



**Office of Temporary
and Disability Assistance**

myBenefits

Understanding the myBenefits application

May 2019

What is myBenefits

myBenefits is a web based application that provides people who live in New York State, a quick and easy way to prescreen and/or apply for a number of NY State assistance programs. For example, the Home Energy Assistance Program or HEAP.

myBenefits is available for all New York State counties except NYC, which is supported by a different system.
(ACCESS HRA)

myBenefits is available in 8 different languages and free Language Assistance for languages not listed.

Select Language

English

Español (Spanish)

العربية (Arabic)

中文 (Chinese)

русский (Russian)

Kreyòl Ayisyen (Haitian-Creole)

한국어 (Korean)

Italiano (Italian)

Free Language Assistance

The **myBenefits** website is an adaptive design, working on PC's, Laptops, Phones and Tablets. It can be accessed through the following url:

<https://mybenefits.ny.gov>

Additional access links to myBenefits

myBenefits can also be accessed through a number of New York State agency's websites. NYSERDA of course being one of them.

As an example:



| NYSERDA

Google Search

I'm Feeling Lucky



Services

News

Government

Local

Q Search

Location

Translate

NYSERDA

Business & Industry

Communities & Governments

Residents & Homeowners

Partners & Investors

Researchers & Policymakers

 SUBSCRIBE

Pick a topic and get updates!

[Find a Program](#)

[Find a Contractor](#)

[About NYSERDA](#)

[Contact Us](#)

Delivering on the Green New Deal

The 2019–2022 Strategic Outlook outlines NYSERDA's key focus areas and accompanying economy-wide mission outcomes over the next three years. The Strategic Outlook recognizes the broad changes required across our economy to ultimately reduce the State's carbon footprint. NYSERDA embraces its unique role in driving New York State's nation-leading climate and clean energy target, ensuring a brighter future for all New Yorkers.

Find out more: [2019-2022 Strategic Outlook](#)



NEW YORK STATE
Services



Business



Culture & Recreation



Education



Employment



Environment



Government



Health



Housing



Identification



Licenses



Military



Safety & Justice



Social Programs



Taxes



Transportation



Unemployment

Services ▾ Housing

Featured

HOUSING



Find OPWDD Housing Initiatives

Housing initiatives include programs such as Home of Your Own (HOYO) and Family Care.

SEARCH ▶

★ **SAVE TO MY SERVICES**

HOUSING



Learn About the Homes for Veterans Program

Helps U.S. military veterans, Reservists, National Guardsman & active duty buy their first home or move.

LEARN MORE ▶

★ **SAVE TO MY SERVICES**

APPLY



Apply for Heating and Cooling Assistance (HEAP)

New Yorkers can apply for heating and cooling assistance under the Home Energy Assistance Program.

OVERVIEW ▶

ELIGIBILITY ▶

APPLY ▶

★ **SAVE TO MY SERVICES**

Services ▾ Social Programs

Featured



APPLY

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OVERVIEW



ELIGIBILITY



APPLY



★ SAVE TO MY SERVICES



APPLY

Apply for SNAP

Apply for the Supplemental Nutrition Assistance Program & buy healthy food for you & your family when money is tight.

OVERVIEW



ELIGIBILITY



HOW TO



★ SAVE TO MY SERVICES



PAY

Pay Child Support

Pay your child support online and make sure your child is getting financial support from both parents.

OVERVIEW



GUIDANCE



PAY



★ SAVE TO MY SERVICES

SECTIONS

Overview

Eligibility

Apply

Cooling Assistance

Contact

Apply

When HEAP season is open, you can apply for a Regular HEAP Benefit:

Online: myBenefits.ny.gov 

Apply online only if your household resides outside of New York City. This online application is not available for New York City residents.

In person: Both New York City residents and non-New York City residents can apply in person at your [HEAP Local District Contact](#).

