



The Research Packet For  
**THE SNAP TASK FORCE**  
Meeting of February, 2017



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## I. UNITED STATES DEPARTMENT OF AGRICULTURE

### 1. REACHING THOSE IN NEED: ESTIMATES OF STATE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM PARTICIPATION RATES IN 2014, JANUARY 2017

<<https://www.fns.usda.gov/snap/reaching-those-need-estimates-state-supplemental-nutrition-assistance-program-participation-1>>

This report presents estimates of SNAP participation rates for all eligible individuals in fiscal year 2014 and the two previous fiscal years. In addition, the report includes participation estimates for the “working poor”, a group that tends to participate in SNAP at a lower-than-average rate. The estimates show the percentage of eligible persons who participated in SNAP during an average month. This data can help states compare their program performance to the national average.

Estimates of SNAP Participation Rates (%)	All Eligible People			Working Poor		
	2012	2013	2014	2012	2013	2014
New York State	81	87	86	70	77	77
Northeast Region	84	88	88	71	77	77
United States	83	85	83	72	74	70

In FY 2014, 83 percent of all eligible persons participated in SNAP, along with 70 percent of the working poor. Nationwide participation dropped compared to the previous fiscal year. However, the report finds that SNAP participation rates for both the general population and the working poor varied widely among states: 22 states had SNAP participation that was higher than the national average, while 17 states had rates below this average. States tended to have consistently high or low SNAP participation over the three years analyzed in the report.

### 2. UPDATED RETIREMENT ACCOUNT EXCLUSIONS FROM RESOURCES, JANUARY 17, 2017

<<https://www.fns.usda.gov/snap/updated-retirement-account-exclusions-resources>>

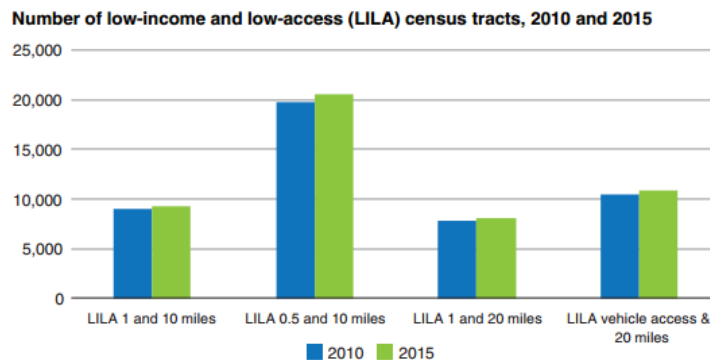
This memorandum provides an update on the types of retirement accounts that are considered a resource for determining SNAP eligibility. See **Appendix A** for the agency’s updated list of retirement accounts excluded under the Food and Nutrition Act.

On December 15, 2014, the Treasury Department created a new type of retirement savings program called “myRA”. This account is designed for “small-dollar savers and employees who do not have access to a retirement savings plan through their employers.” USDA FNS has clarified that myRA accounts should be excluded as a resource for SNAP eligibility.

### 3. **USDA ECONOMIC RESEARCH SERVICE: LOW-INCOME AND LOW-SUPERMARKET-ACCESS CENSUS TRACTS, 2010-2015, JANUARY 2017**

<<https://www.ers.usda.gov/webdocs/publications/eib165/eib-165.pdf?v=42752>>

Due to limited access to stores stocking healthy and affordable food, some Americans find it hard to attain a healthy diet. This report provides estimates of low-income and low-supermarket-access census tracts, and assesses trends in food access from 2010-2015. Low-income tracts are defined by poverty rates or median family income. Low-access tracts are defined through several measures, including distance thresholds (such as 0.5 and 1 mile in urban areas) and the number of households without a vehicle more than 0.5 miles from a nearby store.



Source: Calculated by USDA, Economic Research Service using 2010 Decennial Census data and the 2010-2014 American Community Survey data.

Although access to grocery stores has improved over the past five years, this trend has largely been offset by an increase in the number of low-income areas following the Great Recession. There are more low-income areas in 2015 (30,870) compared to 2010 (29,285). In addition, there are slightly more census tracts in 2015 that are both low-income and low-access. As a result, the authors conclude that “income and resource constraints may be greater barriers to accessing healthy food retailers than proximity.

## II. **NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**



### 1. **NEW YORK STATE SNAP PARTICIPATION AND BENEFIT VALUE IN DECEMBER 2016**

<<https://otda.ny.gov/resources/caseload/2016/2016-12-stats.pdf>>

According to the latest data from OTDA, SNAP participation slightly increased by 0.31 percent in New York State from November 2016 to December 2016. However, the average household size and benefit per household has slightly decreased. The average SNAP benefit in NYC is largely unchanged, remaining at close to \$261 from November to December. Overall, 1,698,133 individuals participated in SNAP citywide, receiving \$249,043,385 in benefits.

