

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICES

Janet DeMarzo
Commissioner

March 19, 2008

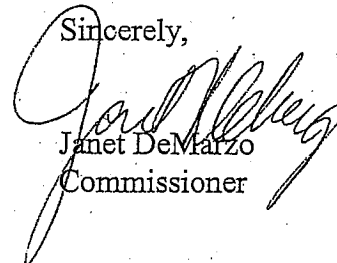
Ms. Patricia Augle
Temporary Assistance Bureau
Division of Employment and Transitional Supports
40 North Pearl Street, 11C
Albany, New York 12243

Dear Ms. Augle:

Enclosed please find Suffolk County's American with Disabilities Act (ADA)/Limited English Proficiency (LEP) Self-Evaluation form, and the local procedures we have in place related to this subject.

If you have any questions, please contact Kimberly Staab at (631) 854-9843.

Sincerely,



Janet DeMarzo
Commissioner

Attachment

JDM:ks

(Rev. 03/05)

**AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH
PROFICIENCY (LEP)
Self-Evaluation Form**

District: SUFFOLK

Form completed by: Kimberly A. Staab
Access – ADA

Phone #: (631) 854-9843

1. Do you have an ADA contact person within DSS who is responsible for social services program access and for the taking and resolution of complaints from applicants/recipients (A/Rs)?

☒ Yes ☐ No (*)

2. If yes to #1, who is your ADA contact? ADA/LEP Contact: Patricia Hernandez, Commissioner's Response Unit

Please provide the ADA contact's telephone # (631) 854-9935.

3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?

Yes ☐ (Please attach a copy of the report) No ☒ (*)

- b. Were deficiencies found in the self-evaluation?

Yes ☐ (go to c.) No ☐ (Go to #4)

- c. Were corrective actions taken?

Yes ☐ (Please attach copy of the corrective action plan) No ☐ (*)

4. Do you have a written procedure for handling complaints from applicants/recipients who claim to have been denied access to social services programs due to a disability?

Yes ☒ (Please attach copy) No ☐ (*) Attachment 1, page 2

5. Do you provide applicants/recipients (A/Rs) for social services programs with information about the ADA's prohibitions against discrimination?

Yes ☒ (Please attach copy) No ☐ LDSS-4148A Attachment 2

6. Reasonable accommodation means an adaptation or alteration that gives an A/R with disabilities meaningful access to social services programs. Do you have written reasonable accommodation procedures?

Yes ☒ (Please attach copy) No ☐ (*) Attachment 1, page 2

7. Do you have a procedure to insure that the A/R who is offered reasonable accommodation, but refuses, understands the consequences of that refusal?

Yes ☒ (Please attach copy) No ☐ (*) Attachment 1, page 2

Access – General Disabilities

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?
Yes ☒ No ☐
- b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?
Yes ☒ No ☐
- c. Is the entrance wheelchair accessible?
Yes ☒ No ☐
- d. Are bathrooms and drinking fountains wheelchair accessible?
Yes ☒ No ☐
- e. Are areas such as the photo ID/finger imaging areas wheelchair accessible?
Yes ☒ No ☐
- f. If No to e., are alternate accessible sites available?
Yes ☐ No ☐
- g. If the client area is above or below the 1st floor, are there elevators?
Yes ☐ No ☐ 1st floor only ☒
- h. If No to g., are services available at alternate accessible sites?
Yes ☐ No ☐ (*)
2. In social services districts with more than one district office, are all district offices accessible according to #1. a – e above.
☒ Yes ☐ No (go to #3)
3. When one or more district office is not handicap accessible, is reasonable accommodation offered?
☐ Yes (attach copy of reasonable accommodation plan, or specify)
☐ No (*)
4. Do you have procedures for determining when home visits will be provided for A/Rs who are physically or mentally unable to travel to the office/center?
☒ Yes (go to #6) ☐ No (*) (go to #5)
5. If No to #4, what alternate accommodations are provided?
6. Are the home visit or alternate accommodations procedures in writing?
☒ Yes (please attach a copy – go to #7) ☐ No (*) (go to #7) Attachment 1, page 4

7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs?

The information is conveyed to the A/R by the Agency worker verbally or in writing depending how and when it is determined that the A/R cannot access the Center in-person.

(Go to #8)

8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?

The policy is delineated in local procedure #899 *Providing Access to Temporary Assistance Programs for Person with Disabilities and/or Limited English Proficiency* and through training sessions. Attachment 1.

Access – Visually/sight Impaired

1. a. Are there signs in Braille for the visually/sight impaired?

Yes ☒ No ☐ Men's and Women's rooms

Yes ☐ No ☒ Room Numbers

Yes ☐ No ☒ Exits

Yes ☐ No ☒ Permanent Rooms and Spaces

Yes ☒ No ☐ Elevators

- b. If NO to any of the above, how does the visually impaired person find a necessary location?

The visually impaired person would be escorted by a worker to the necessary location.

2. Do you have procedures in place for A/Rs who, due to visual impairment, are unable to read the application, information booklets, notices, etc.?

Yes ☒ (Please provide copy) No ☐ (*) Attachment 1, page 3

Access – Mental Impairment

1. Do you have procedures in place to assist a mentally impaired A/R?

Yes ☒ (Please provide copy) No ☐ (*) Attachment 3

Access – Hearing Impaired

1. Do you have procedures in place to assist hearing impaired A/Rs?

Yes ☒ (Please provide copy) No ☐ (*) Attachment 4

2. Is a sign-language interpreter provided?

Yes ☒ No ☐ (*)

3. Does the office/agency have TTY/TTD equipment or New York Relay Services available?

Yes ☒ (Type of Service: NY RELAY SERVICES) No ☐ Attachment 5

Access – Limited English Proficiency

1. Do you have procedures to assist limited or non-English speaking A/Rs?
Yes ☒ (Please provide copy) No ☐ (*) Attachments 6 a-c
2. Are the following available in other than English language?
Signs Yes ☒ No ☐
Posters Yes ☒ No ☐
Pamphlets Yes ☒ No ☐
Other client handouts: Yes ☐ (Describe:) No ☐
3. a. Is the "Interpreter Services Poster" (PUB-4842) displayed in the waiting area?
Yes ☒ No ☐ (*)
b. Is the recommended 6/04 version of the "Interpreter Services Desk Guide" (PUB-4843) and/or the optional language palm cards used? Yes ☒ No ☐

(*) Answers with (*) will require a corrective action plan to be submitted within sixty days of the date that this form is due to the returned to the Division of Employment and Transitional Supports (DETS).



Suffolk County Department of Social Services

TRAINING/IMPLEMENTATION PROCEDURE

Procedural Title: Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency

File Reference: Procedure # 899

State References: 06-ADM-05 Providing Access to Temporary Assistance Programs for Person with Disabilities and/or Limited English Proficiency (LEP)

03-LCM-3 Food Stamp Program Civil Rights Complaint Procedures

Distribution: CBA Examiner Staff, Employment Staff, Housing Staff, Contract Agencies

Date: December 31, 2007

Contact Person: Policy and Procedures Unit
Extension 4-9902

Purpose

To ensure that applicants and recipients of Temporary Assistance (TA), Food Stamp (FS), and HEAP have equal access to all benefits, programs and services for which they are eligible, including those offered by other agencies operating on our behalf.

General Information

This procedure is directed to TA, FS, Housing and Employment program staff and those contract agencies who are interacting on our behalf with TA, FS and HEAP applicants and recipients. Social Services and contract agency staff are responsible for documenting any applicant/recipient (A/R) limitations, necessary accommodations and/or Limited English Proficiency (LEP) requirements to ensure access and coordination of services. These must be documented in the Welfare-to-Work Case Management System (Evaluation tab under the Health Review/Special Needs section) for Temporary Assistance and Food Stamp A/R's and in the case record for HEAP A/R's.

Line staff and supervisors are responsible for ensuring that persons with disabilities and/or LEP are provided with any and all assistance they require while accessing our services and that the identified needs of the A/R are met. They must also ensure that if the A/R is offered reasonable accommodation, but refuses, that the A/R is aware of and understands the consequences of that refusal.

Workers must protect the confidentiality and privacy of information regarding the existence of a person's disability. Staff must share only accommodations required, not the nature of the disability. Persons acting as interpreters for persons with LEP must be made aware of their obligation to maintain client confidentiality.

The following individual will be the Agency ADA/LEP contact:

Patricia Hernandez
Commissioner's Response Unit
(631)854-9935

All ADA complaints from individuals claiming to have been denied access to social services programs due to a disability should be forwarded to the ADA contact. A complaint is complete for purposes of the federal ADA if it contains a written statement that contains the complainant's name and address and describes the district's alleged discriminatory actions. It must be signed by the complainant or by someone authorized to do so on his or her behalf. An ADA Complaint Review Committee will be responsible for monitoring investigation and resolution of complaints and for overseeing procedures that ensure access to benefits and services that meet the requirements described in 06-ADM-05.

Definitions

The definition of disability under the ADA is distinctly different from, and more general than, the Social Security Administration definition of disability as used in Social Security disability reviews. Refer to 06-ADM-05 for specific impairments defined in the federal ADA.

Reasonable Accommodations

Listed below are some but not all of the reasonable accommodations, auxiliary aids and services that may be offered:

1. Qualified interpreters, written material, telephone handset amplifiers, Tele-Language Service;
2. Modified work schedules;
3. Appropriate adjustment of examinations, training materials or local policies;
4. Acquisition or modification of equipment or devices; and
5. Other similar accommodations for persons with disabilities.

Refer to 06-ADM-05 for a more detailed explanation.

Building Accessibility

Agency Contact: Patricia Shaw
Assistant Facilities Space Manager
854-9863

All centers are designed to be in compliance with the ADA requirements and provide but are not limited to the following accommodations:

- Waiting areas that are accessible, as are rest rooms and water fountains
- Handicapped parking
- Photo ID/finger imaging areas that are wheelchair accessible
- Braille signs displayed in the required areas

ASSISTANCE WITH ELIGIBILITY PROCESS AND ONGOING ASSISTANCE

Line staff and supervisors are responsible for ensuring that the opportunities afforded to qualified persons with a disability are equal to the opportunities afforded to persons without disabilities. Information describing an individual's limitations and need for accommodations should be included in the employability assessment, considered when developing the employability plan and noted in the Welfare-to-Work Case Management System (Evaluation tab under the Health Review/Special Needs section).

Applicants and recipients are to be provided with information about the American's with Disabilities Act prohibitions against discrimination. This information is found in the LDSS-4148A booklet, "What You Should Know about Your Rights and Responsibilities", which is included in the application packet.

The Employability Unit and its contract agencies conduct interviews with all adult applicants for temporary assistance programs to identify barriers to employment. These barriers to employment and limitations are documented and used to coordinate services. The limitations disclosed or discovered in these interviews are incorporated into an individual's employment plan.

Reference: Local Procedure #879 Employability Case Management Project Interface with Eligibility and Undercare

Support for Persons with Disabilities

Line staff and supervisors are responsible for making reasonable efforts to assist individuals with physical disabilities. These efforts may include but are not limited to:

- providing staff to read printed materials to a visually impaired A/R
- scheduling interviews to minimize waiting time
- eliminating unnecessary return visits

In those situations where an A/R indicates that they cannot travel to a Center due to a physical or mental impairment, it will be the responsibility of the unit supervisor to arrange a suitable accommodation. If within regulation, telephone interviews should be used whenever possible. The A/R should be advised when an authorized representative

can conduct DSS business on their behalf. If the person has an active APS or CPS case the supervisor must contact the case worker's supervisor to request they represent the A/R. If no other accommodation can be offered the supervisor will contact Client Benefits Administration and arrange for a home visit. The A/R will be advised in writing of the date and time of the scheduled home visit.

When it is determined that a client is having difficulty negotiating the system due to a mental impairment the worker should investigate whether that person has an active Adult Protective, Child Protective case or an Intensive Case Manager (ICM). The Suffolk County Department of Health CAMERA Unit should be contacted to determine if the individual has an ICM through the local mental health system. If the A/R has been assigned an ICM the DSS worker must contact them immediately to obtain assistance. If the A/R is applying as a single or childless couple and is not known to the mental health system the worker will make a referral to Adult Protective Services. If there are children in the household, a referral is made to the Office of Family and Children's Services. Referrals can also be made to the Suffolk County Office for the Aging and Suffolk County Office of Handicapped Services, as appropriate.

Please refer to the attached flowchart showing the interaction of this process.

Agency contact:	CAMERA Unit Suffolk County DOH	Adult Protective Services Suffolk County DSS
Phone #	(631) 853-2995	(631) 854-3195
Functions	Ascertains if the client is active in the Mental Health system and puts the client in contact with the appropriate Mental health Coordinator	Evaluates an individual's need for supportive services and provides such either through APS or by making referrals to the proper County or community resource.
Agency contact:	Office for the Aging	Office of Handicapped Services
Phone #	(631) 853-8200	(631) 853-8333
Functions	Assist persons 60 years of age and older in maintaining maximum independence and dignity. Provide a continuum of care for the vulnerable elderly	Develop programs to assist people with disabilities to become more self sufficient; provide information and referrals for County residents with disabilities

Communication Support

The agency has contracts with various agencies to supply translation services when necessary. The exception is when Fair Hearings and Family Court is taking the lead and the interpretations services are provided by them.

TTY New York Relay

New York Relay Service is a free service that provides full telephone accessibility to hearing-impaired or speech disabled TTY users. TTY's are electronic devices that provide video and/or printed communication across telephone lines. Specially trained operators translate and relay conversations confidentially, allowing TTY users and non-users to communicate.

The process is as follows:

1. Determine if the hearing-impaired consumer has a TTY at his/her location and ask for their TTY number.
2. Call 1-800-421-1220 and tell the operator the TTY number you wish to call.
3. The operator will make the call and translate for you.

Sign Language Interpretation

Agency	Mill Neck Interpreter Service Liz or Heather	Sign Talk, LLC Maria Jimenez
Phone Number	(516) 512-6222 ext. 1	(718) 338-3838 or (718) 338-3711 ext. 422

Reference: Local procedure – How to Authorize Interpreter Services for Deaf Clients

Limited English Proficiency

Centers display posters and have palm cards available for quick language identification. The agency maintains a list of employees who are proficient in a second language. The list is maintained in our personnel department. This is the first step. As an alternative, or when more complex matters are being discussed we utilize the services of a company called LLE-LINK at 1-877-405-8764.

This company provides translation services via telephone. The agency has specially equipped telephones that allow the examiner to be in a three way conversation with both the applicant/recipient and the interpretation services at in person interviews. They can also conduct a three way conversation via the regular phone system when the client calls for assistance.

Reference: Local procedure – Revised DSS Language Interpretation Procedure.



SUFFOLK COUNTY DEPARTMENT OF SOCIAL SERVICES
TRAINING AND IMPLEMENTATION PROCEDURE

Date: December 29, 2003 (revised March 19, 2008)

Procedure # 879

File Reference: Employability Unit interface with Eligibility and Undercare

Distribution: Center Managers, Eligibility and Undercare Examiners, EMP staff

Forms:

- SCO 252- SAAM Referral
- SCO 2500 - Suffolk Works Employment Program Referral Form
- SCO 2319 - Special Recertification Request for Information
- SCO 2400 - EMP appointment letter
- SCO 2404- Request for Needed in the Home Medical Documentation
- SCO 2401 - EMP Universal Memorandum
- SCO 2408 - Center/EMP Communication Memo
- SCO 2409 - Addendum to DSS 4013 and DSS 4015 when a NLRR is being deleted due to FTC EMP or SAAM
- LDSS 4888 School Attendance Deck Guide

Contact Person(s): Donna Walsh x33896

Implementation Date: November 19, 2007

A Special Message About Time Limits

The time limits that were introduced by the Welfare Reform of 1997 must be taken into consideration with EVERY process in the agency. As more cases reach the 60 month limit, it is crucial that care be taken when applications are registered. If the clearance report shows that there is an adult included in the application who has reached the 60 month time limit, app maintenance should be submitted to change the presumed category to case type 17 (Safety Net Non Cash). Failure to make this change leads to errors. These include payments being made in the wrong category as well as the Department of Labor placing individuals in the wrong work activities. If the case is subsequently found to be eligible for a time limit exemption, EMP will convert to the appropriate case type and input the correct time limit indicator ("T" for FA and "S" for SN). A case must always be placed in the most restrictive category unless otherwise documented.