In writing / by mail: If you live outside New York City, print and mail the completed [application](#) to your [HEAP Local District Contact](#). New York City residents can mail their application to: HRA/HEAP, PO Box 1401, Church Street Station, New York, NY 10008

Please note: The above processes are for Regular HEAP benefits only. If you are facing an emergency situation outside the regular HEAP season, both New York City and non-New York City residents can apply for **Emergency HEAP Benefits** at your [HEAP Local District Contact](#). If you are eligible, a HEAP emergency benefit may be issued in addition to your regular HEAP benefit.

Ready to apply? Have with you:

- Proof of residency with one of the following:
 - Rent receipt with address
 - Copy of lease with address
 - Water, sewer or tax bill



myBenefits

[Instructions](#)
[Programs](#)
[Resources](#)
[Select Language](#)
[Sign In](#)

Tuesday March 19, 20

AM I ELIGIBLE?



Prescreen for Programs you may be eligible for

- HEAP
- SNAP
- Assistance Programs
- Health Insurance
- Tax Credits

[› CHECK ELIGIBILITY](#)

EBT BALANCE



Check Your EBT Balance

- SNAP and Cash Account
- Transaction History
- Change Your PIN
- Report Card Lost or Damaged

[› CHECK YOUR BALANCE](#)

NEW USERS



New Users

- Apply for HEAP
- Apply for SNAP
- Recertify
- Report Changes
- View Case Details

[› CREATE NEW ACCOUNT](#)

RETURNING USERS



Returning Users

- Apply for HEAP
- Apply for SNAP
- Continue Application
- Track Application
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[› LOG INTO YOUR ACCOUNT](#)


You have the power to Donate Life. Click here for more information

[Visit the Worker Homepage](#)

myBenefits

Programs

- SNAP
- Nutrition Education
- Temporary Assistance
- HEAP
- WIC
- School Meals
- Summer Meal Program
- SSI State Supplemental Program
- Veterans' Affairs

Health Insurance

Medicaid

Child Health Plus (CHP)

EPIC

NY State of Health

Tax Credits

Earned Income

Child/Dependent Care

Noncustodial Parent

Legal

Accessibility

Privacy Policy

Disclaimer

Notice under ADA

Freedom of Information Law (FOIL)

Contact Us

Select Language

English

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myBenefits				
<u>Programs</u>	<u>Health Insurance</u>	<u>Tax Credits</u>	<u>Legal</u>	<u>Select Language</u>
SNAP	Medicaid	Earned Income	Accessibility	English
Nutrition Education	Child Health Plus (CHP)	Child/Dependent Care	Privacy Policy	Español (Spanish)
Temporary Assistance	EPIC	Noncustodial Parent	Disclaimer	العربية (Arabic)
HEAP	NY State of Health		Notice under ADA	中文 (Chinese)
WIC			Freedom of Information Law (FOIL)	русский (Russian)
School Meals			Contact Us	Kreyòl Ayisyen (Haitian-Creole)
Summer Meal Program				한국어 (Korean)
SSI State Supplemental Program				Italiano (Italian)
Veterans' Affairs				Free Language Assistance



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myBenefits

<u>Programs</u>	<u>Health Insurance</u>	<u>Tax Credits</u>	<u>Legal</u>	<u>Select Language</u>
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Nutrition Education	Child Health Plus (CHP)	Child/Dependent Care	Privacy Policy	Español (Spanish)
Temporary Assistance	EPIC	Noncustodial Parent	Disclaimer	العربية (Arabic)
HEAP	NY State of Health		Notice under ADA	中文 (Chinese)
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Welcome

Welcome to myBenefits. This website is a prescreening tool which provides a quick and easy way for people who live in New York State to find out if they might be able to receive:

- ✓ Help with buying food
- ✓ Temporary Assistance (TA)
- ✓ Special tax credits
- ✓ Home Energy Assistance
- ✓ Weatherization Assistance Program (WAP)
- ✓ Various Health Insurance programs for individuals, families, children, and sole proprietors
- ✓ WIC - Women, Infants and Children
- ✓ HIV Uninsured Care Program
- ✓ A wide variety of services for older New Yorkers, including:
 - ✓ Health insurance information, counseling and assistance (HIICAP)
 - ✓ NY Connects-Information on long term care services and supports and assistance in linking to these services
 - ✓ Legal assistance
 - ✓ Nutritional services
 - ✓ Help with the purchase of prescription drugs

This website will take you about 10 minutes to use. We'll ask you to tell us about the people in your home, the money you get from a job or other places, your housing costs and a few other bills. What you tell us will stay private and secure. Some advantages of using myBenefits include: the privacy of working at home, the ability to use any internet connected computer anytime or anywhere, the flexibility to work at your own pace and easily accommodate your busy schedule.