	PERSONS			HOUSEHOLDS			BENEFITS		
	NOVEMBER 2016	DECEMBER 2016	PERCENT CHANGE	NOVEMBER 2016	DECEMBER 2016	PERCENT CHANGE	NOVEMBER 2016	DECEMBER 2016	PERCENT CHANGE
New York State	2,940,107	2,949,168	0.31%	1,622,125	1,626,788	0.28%	\$405,741,433	\$406,100,167	0.09%
New York City	1,698,133	1,698,771	0.04%	954,209	955,982	0.19%	\$248,797,197	\$249,043,385	0.10%
Rest of State	1,241,974	1,250,397	0.68%	667,916	670,806	0.43%	\$156,944,236	\$157,056,782	0.07%

	AVERAGE HOUSEHOLD SIZE			AVERAGE BENEFITS PER HOUSEHOLD		
	NOVEMBER 2016	DECEMBER 2016	PERCENT CHANGE	NOVEMBER 2016	DECEMBER 2016	PERCENT CHANGE
New York State	1.813	1.813	-0.03%	\$250.13	\$249.63	-0.20%
New York City	1.780	1.777	-0.17%	\$260.74	\$260.51	-0.09%
Rest of State	1.864	1.859	-0.27%	\$234.97	\$234.13	-0.36%

### III. NEW YORK CITY HUMAN RESOURCES ADMINISTRATION



#### 1. POLICY BULLETINS AND DIRECTIVES

➤ *POLICY BULLETIN #17-06-OPE: CHANGING GENDER DESIGNATION IN THE WELFARE MANAGEMENT SYSTEM, JANUARY 24, 2017*

This policy describes the procedure for transgender program applicants and participants to request a change in their name/gender. An individual who requests this service will be mailed or provided the **HRA-138** form titled "Name and Gender Change for Transgender Clients" (**Appendix B**). This form will be used to process the change, as well as remove gender restrictions on health coverage. Supporting documentation is also required to verify the name/gender change. Once the request and all supporting documents have been submitted, the change process should be completed within 14 days.

Clients filling out the HRA-138 should carefully review the questions regarding gender restrictions, as they will impact the types of medical services clients are eligible to receive.

A restriction/exception code will be applied to cases with a gender request. This code is viewable to providers in the billing system for insurance plans such as Medicaid.

Verification of gender change

To verify gender change, a copy of one of the following documents should be provided with the HRA-138:

- NYS Driver's License or Non-Driver ID showing corrected/changed gender
- Passport or birth certificate showing corrected/changed gender
- Letter from Social Security confirming gender
- Signed and dated statement from licensed physician, nurse practitioner, or physician's assistant (see **Appendix C** for sample)
  - The medical professional must have treated the client or reviewed the client's gender-related medical history
  - The statement must include language stating that the client has undergone "appropriate clinical treatment" for someone diagnosed with gender dysphoria

Doctor's letters will be indexed as *Confidential Documentation for Demographic Change*. Information provided will be "kept confidential, restricted to designated staff and disclosed only to the extent required to provide services."

Verification of name change

To avoid a disruption in services, HRA recommends that clients change their name with the Social Security Administration prior to doing so with HRA. Any of the following documents can be used to verify a name change:

- Court Order
  - NYS Driver's License or Non-Driver ID
  - Passport or birth certificate
  - Letter from Social Security
- *POLICY DIRECTIVE #16-27-OPE: THE AMERICANS WITH DISABILITIES ACT (ADA) AND REASONABLE ACCOMODATIONS (RA), DECEMBER 28, 2016*

In compliance with the Americans with Disabilities Act (ADA), HRA must provide reasonable accommodations (RAs) to individuals with physical or mental health disabilities who seek to access the agency's programs, benefits and services. This directive provides a revised process for disabled individuals who request a RA.

A reasonable accommodation "includes modification to the program's policies or practices, removal or architectural, communication, or transportation barriers."

An individual may request a RA by asking for help when coming to an HRA office, or by calling 212-331-4640. HRA staff members are also required to recognize and offer available RAs before an individual is interviewed. See **Appendix D** for a list of RA's offered by HRA. Alternatively, the request may be filed in writing via the "Help for People with Disabilities" form (**Appendix E**) and submitted by fax, email or mail.

Some RAs (e.g. “home visit needed” status, flexible appointments) require supporting documentation. However, this documentation is not immediately required for HRA to either provide an RA or find an alternative way to meet the client’s needs. HRA has extended the timeframe to submit supporting documentation from 20 days to 30 days. The individual may also request a 15-day extension, and HRA will also refer to several databases to see if the individual requested help obtaining medical documentation.

