Medicaid

Please see the image below for an example of appropriate verification. You may request a letter by contacting your local department of social services (LDSS). Contact information by county can be found at the following link: https://www.health.ny.gov/health_care/medicaid/ldss.htm.



nystateofhealth
The Official Health Plan Marketplace

[redacted]

January 02, 2021
Account ID: [redacted]

IMPORTANT NOTICE
ABOUT YOUR PLAN ENROLLMENT

Dear [redacted]

This notice concerns your health insurance through NY State of Health as of January 01, 2021.

If any of the enrollment information listed below is not correct, please call us right away.

ENROLLED IN A MEDICAID PLAN:

Plan Name: HealthierLife
Insurance Company: Fidelis Care
Plan Type: Medical with Dental

Member(s)

Coverage Information

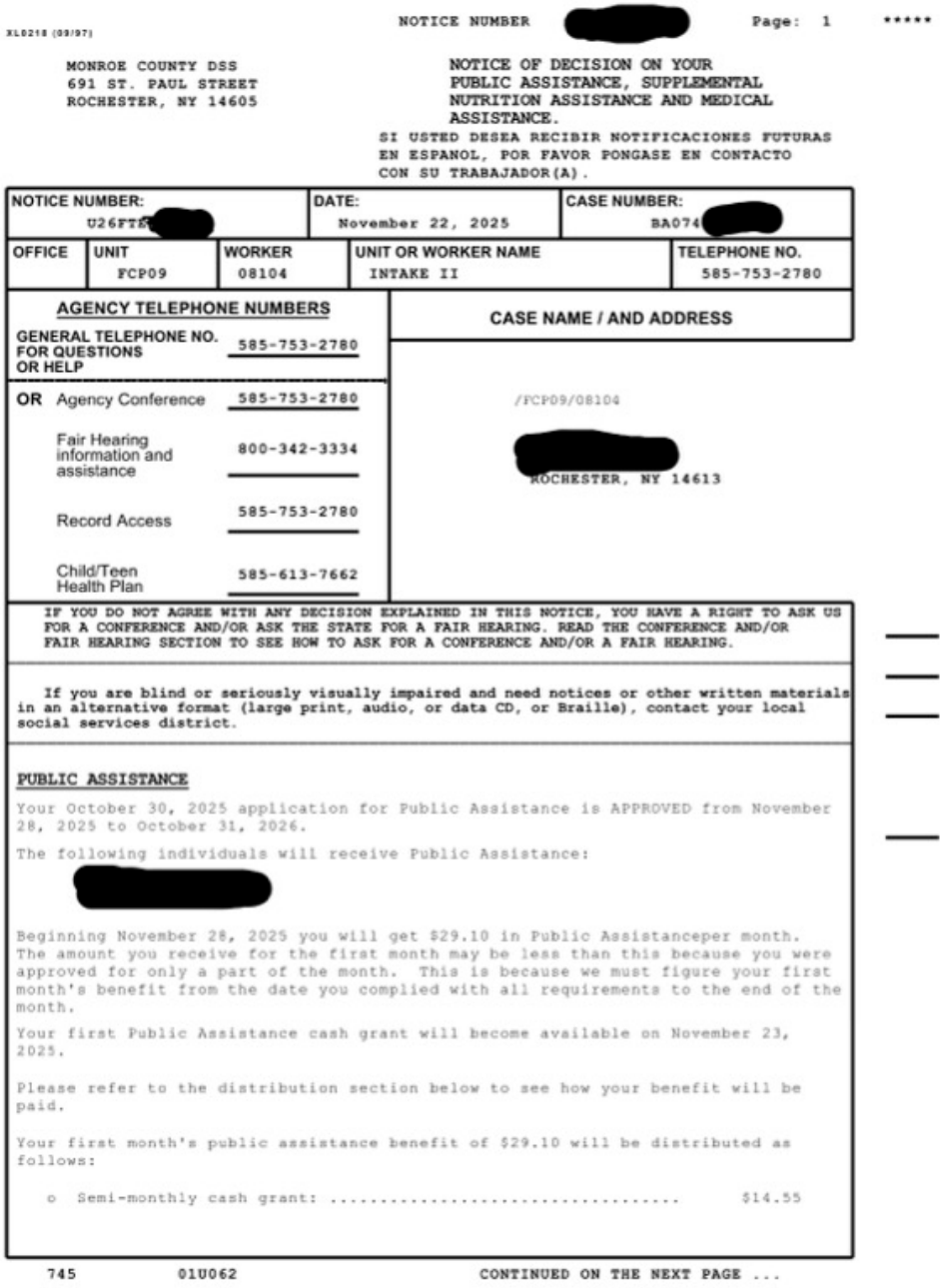
[redacted]
Marketplace ID: [redacted]
CIN: [redacted]

Your Premium: $0 (free) per month
Enrollment Start Date: April 01, 2020

You cannot pick a new Medicaid Managed Care Plan until February 16, 2021. You cannot pick a new health plan unless you have a good reason. For more information, please contact NY State of Health.