For Training Purposes Only

AM I ELIGIBLE?



Prescreen for Programs you may be eligible for

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Check Your EBT Balance

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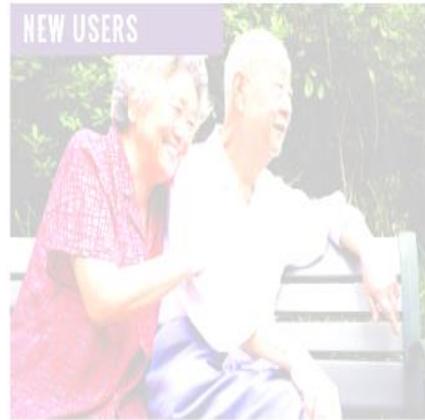
[Transaction History](#)

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Electronic Benefits Transfer for SNAP, WIC, and Cash Payments

To log into your account:

Select Your State Program



Enter User ID

Enter Password

Login

To create a new User ID and Password:

Select Your State Program



Submit



Connecting to your account information is easy.

If you forgot your Password or User ID and

For more information about your Program:

Select Your State Program



Submit

You may experience difficulties with this web page if you are using Internet Explorer version 8 or earlier.

AM I ELIGIBLE?



Prescreen for Programs you may be eligible for

HEAP

SNAP

Assistance Programs

Health Insurance

Tax Credits

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RETURNING

Where You Live

County

Let's get started! First, please tell us which county you live in. This will assist us in providing you with the correct contact information for your Local Department of Social Services.

What county do you live in?

Albany

Setting Up Your Account

There are three steps to setting up a secure account. Keep in mind that this is a secure website run by the New York State Office of Temporary and Disability Assistance. By law, we must keep your information private and secure.

Fill in each of the fields in Steps 1 through 3. Items outlined in red are required. Click the Next button to continue.

If you already have an account, click here to [log in](#).

Step 1: Your Name and Email Address

Please fill in your name below. You may also enter your email address that can be used if you ever need to recover your user id.

First Name:

Middle Initial:

Last Name:

Email Address:

Step 2: User ID and Password

To log in to your account, you will need to create a user ID and password. For both of these, you should choose something that's easy for you to remember but hard for other people to guess.

This should be something you can easily remember. You will need this to return if you choose to complete it at a later time, and check the status of the application once you submit it. Choose an alias to protect your identity. Do not choose any information that identifies you personally (e.g., a Social Security number).

User ID

Passwords must be between 8 and 20 characters and contain at least three letters, one number, and no more than three repeating characters.

Password

Please re-type your Password

I'm not a robot



[▶ LOG IN](#) For Training Purposes Only

Next

NEW USERS



RETURNING USERS



Please login after reading the [Acceptable Use Policy](#) below



Username:

Password:

Sign In

Forgot your [Username](#) or [Password](#)

[NY.gov ID - Terms of Service](#)

[Agency Assistance & Contact Information](#)

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For Training Purposes Only [LOG INTO YOUR ACCOUNT](#)

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[LOG INTO YOUR ACCOUNT](#)

Information About You

Please tell us more about yourself. We will ask you more about the other people in your household later in the application.

First Name:

MI:

Last Name:

Suffix:

Gender:

- Male
-
- Female

Date of Birth:

Ex: mm/dd/yyyy

After you apply for benefits, you will get letters from your worker. Please click the button to let us know whether we should write your letters in English only or English and Spanish.

