AIM Services HEAP/SNAP Attestation

Name of Self-Direction Participant: _____

This attestation and/or proof of application is required for either OTPS Board Stipend and/or OTPS Utilities due to the NYS Self-Direction Guidance outlining that any Other Than Personal Services (OTPS) reimbursement must meet all the following criteria:

1. Be related to a valued outcome in the person's plan
2. Increase the person's independence and/or health and safety
3. Not be an OTPS excluded item (see page 29 of the SD Guidance)
4. Not be funded through any other source

NOTE: You only need to check the boxes below which are relevant to the services (utilities, board stipend, or both) that you are accessing in your Self Direction budget¡

Utilities is an OTPS reimbursement available within your budget; AIM requires proof of a HEAP application and/or a completed HEAP Attestation to continue and/or begin reimbursement requests during the HEAP Season.

The New York State Home Energy Assistance Program (HEAP) is available to any eligible household to assist with offsetting home energy costs.

Further information regarding the HEAP Program can be found at: https://www.ny.gov/services/apply-heating-and-cooling-assistance-heap

*Annual programmatic guidelines can be found at the corresponding websites.

☐ I attest that I do not qualify for the HEAP assistance program per the guidelines set by the New York State Office of Temporary and Disability Assistance and that I have accessed all available funding streams for energy assistance.

Board Stipend is an OTPS reimbursement available within your budget; AIM requires proof of a SNAP application and/or a completed SNAP Attestation to process applicable reimbursements.

The New York State Supplemental Nutrition Assistance Program (SNAP) is available to any eligible household to assist with offsetting the cost to purchase food.

Further information regarding the SNAP Program can be found at: https://www.ny.gov/services/apply-snap

*Annual programmatic guidelines can be found at the corresponding websites.

☐ I attest that I do not qualify for the SNAP assistance program per the guidelines set by the New York State Office of Temporary and Disability Assistance and that I have accessed all available funding streams for energy assistance.

_____ _____

Signature of Self Direction Participant or Designee Date