Family Assistance

Please see the image below for an example of appropriate verification. You must provide a current benefit award letter showing your Family Assistance recipient status. You can request a Family Assistance benefit letter online at: http://mybenefits.ny.gov/.



XL0218 (09/97)

NOTICE NUMBER [redacted] Page: 1 *****

MONROE COUNTY DSS
691 ST. PAUL STREET
ROCHESTER, NY 14605

NOTICE OF DECISION ON YOUR PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE AND MEDICAL ASSISTANCE.

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

NOTICE NUMBER:	DATE:	CASE NUMBER:
U26FTE[redacted]	November 22, 2025	BA074[redacted]

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
	FCP09	08104	INTAKE II	585-753-2780

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	585-753-2780
OR Agency Conference	585-753-2780
Fair Hearing information and assistance	800-342-3334
Record Access	585-753-2780
Child/Teen Health Plan	585-613-7662

CASE NAME / AND ADDRESS

/FCP09/08104

[redacted]
ROCHESTER, NY 14613

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.

PUBLIC ASSISTANCE

Your October 30, 2025 application for Public Assistance is APPROVED from November 28, 2025 to October 31, 2026.

The following individuals will receive Public Assistance:

[redacted]

Beginning November 28, 2025 you will get $29.10 in Public Assistanceper month. The amount you receive for the first month may be less than this because you were approved for only a part of the month. This is because we must figure your first month's benefit from the date you complied with all requirements to the end of the month.

Your first Public Assistance cash grant will become available on November 23, 2025.

Please refer to the distribution section below to see how your benefit will be paid.

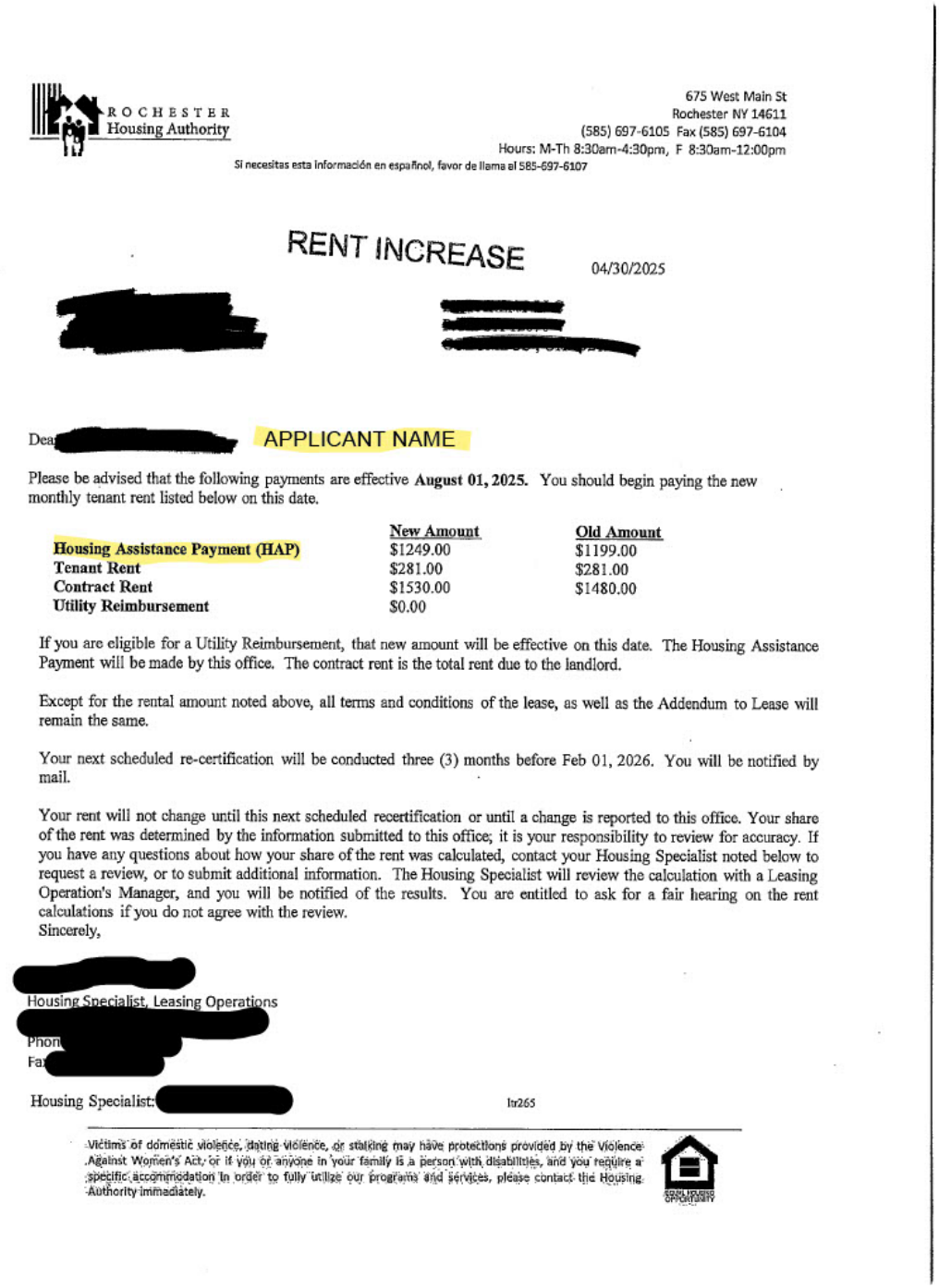
Your first month's public assistance benefit of $29.10 will be distributed as follows:

