CASO:
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SECCIÓN DE REUNIÓN Y AUDIENCIA DE IMPARCIALIDAD - ¿USTED PIENSA QUE ESTAMOS EQUIVOCADOS?

Si usted piensa que nuestra decisión está equivocada, puede solicitar una revisión de la misma. Nosotros corregiremos nuestros errores. Usted puede hacer tanto el 1 como el 2:

1. Solicite una reunión (conferencia) con uno de nuestros supervisores.
2. Solicite una audiencia de imparcialidad del estado ante un funcionario de audiencias estatal.

Los manuales y publicaciones sobre políticas de la Oficina de Asistencia Temporal y Asistencia para Incapacitados (OTDA) se encuentran publicadas en el sitio web de OTDA: otda.ny.gov/legal. Estas publicaciones y manuales están a su disposición o a la disposición de su representante con el fin de ayudarlo a determinar si debería o no solicitar una audiencia imparcial o con el fin de ayudarlo a prepararse para una audiencia imparcial. Además, si lo solicita de su oficina de servicios sociales de distrito, publicaciones específicas de OTDA sobre políticas y manuales también estarán a su disposición o a la disposición de su representante con el fin de asistirle.

1. **REUNIÓN:** (reunión informal con nosotros) – Si usted piensa que nuestra decisión está equivocada o no la comprende, por favor llámenos para coordinar una reunión. Para hacer esto, llame al número de teléfono para reuniones en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de este aviso. Algunas veces, esta es la forma más rápida de resolver cualquier problema que pueda tener. Lo alentamos a que haga esto, incluso si ha solicitado una audiencia de imparcialidad.
2. **AUDIENCIA DE IMPARCIALIDAD DEL ESTADO:** usted tiene **90 días** a partir de la fecha de este aviso para solicitar una audiencia de imparcialidad.

CÓMO SOLICITAR UNA AUDIENCIA DE IMPARCIALIDAD: puede solicitar una audiencia de imparcialidad por **escrito**, por **teléfono**, por **fax** o en **línea**.

Por escrito: Envíe una copia de ambos lados de este aviso *lleno* a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Para Personas con Discapacidades del Estado de Nueva York, P.O. Box 1930, Albany, New York 12201. Por favor conserve una copia para usted.

Deseo una audiencia de imparcialidad. No estoy de acuerdo con las medidas del organismo. (Usted puede explicar más abajo la razón por la que no está de acuerdo, pero no tiene que incluir una explicación por escrito). _____

Teléfono: **800-342-3334** (POR FAVOR TENGA ESTE AVISO CON USTED CUANDO LLAME).

Fax: Envíe una copia por fax del anverso y el reverso de este aviso al: **(518) 473-6735** o

En línea: Llene un formulario de solicitud en línea a: <http://otda.ny.gov/oah/>

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por fax o en línea, por favor escriba para solicitar una audiencia de imparcialidad antes del plazo.

QUÉ ESPERAR EN UNA AUDIENCIA DE IMPARCIALIDAD: el estado le enviará un aviso indicando cuándo y dónde se realizará la audiencia de imparcialidad.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que nuestra decisión está equivocada. Usted puede traer un abogado, un pariente, un amigo o a alguien que lo ayude a hacer esto. Si no puede venir personalmente, puede enviar a alguien que lo represente. Si envía a alguien a la audiencia en su lugar, que no sea un abogado, debe proporcionarle una carta que le muestre al funcionario de audiencias que desea que esta persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante tendrán la oportunidad de explicar por qué estamos equivocados y una oportunidad de brindarle al funcionario de audiencias documentación por escrito que explique la razón por la que estamos equivocados.

Para ayudar a explicar en la audiencia por qué piensa que estamos equivocados, debe traer testigos que lo puedan ayudar. También debe traer cualquier documentación que tenga, como: boletas de pago, contratos de alquiler, recibos, facturas, certificados médicos.

En la audiencia, usted y su abogado u otro representante pueden hacer preguntas a los testigos que traigamos o que ustedes traigan para ayudar en su caso.

ASISTENCIA LEGA: si usted piensa que necesita un abogado para ayudarlo con este problema, puede obtener uno sin costo alguno para usted, comunicándose con su Sociedad de Asistencia Legal u otro grupo de defensoría legal. Para obtener el nombre de otros abogados, verifique su directorio telefónico bajo "Abogados".

ACCEDA A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS: para ayudar a prepararse para la audiencia, usted tiene el derecho de ver su expediente. Si nos llama o nos escribe, nosotros le brindaremos copias gratuitas de los documentos de su expediente, las que entregaremos al funcionario de audiencias en la audiencia imparcial. También, si nos llama o nos escribe, le brindaremos copias gratuitas de otra documentación de su expediente que usted considere que pueda necesitar para prepararse para su audiencia de imparcialidad. Para solicitar documentación o saber cómo ver su expediente, llámenos al número de teléfono de Acceso al registro en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de este aviso.

Si desea copias de documentos del expediente de su caso, debe solicitarlas con anticipación. Estas le serán provistas dentro de un tiempo razonable antes de la fecha de la audiencia. La documentación le será enviada por correo postal únicamente si solicita específicamente que así se haga.

INFORMACIÓN: si desea más información sobre su caso, cómo solicitar una audiencia de imparcialidad, cómo ver su expediente o cómo obtener copias adicionales de la documentación, llámenos a los números telefónicos en el **anverso** de este aviso o escribanos a la dirección en el **anverso** de ese aviso.