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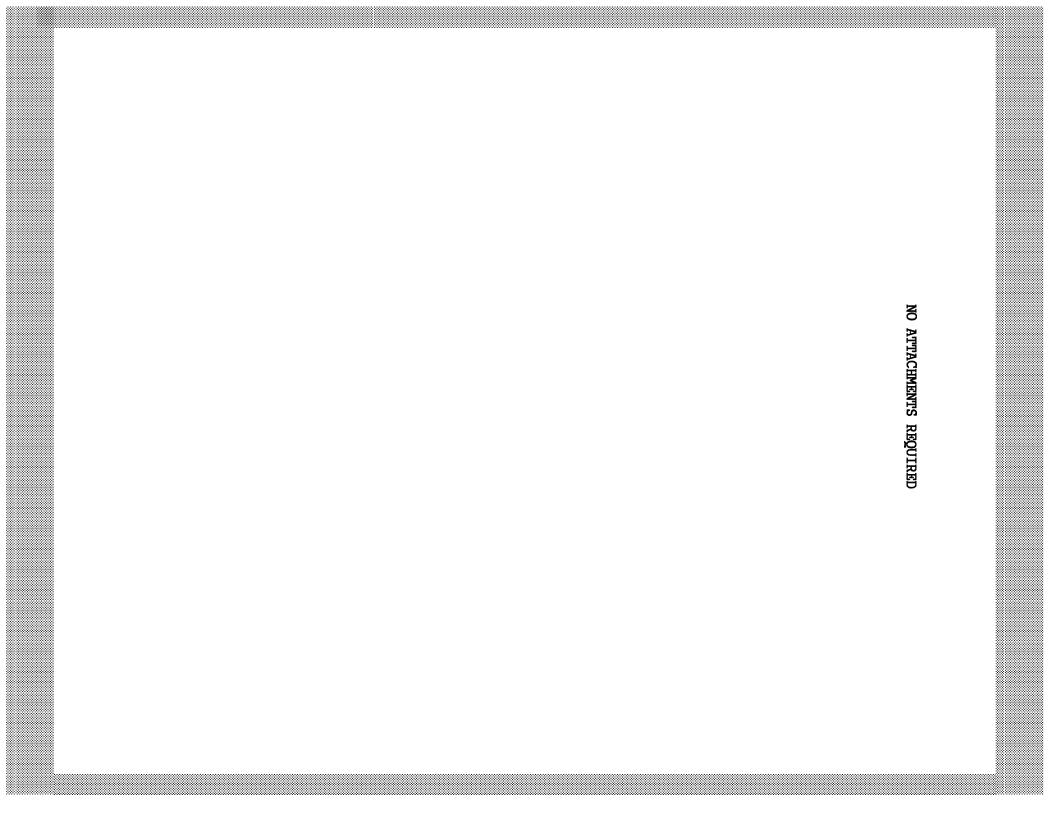
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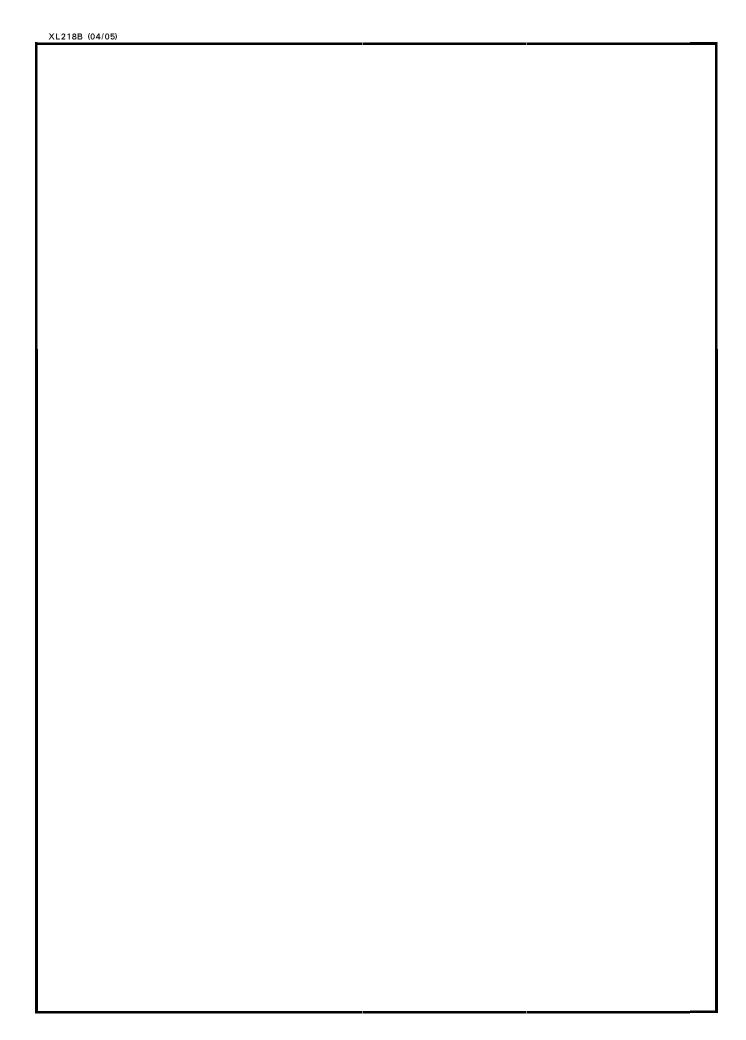
ATTENTION