ELIGIBILITY PROCESSING

SECTION ONE

ELIGIBILITY CASES

I. Who Gets Referred To EMP?

A. All Adult members of applicant households.

This includes but is not limited to:

1. Individuals granted an employment waiver
2. SSI recipients residing in emergency housing and the Elderly/Disabled (SAAM screening mandatory)
3. Phoenix House and Morning Star Residents
4. Employed individuals
5. Individuals in Out of County CC level II treatment facilities

B. All Adult Household member being added to the case.

Non-legally responsible adults who are requesting to be added to an active FA case as an essential person must submit an application through Eligibility. Upon case acceptance, including the 45 day wait, the individual can be added to the active FA case as an essential person. Instead of processing a case opening, the Eligibility examiner will deny the application using WMC/CNS code M66 – "Receiving TA in another case" The application package will be passed on to the Undercare examiner in charge of the active FA case where the adult will be added.

Denials for any other reason are handled according to the standard practices already in place.

Examples of non-legally responsible adults:

1. The boyfriend or girlfriend of the FA adult in the case. The individuals have no children in common to form a filing unit.
2. The parent of the FA adult living with the FA family.
3. An unrelated adult sharing the dwelling of the FA household who the head of household requests to be added to the case.
4. A sibling of the FA children who is not mandated to be included in the case under filing unit regulations because (s)he is over age 18 or over and not in school.

C. 16 and 17 year old children not participating in full-time secondary school, or in the equivalent level of vocational or technical training

Individuals in this category are considered children but they must register with the SCDOL for participating in employment programs to retain Eligibility. This includes a pregnant or parenting teen not in high school. DOL will enroll the teen parent into a high school or GED program and monitor their attendance. If the teen parent does not comply, DOL will refer the client to CU for disqualification (teen parents without a high school diploma or GED are **ineligible** for assistance according to federal welfare reform rules unless they are in attendance in a program).

Definition of Adult – Any individual in the household age 18 or older

Exception: Individuals age 18 and under who are participating in a full-time secondary school, or in the equivalent level of vocational or technical training. These individuals are not considered adults for the purposes of screening, assessment and treatment for alcoholism and/or substance abuse.

ELIGIBILITY PROCESSING

II. Scheduling An Appointment With EMP

The Eligibility examiner will refer all adult applicants to EMP as a part of the comprehensive Eligibility interview as follows:

Each center EMP worker maintains an appointment log. The Eligibility examiner making the referral will complete the log taking the next available appointment date and time. The Eligibility examiner will use this information to complete an EMP appointment letter (SCO 2400).

The EMP copy of the letter will be annotated to list any FEDS appointment that has been scheduled by the Eligibility examiner.

This notice will be delivered in one of two ways:

- a. If the client is in the center the letter will be hand-delivered and signed. The Eligibility examiner will note this fact on the original and copy of the letter.
- b. If the client is not in the center the letter is mailed to the client's address of record. The Eligibility examiner will not schedule an appointment for earlier than ten days from the mailing date. The appointment letter will be mailed in an envelope marked "Do Not Forward". This step is necessary to document that an undeliverable letter will be returned by the post office, information that is crucial for preparing a fair hearing.
- c. If an appointment needs to be rescheduled the Eligibility worker must issue a new appointment letter. Delete the client from the EMP log and schedule a new appointment.

Reasonable Accommodations for Persons with Disabilities:

Whenever an individual discloses that he/she has a physical or mental impairment accommodations must be made under the Americans with Disabilities Act.

The Eligibility/Undercare (E/U) worker will make arrangements for individuals who require a sign language interpreter for both the eligibility and EMP appointments as these appointments will be scheduled for the same day. The Eligibility/Undercare worker must complete an SCO 2408 advising EMP of the arrangements made and attach it to the EMP appointment letter with the EMP log. EMP will make the arrangements for any future appointments they schedule.

For individuals requiring a language translator the E/U worker must complete an SCO 2408 indicating the client's language. The SCO 2408 must be attached to the EMP appointment letter with the EMP log. The EMP worker will then access the tele-language services for translation needs during the EMP Assessment. EMP will also provide this information to SAAM, IMA, or SCDOL if the individual requires further appointments.

If an individual has an impairment that prevents them from attending an EMP appointment the E/U worker must complete an SCO 2408 describing the individual's limitations and need for accommodation. The worker must include a contact number for the individual. If the individual has an APS, CPS, or ICM worker that information must be included as well. The SCO 2408 and any documentation submitted must be faxed to EMP Central. EMP

ELIGIBILITY PROCESSING

Central will ensure accommodations are made for the individual including but not limited to a phone interview.

Please note that reasonable accommodations can be requested by the individual or his/her advocate to meet the eligibility requirements by eliminating non-essential procedures or rules that deny a person with disability an equal opportunity to participate in the district's programs, services and benefits. Requests for reasonable accommodations can be directed to Jean Carlsson at 853-8424.

III. Communications Between Eligibility And EMP

The lines of communication must be kept open at all times to ensure that cases being serviced by both EMP and Eligibility are processed accurately. As such, one of the attachments to this procedure is a contact list of the examiners in the EMP unit. The workload in EMP central is distributed alphabetically between the examiners on board and is divided between FA/SNFA and SN caseloads. This listing will be maintained and updated as necessary by EMP in the same fashion as the center telephone contact lists. A copy of all of these is maintained on line in the CBALIB directory.

EMP Universal Memo – SCO 2401

This memo is used by EMP to report whatever action is being taken, or requested by that unit.

- Did you know that the EMP universal memo is color-coded? Whenever EMP is reporting a change in status that requires an action, the form is printed on green paper. When the information contained in the memo is informational only, the form is printed on white paper.

GREEN MEANS GO WHITE MEANS FYI

The center examiner has 30 days to take the requested action and respond to EMP.

Center to EMP Communication memo (SCO 2408)

This memo is used to convey information from the center examiner staff to EMP staff. Attach this form to the copy of the EMP appointment letter (SCO 2400) being forwarded to the EMP worker.

Important information that must be shared with EMP upon initial referral

- *Recent Jail Release*
- *Probation/Parole Status*
- *Is the client a convicted sex offender?*
- *Is there a history of violence?*
- *DV waiver granted? What type – employment, CSEB, drug treatment, etc.*
- *Medical information – all medical reports are to be processed and scanned by EMP in their folders. If a client presents medical documentation to the center worker, (s)he must be told to bring that to the EMP appointment. If for some reason the Eligibility or Undercare worker has possession of medical*

ELIGIBILITY PROCESSING

documentation; this should be attached to the copy of the SCO 2408 being submitted to EMP.

Complete An SCO 2408 Whenever An Application is received for an Individual in an Out of County CC Level II Treatment Facility

Individuals in out of county CC level II treatment facilities need to be approved by SAAM prior to any benefits being authorized. Complete an SCO 2408 and fax it to EMP Central with all supporting documentation including any court mandates.

SAAM will make the determination of the appropriate level of care. If the placement is not court ordered SAAM may mandate the individual into treatment in Suffolk County. This information will be on the 252 processed to the center.

Complete An SCO 2408 Whenever An Application Is Being Reregistered Due To A Reconsideration.

The SCO 2408 has a check off box to allow the Eligibility examiner to provide EMP Central with information regarding the change in case status. Whenever an application is reconsidered by Eligibility, EMP central must be notified. This includes, but is not limited to applications that are being reconsidered based on a fair hearing determination. If EMP is not notified, the TA case will eventually be opened, but the employment assessment process will remain suspended.

SAAM results

EMP receives the results of the SAAM appointments via e-mail. The results are broken down by center and then by Eligibility or Undercare. EMP will forward the results to each center unit designee. If good cause is established for a missed SAAM appointment, the EMP worker will e-mail the center worker responsible for the case and their supervisor.

The Eligibility worker will:

- a. Clients determined not to be in need of treatment-enter code 70.
- b. Clients determined to be employable but in need of treatment-enter code 70.
- d. Clients determined to be unemployable and in need of treatment-enter code 63 and the client must receive non-cash assistance.
- e. The client failed to keep the SAAM appointment- enter employability code 70 with a sanction code of F45. For Single Safety net cases this will result in a case denial.

IV. Failure To Comply With EMP Appointment

The EMP interview is considered a part of the Eligibility process and is an Eligibility requirement. A negative action must be taken unless the applicant provides a valid good cause reason for his/her failure to comply.

Acceptable good cause excuses: (with verification) illness, court appearance, hospitalization, jail, death of a family member or extraordinary inclement weather.

ELIGIBILITY PROCESSING

The Eligibility Examiner controls the case action

- The responsibility for taking a closing action due to failure to keep the EMP appointment rests with the Eligibility examiner for Safety Net cases. The Compliance Unit will process the non-compliances for Family Assistance cases. (Refer to the EMP/Eligibility/Undercare Non-Compliance Grid page 24-25.)
- Individuals who contact the agency and request a new EMP appointment will be informed they need to speak to the examiner responsible for their case, not the EMP examiner.
- If the center examiner determines that the individual had a good cause reason to miss the appointment, that examiner will reschedule a new EMP appointment and issue a new SCO 2400 to confirm the appointment. The SCO 2408 will be completed if there is information the EMP worker should know. (i.e. the client missed the appointment due to incarceration or illness that might affect his or her employability status)

V. Applicant Fails To Comply With A EMP Referred Appointment

As part of the EMP assessment, referred adults are given various appointments needed to complete the assessment. EMP will issue a Universal Memo (SCO2401) to notify the Eligibility examiner of these appointments. A review of these dates is needed to determine workflow and processing as explained later in the next section.

Good Cause

If the applicant fails to report for one of these appointments, a negative action must be taken, unless the applicant provides a valid good cause reason for his/her failure to comply. The EMP examiner is responsible for determining good cause for any appointments made through EMP. The EMP Examiner will reschedule the missed appointment if (s)he determines there was a good cause reason. EMP will also issue a Universal Memo (SCO2401) to notify the Eligibility examiner of the transaction.

Acceptable good cause excuses: (with verification) illness, court appearance, hospitalization, jail, death of a family member or extraordinary inclement weather.

Notification Of Non-Compliance

EMP central is the "clearing house" for all the appointment information. It will be the responsibility of EMP central to notify the Eligibility examiner as timely as possible of an instance of non-compliance. The goal of EMP will be to issue the SCO 2401 to the Eligibility examiner or the Compliance Unit (per the grid) within 2 business days of the time when EMP became aware of the non-compliance.

Negative Case Actions

The responsibility for taking the negative action rests with the Eligibility examiner in possession of the application for all Safety Net applicants and non-compliances for FASNFA applicants that result in a sanction. The Compliance Unit will be responsible for processing non-compliances for FASNFA applicants that result in case denials. The following reason codes will be used:

ELIGIBILITY PROCESSING

- Failure to comply with a medical or psychiatric evaluation – SN: The Eligibility examiner will process a closing using reason code W11 "Failure to Keep Appointment for DSS Medical Assessment". FA: Compliance Unit is responsible.
- Failure to comply with a SAAM assessment – The center examiner will delete the non-compliant individual from the case using reason code F45 "Failure to Comply with Drug/Alcohol Assessment". The assigned case category must be one of the non-cash types (12 or 17) for the duration of the ineligibility of the sanctioned individual.
- Failure to comply with Drug/Alcohol Treatment- The center examiner will sanction the individual from the active case using reason code MX1, 2, or 3. The assigned case category must be one of the non-cash types (12 or 17) for the duration of the ineligibility of the sanctioned individual. The Eligibility worker will check on WTWCMS for sanction history. For single Safety Net cases this will result in a case denial "192-no eligible individual".
- Failure to respond to request for: Completed "Needed in Household/ Documentation from treating doctor form" (SCO2404). The Eligibility examiner will process a closing using reason code N17 (failure to complete Eligibility process) for SN applicants. For FA/SNFA applicants the Compliance Unit will process the case denial.

VI. Delays In The Eligibility Process

All adult applicants must be referred to EMP for a full assessment. However, failure to complete this assessment, within the 30 (FA) or 45 (SN) day time frames cannot have a negative impact on the case opening date, unless the delay was directly cause by the applicant. Recently, NYS issued 03 INF 27 to delineate to process case openings under these circumstances. Local Procedure #883, "Establishing the Dates of Eligibility" was prepared and distributed giving detailed instructions on the local process. However, parts of this process must be addressed here for clarity.

EMP will issue a white SCO 2401 to advise the Eligibility worker of all appointment dates scheduled by EMP as a part of the assessment.

When Assessment Appointments Fall Within The Eligibility Processing Timeframe

When an Eligibility worker knows the assessment appointments fall within the 30 or 45 day processing period, the case determination **must be held** pending the results of the assessment appointments. The date of Eligibility will be determined using the instructions found in local procedure # 883.

When Assessment Appointments Are Scheduled After Eligibility Processing Timeframe

When an Eligibility examiner knows the assessment process will extend past the 30 or 45 day processing period, the case determination must be made using the information already in the agency's possession. If an employability assessment is not yet complete, EMP will advise the Eligibility worker to use employment code 70 upon case opening. Once the case has been opened and transferred to the appropriate Undercare unit, the

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applicant is now a recipient. If the individual subsequently fails to comply, the processing is handled through the Compliance Unit as a noncompliance of an active recipient in Undercare.

VII. SCDOL Log

The EMP examiner is responsible for scheduling all SCDOL appointments, including adding the referred individuals' names to the appropriate SCDOL log. There is one FA log date and one SN log date in each center. The log is kept by the SCDOL worker co-located in the center. On the appropriate day, which varies in each center, the log is sent to SCDOL, along with the SCO 2500 forms that were issued and all back up information necessary. A copy of this referral log will be forwarded to the Eligibility supervisor to be retained for future reference.

The day after the appointment date, SCDOL returns an annotated copy of the log to the SCDOL worker co-located in the center. Attached to this log is a copy of an SCO 2500 form for each listed individual who failed to show for the SCDOL appointment. It is crucial that these SCO 2500 forms are reviewed and properly distributed.

- The SCDOL worker co-located in the center will review the log and compare the cases marked as "no-shows". (S)he will ensure that there is a completed SCO 2500 for each individual who failed to appear for the SCDOL appointment.
- The Eligibility supervisor, or his/her designee is responsible for reviewing each returned SCDOL log that is prepared within the center in order to identify the cases that are currently in Eligibility awaiting processing. The information regarding compliance for these cases must be provided to the Eligibility worker making the case determination.

Note – in addition to the FA and SN logs that are completed in each center, there are additional logs completed by EMP central. These logs contain cases from all of the centers. They will identify the case category for each referral as well as the case location (i.e. – Eligibility, Undercare, or Special Recert). These logs will also be forwarded to the Eligibility supervisors for review and resolution.

- All SCO 2500 forms for non-compliant individuals whose case has already been opened will be returned to the SCDOL co-located worker marked "NEEDS ROTOPA"
- The Eligibility supervisor or his /her designee provide the Undercare supervisor with a copy of each log and SCO 2500 form for individuals referred to SCDOL due to the special recertification process.

SECTION TWO

UNDERCARE CASES

I. Which Individuals Are Referred To EMP By Undercare?

EMP makes all referrals to SCDOL and SAAM. In Undercare most adult household members have already been referred to EMP as a part of the Eligibility process. However, there are times when an Undercare examiner determines that an individual needs to be referred to EMP for an assessment.

The Undercare examiner must refer the following individuals to EMP:

A. All Adult Household Members Being Added To the Case.

Legally responsible relatives are added to the case using the special recertification process. This process is discussed in Unit VI of this section.

Non-legally responsible Adults must submit an application through Eligibility. Upon case acceptance, including the 45 day wait, the individual can be added to the active FA case as an essential person.

Examples of non-legally responsible adults:

1. The boyfriend or girlfriend of the FA adult in the case. The individuals have no children in common to form a filing unit.
2. The parent of the FA adult living with the FA family
3. An unrelated adult sharing the dwelling of the FA household who the head of household requests to be added to the case.
4. A sibling of the FA children who is not mandated to be included in the case under filing unit regulations because (s)he is over age 18 or over and not in school.

B. All "Children" Being Converted To An Essential Person On An FA Case.

Any "child" who is being converted to an essential person on a FA case must be referred to EMP. This usually occurs when the individual remains in the household and:

1. turns age 18 and is not in high school, or
2. is age 18 and graduates from high school.

Individuals turning age 19, even if he or she is still in high school are scheduled by EMP 60 days prior to their 19th birthday.

The Essential person category is restricted to individuals aged 18 who graduate high school and individuals when they reach age 19, regardless if they have graduated. The correct relationship code is "12" with a categorical code "09".

