

FOOD STAMP CODES

(Including NYS Nutrition Improvement Project - NYSNIP)

| | | | |
|------------|---|--|--|
| 400 | FAILURE TO PROCESS APPLICATION OR CHANGES IN CIRCUMSTANCES INCLUDING DELAYED ISSUANCE (failure to act) | | |
| 401 | DENIAL OR FAILURE TO ACT ON EXPEDITED FS APPLICATION (If eligible, FS must be available within 5 calendar days) | | |
| 402 | FAILURE TO REPORT FOR AND/OR COMPLETE RECERTIFICATION (non-aid to continue) | | |
| 403 | FS TRANSITIONAL BENEFIT ALTERNATIVE (FS TBA) | | |
| 404 | FS HOUSEHOLD COMPOSITION (MIXED HOUSEHOLD) | | |
| 405 | DISCONTINUANCE/REDUCTION/DENIAL BASED UPON EXCESS INCOME (see 454 for mass changes/COLA) | | |
| 407 | DEDUCTIONS (Shelter, childcare, utilities, fuel, telephone, medical) | | |
| 412 | DISCONTINUANCE/DENIAL BASED ON RESOURCES, INCLUDING TRANSFER OF RESOURCES AND COUNTING LUMP SUM PAYMENTS | | |
| 415 | BUDGETARY COMPUTATION OR GENERAL INADEQUACY, INCLUDING RETROACTIVE BENEFITS | | |
| 416 | FAILURE TO COMPLY WITH EMPLOYMENT RULES | | |
| 418 | DISTRICT OF RESPONSIBILITY, AND/OR MOVED OUT OF STATE (INCLUDING IDD OR CENTER OF RESPONSIBILITY - NPA vs PA) | | |
| 421 | CLAIMS AGAINST RECIPIENTS FOR OVERISSUANCE OF FOOD STAMPS (ACTION: INAD) (DEMAND LETTER FOR REPAYMENT) OR (COMPROMISE OF OVERISSUANCE) | | |
| 422 | FAILURE TO VERIFY ANY ASPECT OF FOOD STAMP ELIGIBILITY (NON-RECERTIFICATION) | | |
| 425 | DISCONTINUANCE/REDUCTION/DENIAL OF FOOD STAMPS- WITHOUT NOTICE (See 400 for delayed issuance) | | |
| 426 | FLEEING FELON | | |
| 427 | LETTER REQUEST/SELF REQUEST FORM; ISSUE NOT SPECIFIED | | |
| 428 | INELIGIBILITY OF A PERSON OR GROUP BECAUSE OF STATUS (EX: Students, boarders, strikers, jail, etc.) For alien status see 453 | | |
| 429 | AGENCY FAILURE TO HAVE PHOTO ID TAKEN OR FAILURE TO REPLACE ID (ACTION: INAD) | | |

| CODE | CRITERIA | SUB - CATEGORY | AGENCY |
|------|---|----------------|--|
| 421 | DEMAND LETTER FOR OVERISSUANCE. IN NYC ONLY, UNRELATED ISSUES MUST BE SCHEDULED SEPARATELY | NONE | NYC: NATP UPSTATE: LDSS |

**ADMINISTRATIVE DISQUALIFICATION HEARINGS (FSDH)
(ONLY FOR ADH USE)**

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|-----|---|
| 430 | IPV DISQUALIFICATION: DUPLICATE BENEFITS |
| 431 | IPV DISQUALIFICATION: UNDECLARED INCOME |
| 432 | IPV DISQUALIFICATION: UNDECLARED RESOURCES |
| 433 | IPV DISQUALIFICATION: FALSE INFORMATION ON APPLICATION |
| 434 | IPV DISQUALIFICATION: UNREPORTED CHANGES IN HH COMPOSITION |
| 435 | IPV DISQUALIFICATION: INTENTIONAL PROGRAM VIOLATION – GENERAL |
| 436 | IPV DISQUALIFICATION: REOPEN FOR GOOD CAUSE/NO NOTICE HEARING |