➤ *POLICY BULLETIN #17-07-OPE: NON-CASH ASSISTANCE SNAP CASES CLOSED IN ERROR, JANUARY 25, 2017*

HRA has identified several hundred SNAP cases that were closed in error due to failure to recertify. The agency reports that “cases were scheduled for recertification interviews but were closed without the required two contact attempts in the designated call windows.”

SNAP households whose cases were closed in error were notified (see **Appendix F** for sample notice) and invited to complete the recertification before January 31, 2017. Clients could call a unique telephone number to complete their recertification via On-Demand, or report to their SNAP Center.

➤ *POLICY BULLETIN #17-10-ELI: REVISIONS TO THE SNAP BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE (LDSS-4314), FEBRUARY 2, 2017*

HRA has produced a new version of the SNAP Benefits Household Composition Desk Guide (**Appendix G**). The Guide includes several updates for HRA staff, including how to treat a household member who is ineligible due to ABAWD status. In this case, the ABAWD’s income and expenses will be prorated; resources will counted in their entirety.

## **IV. Reports and Notable Items from Other Sources**

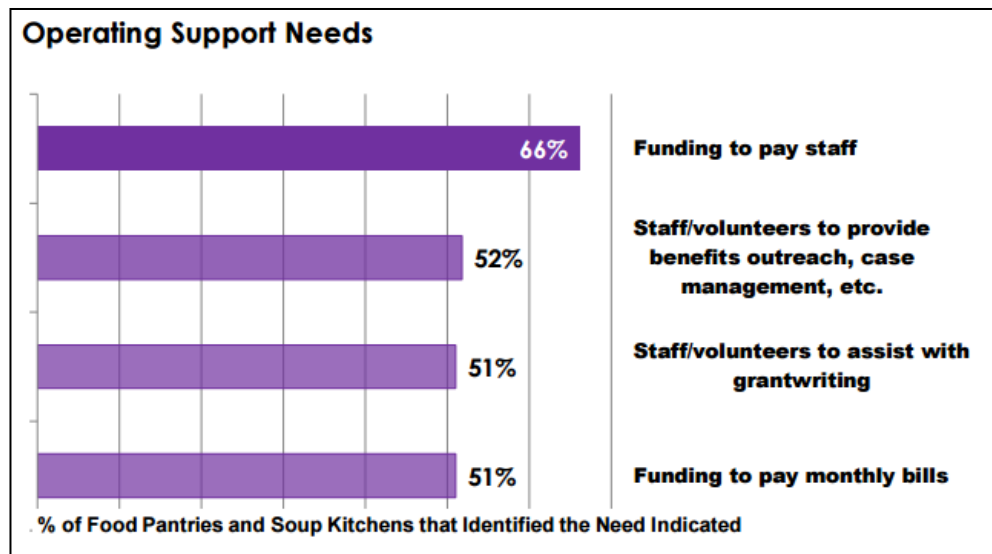
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### **1. FOOD BANK FOR NEW YORK CITY – MEETING NYC’S NEED: BOLSTERING THE EMERGENCY FOOD NETWORK IN 2017, FEBRUARY 2017**

<<http://www.foodbanknyc.org/files//dmfile/MeetingNYCsNeedNetworkBrief20172.pdf>>

Food pantries and soup kitchens face numerous challenges in meeting the needs of nearly 1 in 5 food insecure residents in New York City. Even under considerable operating constraints, the average pantry or soup kitchen in NYC serves approximately 2,000 people every month, despite elevated need and food shortages at some providers. Furthermore, with the hunger safety net at risk from punitive federal policies and threats from Washington, the need for emergency food could further intensify. This report from Food Bank For NYC summarizes top needs of New York City’s emergency food network, and challenges stakeholders and supporters to work more cooperatively to ensure no New Yorker goes hungry.

In a survey of its network, Food Bank For NYC asked food pantries and soup kitchens to rank food, operating support, and equipment and/or capital improvements in order of need. Food was ranked as the top need, with over three in four respondents agreeing with the statement that “My food pantry/soup kitchen needs more food.” In addition, many reported a need for foods that are nutritious, but expensive, perishable, and difficult to procure through donations, such as meat, fresh produce and dairy. Operating support ranked as the second highest need. More than half of pantries and soup kitchens identified that they needed more funding, staff/volunteers, equipment or capital improvements.



## 2. REPORTS FROM FOOD RESEARCH AND ACTION CENTER (FRAC):

- *ADDRESSING FOOD INSECURITY: A TOOLKIT FOR PEDIATRICIANS, FEBRUARY 2017*  
<<http://frac.org/aaptoolkit>>

One in six children lives in a food-insecure household. Without intervention, food-insecure children are more likely to suffer from poor health, developmental risk, and mental health problems. For this reason, the American Academy of Pediatrics (AAP) recommends that pediatricians screen their patients for food security and provide interventions where needed. This toolkit, produced by FRAC in partnership with AAP, provides information and resources to help pediatricians and their teams screen for food insecurity, connect families with food and nutrition resources such as the SNAP program, and support policies that promote access to adequate healthy food.