- Semi-monthly cash grant: $14.55

745 01U062 CONTINUED ON THE NEXT PAGE ...

Section 8 Housing Assistance

For Section 8 Housing Assistance, you must submit a current housing assistance benefit letter. Please see the image below for an example of appropriate verification. You can request a Housing Assistance benefit letter online at: https://section8.hcr.ny.gov/Account/Login



ROCHESTER Housing Authority

675 West Main St
Rochester NY 14611
(585) 697-6105 Fax (585) 697-6104
Hours: M-Th 8:30am-4:30pm, F 8:30am-12:00pm

Si necesitas esta información en español, favor de llama al 585-697-6107

RENT INCREASE

04/30/2025

[redacted]

Dea[redacted] APPLICANT NAME

Please be advised that the following payments are effective **August 01, 2025.** You should begin paying the new monthly tenant rent listed below on this date.

	New Amount	Old Amount
Housing Assistance Payment (HAP)	$1249.00	$1199.00
Tenant Rent	$281.00	$281.00
Contract Rent	$1530.00	$1480.00
Utility Reimbursement	$0.00	

If you are eligible for a Utility Reimbursement, that new amount will be effective on this date. The Housing Assistance Payment will be made by this office. The contract rent is the total rent due to the landlord.

Except for the rental amount noted above, all terms and conditions of the lease, as well as the Addendum to Lease will remain the same.

Your next scheduled re-certification will be conducted three (3) months before Feb 01, 2026. You will be notified by mail.

Your rent will not change until this next scheduled recertification or until a change is reported to this office. Your share of the rent was determined by the information submitted to this office; it is your responsibility to review for accuracy. If you have any questions about how your share of the rent was calculated, contact your Housing Specialist noted below to request a review, or to submit additional information. The Housing Specialist will review the calculation with a Leasing Operation's Manager, and you will be notified of the results. You are entitled to ask for a fair hearing on the rent calculations if you do not agree with the review.
Sincerely,

[redacted]
Housing Specialist, Leasing Operations
[redacted]
Phon[redacted]
Fa[redacted]