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- 437 ANY OTHER FOOD STAMP ISSUE NOT IDENTIFIED BY OTHER CODE**
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- 438 AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL, OR DEFAULT**
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- 440 FOOD STAMP REDUCTION DUE TO OVERPAYMENT**

| CODE | CRITERIA | SUB - CATEGORY | AGENCY |
|------|--|----------------|--|
| 440 | FOOD STAMP REDUCTION DUE TO OVERPAYMENT. IN NYC ONLY, UNRELATED ISSUES MUST BE SCHEDULED SEPARATELY | NONE | NYC: NATP UPSTATE: LDSS |

**DISQUALIFICATION AS A RESULT OF ADMINISTRATIVE HEARING
DECISION (BAD):**

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- 441 ADEQUACY OF BUDGET TO REMAINING HOUSEHOLD MEMBERS**
-
- 442 AMOUNT OF CLAIM**
-
- 444 ANY ACTION RE: ADH DECISION NOT IDENTIFIED BY OTHER CODE**
-
- 445 FAILURE TO REINSTATE FS UPON IPV DISQUALIFICATION EXPIRATION**

| CODE | CRITERIA | SUB - CATEGORY | AGENCY |
|----------------------|--|---|--|
| 441, 442 444, 445 | - BUDGETING AFTER DISQUALIFICATION - STATEWIDE - FOOD STAMP FRAUD DISQUALIFICATION | BAD <i>NOTE: SUB-CAT FOR UPSTATE REQUEST ONLY</i> | NYC: NBAD UPSTATE: LDSS |

448 FAILURE TO RETURN AND/OR COMPLETE PERIODIC REPORT

450 REPLACEMENT OF DESTROYED FOOD ITEMS

451 VOLUNTARY TERMINATION OF EMPLOYMENT

453 INELIGIBILITY BASED UPON ALIEN STATUS

454 FOOD STAMP DISCONTINUANCE/REDUCTION DUE TO INCREASE IN SOCIAL SECURITY, PUBLIC ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI) (COLA - Mass change)

455 FAILURE TO DETERMINE FS ELIGIBILITY UPON PA DENIAL/DISC

456 FAILURE TO REISSUE ELECTRONIC FS BENEFITS/EBT ADJUSTMENTS

| CODE | CRITERIA | SUB - CATEGORY | AGENCY |
|-------------|--|-----------------------|--|
| 456 | EBT ADJUSTMENT | NONE | NYC: NF __/SEBT OR NO __/SEBT UPSTATE: LDSS/SEBT |
| 456 | FAILURE TO REISSUE ELECTRONIC FS BENEFITS | PAFS (as appropriate) | NYC: NF __ OR NO __ UPSTATE: LDSS |

462 ACTION DUE TO FINGER IMAGING

Effective December 2, 2006

Eliminated/Combined Codes

Code

406 - ELIMINATE, INCLUDE UNDER 405

Formerly: Income that should not be budgeted

411 - ELIMINATE, INCLUDE UNDER 412

Formerly: Transfer of resources to qualify for FS

417 - ELIMINATE, INCLUDE UNDER 415

Formerly: Retroactive benefits

419 - ELIMINATE – OBSOLETE

Formerly: Replacement of lost, stolen, destroyed or mutilated stamps

423 - ELIMINATE, USE 415

Formerly: FS pro-ration-first month of certification period/withholding next

439 - ELIMINATE

Formerly: Categorical eligibility for FS

457 - ELIMINATE, USE 404

Formerly: Failure to remove household member from FS budget

459 - ELIMINATE - OBSOLETE

Formerly: Food Assistance Program (program ended 9/30/05)

463 - ELIMINATE, USE 416

Formerly: Failure to comply with ABAWD Work Requirements

466 - ELIMINATE, USE 429 OR 456

Formerly: Any other reason related to EBT

Effective December 2, 2006