The toolkit emphasizes that food insecurity cannot be determined by outward appearance alone. Thus, the authors recommend pediatricians embed a food insecurity screening into their practice, such as the AAP-recommended “Hunger Vital Sign”. Staff and leadership should be trained on food security, types of nutrition/food assistance programs, and how to perform a screening and document the results in a patient’s medical record.

The **Hunger Vital Sign** includes two questions drawn from a USDA survey on household food security as follows, requesting a response of “often true”, “sometimes true”, “never true”, or “don’t know/refused”.

- 1) Within the past 12 months, we worried whether our food would run out before we got money to buy more
- 2) Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more

When someone screens positive for food insecurity, pediatricians should intervene in a sensitive manner. For example, the screener could consider discussing the screening when the child is not in the room, and can also focus on taking away the stigma of using emergency food assistance and federal nutrition programs. The report recommends pediatricians “be clear that [they] are recommending food assistance just as [they] would prescribe a medication.”

Furthermore, practices should assess their capacity to address food insecurity among their patients. The authors note that patients are more likely to connect with nutrition resources if they receive immediate assistance, rather than have to go or apply somewhere else. However, practices may not have the capacity to screen and connect all patients to available resources. For that reason, AAP and FRAC provide a number of strategies, such as developing internal staff and volunteers to work with food-insecure families. Alternatively, practices can develop community partnerships with agencies that can receive referrals or provide on-site assistance at the practice.

### **3. ASSESSING THE LONG-RUN BENEFITS OF TRANSFERS TO LOW-INCOME FAMILIES, HUTCHINS CENTER ON FISCAL & MONETARY POLICY**

<https://www.brookings.edu/research/assessing-the-long-run-benefits-of-transfers-to-low-income-families/>

Research over the past five decades suggests that the long-term benefits of government transfer programs like food and nutrition programs, cash transfers, and health care can have long-term payoffs for the well-being of America’s youth. Though some argue that transfer programs discourage work and reduce self-sufficiency, these programs can also be seen as an investment in the human capital of the next generation. This working paper presents evidence that children living in households who received transfers had better health and life outcomes than those whose families did not.

Transfer programs are split into two categories: Cash and in-kind. Cash transfers like the Earned Income Tax Credit give families money to spend as they choose. Meanwhile, in-kind programs like SNAP are dedicated to specific purposes like food. Both types of programs were found to have positive effects on health and educational achievement from childhood into adulthood. For example, one report on found that unborn/young children from 1961-1975 had higher birth weights and lower neonatal mortality when their families had food stamps benefits. When families had more resources, their children were better off in the long-term.



## V. Hunger and Poverty in the Media

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### 1. LOCAL NEWS

- *“LOW-INCOME HOUSING COURT TENANTS TO GET FREE LAWYERS,”*  
*DNAINFO, FEBRUARY 13, 2017*  
<https://www.dnainfo.com/new-york/20170213/civic-center/housing-court-de-blasio-mark-viverito-levine-lawyer-landlord>

In an effort to preserve affordable housing and keep tenants in their homes, New York City will offer free legal representation to low-income tenants at risk of eviction. The initiative is an expansion of the city’s ongoing efforts to provide lawyers to tenants, who often cannot afford representation in housing court. It will provide legal services to tenants making less than \$50,000 annually, as well as legal counseling for tenants whose income is too high. The City estimates that 400,000 New Yorkers will benefit from these services once the initiative is fully rolled out in 2020.

- *“HUNTS POINT SOUP KITCHEN WILL BE A FIRST FOR NEIGHBORHOOD,”*  
*NY1 NEWS, JANUARY 16, 2017*  
<http://www.ny1.com/nyc/all-boroughs/news/2017/01/16/hunts-point-soup-kitchen-will-be-a-first-for-neighborhood.html>

400 staff, volunteers, community partners and sponsors came together on Martin Luther King Day to build the first soup kitchen in the Bronx’s Hunts Point neighborhood, where nearly one in four residents struggles with food insecurity. The project, organized by Food Bank For NYC as part of a Day of Service, transformed the second floor of the Bright Temple AME Church into a soup kitchen and expanded the church’s food pantry. The church is a short trip from Food Bank For NYC’s warehouse in the Hunts Point Cooperative Market.