- English Only
-
- English and Spanish

For Training Purposes Only

myBenefits – Application Processing

Money From Other Sources

Next, please tell us about the money that the people in your home get from sources other than a job or self-employment. If you're not sure about a source of income, click on Help to read more about what we're looking for.

* Supplemental Security Income (SSI)

Required

Please check the box for anyone who will get Supplemental Security Income (SSI) this month. Keep in mind that SSI is a monthly payment for people who are blind, disabled, or age 65 with low income. SSI is not a retirement benefit.

<input type="checkbox"/> No one				
Select	Name	Gender	Age	Date of Birth
<input type="checkbox"/> 	Peter Piper	Male	70	02/03/1949

* Social Security

Required

Please check the box for anyone who will get Social Security Disability Income (SSDI), Social Security Retirement Income, Social Security Survivor's benefits, Social Security Dependent Benefits this month. Social Security Dependent Benefits is not the same thing as Supplemental Security Income (SSI).

<input type="checkbox"/> No one				
Select	Name	Gender	Age	Date of Birth
<input type="checkbox"/> 	Peter Piper	Male	70	02/03/1949

For Training Purposes Only

Housing, Heating and Utility Bills

Next, please tell us if you, or anyone else in your house, pays for housing, heating or utility bills. On the next pages, you will be able to select the types of bills your household has and indicate who pays those bills.

* Housing Bills

Required

Are you or anyone else, responsible for paying housing bills? By housing bills, we mean rent or lot rent, mortgage, property taxes and assessments, home insurance and mobile home payments, or temporary housing?

Yes

No

* Heating and Utility Bills

Required

Are you or anyone else, in or out of your household, responsible for paying heating and utility bills separately from your rent or mortgage? By heating and utility bills we mean things like fuel oil, coal, gas, electricity, water, sewer and telephone.

Yes

No

* Roomer/Boarder

Required

Please check the box for anyone who is a roomer or boarder. For Training Purposes Only A roomer is someone who pays for a room in someone else's house. A boarder is someone who pays for a room and meals.

Home Energy Assistance Program (HEAP) Rights and Responsibilities

request a conference and/or a fair hearing if it has been more than thirty (30) business days since the HEAP certifier received your signed and completed application and you have not been told of the eligibility decision. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we change our decision, corrective action will be taken. You may ask for a conference, by calling or by sending a written request to the local department of social services in the county where you submitted your application. You can obtain their address and/or telephone number by checking your local telephone directory or a complete list of district offices by county can be found at the HEAP Local District Contact page. This is only for requesting a conference. It is not how you ask for a fair hearing. If you ask for or have a conference, you are still entitled to a fair hearing. You can request a fair hearing from the New York State Office of Temporary and Disability Assistance by Calling 1-800-342-3334 toll free or by Writing to NYS Office of Temporary and Disability Assistance, Office of Administrative Hearings P.O. Box 1930 Albany, NY 12201-1930.

If you request a fair hearing, NYS will send you a notice of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, friend, or other person, or to represent yourself. At the hearing, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should be taken, as well as the opportunity to question

Your Benefits Interview

In most cases, people who are applying for the HEAP program will not need an interview. In some cases, people who are applying for HEAP will need to have an interview either over the phone or in-person with a worker.

How would you like to schedule your interview if one is necessary?

By Phone

In person

Welcome to the myBenefits Dashboard

What would you like to do?

Start New Benefits Application

Start New Recertification Application

View Case Details or Report a Change

Update myBenefits Account

myBenefits Applications in Progress

Click the corresponding Action Button to proceed with your Application. Note: Unsubmitted Applications will expire after 60 days.

Show All

Application Number	Benefit Programs	Type	Date Created	Date Saved	Available Actions
MB00000527085	HEAP	Application	03/21/2019	03/21/2019	Continue

myBenefits Submitted Applications

If you wish to view a previously submitted application or submit required documentation for it, click the corresponding Action Button below.

