



## Benefit Applications

Application options include either submitting an online application OR completing a paper application.

Cash Benefits	
Cash Assistance LDSS 2921	<ul style="list-style-type: none"> <li>• <a href="#">Apply Online (NYC)</a></li> <li>• <a href="#">Apply Online (NYS)</a></li> <li>• <a href="#">English Application</a> - <a href="#">English Instructions</a></li> <li>• <a href="#">Spanish Application</a> - <a href="#">Spanish Instructions</a></li> <li>• <a href="#">Chinese Application</a> - <a href="#">Chinese Instructions</a></li> <li>• <a href="#">Other Languages</a> and <a href="#">Alternative Formats</a></li> </ul>
Child Support Services	<ul style="list-style-type: none"> <li>• <a href="#">Child Support Enrollment Form</a></li> <li>• <a href="#">Other Languages</a> (scroll to the bottom)</li> </ul>
Home Energy Assistance Program (HEAP) LDSS-3421	<ul style="list-style-type: none"> <li>• <a href="#">Apply Online (NYC)</a></li> <li>• <a href="#">Apply Online (NYS)</a></li> <li>• <a href="#">English Application</a></li> <li>• <a href="#">Other Languages</a> (scroll to the bottom)</li> </ul>
Supplemental Security Income (SSI)	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
Social Security Disability Insurance (SSD)	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
Social Security Retirement Insurance (RSI)	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
VA Pension	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> <li>• <a href="#">English Application</a></li> </ul>
Veteran's Compensation	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> <li>• <a href="#">English Application</a></li> </ul>
Employment & Training	
NYC Older Adult Employment Program (55+)	<ul style="list-style-type: none"> <li>• <a href="#">Employment Interest Form</a></li> </ul>



Food Programs	
Supplemental Nutrition Assistance Program (SNAP)	<ul style="list-style-type: none"> <li>• <a href="#">Apply Online (NYC)</a></li> <li>• <a href="#">Apply Online (NYS)</a></li> </ul>
SNAP Cont'd	<p>Application for those age 60 and over, as well as those who are disabled.</p> <ul style="list-style-type: none"> <li>• <a href="#">Supplemental Nutrition Assistance Program (SNAP) Benefits, LDSS-5166</a></li> </ul> <p>All other SNAP applicants: (LDSS 4826)</p> <ul style="list-style-type: none"> <li>• <a href="#">English Application</a> <ul style="list-style-type: none"> <li>○ <a href="#">English Instructions</a></li> </ul> </li> <li>• <a href="#">Spanish Application</a> <ul style="list-style-type: none"> <li>○ <a href="#">Spanish Instructions</a></li> </ul> </li> <li>• <a href="#">Chinese Application</a> <ul style="list-style-type: none"> <li>○ <a href="#">Chinese Instructions</a></li> </ul> </li> <li>• <a href="#">Other Languages</a></li> <li>• <a href="#">Alternative Formats</a></li> </ul>
Supplemental Nutrition Assistance Program (SNAP) - <b>Replacement of SNAP Benefits - LDSS-2291</b>	<ul style="list-style-type: none"> <li>• <a href="#">English/Spanish</a></li> </ul>
Women, Infants and Children (WIC)	<ul style="list-style-type: none"> <li>• <a href="#">English Application - Women</a></li> <li>• <a href="#">English Application - Infants and Children</a></li> </ul>
Health Programs	
Child Health Plus	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)	<ul style="list-style-type: none"> <li>• <a href="#">English Application</a></li> </ul>
Elderly Pharmaceutical Insurance Coverage Program (EPIC)	<ul style="list-style-type: none"> <li>• <a href="#">English Application</a></li> <li>• <a href="#">Spanish Application</a></li> <li>• <a href="#">File Online</a></li> </ul>
Family Planning Benefit Program	<ul style="list-style-type: none"> <li>• <a href="#">English Application</a></li> <li>• <a href="#">English Instructions</a></li> </ul>