## 2. NATIONAL

- *“OH SNAP! BOOSTING BENEFITS BEATS PATERNALISM AND PROMOTES LONG-TERM HEALTH,” WASHINGTON POST, JANUARY 26, 2017*  
[<https://www.washingtonpost.com/posteverything/wp/2017/01/26/oh-snap-boosting-benefits-beats-paternalism-and-promotes-long-term-health/>](https://www.washingtonpost.com/posteverything/wp/2017/01/26/oh-snap-boosting-benefits-beats-paternalism-and-promotes-long-term-health/)

A recent New York Times article highlighted a USDA study showing that the diet of a typical SNAP recipient tends to fall short of recommended nutrition guidelines. However, several commentators and the Times' editor have said that the story was misleading, failing to highlight the study's finding that both SNAP and non-SNAP households buy less than healthy food items such as soda. The article criticizes the paternalistic view that SNAP recipients should not be able to buy these items – pointing to USDA research which shows that healthy eating can be better promoted by boosting SNAP benefits. Research also shows that children who receive SNAP are healthier in the long-term.

- *“AMAZON TO ACCEPT FOOD STAMPS, TAKING ON WALMART,” CBS NEWS, JANUARY 16, 2017*  
[<http://www.cbsnews.com/news/amazon-accept-food-stamps-taking-on-walmart/>](http://www.cbsnews.com/news/amazon-accept-food-stamps-taking-on-walmart/)

Amazon is one of several online retailers that will begin accepting SNAP benefits this summer under a USDA pilot program. The pilot will enable the retailer to tap into the \$66.6 billion in SNAP benefits used by 43 million Americans. USDA has said that it hopes the pilot will expand food access to areas with limited healthy food options. The pilot reflects a growing interest in online grocery ordering, with nearly four out of 10 consumers having purchased groceries online.

## 3. INTERNATIONAL

- *“SOMALIA ON THE BRINK OF FAMINE, U.N. WARNS,” NPR, FEBRUARY 2, 2017*  
[<http://www.npr.org/sections/thetwo-way/2017/02/02/513090220/somalia-on-the-brink-of-famine-u-n-warns>](http://www.npr.org/sections/thetwo-way/2017/02/02/513090220/somalia-on-the-brink-of-famine-u-n-warns)

Approximately 6.2 million people are in urgent need of food assistance in Somalia due a severe drought. The United Nation's Food and Agriculture Organization reports that the drought has caused food prices, animal deaths, and malnutrition rates to go up. Without action, the United Nations warns that the country could once again fall into famine, after more than 250,000 Somalians died from malnutrition in 2011. Humanitarian groups argue that with a swift response from the international community, famine can be avoided.

- *“FAMINE: WHAT DOES IT REALLY MEAN AND HOW DO AID WORKERS TREAT IT?” THE GUARDIAN, FEBRUARY 12, 2017*  
<<https://www.theguardian.com/global-development-professionals-network/2017/feb/12/famine-threat-humanity-world-food-organisation>>

Famine, the extreme end of food insecurity, is the reality for several countries in Africa and the Middle East in 2017. The World Food Program sets out three conditions for a famine: 20 percent of households must face extreme food shortages, daily death rates must exceed two per 10,000 people, and severe malnutrition rates in the population must exceed 30 percent. As opposed to food shortages caused by humanitarian crises, famines are a type of crisis that occurs slowly over time. They may be caused by poor harvests or, in the case of Nigeria, deliberate acts by terrorist groups.

When governments are unable to handle a famine, aid agencies assess and try to prevent famines by watching vulnerable populations and tracking food costs and mortality rates. Although large-scale food distributions still take place, new projects have focused on using cash-based vouchers to help sustain local markets and promote family choice.