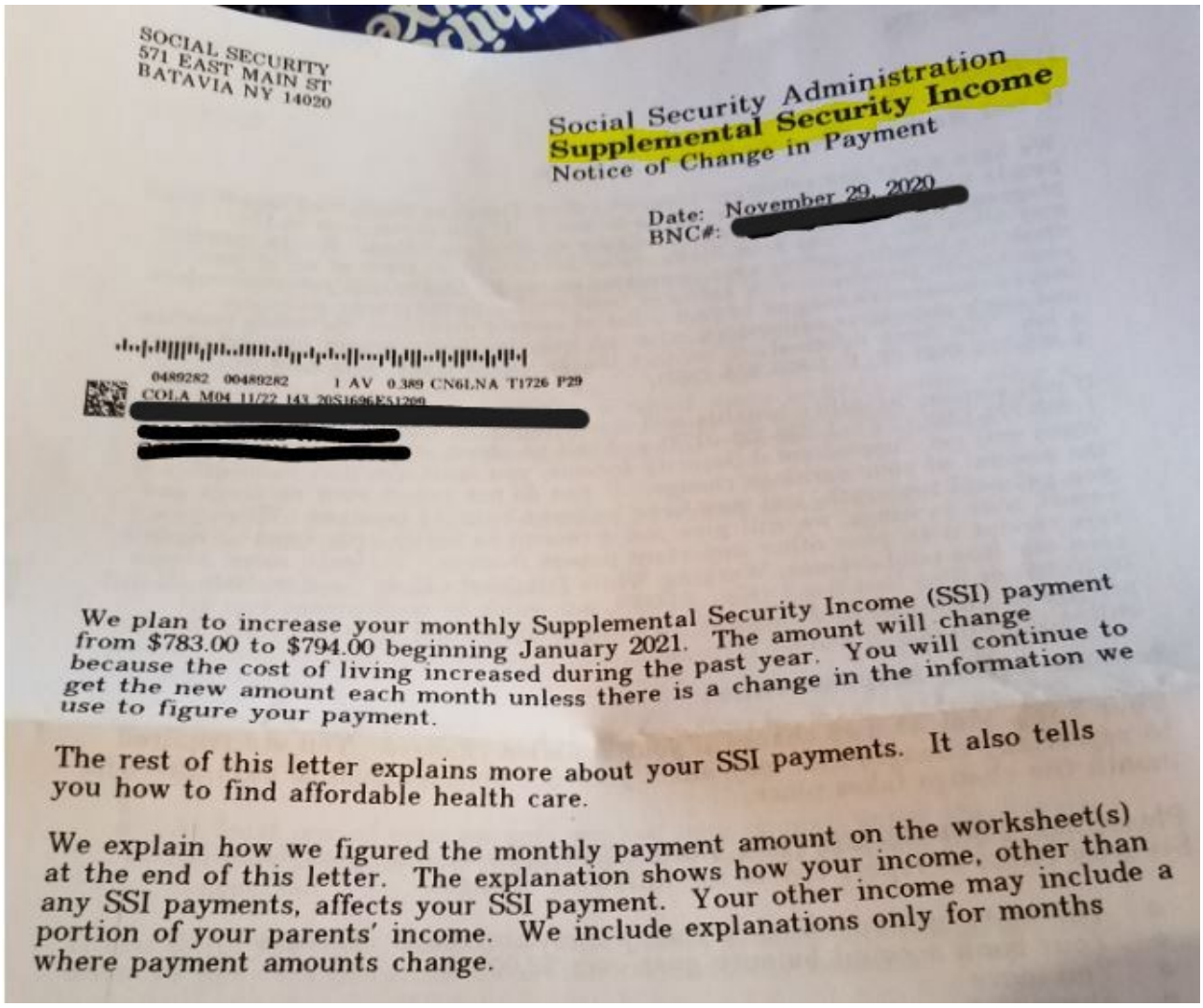
Housing Specialist: [redacted] ltr265

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.

EQUAL HOUSING OPPORTUNITY

Supplemental Security Income

Please see the image below for an example of appropriate verification. You must provide a current benefit letter clearly showing your Supplemental Security Income recipient status. You can request a letter online at: https://www.ssa.gov/myaccount/. *NOTE: Social Security Income is not the same as Supplemental Security Income and will not qualify you for the SNIP Program*



SOCIAL SECURITY
571 EAST MAIN ST
BATAVIA NY 14020

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 29, 2020
BNC#: [redacted]

0489282 00489282 1 AV 0.389 CN6LNA T1726 P29
COLA M04 11/22 143 20S1696E51200
[redacted]