C. All Children Ages 16 To 18 Who Leave High School

This category of referral is for a population that is not considered to be adult household member. However, the individual must be referred to SCDOL to be registered in an employment activity.

Although (s)he is not an adult, a child between the ages of 16 and 17 not in school must have an employment assessment prior to registration with the SCDOL. Therefore an EMP interview is required.

16 and 17 year olds (and 18 year olds still in high school) cannot be screened for substance abuse under the existing Drug and Alcohol regulations.

Pregnant or parenting teens that leave school must be referred to EMP for a referral to DOL and enrollment into a GED or high school program. If they fail to comply they are ineligible for assistance and will be disqualified. (TASB chapter 9 page 4.)

D. Essential Persons On A FA Case That Is Being Converted To SN Due To Time Limits.

Since there is no essential person category in Safety Net cases, the Undercare examiner will process a Safety Net "application" for a separate coop case for this individual. An interview with EMP is mandated through the Time Limit Assessment process. (See local procedure # 870)

II. Scheduling An Appointment With EMP

Each center EMP worker maintains an appointment log. When an Undercare examiner has determined that an individual is in need of an EMP assessment, (s)he will complete the log taking the next available appointment date and time. The Undercare examiner worker will complete an EMP appointment letter (SCO 2400). This notice will be delivered in one of two ways:

- a. If the client is present the letter will be hand-delivered. The worker will have the client sign the letter and retain a copy for the TA case record and EMP log.
- b. If the client is not present, the original copy will be mailed to the applicant/recipient. Do not schedule an appointment for earlier than ten days from the mailing date. The appointment letter will be mailed in an envelope marked "Do Not Forward". This step is necessary to document that an undeliverable letter will be returned by the post office, information that is crucial for preparing a fair hearing.

III. Communications

The lines of communication must be kept open at all times to ensure that cases being serviced by both EMP, and Undercare are treated correctly.

1. EMP Universal Memo – SCO 2401 is used to report whatever action is being taken, or requested by EMP.
 - Did you know that the EMP universal memo is color-coded? Whenever EMP is reporting a change in status that requires an action, the form is printed on green paper. When the information contained in the memo is informational only, the form is printed on white paper.

GREEN MEANS GO WHITE MEANS FYI

2. Center to EMP Communication memo (SCO 2408) is used to convey information from the center examiner staff to EMP staff. Attach this form to the copy of the EMP appointment letter (SCO 2400) being forwarded to the EMP worker. If there is a need to communicate directly with EMP central the completed memo should be faxed to EMP Central (X38416 or x33873).

Important information that must be shared with EMP

- *Recent Jail Release*
- *Probation/Parole Status*
- *Is the client a convicted sex offender?*
- *Is there a history of violence?*
- *DV waiver granted? What type – employment, CSEB, drug treatment, etc.*
- *Medical information – all medical reports are to be processed and stored by EMP in their files. If a client presents medical documentation to the center worker, (s)he must be told to bring that to the EMP appointment. If for some reason the Eligibility or Undercare worker has possession of medical documentation, this should be attached to the copy of the SCO 2408 being submitted to EMP.*
- *Has the client appeared at the center under the influence?*
- *Has the client entered an inpatient substance abuse treatment facility?*
- *Previously closed case was re-opened and not reactivated.*

SAAM results

EMP receives the results of the SAAM appointments via e-mail. The results are broken down by center, by Eligibility or Undercare and then by case type. EMP will forward the results to the responsible unit. If good cause is established for a missed SAAM appointment, the EMP worker will e-mail the appropriate worker responsible for the case and their supervisor.

The Undercare worker will process all SN failures to report. They will input sanction code F45. For Single Safety net cases this will result in a case closing.

The Compliance Unit will process all FA and SNFA failures to report. They will input sanction Code F45, GX1, GX2, or GX3 depending on the infraction.

EMP will process all other SAAM responses and adjust the employability codes and case types. If EMP is unable to process a response, they will issue a Green SCO 2401 to the Undercare worker advising what action needs to be taken.

IV. Failure To Comply With A EMP Interview That Was Scheduled By Undercare – Not Including Special Recertifications

The EMP interview is considered a part of the Eligibility process and is an Eligibility requirement. A negative action must be taken unless the recipient provides a valid good cause reason for his/her failure to comply.

A. A Legally Responsible Relative Fails To Cooperate

EMP will notify the Compliance Unit to process a case closing using the CNS reason code N17 "Failure to Complete Eligibility Process". The Compliance Unit will be responsible for reactivation of the case if EMP Central or the Examiner who scheduled the appointment establishes "good cause". The Compliance Unit will also be responsible to write any fair hearing that is requested regarding this issue. If Aid to Continue is issued, the Compliance Unit must contact the Undercare examiner so a new EMP appointment can be scheduled. If the client requests to reschedule the appointment after the effective closing date, but within the 30 days after closing, the Compliance Unit will notify the appropriate worker to reschedule the appointment. If the client complies, the Compliance Unit would be responsible to reactivate the case.

B. A Non – Legally Responsible Adult Fails To Cooperate

There are times when a non-legally responsible adult is included in an active case, but fails to comply with EMP. Usually the adult is coded as an essential person. His or her failure to cooperate cannot result in a negative action to the balance of the household.

Examples of Non-legally responsible adult(s):

1. The boyfriend or girlfriend of the FA adult in the case. The individuals have no children in common to form a filing unit.
2. The parent of the FA adult living with the FA family.
3. An unrelated adult sharing the dwelling of the FA household who the head of household requests to be added to the case.
4. A sibling of the FA children who is not mandated to be included in the case under filing unit regulations because (s)he is over age 18 and not in school.

EMP will notify the Compliance Unit of the non-compliance. The Compliance Unit will process the deletion of the non-compliant individual from the active case by taking the following steps:

- Enter an "N" in the notice indicator field

- Issue a manual notice. *The worker should complete the SCO 2409 "Supplement to the DSS 4013 and 4015" to complete the client notice. This form contains the proper wording to explain that the individual is being deleted from the active case.*
- The Compliance Unit will disqualify the client and delete the individual from the case.

B. Good Cause Determination

When the EMP appointment has been scheduled by Undercare, the Undercare worker is responsible for determination of good cause. When an individual contacts the agency and indicates the appointment was missed for a good cause reason, (s)he should be referred to the appropriate examiner.

If good cause is established, a new appointment must be scheduled by the Undercare worker and the Compliance Unit must be notified to stop the processing of the case closing.

To schedule a new appointment, the Undercare examiner will follow the instructions provided in Unit II of this section. An additional copy of the SCO 2408 must be completed and submitted to the Compliance Unit so the case closing can be stopped. There is a check off box on the form to notify the Compliance Unit that Good Cause has been established. No further negative action will be taken by the Compliance Unit on that failure to appear.

Acceptable Good cause excuses: (with verification) illness, court appearance, hospitalization, jail, death of a family member or extraordinary inclement weather.

V. Failure To Comply With EMP Referred Appointments

As part of the EMP assessment, referred adults are given various appointments needed to complete the assessment. EMP will issue a Universal Memo (SCO2401) to notify the appropriate examiner.

The responsibility for taking the closing action rests with the Compliance Unit for failing to keep scheduled medical or psychiatric evaluation appointments. The Undercare examiner is responsible for taking action when Safety Net individuals fail to keep a SAAM appointment or falls out of compliance with mandated Drug/Alcohol treatment and have been determined unemployable due to substance abuse issues. Similarly, the Compliance Unit is responsible for taking action when FA/SNFA individuals fail to keep a SAAM appointment or falls out of compliance with mandated Drug/Alcohol treatment. EMP Central will be responsible to ensure that notification is sent to the appropriate worker (the Compliance Unit or Undercare). **Individuals who contact the agency and request a new appointment will be referred to EMP Central for a determination of good cause.**

Failure to comply with these appointments results in the following actions:

1. A Legally Responsible Relative Fails To Cooperate With:

- Medical or psychiatric evaluation – The Compliance Unit will process a closing using reason code W11 "Failure to Keep Appointment for DSS Medical Assessment".
- SAAM assessment – The Center Examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will delete the non-compliant individual from the case using reason code F45 "Failure to Comply with Drug/Alcohol Assessment"– the assigned case category must be one of the non-cash types (12 or 17) for the duration of the ineligibility of the sanctioned individual.
- Drug/Alcohol treatment-The Center Examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will sanction the individual from the active case using reason code GX1, 2, or 3. The assigned case category must be one of the non-cash types (12 or 17) for the duration of the ineligibility of the sanctioned individual.

2. Adult With No Legal Lines Of Responsibility Fails To Cooperate With:

Active adult recipients who are not mandated to be included in a case by filing unit regulations who fail to cooperate with either the EMP or SAAM assessment or Drug/Alcohol treatment are deleted from the case.

The failure of this individual cannot result in a negative action on the balance of the household. Attached to this procedure is a supplement to the DSS 4015, the SCO 2409. This contains the proper wording to explain that the individual is being deleted from the active case.

- Medical or psychiatric evaluation – The Compliance Unit will delete the individual from the active case. A manual DSS 4015 will be completed using SCO 2409 as a supplement.
- SAAM assessment – The Undercare examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will delete the non-compliant individual from the case using reason code F45. A manual DSS 4015 will be completed using SCO 2409 as a supplement. The remaining household members can remain in category.
- Drug/Alcohol treatment-The Undercare examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will delete the non-compliant individual from the active case using reason code GX1, 2, or 3. A manual DSS 4015 will be completed using SCO 2409 as a supplement. The remaining household members can remain in category.

Examples Of Non-Legally Responsible Adult(S):

- The boyfriend or girlfriend of the FA adult in the case. The individuals have no children in common to form a filing unit
- The parent of the FA adult living with the FA family
- An unrelated adult sharing the dwelling of the FA household who the head of household requests to be added to the case.
- A sibling of the FA children who is no longer mandated to be a member of the filing unit because (s)he is over age 18 and not in school.

3. Non-Legally Responsible Filing Unit Member

According to TASB Chapter 13 page 16:

If siblings of an applying minor dependent child who are required to file an application for assistance fail to do so or fail to comply with all other Eligibility requirements, the entire family is ineligible for assistance

This refers to a child age 16-17 who is not in high school, already on the case, who refuses to comply with the application and Eligibility determination.

VI. Adding Adults To An Active Case- Special Recertifications And More

A. Legally Responsible Relatives – Added As A Part Of A Special Recertification

When the adult being added to the case has legal lines of responsibility to other household members, a special recertification interview must be scheduled. Although this is called a recertification, in reality it is an application for the newly returned household member. As such, the individual must establish his or her Eligibility before being added to the case. **Do not add the individual to the 3209** except for emergency housing placements. In that instance the individual must be added to the 3209 but not the budget. However, failure to complete the full assessment, within the 30 or 45 day time frames, unless the delay is caused by the applicant, cannot have a negative impact on the date the individual is eligible to be added to the case.

- FA cases – a determination must be made within 30 days of the "application date."
- SN cases – a determination must be made, but cannot be implemented until 45 days from the "application date".

The application date is the date the household reports the presence of the individual in the household and asks to have him/her added.

Scheduling A Special Recertification Interview

The Undercare examiner will determine an appointment date for the special recertification interview. The head of household and the individual being added to the case must be present for the interview. A recertification package will be sent to the household. Included in that package is the recertification appointment letter (SCO2319) as well as an EMP appointment letter. Both interviews will be scheduled for the same day however, the recertification appointment must be prior to the EMP appointment.

Failure To Attend Special Recertification Interview

The failure of a legally responsible adult to follow through on the Eligibility process has a negative effect on the entire household. If the household fails to attend the special recertification appointment or filing unit member fails to apply the Undercare Examiner will process a case closing using the CNS reason code N14 "Filing Unit – refusal to comply." **Delete the individual from the EMP log.**

Failure To Attend The EMP Interview

Since the Undercare examiner coordinated the appointment dates, the instances where a household attends a special recertification interview, but fails to attend the EMP appointment should be very rare. The Undercare examiner is responsible for issuing the closing notice. The CNS reason code to use is N17 "Failure to Complete Eligibility Process". This can be entered on the CNS notice as a second closing reason.

Failure To Attend EMP Scheduled Interview

EMP will issue a universal memo (SCO 2401) to notify the Undercare examiner of any appointments that have been scheduled as a part of the EMP assessment process. The Undercare examiner is responsible for tracking the appointment dates made by EMP. If the dates fall within the 30 or 45 day processing timeframe explained earlier, the case determination cannot be made until compliance with these appointments is verified.

Appointment Date Prior To 30 Or 45 Day Processing Period:

- Medical or psychiatric evaluation – The Undercare examiner will process a case closing using reason code W11 "Failure to Keep Appointment for DSS Medical Assessment".
- SAAM Assessment – The Undercare examiner will sanction the individual using TA individual code F45 and transferring the case to the appropriate non-cash category.

Appointment Date After 30 Or 45 Day Processing Period And Individual Is Already An Active Household Member:

- Medical or psychiatric evaluation – The Compliance Unit will process a closing using reason code W11 "Failure to Keep Appointment for DSS Medical Assessment".
- SAAM assessment – The Center Examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will sanction the non-compliant individual from the case using reason code F45 "Failure to Comply with Drug/Alcohol Assessment" and transfer the case to the appropriate non-cash category.

- Drug/Alcohol treatment-The Center Examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will sanction the individual from the active case using reason code GX1, 2, or 3 and transfer the case to the appropriate non-cash category.

B. Adults With No Legal Lines Of Responsibility Apply Separately Through Eligibility

Adults requesting to be added to the case, who are not responsible for other TA household members must submit an application through Eligibility. Once the Eligibility process is completed, and if the head of household of the active FA case wants the individual added as an essential person, the application is denied using code M66 "Receiving TA in another case" and the applicant(s) are added to the existing TA case. This only applies to FA cases, as there is no essential person designation in the SN category.

Adults who are not mandated to be included in a case by filing unit regulations who fail to cooperate with any scheduled appointments will have their applications denied according to standard processing procedures.

C. Emergency Housing Situations Are An Exception

The exception to the above process is when a legally responsible adult, who is not currently included in the TA case, lives in a household with an emergency housing placement. These individuals will be added to the 3209 by the Undercare examiner to enable central housing to meet the existing immediate needs emergency.

The examiner making the EMP referral must clearly identify that this individual is in emergency housing and speak to the EMP examiner to schedule a priority EMP appointment.

EMP has been instructed to set up priority appointments with SAAM and/or IMA when it appears that the individual being assessed has a medical or psychiatric problem that interferes with his or her employability. This will ensure a timely determination.

If the individual subsequently fails to comply with any of the scheduled appointments, the appropriate negative action will be taken by the appropriate Unit according to the attached grid. A copy of the notice advising the client of the negative action will be sent to the central housing unit.

VII. SCDOL LOG

The EMP examiner is responsible for scheduling all SCDOL appointments, including adding the referred individuals' names to the appropriate SCDOL log. There is one FA log date and one SN log date in each center. The log is kept by the SCDOL worker co-located in the center. On the appropriate day, which varies in each center, the log is sent to SCDOL, along with the SCO 2500 forms that were issued and all back up information necessary. A copy of this referral log will be forwarded to the Eligibility supervisor to be retained for future reference.

The day after the appointment date, SCDOL returns an annotated copy of the log to the SCDOL worker co-located in the center. Attached to this log is a copy of an SCO 2500 form for each listed individual who failed to show for the SCDOL appointment. It is crucial that these SCO 2500 forms are reviewed and properly distributed.

- The SCDOL worker co-located in the center will review the log and compare the cases marked as "no-shows". (S)he will ensure that there is a completed SCO 2500 for each individual who failed to appear for the SCDOL appointment.
- The Eligibility supervisor, or his/her designee is responsible for reviewing each returned SCDOL log that is prepared within the center in order to identify the cases that are currently in Eligibility awaiting processing. The information regarding compliance for these cases must be provided to the Eligibility worker making the case determination.

Note – in addition to the FA and SN logs that are completed in each center, there are logs completed by EMP central. These logs contain cases from all of the centers They identify the case category for each referral as well as the case location (i.e. – Eligibility, Undercare, or Special Recert) These logs will also be forwarded to the Eligibility supervisor for review.

- All SCO 2500 forms for non-compliant individuals whose case has already been opened will be returned to the SCDOL co-located worker marked "NEEDS ROTOPA"
- The Eligibility supervisor or his/her designee will provide the Undercare supervisor with a copy of each log and SCO 2500 form for individuals referred to SCDOL due to the Special Recertification process.
- The Undercare examiner is responsible for processing the special recertification "No Show" individuals as outlined in Unit VII. Of this section.