<p>HIV Uninsured Care Programs, ADAP, ADAP Plus, HIV Home Care Program (DOH - 2794)</p>	<ul style="list-style-type: none"> <li>• <a href="#">Apply Online</a></li> </ul>
<p>Medicaid - MAGI Population</p>	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
<p>Medicaid - for Disabled, Aged, Blind, (DOH -4220 &amp; Supplement A)</p>	<ul style="list-style-type: none"> <li>• <a href="#">English Application/Instructions</a></li> <li>• <a href="#">Spanish Application/Instructions</a></li> </ul> <p>Required with DOH 4220 Application</p> <ul style="list-style-type: none"> <li>• <a href="#">Supplement A (DOH-5178A) - English</a></li> </ul>
<p>Medicaid – Adult Disability Certification</p> <p>Adult Applicants 21-64, who need to be certified disabled by Medicaid.</p> <p>Forms must accompany the Medicaid application above (DOH-4220).</p>	<ul style="list-style-type: none"> <li>• <a href="#">DOH-5143</a> - Medical Report for Determination of Disability (completed by each physician)</li> <li>• <a href="#">DOH 5139</a> - Disability Questionnaire (completed by the individual or a social services professional)</li> <li>• <a href="#">MAP 252F</a> - AIDS or AIDS Related Complex Medical Report (only if disability claim is AIDS related)</li> <li>• <a href="#">MAP-751E</a> - Authorization to Release Medical Information</li> </ul>
<p>Medicaid – Child Disability Certification</p> <p>Children under 21, who need to be certified disabled by Medicaid.</p> <p>Forms must accompany the Medicaid application above (DOH-4220).</p>	<ul style="list-style-type: none"> <li>• <a href="#">DOH 5139</a> Disability Questionnaire completed by the parent, guardian or representative</li> <li>• <a href="#">DOH 5151</a> Childhood Medical Disability Report completed by an acceptable medical source; in lieu of this form, the provider may submit all progress notes and testing reports for the requested period.</li> <li>• <a href="#">DOH 5152</a> Questionnaire of School Performance completed by a teacher or school official, along with most recent IEP report, if applicable.</li> <li>• <a href="#">DOH 5153</a> Description of Child’s Activities completed by a parent or guardian.</li> </ul>
<p>Medicaid Personal Care Services</p>	<ul style="list-style-type: none"> <li>• <a href="#">M-11q Fillable Version</a></li> </ul>
<p>Medicaid Spenddown</p>	<ul style="list-style-type: none"> <li>• <a href="#">MAP-2060: Budget explanation + Choice Letter</a></li> <li>• <a href="#">MAP- 931: Explanation of the Surplus Income Program</a></li> <li>• <a href="#">MAP-931a: Optional Pay-In Program for Individuals with Surplus Income</a></li> </ul>



	<ul style="list-style-type: none"> <li>• <a href="#">MAP-931b: Agreement to Participate in the Medicaid Pay-In Program</a></li> <li>• <a href="#">MAP-931y: Surplus fax Medical Bills</a> (when you return this, be sure to indicate the month(s) of coverage that you want)</li> <li>• <a href="#">MAP-3107: Third Party payment form</a></li> <li>• <a href="#">MAP-2069N: Medical Expenses Paid or Incurred by a Public Program</a></li> </ul>
Medicare (Part A and B)	<ul style="list-style-type: none"> <li>• <a href="#">Apply Online</a></li> </ul>
Medicare Part D Extra Help (Low Income Subsidy)	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
Medicare Savings Program	<ul style="list-style-type: none"> <li>• <a href="#">English Application</a></li> </ul>
Veteran’s Health Care	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
<b>Housing</b>	
NYC Housing Connect: Affordable Housing Lotteries	<ul style="list-style-type: none"> <li>• <a href="#">NYC Housing Connect</a></li> </ul>
Disability Rent Increase Exemption (DRIE)	<ul style="list-style-type: none"> <li>• New Applicants - <a href="#">DRIE Initial Application Packet</a></li> <li>• Renewals, appeals, etc. - <a href="#">Other DRIE Forms</a></li> </ul>
New York City Housing Authority (NYCHA Public Housing)	<ul style="list-style-type: none"> <li>• <a href="#">File Online</a></li> </ul>
Private Federally Subsidized Housing (Project Based Section 8)	<ul style="list-style-type: none"> <li>• <a href="#">HUD Subsidized Apartment Search</a></li> </ul>
Senior Citizen Rent Increase Exemption (SCRIE)	<ul style="list-style-type: none"> <li>• <a href="#">Apply Online (NYC)</a> – First time applicants only</li> <li>• <b>New Applicants</b> living in Mitchell-Lama and Housing Development Fund Corporation (HDFC) apartments - <a href="#">NYC Department of Housing &amp; Preservation Development’s SCRIE Application</a></li> <li>• <b>New Applicants</b> living in rent regulated housing -<a href="#">Department of Finance’s SCRIE Initial Application Packet</a></li> <li>• Renewals, appeals, etc. - <a href="#">Other Department of Finance’s SCRIE Forms</a></li> </ul>



Senior Citizens Homeowners' Exemption (SCHE)	<ul style="list-style-type: none"><li>• <a href="#">Apply Online</a></li><li>• <a href="#">English Application</a></li></ul>
<b>Support Services</b>	
ACS Child Care Subsidy	<ul style="list-style-type: none"><li>• <a href="#">Apply Online</a></li><li>• <a href="#">Application</a> and Forms</li></ul>
MTA Reduced/Half Fare Program	<ul style="list-style-type: none"><li>• <a href="#">English Application/Instructions- Seniors</a></li><li>• <a href="#">English Application/Instructions - Disabled</a></li></ul>
Fair Fares	<ul style="list-style-type: none"><li>• <a href="#">Apply Online</a></li></ul>