Show All

Application Number	Benefit Programs	Type	Date Submitted	Application Status	Available Actions
MB00000510370	SNAP	Change	06/15/2018	Submitted	View Submitted App

For Training Purposes Only

Thank you for using myBenefits!

Peter Piper , your application was sent to the following district office on 03-27-2019 at 9:50:43 AM

County Address/Phone Number

Albany County DSS
162 WASHINGTON AVE.
ALBANY, NY 12210
(518) 447-7403

Submitted by: rchaubotski

County: Albany

Your application tracking number is: MB00000527085

Your application filing date is: 03-27-2019

In your application, you have asked for these benefits:

- HEAP

If you are filing this application as part of our early outreach process, please note that the processing time for your application will not begin until opening day.

Types of Proof

Eligibility Factor	To prove an eligibility factor, provide one item from Column A or two items from Column B. If there is nothing listed in Column B, you must provide one item from Column A.	
	Column A	Column B
Identity: You must prove who the following people are: Peter Piper	Photo I.D. Driver's License U.S. Passport Naturalization Certificate Adoption papers Birth Certificate Baptismal Certificate	
Residence Address	Statement from landlord Current rent receipt or lease Mortgage records Current mail School records	
Social Security Number: Peter Piper	Social Security Card	

Electronic Signature

I have agreed to submit this application by electronic means. By signing this application electronically, I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. I also certify that:

- I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct.
- I understand that this application is for a regular HEAP benefit only. I understand that if I am in an energy related emergency I need to contact my local Department of Social Services. I certify that I have read the above and fully understand that it is my responsibility to contact my local Department of Social Services for further assistance.
- I realize that any false statements or other misrepresentation knowingly made by me in connection with this application and subsequent requests for HEAP assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any authorized government agency in connection with this and subsequent requests for Home energy Assistance Program benefits for the current HEAP season. I also consent to allow the information provided on this application to be used in referrals to the Weatherization Assistance Program and to my utility company's low income programs.
- I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have electronically signed this application by providing my name, a user ID and password.

Signature Name	User Id	Date
Rustov Chaubotski	rchaubotski	03-27-2019 at 09:50:43

myBenefits On-line document submission

Application Number: **MB00000479287**

Thank You!

Tori Spelling, your online application has been sent to the following local agency for processing on **07/12/2016 at 10:41:01**

Address:

Albany County DSS
162 WASHINGTON AVE.
ALBANY, NY 12210
(518) 447-7403

You may also need to talk with a worker by phone or in person. For SNAP benefits, you must talk with a worker in order to get benefits. By law, you will get an answer about your benefits within 30 days.

For information about other programs and services, go to the [Helping Hands Brochure](#).

Keep track of your application

Your myBenefits number for this application is **MB00000479287**.

Your official Filing Date for benefits is **07/12/2016**.

It's a good idea to write this number down or print this page for your records. If you have questions about your application, having this number will help you get answers faster.

Keep in mind that you can use your account to check the status of your application and your benefits on the myBenefits website.

Print Your Application

If you would like to print or save a copy of your application for your files, please click the Print My Application button. If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Print My Application

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information.

If you don't have this program on your computer, you may install it for free by clicking the image:



Submit Required Documents

As a next step, you will need to be interviewed by a worker by phone or in person. You may also need to give a worker proof of some things you told us in your Application.

You can submit electronic copies of these documents through myBenefits by clicking on the [Submit Documents](#) option below or you can send them or bring them to your Social Services District. If you can't find something, your worker may be able to help you get the proof you need. The documentation checklist, which has been provided, will help you gather these items.

Keep in mind that this list is based only on what you told us today. There may be other items that your worker will ask you to provide.

For Training Purposes Only

Submit Documents

myBenefits On-line document submission

Application Information

You've told us that you would like to submit verification documents for the following:

Application Number	Benefit Programs	Type	Filing Date
MB00000527085	HEAP	Application	03/27/2019

In order to process your Application the worker assigned to your case will need proof of each of the items listed below. Keep in mind that this list was generated based on what you told us in your application, and there may be additional items which your worker will need to verify. If your worker needs proof for additional items they will contact you directly to request those items. It is important that you provide all required documentation in a timely manner. If your worker doesn't receive the required documentation your application may be denied or your assistance may be discontinued.