VIII. Ongoing Assessment Requirements For FA And SN Recipients

Employability assessment and determination is an ongoing process. EMP will monitor FA/SNFA individuals and SN individuals that have been granted a "Needed in Home" exemption and SCDOL will monitor SN cases for follow-up assessments as appropriate based on the last information received.

SCDOL will consult with the Supervising Medical Specialist in EMP to resolve conflicting medicals. When there is a change in employment status for individuals, SCDOL will notify EMP. If an individual documents a new medical condition SCDOL will refer him/her to EMP.

SCDOL will generate a daily list of individuals requiring code changes. Whenever possible EMP will make all employment code changes. This includes changing the category when it involves an individual going to cash assistance from non-cash assistance due to substance abuse. If EMP cannot process their transaction, a Green SCO 2401 is completed and sent to Undercare advising the examiner responsible for the case of the action (s)he must take.

IX. Failure To Comply With Ongoing Assessment Requirements

A. Failure To Keep An EMP Appointment.

1. The Compliance Unit will process a case closing. CNS code N17.
2. The Compliance Unit will process all Fair Hearings related to this action: Aid to Continue will be issued as appropriate and the Compliance Unit will contact EMP to schedule a new appointment while awaiting a decision on the previous action.
3. Requests to comply:
 - a. The Compliance Unit will refer clients who request to comply within 30 days of the case closing to EMP. EMP will schedule a new appointment. Once the client keeps the rescheduled appointment, the case can then be reactivated back to the date of the request. However – the 45 day wait can be imposed on SNA cases.
 - b. If the client contacts the agency more than 30 days after the effective date of the closing, (s)he must be notified to make a new application through Eligibility.

B. Failure To Keep A Medical/Psychiatric Appointment

1. The Compliance Unit will process a case closing. CNS code W11.
2. The Compliance Unit will process all Fair Hearings related to this action:

Aid to Continue will be issued as appropriate and the Compliance Unit will contact EMP to schedule a new appointment while awaiting a decision on the previous action.

3. Requests to comply:

- a. The Compliance Unit will refer clients who request to comply that are made within 30 days of closing to EMP. EMP will schedule a new appointment. The case can be reactivated back to the date of the request to comply as soon as the individual attends the medical appointment. However – the 45 day wait can be imposed on SNA cases.
- b. If the client contacts the agency more than 30 days after the effective date of the closing, (s)he will be notified to make a new application through Eligibility.

C. Failure To Document **Continued** “Needed In Home” Exemption From Work Rules

1. The Compliance Unit will process a case closing. CNS code N17. The Compliance Unit will process all Fair Hearings related to this action:

Aid to Continue will be issued as appropriate and the Compliance Unit will contact EMP so a new request for documentation can be made while awaiting a decision on the previous action.

2. Requests to comply:

- a. The Compliance Unit will process all requests to comply that are made within 30 days of closing. The client will be notified that (s)he must submit available documentation to EMP. The case can be reactivated upon verification of compliance; back to the date the client submitted the missing documentation. (However – the 45 day wait can be imposed on SNA cases.

If the client contacts the agency more than 30 days after the effective date of the closing, the client will be notified to make a new application through Eligibility.

D. Failure To Keep SAAM Appointment- An F45 Sanction Code.

1. The center examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will take the appropriate case action:

- a. In a multiple person case, the individual is sanctioned. The balance of the HH must be placed in the appropriate Non-Cash category.
- b. One person households result in a case closing.

2. Requests to comply in a closed case:

- a. Closed case - Any client requesting to reschedule an appointment within 30 days of the action will be referred to EMP for a new SAAM appointment. The case can be reactivated back to the date of request upon verification of compliance with the SAAM appointment. However, for SNA cases, the 45 day wait can be imposed.
- b. If the client contacts the agency more than 30 days after the effective date of the closing, (s)he will be notified to make a new application through Eligibility.

3. Requests to comply in a Multiple person household:

When a client indicates willingness to comply, at any time after the action is taken, the center worker will make a referral to EMP for an assessment. The individual may be added back to the TA household, retroactive to the date of request, upon verification from EMP that the SAAM appointment was kept. The case category determination is based on the SAAM finding:

- a. Not employable due to substance abuse – the appropriate non-cash category.
- b. Employable but in need of treatment – the appropriate category (could be cash, but could be non-cash due to time limits).

- c. Not in need of treatment at this time - the appropriate category (could be cash, but could be non-cash due to time limits).
 - 4. The Center Worker (SN cases) or the Compliance Unit (FA/SNFA cases) will process all Fair Hearings related to this action.
 - a. The appropriate worker will send a SCO 2408 to EMP and advise whether aid to continue was granted.
 - b. Upon receipt of the 2408 EMP will schedule a new SAAM appointment to re-engage the client in treatment while awaiting a decision on the previous action.
- D. Failure To Comply With Drug And Alcohol Treatment (GX And MX Sanctions) For Individuals With The Employment Code Of 63
1. The Center Examiner (SN cases) or the Compliance Unit (FA/SNFA cases) will take the appropriate case action. The appropriate worker **must check** the sanction history tab on WTCMS to determine the correct sanction occurrence.
 - a. In a multiple person case, the individual is removed. The balance of the HH must be placed in the appropriate Non-Cash category.
 - b. One person households result in a case closing.
 2. Once the sanction period is ended, the following action can be taken when the client requests to comply.
 - a. Closed case - If the client contacts the agency (s)he will be notified to make a new application through Eligibility. For SNA applicants, the duration of the sanction cannot coincide with the 45-day waiting period.
 - b. Multiple person households – When a client indicates willingness to comply at the end of the sanction period, the Center Worker will make a referral to EMP for an assessment. The individual may be added back to the TA household, retroactive to the date of request, upon verification from EMP that the SAAM appointment was kept. The case category determination is based on the SAAM finding.
 - Not employable due to substance abuse – the appropriate non-cash category
 - Employable but in need of treatment – the appropriate category (could be cash, but could be non-cash due to time limits)
 - Not in need of treatment at this time - the appropriate category (could be cash, but could be non-cash due to time limits)
 3. The Center Worker (SN cases) or the Compliance Unit (FA/SNFA cases) will process all Fair Hearings related to this action.
 - a. The appropriate worker will send an SCO 2408 to EMP and advise whether aid to continue was granted.
 - b. Upon receipt of the SCO 2408 EMP will schedule a new SAAM appointment to re-engage the client into treatment while awaiting a decision on the previous action.
 4. If the individual goes into an inpatient treatment program during the sanction period, the center worker must advise EMP Central. The center worker must issue an SCO 2408 to EMP along with the supporting documentation. EMP Central will fast track the individual back to SAAM. If SAAM determines the inpatient program is the appropriate level of care, EMP will issue a Universal Memo (SCO2401) to notify the appropriate examiner to remove the sanction and to post payment lines in order for the facility to receive payment.

X. Monitoring Compliance With Employment Requirements

A. Employable Individuals Engaged In Work Actives Through SCDOL

Individuals who are registered with the SCDOL for employment programs and who are found to be in non-compliance are referred to The Compliance Unit for conciliation processing. If the individual is found to have good cause for non-compliance, the Compliance Unit will refer the individual back to SCDOL, or a referral to EMP is made to evaluate a change in employment status. In either circumstance, notice is sent to the Undercare examiner regarding case status.

B. Self Sufficiency Review

As per OTDA requirements, individuals who are currently not employable must cooperate with a plan of self-sufficiency. This activity is monitored by Self-Sufficiency Review (SSR) unit of SCDOL.

If an individual non-complies with SSR, SCDOL will send a request to the Compliance Unit to disqualify the individual.

• Failure To Comply With A Medical Evaluation

1. The Compliance Unit will process a case closing. CNS code W11.
2. The Compliance Unit will process all Fair Hearings related to this action.

Aid to Continue will be issued as appropriate and the Compliance Unit will contact SCDOL so a new request for documentation can be made while awaiting a decision on the previous action.

3. Request to comply

- a. Requests to comply that are made within 30 days of closing will be processed by the Compliance Unit. The client will be notified to provide any documentation available to the Suffolk County Department of Labor, who is responsible for maintaining this information. Upon verification of compliance, the case can be reactivated back to the date of the request. NOTE for SNA cases, the 45 day wait can be imposed.
- b. If the client contacts the agency more than 30 days after the effective date of the closing, (s)he will be notified to make a new application through Eligibility.

• Failure To Comply With Recommended Treatment

1. The Compliance Unit will take the appropriate action. The individual who failed to comply is ineligible for assistance.
 - a. Multiple person Household - The client is removed from the case using a Y99 deletion code.
 - b. Single individual Household - The entire case is closed.
2. The Compliance Unit will process all Fair Hearings related to this action.

Aid to Continue will be issued as appropriate and the Compliance Unit will contact SCDOL so a new request for documentation can be made while awaiting a decision on the previous action.

3. Request to comply

- a. Requests to comply that are made within 30 days of closing will be processed by the Compliance Unit. The client will be notified to provide any documentation available to the

Suffolk County Department of Labor, who is responsible for maintaining this information. Upon verification of compliance, the case can be reactivated back to the date of the request. NOTE for SNA cases, the 45 day wait can be imposed.

- b. If the client contacts the agency more than 30 days after the effective date of the closing, (s)he will be notified to make a new application through Eligibility.

C Adults Mandated Into Substance Abuse Treatment

EMP will monitor all individuals that are mandated into substance abuse treatment. EMP is responsible to coordinate with SAAM to ensure timely receipt of status reports. Individuals that have been unemployable due to their substance abuse remain the responsibility of EMP. Once the individual transitions to employable they become the responsibility of SCDOL. If the individual has a secondary exempt employment code, EMP will complete an SSR referral.

1. Employment Code 63- Failure to comply with treatment.

These case actions are processed by the Undercare examiner (SN cases) or the Compliance Unit (FA/SNFA cases) under current procedures. The appropriate worker must review the sanction history tab on WTCMS to ensure the correct sanction period is imposed.

2. Employment code 64

When SAAM first determines an individual has transitioned from employment code 63 (unemployable and in need of treatment) to employment code 64 (employable but in need of treatment) the regulations that require the individual attend treatment change as well. The Drug and Alcohol regulations only apply to those who are found unemployable due to the substance abuse. Once the client transitions to an employable status (63 TO 64) the requirement to attend substance abuse treatment must be included in the individual's employment plan that is prepared by SCDOL.

When EMP receives the SAAM 2423 (Status Report) indicating the individual is now employable but in need of treatment, EMP will:

- Issue a DSS 4005 to notify the client of a change in employment status. Once the DSS 4005 has been issued, if the client fails to appear for the SCDOL appointment a ROTOPA can be issued, to be processed through the Compliance Unit. This would be an employment sanction.
- If the individual was referred to SCDOL as an SSR referral (i.e., unemployable) a copy of the status report is forwarded to them. They will update the individual's self-sufficiency plan to reflect the change. If the client subsequently non-complies it would result in a Y99 deletion as a non-compliance with SSR.

Once the client appears at SCDOL the counselor will:

- Schedule an appointment for the client to complete an employment plan. Once an individual has been determined employable, the mandate to attend substance abuse treatment under the Drug and Alcohol regulations is no longer applicable. The treatment mandate must be included in the client's employability plan. If the client non-complies with treatment they are now subject to a work rules sanction.

Employment code 64-Failure to comply with treatment

If a client has not been referred to SCDOL, the agency has no authority to impose a sanction, even though we have notice from SAAM that treatment is appropriate for this individual. There is a process in place to correct this problem:

- EMP currently receives all notices of non-compliance from SAAM.
- When an individual assigned code 64 has dropped out of treatment before EMP has referred the client to SCDOL, EMP will refer that individual back to SAAM for a "fast track" evaluation and referral to treatment.
- When an individual assigned code 64 has dropped out of treatment and EMP has referred the client to SCDOL but the appointment date is in the future, EMP will fast track the individual back to SAAM for a new referral to treatment. SCDOL will include the treatment requirement in the client's employment plan.
- When an individual assigned code 64 has dropped out of treatment SCDOL has not included the treatment requirement in the client's employment plan, SCDOL will refer the client back to SAAM for a "fast track" evaluation. At the same time SCDOL will schedule the client back in for an appointment to update their employment plan and include the treatment requirement.
- Once this is accomplished, if the client fails to attend treatment, a ROTOPA (Recommendation of Termination of Public Assistance) can be forwarded to the Compliance Unit for processing.
- Any subsequent failure to comply with treatment will result in an employment sanction for failure to comply with individual's employment plan. This is an employment related sanction that will be processed by the Compliance Unit.

XI. The Role Of EMP When A Client Requests To Be Reinstated To An Active TA Case

When the Undercare examiner receives a request for an individual to be reinstated to a case because a sanction period is ended, a referral to EMP must be made. The referral must include an SCO 2408 indicating the date the individual stated (s)he requested to comply. EMP will issue an SCO 2401 to inform the center examiner once the client has kept the EMP appointment. (S)he can be reinstated to the case retroactively to the date the individual indicated a willingness to comply.

A. The Client States (S)he Is Able To Work

1. A referral to SCDOL will be made by the EMP worker.
2. The individual will be issued an SCO 2500 and his/her name placed on the SCDOL log.
3. The results of the referral will be forwarded to the Undercare examiner via the log maintenance process outlined in Section VI of this procedure. Since the individual has already been added back to the case, a ROTOPA will be issued if the individual fails to keep the SCDOL appointment.

B. The Client States (S)he Is Unable To Work

1. A full EMP assessment must be completed. The EMP worker will make any referrals deemed necessary as a result of the assessment.
2. Failure to comply with any referral appointment will be handled by the Compliance Unit as a potential full case closing. The exception is for referrals to SAAM. Refer to item C for details of handling these cases.

C. SAAM Sanctions

1. The EMP worker will conduct an assessment and make appropriate referrals.
2. The Undercare worker (SN cases) or the Compliance Unit (FA/SNFA cases) will be notified of the SAAM assessment results via the established procedures. If the client fails to comply with the SAAM assessment, the individual will be deleted from the case as appropriate for the infraction. (i.e. an F45 deletion for failure to attend the SAAM assessment or a GX sanction for failure to continue treatment)

D. Other Sanctions

There is a multitude of reasons that an individual can be sanctioned, or ineligible for temporary assistance. These include but are not limited to:

Failure to comply with IV-D; IPV disqualification; failure to provide a Social Security Number, Failure to sign a Bond and Mortgage.

In order to be included back into the active case, the sanctioned/ineligible individual must satisfy the program requirements that caused his/her deletion. Once compliance has been determined, the individual can be referred to EMP. Once they keep the EMP appointment they are considered to be in compliance and are added back to the case. Any failure to comply with the EMP assessment will result in a full case closing.

E. E.A.C.

E.A.C. is currently working on a sanction project for individuals that are sanctioned until compliance or their sanction period has passed. If the individual does not claim a barrier to employment E.A.C. will complete a SCDOL referral. If the individual claims a barrier then E.A.C. will refer the individual for an EMP assessment.

Once the individual keeps the SCDOL or the EMP appointment, E.A.C. will notify the center worker to remove the sanction effective the date the individual stated they were willing to comply.

XII. Reactivation Of Safety Net Cases And The 45 Day Waiting Period

State regulations mandate that when a case is closed for failure to comply with a program requirement that does not involve a durational sanction, the case can be reactivated without requiring a new application, once a client expresses a willingness to comply. Please note the request must be received within 30 days of the actual effective date of the closing. Recently NYS OTDA responded to a request for clarification regarding Safety Net cases. We have been advised that even though a new application cannot be required, the reactivation is considered a new application and the 45 day waiting period can be applied.

The 45 day wait would NOT be imposed when a closing was being lifted because a client provided a documented, acceptable good cause reason for why (s)he did not comply. In that circumstance, the case would be reactivated and a new appointment scheduled. The 45 day wait would be imposed when the case was closed for a legitimate failure to comply with a program requirement and the client contacts the agency within 30 days of the effective closing date indicating (s)he is willing to comply. The case would then be reactivated, 45 days from the date of the request to comply. If the individual subsequently fails to comply, a new closing notice would be issued.