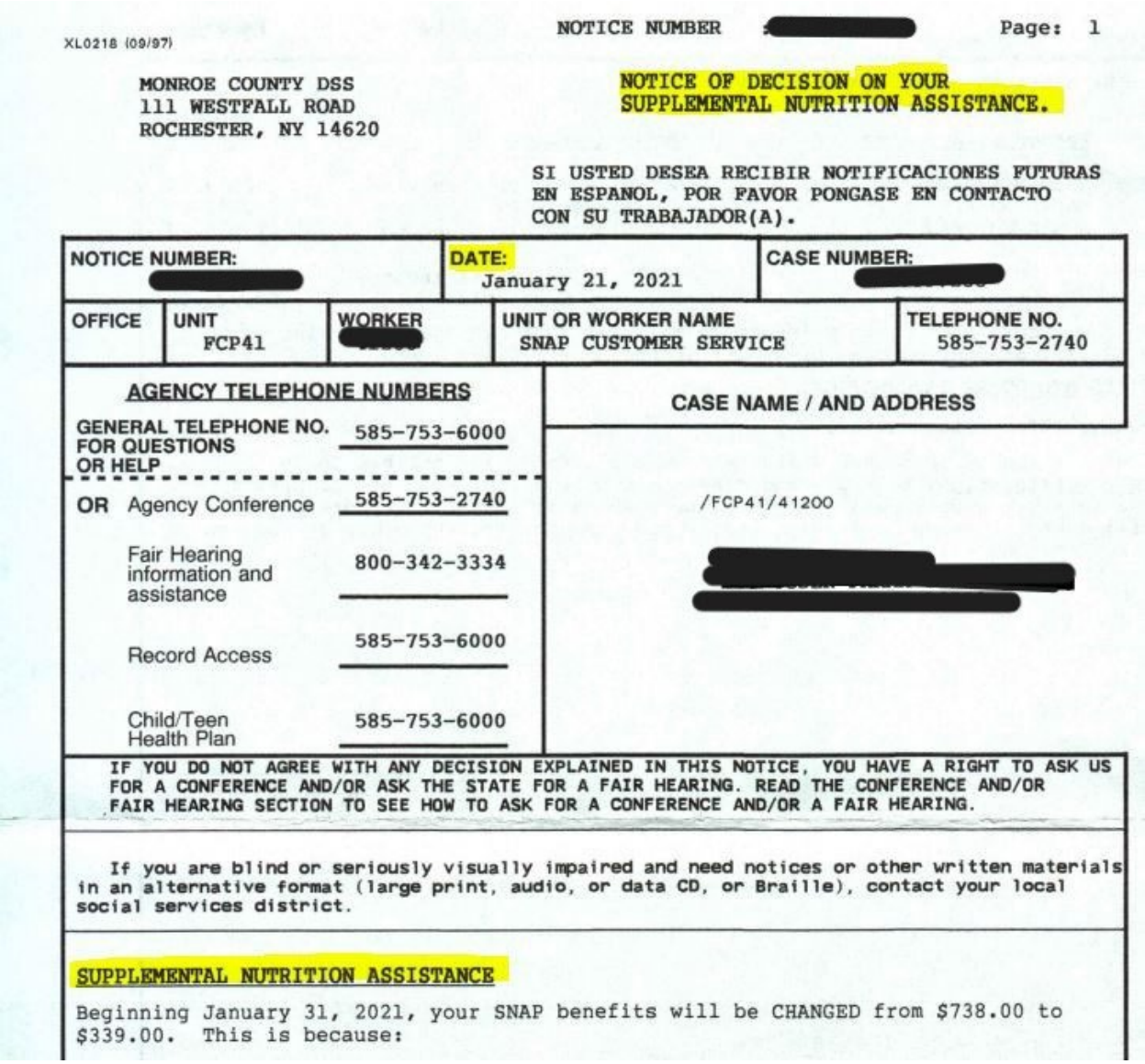
We plan to increase your monthly Supplemental Security Income (SSI) payment from $783.00 to $794.00 beginning January 2021. The amount will change because the cost of living increased during the past year. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. Your other income may include a portion of your parents' income. We include explanations only for months where payment amounts change.

SNAP (Supplemental Nutrition Assistance Program)

Please see the image below for an example of appropriate verification. You must provide a current benefit award letter showing your SNAP recipient status. You can request a SNAP benefit letter online at: http://mybenefits.ny.gov/.



XL0218 (09/97)

NOTICE NUMBER [redacted] Page: 1

MONROE COUNTY DSS
111 WESTFALL ROAD
ROCHESTER, NY 14620

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: [redacted]	DATE: January 21, 2021	CASE NUMBER: [redacted]

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
	FCP41	[redacted]	SNAP CUSTOMER SERVICE	585-753-2740

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	585-753-6000
OR Agency Conference	585-753-2740
Fair Hearing information and assistance	800-342-3334
Record Access	585-753-6000
Child/Teen Health Plan	585-753-6000

CASE NAME / AND ADDRESS

/FCP41/41200

[redacted]

