

**PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND MEDICAL ASSISTANCE COVERAGE (NYC)**

NOTICE DATE: 08/14/2022		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE Bushwick Job Center 2 George St Brooklyn NY 11206	
CASE NUMBER 00038815702G	CIN NUMBER SM38490R		
CASE NAME (And C/O Name if Present) AND ADDRESS			
OFFICE NO. 066	UNIT NO. CON	WORKER NO. WMCJT	UNIT OR WORKER NAME S. Teague
		TELEPHONE NO. (718) 557-1399	
CHRISTIAN ALBINO  232 ROCHESTER AVE Apt 2A BROOKLYN NY 11213-6600		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP (718) 557-1399	
		OR Agency Conference (718) 557-1385	
		Fair Hearing information and assistance (718) 557-1385	
		Record Access (212) 331-4289	
		Legal Assistance information (718) 557-1385	

The action(s) taken on your application dated 07/06/2022 is explained below and on Part B, next to the checked box(es) ☒ :

**SEE PART B FOR SNAP BENEFITS AND FAIR HEARING INFORMATION.****PUBLIC ASSISTANCE**

☒ **ACCEPTED** for the period from 8-14-2022 to 1-31-2023  
for [name(s)] CHRISTIAN ALBINO.  
You will get \$ 90.25, which will cover the period from 8-20-2022 to 9-3-2022. After this you will get \$ 91.50.

☐ The above grant is based on a reduced budget because:  
☐ \_\_\_\_\_ failed without good cause to cooperate with the Office of Child Support Enforcement (OSCE) on \_\_\_\_\_ by \_\_\_\_\_ [18NYCRR 352.3(d)]:  
**To lift this sanction, call \_\_\_\_\_ . Read the detailed instructions on the back of this notice.**

☐ \_\_\_\_\_ failed to comply with the following drug/alcohol treatment requirement(s) [18NYCRR 351.2(i)]:  
☐ screening ☐ assessment ☐ rehabilitation  
☐ or, has not provided consent or revoked consent to disclose treatment information to the agency.

☐ A RECOUPMENT at the rate of \_\_\_\_\_ percent (%) is being taken against your Public Assistance. The reason for this recoupment is:  
 \_\_\_\_\_ . If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by Medical Assistance. Your Worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. The recoupment rate must be at least 5%. This decision is based on 18 NYCRR 352.31(d).

☐ **DENIED** for the following individuals:  
 If **ALL** is listed in the first **Name(s)** field, every member of your household was **DENIED** for the same stated **Reason(s)**.

Name(s): \_\_\_\_\_ Reason(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ Reason(s): \_\_\_\_\_

**The above decision(s) is based on 18 NYCRR. 18 NYCRR 352.29**

Enclosure

**BE SURE TO READ THE BACK OF PART B FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.****DISTRIBUTION:** White - CLIENT/FAIR HEARING COPY

Yellow - CLIENT COPY

Pink - AGENCY COPY