ATTACHMENTS

1. EMP/Eligibility/Undercare Non Compliance Grid
2. SCO 252 - Referral for Alcohol/Substance Abuse Assessment
3. SCO 2500 - Suffolk Works! Employment Program Referral Form
4. SCO 2400 - EMP Appointment Letter
5. SCO 2401 - Case Management Project Memorandum
6. SCO 2319 - Special Recertification appointment notice
7. SCO 2408 - Center to EMP Communication Memorandum
8. SCO 2409 - Supplement to LDSS 4015 - When LNRR FTC with
Employment/EMP or SAAM assessment
9. LDSS School Attendance Desk Guide

FA and SNFA NON-COMPLIANCE GRID
(Case Types 11, 12 and 16 or 17 with a MOE code)

INFRACTION		Case Type	Concl	Adverse Action	Unit Responsible	Denial/Closing code	Sanction/Deletion coding
FTR EMP Appointment		No	No	Denial	Compliance Unit	N17	N/A
FTR SAAM Assessment		No	No	D/A Sanction	Eligibility	N/A	F45
FTC SAAM Intake/Treatment		No	No	D/A Sanction	Eligibility	N/A	MX 1,2,3
FTR DHS, MH, IMA Appointment		No	No	Denial	Compliance Unit	W11	N/A
Failure to submit Needed In Home info.		No	No	Denial	Compliance Unit	V21	N/A
FTR DOL enrollment Appointment		No	No	Denial	Compliance Unit	N21	N/A
FTC DOL Job Search Requirement		No	No	Denial	Compliance Unit	N19	N/A
SPECIAL RECERT Legally Responsible Relative		No	No	Closing	IM	N14	N/A
* FTC EMP		No	No	Closing	Compliance Unit	N17	N/A
* FTC SAAM Assessment		No	No	Sanction	Compliance Unit	N/A	F45
* FTC SAAM Intake/Treatment		No	No	Sanction	Compliance Unit	N/A	GX 1,2,3
* FTR DHS, MH, IMA Appointment LRR		No	No	Closing	Compliance Unit	W11	N/A
* FTR DHS, MH IMA Appointment NLRR		No	No	Deletion	Compliance Unit	N/A	Y99
* FTR DOL (i.e. JRT)		Yes	No	Sanction	Compliance Unit	N/A	WE1,2,3
* FTR Submit Needed in Home Info.		No	No	Closing	Compliance Unit	V20	N/A
* FTR SSR appointment or comply with Treatment		No	No	Deletion	Compliance Unit	N/A	Y99
FTC DCAP		No	No	Closing	Compliance Unit	N13	N/A
FTC SIU		No	No	Closing	IM	N10	N/A
FTC EAC Interview		No	No	Closing	IM	V23	N/A
TIME LIMIT CONVERSION CASES							
FTR TANF Recert Appointment	FA 11,12	No	No	Closing	IM	G30	N/A
FTR TANF Recert EMP Interview	FA 11,12	No	No	Closing	IM	P31	N/A
FTC Job Search TANF Recert	SNFA	No	No	Closing	IM	P31	N/A

* Does not apply to Special Recertifications – IM processes all instances of non compliance for Special Recertifications unless the non-compliance occurred after the processing timeframe and the client has already been added to the active TA case.

SN NON-COMPLIANCE GRID (Case Types 16 or 17 without a MOE Code)

	INFRACTION	Case Type	Concll	Adverse Action	Unit Responsible	Denial/Closing code	Sanction/Deletion coding
Eligibility	FTR EMP Appointment	SN(Case Types 16 or 17 without a MOE Code)	No	Denial	Eligibility	N17	N/A
	FTR SAAM Assessment		No	D/A Sanction	Eligibility	N/A	F45
	FTC SAAM Treatment/Intake		No	D/A Sanction	Eligibility	N/A	MX 1,2,3
	FTR DHS,MH, IMA Appointment		No	Denial	Eligibility	W11	N/A
	Failure to submit Needed in Home info.		No	Denial	Eligibility	V21	N/A
	FTR DOL enrollment Appointment		No	Denial	Eligibility	N21	N/A
	FTC DOL Job Search Requirement		No	Denial	Eligibility	N19	N/A
	SPECIAL RECERT (Non-Leg. Responsible Relative) handled as a separate application		No	Denial	Eligibility	(see above codes)	N/A
	SPECIAL RECERT Legally Responsible Relative		No	Closing	IM	N14	N/A
	* FTC EMP		No	Closing	Compliance Unit	N17	N/A
	* FTC SAAM Assessment		No	Sanction	IM	N/A	F45
	* FTC SAAM Treatment/Intake		No	Sanction	IM	N/A	GX 1,2,3
Active IM	* FTR DHS, MH, IMA Appointment LRR	No	Closing	Compliance Unit	W11	N/A	
	* FTR DHS,MH IMA Appointment NLRR	No	Deletion	Compliance Unit	N/A	Y99	
	* FTR DOL, (i.e. JRT)	Yes	Sanction	Compliance Unit	N/A	WE1,2,3	
	* FT Submit Needed in Home Info.	No	Closing	Compliance Unit	V20	N/A	
	* FTR SSR appointment or comply with Treatment	No	Deletion	Compliance Unit	N/A	Y99	
	FTC DCAP	No	Closing	Compliance Unit	N13	N/A	
	FTC SIU	No	Closing	IM	M10	N/A	
	FTC EAC Interview	No	Closing	IM	V23	N/A	
	TIME LIMIT CONVERSION CASES						
	FTC With Job search TANF Recertification	SN	No	Closing	IM	P30	N/A

- Does not apply to Special Recertifications – IM process all instances of non compliance for Special Recertifications unless the non-compliance occurred after the processing timeframe and the client has already been added to the active TA case.

SCHOOL ATTENDANCE DESK GUIDE

General Temporary Assistance Eligibility Requirement	If residence or household composition has not been verified by other means, school verification of a minor of any age can be used as documentation. Outcome: case denied/closed for failure, without good cause, to provide school documentation to verify residence or household composition. (18 NYCRR 351.1 (b) (2) (ii))		
16 or 17 year old individuals			
Temporary Assistance Employment Requirements	Work Exemption: An individual who is 16 or 17 years of age and has not completed secondary school who is attending full-time a secondary school, vocational or technical school (documentation required) is exempt from work requirements. (18 NYCRR 385.2 (b)) Employability code: "35"- Non Head of Household in School Full-Time. Parent or child claims the child is attending a full-time secondary school, vocational, or technical school (Documentation Required)	Documentation provided.	Documentation not provided and household does not request assistance in getting documentation nor presents a good cause reason for failure to provide it. Outcome: Case closed for failure to provide verification of exemption from employment requirements. (18 NYCRR 385.2(c)) and (18 NYCRR 351.1 (b) (2) (i))
	Documentation provided.	Documentation not provided and household does not request assistance in getting documentation nor presents a good cause reason for failure to provide it. Outcome: Case closed for failure to provide verification of exemption from employment requirements. (18 NYCRR 385.2(c)) and (18 NYCRR 351.1 (b) (2) (i))	Parent or child claims child is not attending school
	Outcome: 16/17 year old would be exempt from employment requirements while attending school full-time. (18 NYCRR 385.2(b)) Employability code: "35"- Non Head of Household in School Full-Time.	Documentation not provided and household does not request assistance in getting documentation nor presents a good cause reason for failure to provide it. Outcome: Case closed for failure to provide verification of exemption from employment requirements. (18 NYCRR 385.2(c)) and (18 NYCRR 351.1 (b) (2) (i))	16-17 year olds not attending secondary school full-time must be referred for assessment of employability. (18 NYCRR 385.6) Outcome: Refer for employment assessment and appropriate assignment. If 16 or 17 year old fails to comply, individual would be conciliated and subject to an employment sanction. (18 NYCRR 385.12) Employability code: "20"- Nonexempt, unless assessment results in a different employability determination.
Unmarried Minor Parent (no child under 3 months of age)	Documentation provided. Outcome: Minor Parent is meeting education requirements. Minor parent is exempt from employment requirements. (18 NYCRR 385.2(b)) Employability code: "17"-Teen Head of Household or Married Teen Enrolled in Secondary School or Equivalent (if head of household). Otherwise, "35"-Non Head of Household in School Full-Time.	Documentation not provided and household does not request assistance in getting documentation nor presents a good cause reason for failure to provide it. Outcome: Case closed for failure to provide verification of exemption from employment requirements. (18 NYCRR 385.2(c)) and (18 NYCRR 351.1 (b) (2) (i))	Unmarried Minor Parent (or head of household) claims Minor Parent is not attending school. Outcome: Minor parent is ineligible (incremental) (18 NYCRR 351.2(k) (1)) for assistance. A 16 or 17 year old unmarried minor parent whose youngest child is at least 12 week of age must participate in educational activities directed toward the attainment of a high school diploma or its equivalent. (97 ADM-23, Section D - Ineligible Individuals and 18 NYCRR 351.2(k)(1)).
Food Stamp Employment and Training (FSET) Requirements	Work Exemption: A person age 16 or 17 who is not the head of household or who is attending school or an employment training program on at least a half-time basis would be exempt from food stamp work requirements. (18 NYCRR 385.3) Employability code: "17" or "35" for individuals also receiving Temporary Assistance as described above or "WE"-Work Registrant Exempt for exempt individuals who are only receiving food stamps. A person age 16 or 17 who is the head of household or is attending school or an employment program at least half-time, but fails to provide documentation of the exemption would result in a determination that the individual is a work registrant and subject to food stamp work requirements (unless exempt for some other reason). (18 NYCRR 385.3) Employability code: "WA"-Work Registrant Required (ABAWD Exempt)		

SCHOOL ATTENDANCE DESK GUIDE

NYS OTDA

18 year old individuals				
Temporary Assistance Category Requirements	For an 18 year old to be eligible for FA, the 18 year old must be a full-time student regularly attending a secondary school, or in the equivalent level of vocational or technical training. This must be documented. (18NYCRR 369.2 (c))			
	Parent claims that 18 year old is attending school full-time, secondary school, vocational, or technical school (Documentation Required)		Parent claims that 18 year old is not attending school.	
	Documentation provided:	Documentation Not Provided:	The 18 year old is not eligible for FA in his/her own right and therefore can only remain on an otherwise FA eligible case as an EP.	If the 18 year old is the only child in the FA case, the entire case must be transferred to SNA. The 18 year old would not be required to apply for SNA since they are no longer part of the filing unit if they are not attending secondary school.
Temporary Assistance Employment Requirements	Outcome: If otherwise eligible, case is FA until 18 year old completes secondary school/equivalent or until month after 19 th birthday, whichever occurs first. If other minor children in household, case may continue to be FA and 18 year old is an essential person.			
	Work Exemption: An individual who is 18 years old, has not completed secondary school/obtained GED and is attending full-time a secondary school, vocational or technical school (documentation required) would be exempt from work requirements. (18 NYCRR 385.2) However, the 18 year old may be subject to an employment assessment as noted below.			
	Parent or child claims that 18 year old, who has not completed secondary school or obtained a GED is attending a full-time secondary school, vocational, or technical school (Documentation Required)		Parent claims that 18 year old is not attending school.	
	Documentation provided.		Documentation not provided and household does not request assistance in getting documentation.	
	Outcome: Exempt from work requirements, but must comply with an employment assessment if residing in household with dependent child(ren). Work Exemption: (18 NYCRR 385.2(b)) Assessment Requirement: (18 NYCRR 385.6)		Outcome: The 18 year old is ineligible and would be denied/removed from case until he/she verifies claimed exemption from work requirements. (18 NYCRR 385.2(c))	
	Employability code: "17"-Teen Head of Household or Married Teen Enrolled in Secondary School or Equivalent (if head of household). Otherwise, "35"-Non Head of Household in School Full-Time.		Employability code: "20"-Nonexempt, unless assessment results in a different employability determination.	
Food Stamp Employment and Training (FSET) Requirements	Work Exemption: An 18 year old who is enrolled at least half-time in any recognized school, training program or institution of higher education would be exempt from FSET work requirements. (18 NYCRR 385.3) However, students enrolled at least half-time in an institution of higher education must meet the student eligibility requirements in section 387.1 of 18 NYCRR. Employability code: "17", "20" or "35" as described above if also receiving temporary assistance or "WE"-Work Registrant Exempt, if 18 year old meets food stamp eligibility requirements for students and only receiving food stamps.			
	A person age 18 and not otherwise exempt would be subject to food stamp work requirements. (18 NYCRR 385.3) Employability code: "17", "20" or "35" as described above if also receiving temporary assistance. "WR"-Work Registrant Required, if 18 year old individual is not otherwise exempt and food stamp household does not include any minor dependent children and individual does not meet criteria to be exempt from ABAWD requirement. "WA"-Work Registrant Required (ABAWD Exempt), if not otherwise exempt and food stamp household includes minor dependent children or individual meets another criteria to be exempt from ABAWD requirement.			

New York State

WHAT YOU SHOULD KNOW ABOUT YOUR RIGHTS AND RESPONSIBILITIES

(When Applying For or Receiving Benefits)

BOOK 1

Also See

BOOK 2 (LDSS-4148B)

"WHAT YOU SHOULD KNOW ABOUT SOCIAL
SERVICES PROGRAMS"

and

BOOK 3 (LDSS-4148C)

"WHAT YOU SHOULD KNOW IF YOU HAVE AN
EMERGENCY"

SAVE THIS BOOK FOR FUTURE USE

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PLEASE NOTE:

This book tells you about many of your rights and responsibilities when you are applying for or getting social services benefits or care.

It is intended to give you a general understanding of rights and responsibilities contained in State and federal laws, rules and regulations. Please ask your worker for further information if you have specific questions.

INTRODUCTION

This book (**LDSS-4148A**: "What You Should Know About Your Rights and Responsibilities") is one of three that answers most questions about the assistance we can give you. This book tells you about your rights and responsibilities when you apply for and when you receive benefits.

The second book (**LDSS- 4148B**: "What You Should Know About Social Services Programs") gives specific information about each program, and the third book (**LDSS-4148C**: "What You Should Know If You Have An Emergency") tells you what to do if you have an emergency.

Throughout these books we call the public assistance programs "Temporary Assistance". (Officially they are called "Family Assistance" and "Safety Net Assistance".) The reason for the word "Temporary" is to stress that these programs are meant to assist you only until you can fully support yourself and your family.

These books also refer to Medical Assistance. Medical Assistance includes Child Health Plus A coverage for children, Medicaid coverage for adults, Family Health Plus, Medicaid Buy-In Program for Working People with Disabilities, Medicare Savings Program, and the Family Planning Benefits Program.

These books also refer to Services. Services include such things as child care, foster care, child welfare, adoption, and others.

YOUR RIGHTS

1. APPLICATION RIGHTS

You have the right to:

- Be told about the programs and help you can get.
- Be told what you need to do to get these programs.
- Apply for these programs.
- Get an Application when you ask for one.
- Turn in (file) the Application the same day you get it (for Temporary Assistance and Food Stamp Benefits).

NOTE: A Food Stamp Benefits Application must be accepted if you have filled in at least your name, address (if you have one) and signature. This is important because the amount of your Food Stamp Benefits is figured from the day you turn in your Food Stamp Benefits Application. You could get more Food Stamp Benefits if you turn in your application the same day you get it. Please note, however, that you will have to fill out the rest of the application to see if you can get Food Stamp Benefits.

- Mail in your application if you are applying only for child care services.
- Have an interview.
 - For Medical Assistance (Medicaid/Child Health Plus A/Family Health Plus/ Medicaid Buy-In program for Working People with Disabilities/ Medicare Savings program/Family Planning Benefit program) there is no specific time frame within which you or your representative must be interviewed. However, you must be interviewed before eligibility can be established.
 - For Temporary Assistance, this interview should be within seven working days.
 - For Food Stamp Benefits, the interview must be scheduled timely in order to ensure a determination of eligibility and benefit issuance within 30 days of application filing.
 - For Food Stamp Benefits, you have the right to request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during the social services district's office hours. The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income. The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.

If an applicant is unable to attend the interview, he or she can designate **in writing** an authorized representative, someone who is not a member of the household, to attend the interview for the household. He or she can be a friend, a relative, or anyone else the applicant chooses. This person must have the necessary documentation and be able to give the local department of social services (LDSS) the information it needs to determine eligibility. The selection of an authorized representative is the choice of the household. If an applicant wants someone to act as an authorized representative, both the applicant and the authorized representative must sign the application.

When the application is for Medical Assistance only, the application may be completed and signed by anyone the applicant authorizes to represent him/her in the application process. This representative may attend the interview for the applicant.

NOTE: If you are applying for Temporary Assistance, and you tell us today that you have an emergency, we must interview you today about your emergency. We must also tell you in writing today about our decision on your emergency. If you are applying for Food Stamp Benefits, and you are eligible for expedited processing, your interview and the notice of our decision will be no later than five calendar days after the day you filed your application.

- Bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English. Hearing or speech impaired applicants/recipients may consider utilizing TTY/TTD relay systems to gain access to services.
- Have the same access to social services programs, if you have a disability, as someone who does not have a disability.

- Be told, within 30 days of the date you turned in (filed) your Application for Family Assistance and Food Stamp Benefits, if your Application is approved or denied; be told within 45 days of the date you turned in (filed) your Application for **Safety Net Assistance**, if your Application is approved or denied.
- Have a decision made to approve or deny your application for Services within 30 days of the date you turned in (filed) your application, and have written notice of that decision sent to you within 15 days after the decision is made. However, a decision to approve or deny protective services for adults must be made at the time a protective service for adults assessment services plan is completed.
- Be notified if you are eligible for Medical Assistance or if your application is denied when your application for Medical Assistance, including your interview, is completed. The time frame for you to be notified varies:
 - Pregnant women and young children must be told within 30 days of filing the Application;
 - If a person's eligibility is dependent on disability status, the person must be told of the eligibility decision with 90 days of filing the Application; and
 - All other persons must be told within 45 days of filing the Application.
- Get a written notice telling you if your Application is approved or denied:
 - If your Application is approved, this notice will tell you what benefits you will get;
 - If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

NOTE: If your application for Temporary Assistance is approved and you are an adult with no children, your category of Temporary Assistance will generally be Safety Net Assistance. Some families with children will receive Safety Net Assistance.

People in Safety Net Assistance cases will not get recurring Temporary Assistance for any period prior to 45 days from the date of application. People in the Safety Net Assistance Category may be able to get help to meet emergencies during the 45 day period that they cannot get recurring benefits. (See LDSS-4148C: "What You Should Know If You Have An Emergency".)

People in the Safety Net Assistance category who are eligible for Food Stamp Benefits do not have to wait any longer for those benefits than any other applicant.

2. NONDISCRIMINATION RIGHTS

Discrimination by the New York State Office of Temporary and Disability Assistance (OTDA), by the New York State Department of Health, by the New York State Office of Children and Family Services or by your local department of social services based on race, religion, ethnic background, marital status, disability, sex, national origin, political belief or age is illegal.

If you think you have been discriminated against in a **Temporary Assistance** program, which includes **Family Assistance and Safety Net Assistance**, or that your case has been handled improperly due to some type of discrimination, you can complain by calling or writing to the:

Bureau of Equal Opportunity Development (BEOD)
New York State Office of Temporary and Disability Assistance
40 North Pearl Street 16D
Albany, New York 12243-0001
(518) 473-8555

BEOD will refer the complaint to the local department of social services for investigation, and send a copy of the transmittal letter to the complainant. When a complaint has been referred by OTDA to a local department of social services a report must be submitted within 20 days of the date of such request and shall cover fully all matters pertaining to the complaint, as required by 18 NYCRR Part 356.3(e.). If the time limit cannot be met, an interim report should be sent. OTDA may provide feedback to the local department of social services concerning any matters covered in the report pertaining to the complaint, and may undertake further review of the complaint, in consultation with the local department of social services if determined necessary.

If you think you have been discriminated against in the **Food Stamp Benefits** program, you can also complain by writing to the:

USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
(Voice and TDD: (202) 720-5964)

Your discrimination complaint will be investigated, and you will be told in writing of the findings.
If you think you have been discriminated against on the basis of disability, you can also complain by writing to:

Disability Rights Section
P.O. Box 66738
Washington, D. C. 20035-6738
or

Director
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 506-F
Washington, D.C. 20201
or

call the Office for Civil Rights at 1-800-368-1019 (voice) or 1-800-537-7697(TDD)

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you feel you have been discriminated against in the **Medical Assistance** program, you can call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book.

If you feel you have been discriminated against in **Temporary Assistance, Food Stamp Benefits** and their related employment programs, **Medical Assistance, Services** or **Child Care**, you can contact the New York State Division of Human Rights in Albany.

You can also call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book. Some cities and counties in New York State also have human rights commissions that investigate discrimination complaints. Check your telephone book for a listing.

3. PERSONAL PRIVACY RIGHTS

The New York State Personal Privacy Protection Law and the federal Privacy Act require the New York State Office of Temporary and Disability Assistance, the New York State Office of Children and Family Services and the New York State Department of Health to tell you what it does with the information, including social security numbers, that you give the State (or, in certain instances, to your local department of social services) about you and your family. The Privacy Act statement is on your application form.

This information, including your social security number, is used to find out which programs can help you, and is also used to find out how much money and other help you can get. Following are some other uses for the information:

- Upon request of a law enforcement officer in certain circumstances, a local department of social services must provide the address of Temporary Assistance and Food Stamp Benefits recipients.
- In some cases, information you supply is used to form jury pools.
- In some cases, information is shared with the United States Citizenship and Immigration Services (USCIS) (in the Department of Homeland Security). **Note:** Medical Assistance will not give the information you provided concerning your immigration/citizenship status to the United States Citizenship and Immigration Services (USCIS).
- Information is used for child support purposes.
- Information is shared with other states and agencies that provide similar assistance, in order to prevent duplication and fraud.

Whenever you are asked for information, you must give it so that it can be used to see if you can get money or other help. The parts of law that oblige New York State Office of Temporary and Disability Assistance, New York State Department of Health and local departments of social services to get information about you and to verify this information are Sections 21, 132, 134-a and 366-a of the Social Services Law and Section 1137 of the Federal Social Security Act.

To make sure you are getting the money or other help that you and your family are legally allowed to get, other people may be asked to confirm and add to the information you have already given us. For example:

- To find out if you are or were working, and, if so, how much money you made, your name and social security number are sent to the New York State Department of Taxation and Finance, and also to known employers. In some cases your name and social security number may be sent to government agencies in other states to find out if you worked or got money or other help in those states.

NOTE: If you are applying for or getting Temporary Assistance or Medical Assistance, we may give your children's social security numbers to their non-custodial parent in order to enroll the children in their noncustodial parent's health insurance coverage and, if necessary, to begin child support enforcement services. If you are applying for Medical Assistance only, we may pursue the noncustodial parent of your children for medical support only.

- The Unemployment Insurance Division in New York State and similar offices in other states are asked if you are or were getting unemployment benefits.
- Banks may be asked to see if you have a bank account(s), or confirm that you have one and how much money is in your account(s).
- Schools may be asked to confirm that your children go there.
- The New York State Department of Motor Vehicles may be asked if you own a car.
- The Social Security Administration is asked for employment information and to see if you get pension or disability benefits.
- The Departments of Defense and Veterans Affairs are asked if you are eligible for and/or in receipt of compensation and/or pension benefits.
- The Internal Revenue Services may be asked about federal tax information (1099) if you are applying for or in receipt of Temporary Assistance, to determine your income or resources.

Personal privacy rights also apply to all Medical Assistance and Services applicants and participants.

All of the information you provide on a Medical Assistance application will remain confidential. The only people who will see the information are the enrollment facilitators and the State or local agencies, and health plans who need to know this information in order to determine if you (the applicant) and your household members are eligible. The person helping you with your application cannot discuss the information with anyone, except a supervisor or the State or local agencies or health plans which need this information.

You may use a confidential mailing address if you do not want information concerning your eligibility for the Family Planning Benefit Program (FPBP) to go to your regular address. If you need to keep your family planning information confidential from your health insurance provider, tell your worker.

Besides using the information you give us in this way, the New York State Office of Temporary and Disability Assistance (OTDA) also uses the information for program planning and management and to make sure local departments of social services are doing the best job they can ("**quality control**"). This information is kept by the Deputy Commissioner, Division of Information Technology (DoIT), Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, N. Y. 12243-0001

The New York State Office of Temporary and Disability Assistance (OTDA) is also doing research to learn whether our programs are effective in helping Temporary Assistance applicants and recipients find and keep jobs. This research is very important. It helps us improve services that affect thousands of Temporary Assistance clients like you.

In order to carry out this research, it is necessary to track the wages of samples of Temporary Assistance applicants and recipients for up to 10 years using the State's Wage Reporting System. This wage information is used only for research purposes. **It does not affect your eligibility for Temporary Assistance in any way.** All the wage information collected for the research is kept strictly confidential. Only the people doing the research see the wage information and they do not have access to the names of individual applicants and participants. If you are included in the research, you will never be named in any report and no information about your wages will ever be given out. If you object to the use of your wage reporting records, you can request that they be excluded from the research by writing to:

New York State Office of Temporary and Disability Assistance
Office of Program Evaluation
40 North Pearl Street
Albany, New York 12243

4. YOUR RIGHT TO LOOK AT YOUR RECORDS

Once you apply for money or other help, **two** kinds of records are kept about your case. Usually, you have the right to look at these records.

You may **not** be able to look at all of your records. For example, you may not be able to look at all or part of child support, adoption, foster care, child protective and preventive records. Your worker can explain these rules to you.

CASE RECORD -The first type of record is called your **case record** and contains all the papers about your case, and is accessible through your local department of social services. Your case record may include your application, copies of birth certificates, pay stubs, notes taken by your worker during your interviews and any other information about your case.

Usually, you have the right to look at your case record during working hours. However, you must ask your local department of social services ahead of time in order to do this. You can ask for copies of the papers that are in your case record, but you may have to pay for copying these papers. If the papers will be used at or are needed for a Fair Hearing, copies of them must be given to you for free.

COMPUTER RECORDS -The second type of record is kept on computer systems maintained by the New York State Office of Temporary and Disability Assistance, (OTDA) the New York State Department of Health (DOH), or the New York State Office of Children and Family Services (OCFS). The information about your case is put in these State computer systems by your local department of social services and/or by voluntary authorized agencies that provided services to you and your family. In most cases, you also have the right to see your computer records kept by the State. In general, you should make your inquiry to the local department of social services to which you applied, or that is providing services to you and/or your family. Consult with your worker where to direct your request.

For copies of your specific Medicaid Protected Health information, a written request must be sent to:

Claim Detail Unit
NYS Department of Health
Office of Medicaid Management
99 Washington Ave
7th floor, Suite 729
Albany, NY 12210

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, within five working days of when they get your letter, must:

- send you your records; or
- tell you why they will not give you your records; or
- tell you they have your request and they will determine if you are allowed to get your records.

5. CONFERENCES and FAIR HEARINGS

If you think any decision about your case is wrong, or you do not understand any decision, talk to your worker right away. If you still disagree or do not understand, you have the right to a **Conference** and a **Fair Hearing**.

CONFERENCE - A Conference is when you meet with someone other than the person who made the decision about your case. At the Conference this person will review that decision. Sometimes a Conference is the fastest way to solve any problems you may have. We encourage you to ask for one **even if you have requested a Fair Hearing**. However, Conferences are voluntary, and you can request a Fair Hearing even if you do not request a Conference. To ask for a Conference, call or write your local department of social services.

A CONFERENCE IS NOT A FAIR HEARING. If you are told that your case is being closed, or that the money or other help you are getting will be less, and the problem is not settled through a Conference, you must ask for a **Fair Hearing** to keep the money or other help you are getting from being stopped or reduced.

NOTE: A request for a Conference is not a request for a Fair Hearing. If you want a Fair Hearing, you must request one.

Fair Hearing - A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the decision about your case was wrong. The State will then issue a written decision which will state whether the local department of social services decision was right or wrong. The written decision may order the local department of social services to correct your case.

Some Reasons Why You Might Ask For A Fair Hearing

- You agreed to withdraw your application but you feel you were given incorrect or incomplete information about your eligibility for the covered program or service.
- Your Application for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services, Child Care or Home Energy Assistance Program (HEAP) is denied, and you do not agree with this decision.
- You applied for Temporary Assistance, Food Stamp Benefits, Services or HEAP and more than 30 days have passed. You have not been told yet if your Application has been approved or denied. For some adults applying for Temporary Assistance, the decision may take up to 45 days.

- You believe that your Temporary Assistance, Medical Assistance, Services, Child Care or HEAP are inadequate.
- You applied for Medical Assistance and have not received a notice telling you if your Application has been approved or denied.
 - If you are pregnant or applying for a young child, you should get a notice within 30 days.
 - If you are applying as a disabled person, your eligibility determination may take 90 days.
 - Everyone else is notified within 45 days.
- You are told that you are able to work or to participate in an employment activity (employable), and you do not agree with this.
- You think the amount of your Temporary Assistance or Food Stamp Benefits or Child Care Benefits is wrong.
- You are getting Medical Assistance or Child Care benefits, but you have to pay part of the cost. You think your share is too much.
- Medical Assistance is paying for a service and you have been told that your service is being reduced or discontinued. You do not agree with this.
- You have applied for a Medical Assistance waiver program and have been denied. You do not agree with this.
- You have been told that, due to your abuse of Medical Assistance, you must get your medical care from one main provider (Recipient Restriction Program). You do not agree with this decision. (See "Your Responsibilities," Section 14, "Responsibilities Regarding The Use Of Medical Assistance Providers".)
- You are getting Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care and you have been told that your case is being closed. You do not agree with this decision.
- You asked for removed cash Electronic Benefit Transfer (EBT) benefits to be reissued to you, and they were not reissued.
- You asked for an adjustment (correction) of your Food Stamp Benefit EBT account and your request was denied.
- Your Food Stamp Benefit EBT account was reduced to correct an EBT system error, and you do not agree with this action.
- Your local department of social services uses part of your Temporary Assistance to pay directly for your bills such as heat, rent, utilities (restricted payments). You do not agree with this.
- You ask for more assistance or services for a special need and you are told you cannot get it. You do not agree with this.
- You are getting Temporary Assistance or Food Stamp Benefits, Services or Child Care benefits each month and you are told that you will be getting less. You do not agree with this.
- You are told you received an overpayment for child care services, Temporary Assistance or Food Stamp Benefits and you are told you will have to pay the overpayment. You do not agree that there is an overpayment or you do not agree with the amount of the overpayment.

At a Fair Hearing you will have a chance to explain why you think the decision is wrong.

TIME LIMITS TO ASK FOR A FAIR HEARING - If you want to ask for a Fair Hearing for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care, call **right away** because **there are time limits**. If you wait too long, you may not be able to get a Fair Hearing.

NOTE: If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.

If you **do get a notice about your case** and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. **Be sure to read all of the notice carefully.**

If your notice tells you that your **Temporary Assistance, Medical Assistance, Services or Child Care** has been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within **60 days** from the date of the notice.

If your notice tells you that your **Food Stamp Benefits** have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within **90 days** from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough Food Stamp Benefits at anytime within the certification period.

If you **do not get a notice about your case**, and your money or other help is denied, stopped or reduced you can also ask for a Fair Hearing.

HOW TO ASK FOR A FAIR HEARING

If you **do get a notice about your case** and you want to ask for a Fair Hearing, the notice will tell you how. **Be sure to read all of the notice carefully.**

If you get a notice telling you that your money or other help will be stopped or reduced, and you ask for a Fair Hearing before the **effective date** on your notice, your money or other help will, in most instances, stay the same ("**aid continuing**") until the Fair Hearing decision is made. If the notice was not sent before the effective date, and you ask for a Fair Hearing within **10 days** of the **postmark date** of the notice, you also have the right to have your money or other help stay the same ("**aid continuing**") until the Fair Hearing decision is made.

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will have to pay back any Temporary Assistance, Food Stamp Benefits, Medical Assistance and/or Child Care benefits that you received as "**aid continuing**" while waiting for the Fair Hearing decision.

If you **do not** want the money or other help you have been getting to stay the same until the Fair Hearing decision is made, you must tell this to the New York State Office of Temporary and Disability Assistance when you call or write for a Fair Hearing.

If you **do not** get a notice about your case, and your money or other help is stopped or reduced, you can still ask for a Fair Hearing. At the same time that you ask for a Fair Hearing, you can ask that your money or other help be restored ("**aid continuing**").

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will have to pay back any Temporary Assistance, Food Stamp Benefits, Medical Assistance and/or Child Care benefits that you received as "**aid continuing**" while waiting for the Fair Hearing decision.

WHAT YOU SHOULD DO FOR A FAIR HEARING

The New York State Office of Temporary and Disability Assistance will send you a notice, which tells you when and where the Fair Hearing will be held.

To help you get ready for the Fair Hearing, you have the right to look at your case record and get free copies of the forms and papers which will be given to the Administrative Law Judge at the Fair Hearing. You can also get free copies of any other papers in your case record which you think you may need for the Fair Hearing. Usually, you can get these papers before the hearing or at the hearing at the latest. If you ask for any papers, and the local department of social services does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it. ("**See Your Rights, Section 4, 'Your Right To Look At Your Records'**").