**APPENDIX A****Retirement Accounts Excluded from Resources by the Act**

<b>Authorized</b>	<b>Plan/Account</b>	<b>What Is It?</b>
Section 401 IRS Code	<b>Traditional Defined-Benefit Plan</b>	Employer-based retirement plan that promises retirees a certain benefit upon retirement, regardless of investment performance.
Section 401(a) IRS Code	<b>Cash Balance Plan</b>	Employer-based “hybrid” plan that combines features of defined benefit and defined contribution plans. Each employee is allocated a hypothetical account, but account balances accrue at a specified rate, rather than depending on investment performance.
Section 401(a) IRS Code	<b>Employee Stock Ownership Plan</b>	Similar to a profit-sharing plan that must be primarily invested in the employer’s stock and under which distributed benefits must be offered in the form of the employer’s stock.
Section 401(a) IRS Code	<b>Keogh Plan</b>	“Informal” term for retirement plans available to self-employed people.
Section 401(a) IRS Code	<b>Money Purchase Pension Plan</b>	Employer-based defined contribution plan under which annual contributions are fixed by a set formula.
Section 401(a) IRS Code	<b>Profit-Sharing Plan</b>	Employer-based defined contribution plan under which employer contributions may, but need not be, linked to profits. Usually refers to non-matching employer contributions.
Section 401(a) IRS Code	<b>Simple 401(k)</b>	401(k)-type plans available only to small businesses: exempt from certain restrictions and subject to some limitations on employer contributions.
Section 401(a) IRS Code	<b>401(k)</b>	Defined contribution plan that allows employees to defer receiving compensation in order to have the amount contributed to the plan. Commonly referred to as a “cash or deferred arrangement” (CODA). Some 401(k) plans allow after-tax Roth 401(k) contributions.
Section 403(a) IRS Code	<b>403(a)</b>	Plans that are similar to 401(a) plans but are funded through annuity insurance
Section 403(b) IRS Code	<b>403(b)</b>	Tax-sheltered annuity or custodial account plan offered by tax-exempt section 501(c) organizations or public schools. Many are funded by employee contributions that resemble 401(k)s.
Section 408 IRS Code	<b>IRA</b>	Vehicle for tax-deferred retirement savings controlled by individuals rather than employers.
Section 408(p) IRS Code	<b>Simple retirement account IRA</b>	Employer-based IRA (to which employers and employees contribute) available only to small businesses.
Section 408(k) IRS Code	<b>Simplified Employee Pension Plan (SEP)</b>	Employer-sponsored plan available only to small businesses; allows employer to contribute to employee accounts that function as IRAs and are subject mostly to IRA rules. Generally ceased to apply in 1996.
Section 408A IRS Code	<b>Roth IRA</b>	Same as IRA, except that qualified distributions are tax exempt.
Section 408A IRS Code	<b>myRA</b>	Same as IRA, except that qualified distributions are tax exempt.
Section 457(b) IRS Code	<b>Eligible 457(b) Plan</b>	Funded plan offered by state and local governments or unfunded plan offered by nonprofit organizations.
Section 501(c) (18) IRS Code	<b>501(c)18 Plan</b>	Plan offered mostly by unions. Had to be set by June 1959 and are now largely obsolete.
Section 8439 of Title 5 USC	<b>Federal Thrift Savings Plan</b>	Plan offered by the federal government to its employees.



**APPENDIX B**



HRA-138 (E) 12/22/2016 (page 1 of 2) LLF

**Request to Change Name and/or Gender in Human Resources Administration (HRA) Records**

**Note: All sections below may be completed by either the client or staff on behalf of the client.**

**Section I – Current Case Information**

Client Name:	CIN:
Case Number or Social Security Number (optional):	Date of Submission:
Address:	

**Section II – Request (See Section/Item Number 3 of FAQ Sheet enclosed for explanation of terms.) You may request any or all of the following changes be made to your case. Check (✓) what changes you want.**

SAMPLE

<input type="checkbox"/> Correct Gender In Case Record (WMS)		<u>I identify as...</u> <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Remove all gender restrictions on health coverage under Medicaid * * Note that this code will be viewable to providers in the billing system		<u>I identify as...</u> <input type="checkbox"/> Female (eMedNY Code G1) <input type="checkbox"/> Male (eMedNY Code G2)
<input type="checkbox"/> Change Name From: _____ To: _____		
Client's or Authorized Representative's Signature:		
Authorized Representative Name (print):		

See next page

**Section III – Document(s) You Are Submitting** (Check All That Apply In The First Column)  
**See Section/Item Number 1 and 2 of FAQ Sheet enclosed for explanation of documents we can accept. Do not mail original documents. Make sure the copy you send is readable and complete.**

You must submit at least one document that supports each the gender correction and the name change that you are requesting. Look for a checkmark (√) in either/both of the last two columns.

**The listed Document Types are valid as proof to support the following:**

Document Type	Gender Correction	Name Change
<input type="checkbox"/> Birth Certificate /Amended Birth Certificate	√	√
<input type="checkbox"/> Court Order		√
<input type="checkbox"/> NYS Driver's License	√	√
<input type="checkbox"/> NYS Non-Driver ID	√	√
<input type="checkbox"/> Letter from Social Security Administration	√	√
<input type="checkbox"/> Medical Note	√	
<input type="checkbox"/> Marriage License		√
<input type="checkbox"/> Passport	√	√
<b>Note to staff: Remember to include the FAQ Sheet referenced in Sections II and III above.</b>		

**If you have any questions, call the HRA InfoLine at (718) 557-1399.**

**APPENDIX C**

**\*\*\*THIS IS A SAMPLE OF THE TYPE OF LETTER THAT MAY BE SUBMITTED BY A PERSON CHANGING GENDER FROM MALE TO FEMALE\*\*\***

---

LETTERHEAD

DATE

RE: PT NAME

Birthdate: DD/MM/YYYY

SS#: XXX-XX-XXXX

To Whom It May Concern:

I, PCPs FULL NAME, New York State License No. NUMBER, DEA# NUMBER, am the provider of PT NAME, with whom I have a doctor/patient relationship, and whom I have treated.

In my medical opinion, Ms. LAST NAME is a woman. Ms. LAST NAME has had appropriate clinical treatment and has successfully completed her transition from male to female.