Verification Documents

If you would like to submit verification documents online, please select the **Add Document** button next to each of the eligibility factors listed below to begin. To view a list of acceptable forms of proof for each item listed below simply click on the individual eligibility factor. Once you upload a document, it will be listed in the **Documents** column next to the eligibility factor you submitted it for. When you upload a document that is considered an acceptable form of proof for another eligibility factor, it will also be shown in the **Documents** column next to that item. Once you have finished uploading all of your documents, click on the Submit button at the bottom of this page. If you do not have all of your documents with you at this time, you may return to myBenefits at a later date to upload your documents.

Only the following file formats will be accepted: .gif, single page.tiff, .jpeg, .png, .pdf. File size cannot exceed 7 MB.

Eligibility Factor	Add Document	Documents	File Information	Document Status	Submitted On
Peter Piper's Identity	Add Document	No documents on file			
Peter Piper's SSN	Add Document	No documents on file			
Residence Address	Add Document	No documents on file			

For Training Purposes Only

[Delete Selected Document\(s\)](#)

[Inbox](#) [Application Management](#) [Case Management](#) [Admin Reports](#) [OSS](#) [External Links](#) [About](#) [Contact Us](#)

Welcome to myWorkspace

myWorkspace Alerts:

There are no known outages at this time except the occasional TRAIN deployments.
myWorkspace TRAIN for Release 19.1 is in Progress.



Worker Inbox

Intake - The Inbox provides workers with a view of the applications that are assigned to them and can also be used to reassign applications

Undercare - The Inbox provides workers with a view of the Undercare applications that are assigned to them and can also be used to reassign applications



Initial Eligibility

Application Registration - This function enables the worker to register an application on WMS and electronically capture the additional data on the application

Application Maintenance - This function enables the worker to make updates to applications that have been registered on WMS. Additionally, workers may make updates to the additional data that is included on the application