DO NOT STAPLE

HOLD FOR CENTER SERVICES COURIER PICK-UP

Warning: These reports are confidential and proprietary to the State of New York, access is limited to authorized employees and legally designated agents, and only for authorized purposes. Also, these reports contain data maintained by other government groups, access thereto must also be authorized. Unauthorized access to or release of State of New York systems/data or other government data may result in civil liability and/or criminal prosecution. Use of these reports, whether authorized or not, constitutes express consent for the State of New York to intercept, copy, and reuse any material contained on this report. This notice shall not be interpreted to compromise the rights of nonuser data subjects.





XL0218 (09/97)

ONONDAGA CO SOCIAL SERVICES SUPPLEMENTAL NUTRITION ASSIT PRGRM 421 MONTGOMERY STREET 3RD FL #20 SYRACUSE, NY 13202-7565 NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

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

NOTICE NUMBER:			DATE: Septem		nber 3, 2016	CASE NUMBER:		
OFFICE 7	UNIT SNAP	WORKER E789			OR WORKER NAME NAP I.M. WORKER		TELEPHONE NO. 315-435-2700	
AGENCY TELEPHONE NUMBERS GENERAL TELEPHONE NO. 215-425-2700					CASE NAME / AND ADDRESS			
FOR QUESTIONS OR HELP		315-435-2700		0		'		
OR Agency Conference 3		315-435	315-435-2700		7/SNAP/E789			
ir	air Hearing nformation and ssistance	800-342	-333	4				
R	Record Access	315-435	-270	0				
	Child/Teen lealth Plan	315-435	-292	8				

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

SUPPLEMENTAL NUTRITION ASSISTANCE

We have lengthened your SNAP certification period to February 28, 2017.

You will continue to get the same amount of SNAP benefits \$511.00 from October 1, 2016 to February 28, 2017. This is because you are eligible for Transitional SNAP Benefits.

You will receive this SNAP benefit amount until the end of the transition period above. You are not required to report any changes until the end of this transition period. If you have changes during your transition period that may increase your benefits, you must contact your worker to file an early recertification application in order to receive any increase. Early recertifications that result in a benefit increase will end your transition period. Also, your transition period will end and your SNAP benefits may change if you begin to receive temporary assistance again. Otherwise, your transitional period and benefit will continue as described above.

This decision is based on CFR 273.12(f)(4).

o Your household has had a change in Public Assistance benefits.

This decision is based on Regulations 18 NYCRR 387.10 and 387.12.

How we figured your SNAP Benefits:

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