Ms. LAST NAME should be considered female for all legal and documentation purposes, including on her passport, driver's license, and social security records. Indicating her gender as female will eliminate the considerable confusion and bias Ms. LAST NAME encounters when using identification that does not accurately reflect her gender.

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Sincerely,

PROVIDER NAME, MD/DO



*HRA Desk Guide to Reasonable Accommodations***APPENDIX D**

<b>RA Name</b>	<b>RA Implementation (When Granted)</b>	<b>Provisionally Granted?</b>	<b>Documentation Required?</b>
Help completing forms	Assist client with filling out HRA forms.	Yes	No
Help for people who are blind or visually impaired	Assist client per client request.	Yes	No
Help for people who are deaf or hearing impaired	Assist client per client request.	Yes	No
Help reading forms	Assist client with reading HRA forms and notices.	Yes	No
Shorter wait times	Minimize client's wait time to be served whenever possible.	Yes	No
Sign language interpretation	Arrange for client to be serviced used preferred method of sign language.	Yes	No
You need HRA to your home for appointments	Home Visit Needed/Homebound. Do not schedule in-office appointments.	Yes	Yes
Making appointments when you can have someone come with you	Only schedule appointments when the client's travel companion is available.	Yes	Yes
No appointments during certain days and times	Only schedule appointments based on client's availability.	Yes	Yes
No appointments during rush hour	Only schedule appointments between 11 AM and 2 PM.	Yes	Yes
No in-office appointments while you apply for Access-A-Ride	Do not schedule in-office appointments.	Yes	Yes
Keep your case at your current center	Keep client's case at the requested center; do not transfer case to a different center.	No	Yes
Other	Case by case basis, per the client's request.	No	Yes
Transfer your case to new center	Transfer the client's case to the requested center.	No	Yes

1. The best way to learn if a client has an existing RA is to check the Client Service Screen.
2. RAs that are provisionally granted must be honored as soon as the client makes the request. Even when an RA is not provisionally granted, HRA must try to find some alternative way to meet the client's needs.
3. Supporting documentation is NOT required immediately. HRA will send the client a notice with instructions that tell the client when the documentation is due.
4. Clients who are *permanently* work exempt, such as those who are 60 years old or older, do not require any RA documentation except for Shorter Wait Times and Home Visits Needed/Homebound RAs.

**APPENDIX E**

HRA-102c (E) 01/05/2016 (page 2 of 2) LLF

**HELP FOR PEOPLE WITH DISABILITIES  
REASONABLE ACCOMMODATION REQUEST FORM**

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

**YOUR INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number 1: \_\_\_\_\_ Phone Number 2 (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**WHY DO YOU NEED HELP?**

Tell us how your condition makes it hard to access HRA benefits and services (if you need more space to write, please attach pages):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SAMPLE**

Choose WHAT help you might need because of your condition:

<input type="checkbox"/> Help for people who are blind or visually impaired	<input type="checkbox"/> Help for people who are deaf or hearing impaired
<input type="checkbox"/> Making appointments when you can have someone come with you	<input type="checkbox"/> Sign language interpretation
<input type="checkbox"/> No appointments during certain days and times	<input type="checkbox"/> No in-office appointments while you apply for Access-A-Ride
<input type="checkbox"/> No appointments during rush hour	<input type="checkbox"/> Help reading forms
<input type="checkbox"/> Shorter wait times	<input type="checkbox"/> Help completing forms
<input type="checkbox"/> Transfer your case to center _____	<input type="checkbox"/> You need HRA to come to your home for appointments
<input type="checkbox"/> Other accommodations that you need to access services at HRA. <i>Explain:</i>	<input type="checkbox"/> Keep your case at your center _____
_____	
_____	
_____	

How long do you think that you will need this help? \_\_\_\_\_

You do not need to give us proof of your condition now. We may ask you to give us some medical or clinical documents later.

To be completed by HRA worker if submitted at an HRA location (Please give a copy to the client):

Date Received: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_  
 Name of HRA worker (Print) Signature

**APPENDIX F**

Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Center: \_\_\_\_\_

**Important Information About Your  
 Supplemental Nutrition Assistance Program (SNAP) Case**

Due to a computer error, you did not receive a phone call to recertify your SNAP benefits and your case was closed. This should not have happened.

A temporary telephone number has been created so that you can complete your recertification. Please call us at **(929) 397-4015** before **01/31/2017** to complete your recertification interview. You can call us at this number Monday through Friday from 8:30 A.M. to 5:00 P.M.

If you want to complete your recertification in person, you can go into your SNAP center before 01/31/2017.

After your recertification interview, if we find that you can still get SNAP benefits, we will re-open your case and give you any benefits you might have lost.

We apologize for any inconvenience this may have caused you.

**APPENDIX G**

LDSS-4314 (Rev. 5/16)

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE**

All persons, even if they are members of different families, who customarily purchase and prepare meals together are to be considered members of the same SNAP benefits household.