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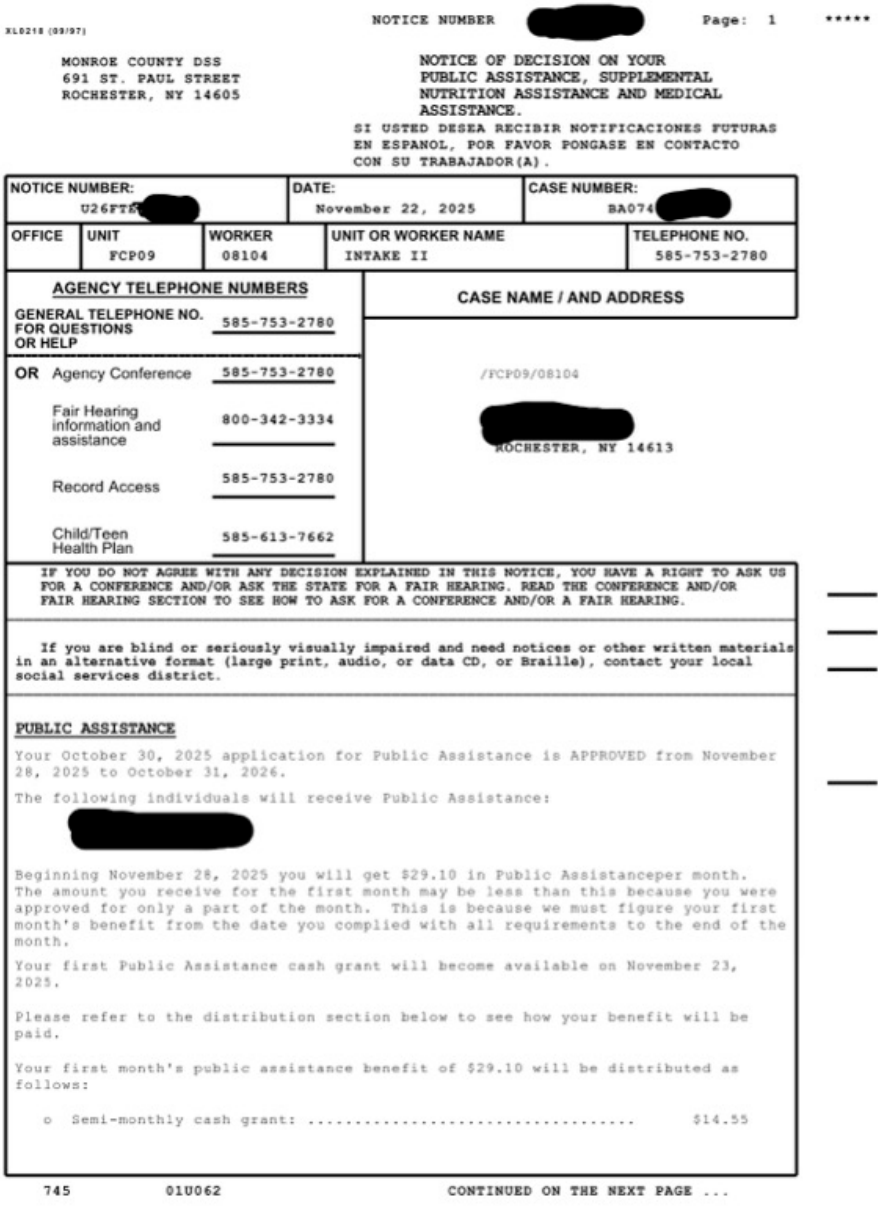
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SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning January 31, 2021, your SNAP benefits will be CHANGED from $738.00 to $339.00. This is because:

Safety Net Assistance

Please see the image below for an example of appropriate verification. You must provide a current benefit award letter showing your Safety Net Assistance recipient status. You can request a Safety Net Assistance benefit letter online at: http://mybenefits.ny.gov/.



XL0218 (09/97)

NOTICE NUMBER [redacted] Page: 1 *****

MONROE COUNTY DSS
691 ST. PAUL STREET
ROCHESTER, NY 14605

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NOTICE NUMBER:	DATE:	CASE NUMBER:
U26FT[redacted]	November 22, 2025	BA074[redacted]

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
	FCP09	08104	INTAKE II	585-753-2780

AGENCY TELEPHONE NUMBERS

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OR Agency Conference	585-753-2780
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Child/Teen Health Plan	585-613-7662

CASE NAME / AND ADDRESS

/FCP09/08104

[redacted]
ROCHESTER, NY 14613

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