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a decision about your case is wrong. If you cannot go to the Fair Hearing, you can send someone else in your place. If you are sending someone who is not a lawyer to the Fair Hearing, you should give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that this person is taking your place.

To help you explain at the Fair Hearing why you think the decision is wrong, you should also bring any witnesses who can help you and any information you have such as:

- Pay stubs
- Bills
- Receipts
- Leases
- Doctor's Statements

Someone from your local department of social services will also be at the Fair Hearing to explain the decision about your case. You or your representative will be able to question this person and present your side of the case. You or your representative will also be able to question any witnesses who you bring to help you.

If you think you need a lawyer to help you with your Fair Hearing, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services Office. For the names of other lawyers, call your local Bar Association.

NOTE: If you ask, you will be able to get back the money you had to pay for public transportation, child care and other necessary expenses to go to the fair hearing. If no public transportation is available, you may be able to get back the money you had to pay for another type of transportation. If you are unable to use public transportation because of a medical problem, you may be able to get back the money you had to pay for another type of transportation. However, you may be asked to provide medical verification.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing Request to: 518- 473-6735

Online: Complete online request form at <http://www.otda.state.ny.us.us/oah/forms.asp>

In writing: For notices, fill in the supplied space and send a copy of the notice, or write to:

**NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, New York 12201-1930**

Please keep a copy of any notice for yourself

If your request involves any issues about health benefits or services provided under your Managed Care Plan or Managed Long Term Care you can write to:

**NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Managed Care Hearing Unit
P.O. Box 22023
Albany, New York 12201-2023**

Fax: your copy of the notice, or your Written Request to (518) 473-6735

You may also make your request in person by walking into the offices listed below.

Walk-In Bring a copy of the notice, or ask for a hearing on a matter not based on a notice, to:

**Office of Temporary & Disability Assistance
Office of Administrative Hearings
14 Boerum Place
Brooklyn, New York**

**or
330 W. 34th Street, 3rd Fl., New York, New York
or**

**NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Fair Hearings
P.O. Box 1930
Albany, NY 12201-1930.**

NOTE: For New York City emergency fair hearings only – Call (800) 205-0110. Do not use this telephone number for anything except emergencies. Requests that do not involve emergencies will not be taken at this number.

6. EMPLOYMENT RIGHTS

For Temporary Assistance

If you do not agree that you are able to work, or if you believe that you have a disability that limits your ability to work, you should notify the local department of social services. You will be notified of the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you believe you will not be able to comply with some or all the employment requirements because of domestic violence, you may be eligible for a temporary waiver of these requirements. To request a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment:

If you have a physical or mental health impairment that substantially limits one or more major life activities, have a record of such impairment or are regarded as having such impairment, you may have rights under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. Physical or mental health impairments include, for example, learning disabilities, mental retardation, depression, mobility impairments, and hearing or vision impairments. Having a disability will not disqualify you from receiving Temporary Assistance.

The local department of social services will ask you if there is anything, including a physical or mental health impairment, that might affect your ability to participate in work activities, including employment. You are not required to tell the local department of social services if you have a disability if you do not want to, however, you may then be required to participate in work activities, including employment, without an accommodation for your disability. Any health information you provide to the local department of social services will be kept confidential and will be used to determine if you need services and reasonable accommodations to help you participate in work activities. Reasonable accommodations may include, for example, reduced or changed work hours to allow for disability related appointments, accessible work sites for those with mobility impairments, and specialized programs. If your disability is adequately documented, the local department of social services will assign you to work activities that are consistent with your limitations.

If you do not agree with your work activity assignment or you think you are unable to perform the assignment due to health related limitations, including if you do not think the local department of social services adequately accommodated your disability, you may request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to talk about why you disagree with your work activity assignment. A person who is not directly responsible for your case will be present at the conference. This person will try to resolve any problems. If you request a conciliation conference, you are still expected to continue to comply with your work activity assignment. You may also request a fair hearing to tell an Administrative Law Judge why you do not agree with your assignment. If you are assigned to an employment or training program provided by a religious organization, you have the right to receive services of similar value from a different provider.

If your local department of social services assigns you to a work activity assignment and you do not do what you are required to do, you may be offered the opportunity to request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to explain why you did not participate. If the local department of social services decides you had good cause for not participating when you were required to, you may not be sanctioned. If you do not agree with your local department of social services that you did not have good cause for not participating, or if you do not request a conciliation conference when you are offered one, and your local department of social services sanctions you, you may also request a Fair Hearing to tell an Administrative Law Judge why you did not participate.

You should inform the local department of social services if you need help with expenses, such as child care or transportation in order to participate in work activities, including employment. If you indicate that you need help with any employment or work activity related expenses, the local department of social services will inform you how to access any available services and provide reimbursement to cover the costs of expenses that the district determines are necessary for you to participate in work activities. If you are unable to locate necessary child care for a child who is under thirteen years of age, the local department of social services will help you locate child care.

For Food Stamp Benefits

If you do not agree that you are able to work, you should notify the local department of social services that you believe you should be exempt from participation in work activities. You will be notified by the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you are required to participate in food stamp work activities, you may be able to get help paying for certain work-related expenses. You also may be able to receive assistance with child care costs.

You should inform the local department of social services if you need help getting child care or paying for work-related expenses such as transportation. If you are unable to locate necessary child care for a child who is under thirteen years of age, the local department of social services will help you locate child care.

For Medical Assistance

Medical Assistance has no employment requirements. However, to be eligible for the Medicaid Buy-In Program for Working People with Disabilities, an individual must be engaged in work.

7. RIGHTS OF CHILDREN AND FATHERS WHEN PATERNITY IS ESTABLISHED IN COURT

When a court has established who is the father of a child, the father and the child each may have rights, as explained below:

A. The child may have the right to:

- Disability benefits if the father becomes disabled
- Death benefits if the father dies
- An inheritance when the father dies
- Child support payments until the age of 21

B. The father may have the right to:

- Get custody of the child
- Visit with the child
- Take part in any foster care, adoption or other permanency planning for the child
- Inherit from the child

3. RIGHTS REGARDING PATERNITY AND CHILD SUPPORT LEGAL ACTIONS AND REPRESENTATION

You have the right to be told about any paternity or child support court actions involving you or your child, including the right to be informed of the time, date and place of such court actions. You have the right, and may be required to, appear in court at the time of any paternity or child support action involving you or your child.

If any paternity or child support actions are brought in court, your local department of social services will have a lawyer or other representative who will **only** try to prove your child's paternity. This lawyer or representative only represents the local department of social services and **not** you personally. This lawyer or representative **will not** handle any custody, visitation or other legal issues not related to child support.

Any information you give this lawyer or representative **may not** stay private. Any information indicating welfare fraud may be reported.

If you think you need a lawyer to help you, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services office. For the names of other lawyers, call your local Bar Association.

If you believe compliance with paternity establishment or child support enforcement will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from some or all child support activities. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

9. RIGHTS REGARDING CHILD CARE

You have the **right to receive information** about how to locate a child care provider. This information could be provided in a number of ways.

- Your worker can give you the name and telephone number of a Child Care Resource and Referral Program or other similar program which can help you find a child care provider; **or**
- Your worker can give you a list with the name, address and telephone numbers of child care providers.
- You have the **right to choose** the child care provider for your child. This could be a provider who is licensed or registered or it could be a relative, a friend of the family or a trusted neighbor. If you choose someone who is not licensed or registered they will need to complete a child care enrollment form to see if they are eligible for payment.

You have the right to choose child care in lieu of Temporary Assistance (TA). You may decide that instead of receiving TA, what you really need is help paying for child care. Families who are applying for or are receiving TA and need child care in order to work, may be eligible for a child care guarantee for working families. Eligibility for this child care guarantee does **not** have a 60-month time limit. You can continue to receive child care benefits for as long as you are eligible.

You are eligible for this guarantee if you are applying for TA and choose child care instead of TA or if you are receiving TA and ask that your TA case be closed, and:

- your income is within TA limits;
- you are working the number of hours required by TA;
- you need child care for a child under age 13 so you can work;
- you are using an eligible child care provider; and
- you receive court-ordered child support, are cooperating with the Child Support Enforcement Unit to get support, are trying to get court-ordered support through other means or have demonstrated good cause not to seek support:

If you are eligible for TA and decide that all you really need is child care, your worker can tell you how to apply for the child care guarantee. If you are already receiving TA and are otherwise eligible for the program, you will need to close your TA case in order to get the child care guarantee. If you change your mind and decide you need Temporary Assistance, you can apply at any time.

If you chose to receive child care assistance instead of receiving TA and child care, you will have to pay part of your child care costs. This is called your family share or fee. The amount that you pay depends on your income. Additionally, if your provider charges more than the market rate, you will need to pay the amount that your child care provider charges above the market rate.

You may still be eligible to get Food Stamp benefits even if you request to change your application for Temporary Assistance to a request for child care assistance or to close your TA case. If you change your application or close your TA case to get child care assistance then you will receive a separate eligibility determination for Food Stamp benefits.

If you applied for Medical Assistance at the same time you applied for Temporary Assistance and Food Stamps, and you choose to receive child care assistance only, your application will be referred to the Medical Assistance program for a separate determination. If you are currently receiving Temporary Assistance and request that your case be closed, your Medical Assistance will continue unless you request that it be closed or your circumstances have changed so that you are no longer eligible for Medical Assistance. You should talk to your Medical Assistance worker, if you are requesting that your case be closed due to increased earnings. You may still be eligible for Medical Assistance or you may be eligible for Transitional Medical Assistance.

You have the **right to request a fair hearing** if you have been denied child care benefits, your benefits have been reduced or discontinued or you have been charged with an overpayment.

For Temporary Assistance Recipients:

Your **Temporary Assistance cannot be reduced or ended** because you are not participating in work activities if the reason you are not participating is because **you don't have appropriate, accessible, affordable and suitable child care for a child under the age of 13.**

If you are unable to find a child care provider on your own, your worker must provide you with **two choices** of child care providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or with New York City Department of Health and Mental Hygiene.

You have the **right to be excused from your work activity** if you have a child under 13 years of age and you are unable to find a child care provider that is **appropriate, accessible, affordable and suitable**. However, the time you are excused from your work activity will still count toward your 60-month limit of federally funded and cash Temporary Assistance.

- **Appropriate** means the provider is open for the hours and days needed for you to participate in your work activity, and is willing to care for your child(ren) including any special needs your child has.
- **Accessible** means that you are able to get to the provider by driving your own car or by public transportation and the provider is located within a **reasonable distance** from your home and work. Your worker must tell you what is considered a reasonable distance for your community.
- **Suitable** means the physical or mental condition of a legally exempt (informal) provider or the physical condition of the legally exempt home would not be detrimental to the health or safety of your children.
- **Affordable** means you have enough money to pay your share of the child care cost, if you are required to pay a share of the costs.

You have the **right to request a fair hearing to appeal the decision to reduce or end your Temporary Assistance** if you feel your worker made the wrong decision regarding your refusal to comply with your work activities due to a lack of child care.

10. RIGHTS REGARDING SUPPORT PASS-THROUGH AND EXCESS SUPPORT PAYMENTS - TEMPORARY ASSISTANCE

When you apply for Temporary Assistance and, for as long as you get Temporary Assistance, you assign to your local department of social services your right to get any support payments owed to you or anyone else for whom you are applying for, or getting, Temporary Assistance.

Support Pass-Through: The first \$50.00 of current child support or current spousal support collected each month by your local department of social services will be paid to you ("pass-through" payment). This pass-through payment is not counted against your Temporary Assistance, but may reduce your Food Stamp Benefits. The pass-through payment cannot be more than \$50.00 per month and cannot be more than the monthly amount that the court ordered the noncustodial parent to pay.

When your local department of social services receives current support for you, you will be sent a Monthly Report of Support Received. This monthly report tells you whether or not you will receive a pass-through payment, how much, and why. You should compare this report to your benefits receipts for that month.

You will get the pass-through payment the month after your local department of social services receives current support payments for you. The pass-through payment is paid once a month.

A support payment is "current" if it is paid in the month when it is due. A support payment might be paid on time by the noncustodial parent but received late by your local department of social services. This might happen if an employer is taking the support money out of the noncustodial parent's paycheck but sending it in late. Current support also might be received late if the noncustodial parent is making the support payment in another county or state and that office sends the payment in late. As long as the noncustodial parent pays the support in the month when it is due, and your local department of social services receives the support, you will be paid a pass-through payment for that month.

Excess Support: Child support payments received in excess of the first \$50.00 of the current support collected for the month will be paid to the State and to the local department of social services for reimbursement of up to the total amount of public assistance that has been paid to you. You are entitled to receive any support collected that exceeds the total amount of public assistance paid to you.

Desk Review: If you feel that you may be entitled to a pass-through payment or excess support, you may call 1-888-208-4485 to obtain a form for requesting a Desk Review of your payments. You should request a Desk Review soon after you believe a mistake has been made because a First-Level Desk Review only covers payments for the calendar year of your request and the year before the year of your request. After you send in the completed form and documentation, the local department of social services will review your case and issue you a written response within 45 calendar days of the date that your written request is received, or under certain circumstances, within 75 calendar days. As part of this Desk Review, you will be able to give information to the desk review staff who will review the appropriate records and any information you provide to make a determination as to whether you are owed any child support. You may ask for help getting information to prove that you are owed more money.

If after the First-Level Desk Review has been completed you are not satisfied with the determination, you may ask for a Second-Level Desk Review by completing the Second-Level Desk Review Form provided with your First-Level Desk Review determination. You must request a Second-Level Desk Review within 20 days of the date of the First-Level Desk Review determination. The Second-Level Desk Review is a review conducted by the New York State Office of Temporary and Disability Assistance (OTDA) of the First-Level determination and of any additional but previously unavailable documentation that you provide. The NYS OTDA will conduct the review and will provide you with their determination within 30 calendar days of the date of your request. If you have any questions about this process or need an additional copy of the Second-Level Desk Review request form, you may call 1-888-208-4485.

11. YOUR RIGHT TO ASK FOR RESTRICTED PAYMENT FOR TEMPORARY ASSISTANCE

If you are applying for or are getting Temporary Assistance from the Family Assistance program, you have the right to ask your local department of social services to "restrict" all or part of your Temporary Assistance grant to pay your bills such as heat, rent or utilities directly. To "restrict" your Temporary Assistance means that a part of your Temporary Assistance will be paid to someone else for you.

For example, if you ask your local department of social services to restrict your rent, your rent money will be sent right to your landlord every month instead of being given to you in your Temporary Assistance cash benefit. To ask that your Temporary Assistance be restricted, ask for a "Request For Voluntary Restricted Payments" form, fill it out and return it to your local department of social services.

You can stop a voluntary restriction by writing to your local department of social services. The voluntary restriction must be stopped within 30 days of when the local department of social services gets your written request. However, the local department of social services may decide to restrict all or part of your grant for administrative ease.

If you request that your grant be restricted to pay for your heat and/or domestic energy bills, your heating allowance and/or budget billing amount for your domestic energy will be restricted from your grant. At least once a year the local department of social services will compare your energy bill(s) to the amount(s) restricted from your grant. If the total amount billed is less than the amount restricted from your grant, the local department of social services may pay you the difference in cash. If the amount billed is more than the amount restricted from your grant, the difference will be recouped from your future Temporary Assistance grants.

Your local department of social services may refuse to restrict your payment when your Temporary Assistance grant is less than the bill you owe.

You can ask about restricted payments even if your Temporary Assistance does not come from the Family Assistance program.

12. YOUR RIGHTS IF YOU ARE SUSPECTED OF FRAUD

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

13. YOUR RIGHT TO REGISTER TO VOTE

Any person who wishes to register to vote, regardless of whether they are applying for assistance, can obtain Voter Registration form and assistance in filling out that Voter Registration Form at a government office accepting applications for benefits described in this book. That office will also accept a completed Voter Registration Form and forward it to the local board of elections. For further information, you can contact the New York State Board of Elections at 1-800-FORVOTE (367-8683).

14. YOUR RIGHTS REGARDING FAITH BASED SERVICE PROVIDERS

If any of the services and benefits provided are delivered through a religious organization, you have the right to receive services of similar value from a different provider.