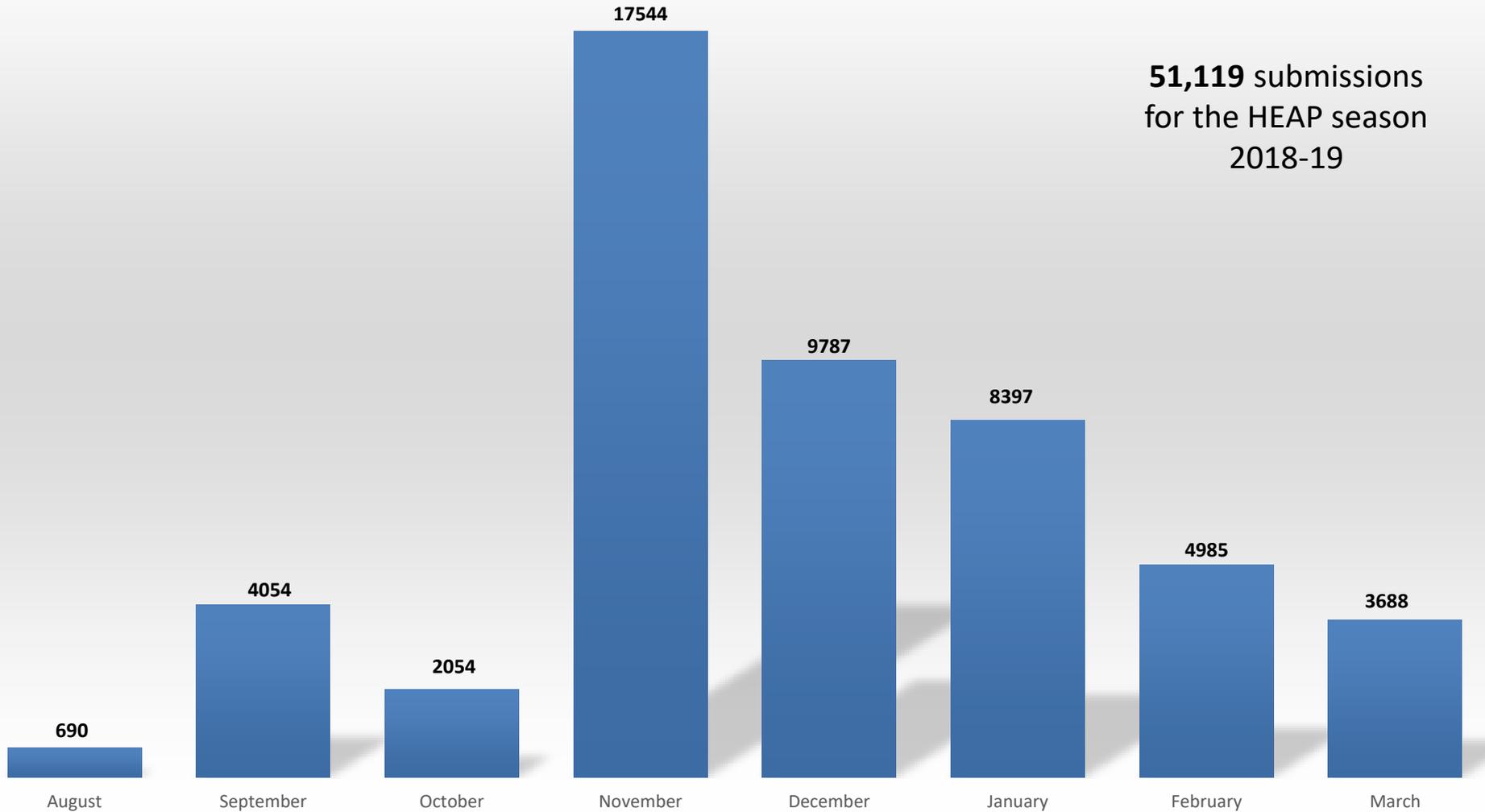
Interview/Eligibility Determination - This function enables the examiner to electronically capture the data gathered during the client interview process. They can then use this information to record the eligibility determination and submit a pending transaction to WMS

Application Inquiry - This function enables the examiner to electronically view the data gathered during the application registration process

Application Withdrawal - This function enables a worker to perform a real-time withdrawal of an application that has been registered on WMS

Clearance Report - This function enables a worker to run a clearance report on an application that has been registered on WMS. The worker will be given the option of viewing the clearance report or through printing the report to a mainframe printer

HEAP eApps Submitted



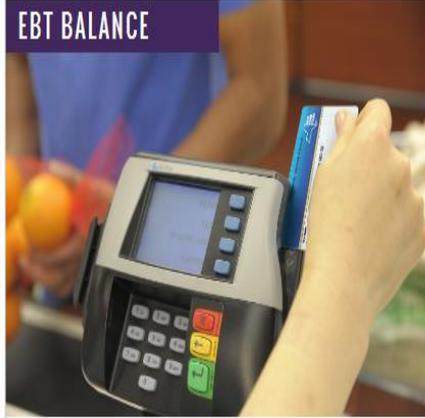
AM I ELIGIBLE?



Prescreen for Programs you may be eligible for

- HEAP
- SNAP
- Assistance Programs
- Health Insurance
- Tax Credits

EBT BALANCE



Check Your EBT Balance

- SNAP and Cash Account
- Transaction History
- Change Your PIN
- Report Card Lost or Damaged

NEW USERS



New Users

- Apply for HEAP
- Apply for SNAP
- Recertify
- Report Changes
- View Case Details

RETURNING USERS



Returning Users

- Apply for HEAP
- Apply for SNAP
- Continue Application
- Track Application
- Recertify Benefits
- Report Changes
- View Case Details
- Submit Verification Documents

<https://mybenefits.ny.gov>

› CHECK ELIGIBILITY

› CHECK YOUR BALANCE For Training Purposes ONLY

› CREATE NEW ACCOUNT

› LOG INTO YOUR ACCOUNT