RELATIONSHIPS:	SITUATION RESULT
Spouses Living Together	Must always be considered as a single household.
Children Under 22 Years of Age living with their parent(s) (Includes Stepchildren), and if applicable, the children's spouse and their own children.	Must be considered as a single household.
Children Under 18 (Except Foster Children) Under the Parental Control of an Adult Household Member Who Is Not the Children's Parent or Step Parent	Must be considered as a single household. <i>(Reminder: A child under 18 living with their spouse or child is not considered under parental control.)</i>
<p><b>NOTE:</b> There is no age requirement for an individual not under parental control to receive SNAP benefits.</p> <p><b>CIRCUMSTANCES CAUSING INELIGIBILITY:</b></p>	
Resident of Institution	<p><b>SITUATION RESULT</b></p> <p>Ineligible unless a resident of a:</p> <ul style="list-style-type: none"> <li>• Drug/alcohol Treatment facility; or</li> <li>• Subsidized housing for the elderly; or</li> <li>• Shelter for the homeless; or</li> <li>• Certain group living arrangement; or</li> <li>• Shelter for battered women and children.</li> </ul>
Ineligible Student	Non-household member. (Income and resources are excluded. The household can claim their prorated share of expenses.)
Work Rules Sanctioned or Intentional Program Violation Disqualified	Excluded household member. (Income and resources are counted in their entirety. The household can claim full expenses.)
ABAWD Ineligible	Ineligible household member. Income is prorated, resources are counted in their entirety. Expenses paid by or billed to the excluded person are prorated.
Any individual who is: <ul style="list-style-type: none"> <li>• Ineligible to get a Social Security Number (SSN); or</li> <li>• Fails to or is unable to provide a SSN and fails to apply for a SSN or refuses to cooperate with resolving a SSN validation discrepancy.</li> </ul>	Excluded household member. (Income is prorated, resources are counted in their entirety. Expenses paid by or billed to the excluded person are prorated.) Applying for or providing the SSN immediately brings the excluded individual into compliance.
A household that fails to or refuses to cooperate in the SSN validation process.	The SNAP case is closed.





LDSS-4314 (Rev. 5/16)

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS HOUSEHOLD COMPOSITION DESK GUIDE**

Persons residing together who do not meet any of the previous definitions may be separate households if they purchase and prepare food separately from the other persons.

**SPECIAL LIVING ARRANGEMENT:**

**SITUATION RESULT**

Boarder (Room and Meals)	Not a part of the household, but may be considered to be a member of a household at the household's request, (unless residing in a commercial boarding house). May never be a separate household. The following can never be considered boarders: <ul style="list-style-type: none"> <li>• Children Under 22 Years of Age living with their parent(s), (Including step children).</li> <li>• A spouse of a member of the household.</li> <li>• Children under 18 years of age who are under the parental control of an adult member of the household including a sibling.</li> </ul>
Roomer (Room, No Meals)	Not considered part of household, but may apply as a separate household.
Shared Living (Pays a Share of Shelter Expenses)	Not considered part of household, but may apply as a separate household.
Foster Children	It is the household's decision to include or exclude foster children as household members. If included, those foster care payments that cannot be excluded as verified reimbursements are counted as income. If excluded, the foster care payments are not counted as income.
Elderly Individuals and their Spouses	Separate household status may be granted to those elderly individuals and their spouse who cannot purchase and prepare their own meals because they suffer from certain disabilities, even if they are living and eating with others, if they meet certain conditions. **

**\*\* ALL OF THE FOLLOWING CONDITIONS MUST BE MET:**

- The individual must be 60 years of age or older, and
- The individual must suffer from a disability considered permanent under the Social Security Act or from a non-disease related, severe, permanent disability and be unable to purchase and prepare meals; and
- The gross income of the others with whom the individual resides (excluding the income of the individual and the spouse) cannot exceed 165% of the poverty level.

**STUDENTS:**

In order to participate in the SNAP Program, a student who is enrolled at least half-time in an institution of higher education and is at least 18 years old but less than 50 years old and is not disabled must meet one of the following criteria:

- Be receiving Family Assistance or Federally funded Safety Net Assistance Benefits; or
- Provide more than half the physical care for a child under 6; or
- Be enrolled full time and be a single parent responsible for the care of a child under 12; or
- Provide more than half the care of a child under 12 and not have adequate child care to work and go to school; or
- Be participating during the school year in a State or Federally financed work study program funded under Title IV-C; or
- Be employed for an average of 20 hours per week and be paid. If self employed, must be working an average of 20 hours per week and earn an amount equal to the Federal minimum wage x 20 hours; or
- Was placed in school through WIOA, SNAP E&T, Safety Net Employment Activity which is comparable to a SNAP E&T activities or DOL.

FOOD BANK FOR NEW YORK CITY  
2017