YOUR RESPONSIBILITIES

1. GENERAL RESPONSIBILITIES

If you are applying for, or getting Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services, Child Care benefits or other help, you must:

- answer all questions completely and honestly. False answers may result in penalties, including civil or criminal penalties;
- be interviewed. If you miss an interview without telling your worker why, your application may be denied or your case may be closed. If you miss an interview and want to reschedule one, it is your responsibility to tell your worker.
 - For Food Stamp Benefits, reschedule a missed interview before the 30th day after the date you applied to avoid losing Food Stamp Benefits.
 - For child care benefits, if you are applying only for child care benefits you can apply by mail. If your worker cannot determine your eligibility based on what you mailed in, you may be asked to come for an interview.
 - For Medical Assistance, a personal interview is conducted with you or your representative. You may be interviewed by a facilitated enroller, if you are not applying for long term care.
- give your worker the papers and the information needed to find out if you can get help. If you cannot get these papers and information, your worker must try to help you;
- If you are able to work, and are applying for Temporary Assistance, you must accept any job offered to you that you are able to do, even if it would pay you less than Temporary Assistance does. Temporary Assistance will pay you a supplemental grant if you need it.
- If you are a non-legally responsible caretaker relative applying for Temporary Assistance for minor children and not receiving Temporary Assistance yourself, you must provide certain personal information that the federal government requires us to collect and report.
- If minor children applying for or receiving Temporary Assistance have non-applying or non-recipient brothers or sisters who are also minor children living in the same household, you must provide certain information on the non-applying or non-recipient children that the federal government requires us to collect and report.
- You must apply for and pursue any benefit that would reduce and/or eliminate your need for Temporary Assistance.

2. RESPONSIBILITY TO PROVIDE TRUTHFUL AND ACCURATE INFORMATION

When you are applying for or getting help, or when you are a non-legally responsible caretaker relative applying for or getting Temporary Assistance for minor children and not applying for or getting help yourself, you will be asked to provide proof of certain things such as those listed in "Your Responsibilities", Section 3, "Responsibility To Provide Proof".

If you are applying for or getting Temporary Assistance or Food Stamp Benefits, and you or someone else in your case has been found guilty of lying about or concealing money, property or resources, you may lose your Temporary Assistance or Food Stamp Benefits. This is called an **Intentional Program Violation (IPV)**.

If you are found to have committed an IPV by a court or a State Administrative Hearing, you will be "disqualified". This means that you cannot get Temporary Assistance or Food Stamp Benefits for a certain period of time. The length of time will depend on whether you get Temporary Assistance or Food Stamp Benefits and whether you have been found guilty of an IPV before and the monetary amount of the violation.

Besides losing your assistance, if you are found to have committed an IPV, you will have to pay back to your local department of social services the money or Food Stamps Benefits you should not have gotten.

You will either have to pay back the money or Food Stamp Benefits or when you begin to get your benefits again, they will be reduced until what you owe is paid back. If you live with other people and the other people continue to get benefits while you are disqualified, the other people might also get less benefits.

If you are disqualified from getting Temporary Assistance, your Food Stamp Benefits eligibility will be reviewed to determine if you are eligible for continued Food Stamp Benefits. Your Medical Assistance eligibility may be reviewed to determine if you are eligible for continued Medical Assistance.

If you are convicted in a federal or State court of having made a fraudulent statement or representation about your place of residence in order to receive Temporary Assistance or Food Stamp Benefits from two or more states at the same time, you will be ineligible for ten years.

If you did not provide truthful and accurate information when applying for or getting child care benefits, you will have to pay back any benefits that you were not eligible for. If you are convicted of fraud, additional penalties may apply.

If you receive child care assistance or received child care assistance and your case is closed, and you have been convicted of, or voluntarily admit to, fraudulently receiving child care assistance, you will have your child care services suspended or terminated and will not be eligible for subsequent child care services for a period of time determined by the time periods established for Intentional Program Violations listed below.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR TEMPORARY ASSISTANCE:

If you have committed a Temporary Assistance IPV, you will not be able to get Temporary Assistance as follows:

- 6 months Disqualification if this is
- your first IPV, and
 - the IPV is less than \$1,000
- 12 Months Disqualification if this is
 - your second IPV, or
 - the IPV is between \$1,000 and \$3,900
- 18 Months Disqualification if this is
 - your third IPV, or
 - the IPV is greater than \$3,900
- 5 year Disqualification if this is your fourth or subsequent offense

Anyone who makes a false statement about who he/she is or where he/she resides in order to receive multiple Temporary Assistance benefits will not be able to get Temporary Assistance for ten years.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Temporary Assistance.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR MEDICAL ASSISTANCE:

Medical Assistance does not have its own IPV's. Single individuals and childless couples who are disqualified from Temporary Assistance because of an IPV are also ineligible for Medicaid. All other applicants/recipients who are disqualified for a TA IPV will have their Medical Assistance eligibility determined separately.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR FOOD STAMP PROGRAM:

If you have committed a Food Stamp Benefits Program IPV, you will not be able to get Food Stamp Benefits as follows:

- One year disqualification if this is
 - the first IPV
- Two years Disqualification if this is
 - the second IPV
- Permanent disqualification if this
 - is the third IPV.
- A court can also, in certain instances, bar an individual from receiving Food Stamp Benefits for an additional 18 months.

Anyone found guilty in a court of law of selling or getting **firearms, ammunition or explosives** in exchange for Food Stamp Benefits will never be able to get Food Stamp Benefits again.

Anyone found guilty in a court of law of buying or selling **controlled substances** (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for Food Stamp Benefits will not be able to get Food Stamp Benefits for 2 years for the first offense and permanently for the second offense.

Anyone found guilty in a court of law of trafficking in Food Stamp Benefits worth \$500 or more will never be able to get Food Stamp Benefits again. Trafficking includes the illegal use, transfer, acquisition, alteration, or possession of Food Stamp Benefits, authorization cards, or access devices.

Anyone who makes a false statement about who he/she is or where he/she resides in order to receive multiple Food Stamp Benefits will not be able to get Food Stamp Benefits for ten years.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

3. RESPONSIBILITY TO PROVIDE PROOF

When you are applying for or getting help, you will be asked to provide proof of certain things such as those listed below. Your worker will tell you which of these things you **must** prove. Not all of these things are required for every program. You may have to prove some things for one program and not for another. If you bring proof with you when you first come in to apply for assistance, you may be able to get help sooner.

If you drop documentation off at your local department of social services, you should ask for a receipt to prove what documentation you left. The receipt should have your name, the specific documentation that you dropped off, the time, date, district name and the name of the social services worker who provided the receipt.

If you cannot get the proof you need, ask your worker to help you. If the local department of social services already has proof of the things that do not change, such as your social security number, you do not need to prove them again.

Note: Listed are the most common documents used; the list is not complete. There are other documents that can be used.

WHAT YOU MAY BE ASKED TO PROVE

- Who you are
- Age of each applying household member
- Where you live
- Shelter Expenses
- Social Security Numbers

SOME EXAMPLES OF HOW TO PROVE IT

Photo ID, driver's license, U.S. passport

Birth or baptismal certificate, hospital records, driver's license

Current rent receipt, mortgage records, statement from non-relative landlord

Current rent receipt, current lease, mortgage records, property and school tax records, sewer and water bills, fuel bills, utility bills, telephone bills

Social Security Card or proof that you have applied for social security numbers for everyone in your household who is applying for help.

NOTE: **For Temporary Assistance, Food Stamp Benefits and Medical Assistance Program**, if we ask you for your social security number, you must provide us with the number if you have one. If we can not verify your number with the Social Security Administration, you will have to provide proof of your social security number. If you do not have a social security number, you must apply for one in order to receive benefits.

For Services Program, some Services, such as foster care, child protective, child preventive, and counseling, are funded by a variety of funding sources, many of which require that a social security number be provided. While applicants for some Services are not required to provide a social security number, these Services may be unavailable to you if you do not furnish a social security number. We are therefore requesting a social security number of all applicants for these Services, in order to help them get all the benefits for which they may qualify.

- Citizenship or Immigration Status

Birth certificate, U. S. passport, military service records, naturalization certificate, and United States Citizenship and Immigration Services documentation.

NOTE: *For the Food Stamp Benefits Program*, citizenship must be documented only if questionable.

The local department of social services district must report the name and address and other identifying information known of any alien who has been determined by the Immigration and Naturalization Service or the Executive Office of Immigration Review, such as in a Final Order of Deportation, to be unlawfully in the United States. This information may be shared with the Department of Homeland Security. This does not apply for Medical Assistance.

For Services Program, some Services are available only to persons with a proper immigration status. We are therefore requesting the Immigration status of all applicants in order to determine the Services for which applicants may qualify.

For Child Care Benefits, you must prove that any child who is receiving child care benefits is legally residing in the United States.

NOTE: *For the Medical Assistance Program*, Identity and citizenship or satisfactory Immigration status must be documented. For the purpose of qualifying as a United States citizen, the United States includes the 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands and the Northern Mariana Islands. Nationals from American Samoa or Swain's Island are also regarded as United States citizens for the purpose of Medicaid.

Documents which Establish both Citizenship and Identity

- U.S. passport;
- Naturalization Certificate (N-550 or N-570);
- U.S. Citizenship Certificate (N-560 or N-561).

Documents which Establish Citizenship but also require one identity document from the Identity Documentation list

- U.S. Birth Certificate showing birth in: One of the 50 U.S. States, District of Columbia, American Samoa, Swain's Island, Puerto Rico (if born on or after 1/13/1941), Virgin Islands of the U.S. (on or after 1/17/1917), Northern Mariana Islands (after 11/4/1986 (NMI local time), or Guam (on or after 4/10/1899);
- Certification of Report of Birth (DS-1350);
- A Report of Birth Abroad of a U.S. Citizen (FS-240);
- Certification of Birth issued by Department of State (Forms FS-545 or DS-1350);
- U.S. Citizenship Identification Card (I-197 or (I-179);
- American Indian Card (I-872);
- Northern Mariana Card (I-873);
- Evidence of civil service employment by U.S. government (before 6/1/1976);
- Official Military record of service;
- Final adoption decree;
- Federal or State census record; or
- The following documents are acceptable if they indicate a U.S. place of birth and were created at least 5 years prior to the application date:
 - Extract of hospital record on hospital letterhead;
 - Life or health or other insurance record;
 - Institutional admission papers from a nursing facility, skilled care facility or other institution; or
 - Medical (clinic, doctor, or hospital) record;

- Other documents: One of the following and must show a U.S. place of birth:
 - Seneca Indian tribal census record;
 - Bureau of Indian Affairs tribal census records of the Navajo Indians;
 - U.S. State Vital Statistics official notification of birth registration;
 - U.S. public birth record that is amended more than 5 years after the person's birth; or Statement signed by physician or midwife who was in attendance at the time of birth.
 - Written affidavit (to be used only in rare instances).

Documents which Establish Identity

- Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska native tribal document.
- Any identity document described in Section 274A(b)(1)(D) of the Immigration and Nationality Act (INA), such as:
 - A valid driver's license issued by State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color;
 - School identification card with a photograph of the individual;
 - U.S. military card or draft record;
 - Identification card issued by Federal, State, or local government with the same information included on driver's license;
 - Military dependent's identification card;
 - Native American Tribal document; or
 - U.S. Coast Guard Merchant Mariner card.

NOTE: For children under 16, school records may include nursery or daycare records. If none of the above documents in the preceding charts are available, an affidavit may be used. An affidavit is only acceptable if it is signed under penalty of perjury by a parent or guardian stating the date and place of birth of the child and cannot be used if an affidavit for citizenship was provided.

Evidence that establishes U.S. citizenship for collectively naturalized individuals

Puerto Rico

- Evidence of birth in Puerto Rico on or after 4/11/1899 and the applicant's statement that he or she was residing in the U.S. possession or Puerto Rico on 1/13/1941; or
- Evidence that the applicant/recipient was a Puerto Rican citizen and the applicant's/recipient's statement that he or she was residing in Puerto Rico on 3/1/1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands

- Evidence of birth in the U.S. Virgin Islands, and the applicant/recipient's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on 2/25/1927;
- The applicant/recipient's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on 1/17/1917, citizen and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on 2/25/1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant/recipient's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on 6/28/1932.

Northern Mariana Islands (NMI)(formerly part of the Trust Territory of the Pacific Island (TTPI))

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on 11/3/1986 (NMI local time) and the applicant/recipient's statement that he or she did not owe allegiance to a foreign state on 11/4/1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before 11/3/1981 (NMI local time), voter registration prior to 1/1/1975 and the applicant/recipient's statement that he or she did not owe allegiance to a foreign state on 11/4/1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before 1/1/1974 and the applicant/recipient's statement that he or she did not owe allegiance to a foreign state on 11/4/1986 (NMI local time).

NOTE: If a person entered the NMI as a nonimmigrant and lived in the NMI since 1/1/1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

Immigrant Status

- The following are the most common United States Citizenship and Immigration Services (USCIS) Forms:
 - I-551 Resident Alien Card;
 - I-94 Arrival-Departure Record;
 - I-688B or I-766 Employment Authorization Card;
- United States Citizenship and Immigration Services (USCIS) Form I-797-Notice of Action; or
- Evidence of continuous United States Residence prior to 1972.

NOTE: If you are applying only for Medical Assistance, you do not have to tell us about your citizenship or immigration status, if you are:

- pregnant; or
- an undocumented immigrant applying for Medical Assistance coverage because of an emergency medical condition. (See Medical Assistance section of Book 2, LDSS-4148B for more information on citizenship or immigration status).

• **Whether you are Drug/Alcohol Dependent**

Alcohol/Drug screening assessment which may include a drug test. This does not apply to many Medical Assistance applicants, nor does it apply to Family Health Plus, Medicaid Buy-in Program for Working People with Disabilities, Medicare Savings Program or to the Family Planning Benefit Program.

• **Earned Income**

Current pay stubs, statement from employer, tax records, business records, statement from roomer or boarder of amount paid for lodging.

• **Unearned Income**

Examples of Unearned Income are:

- **Child Support or Alimony**
- **Social Security Benefits**
- **Veteran's Benefits**
- **Unemployment Insurance Benefits**
- **Interest and Dividends**
- **Educational Grants and Loans**
- **Worker's Compensation**

Examples of Proof of Unearned Income are:

Statement from person paying support, or alimony
 Current benefit check or current award letter
 Current benefit check, current award letter, official correspondence from Veteran's Administration
 Official correspondence from New York State Department of Labor
 Statement from bank, credit union or broker
 Statement from school or bank current award letter
 Current award letter or check stubs

- **Resources**

Examples of Resources are:

- Bank Accounts
- Checking Accounts
- Burial Trust or Fund
- Burial Plot or Agreement
- Life Insurance
- Real Estate Other Than Where You Live
- Motor Vehicle
- Stocks and Bonds

- **School Attendance of Those Attending School**

- **Health Insurance**

- **Unpaid Rent or Utilities**

- **Paid or Unpaid Medical Bills**

- **Noncustodial parent**

- **Disabled/Incapacitated/ Pregnant**

- **Other Expenses/Dependent Care Expenses**

- **Job Search**

Examples of Proof of Resources are:

Bank books or credit union records
Bank statements
Bank statement or copy of funeral agreement
Statement from cemetery, funeral director or church, copy of funeral agreement
Insurance Policy
Deed, appraisal/estimate of current value by real estate broker

Registration, title, financing information
Stock certificates, bonds

School records, statement from school

Insurance policy, insurance card, statement from provider of coverage, Medicare card

Copy of each bill, statement from landlord or utility company

Copy of each bill and proof of payment if a paid bill

Death certificate, survivor's benefits, divorce papers, Veteran's Assistance or military records

Statement from medical professional, proof of Social Security Disability or Supplemental Security Income (SSI) benefits

Cancelled checks or receipts, statement from child care provider, court order, statement from aide or attendant

Completion of job applications or the Job Search Handbook

If you are applying for **Services (other than Foster Care) only**, you do **not** have to provide proof of the following items:

- | | |
|----------------------------|---------------------------------|
| • Shelter Expenses | • Health Insurance |
| • Resources | • Paid or Unpaid Medical Bills |
| • Unpaid Rent or Utilities | • Other/Dependent Care Expenses |

If you are applying for **Medical Assistance** only and are seeking coverage of long term care services, you will have to provide proof of your resources. Pregnant women or persons applying for the Family Planning Benefit Program do not have to tell us about their resources. Usually, children up to the age of nineteen do not have to tell us about their resources.

If you are not seeking coverage of long term care services, you will have to tell us about your resources, but you are allowed to attest to the amount of your resources rather than provide proof. When you apply for or renew your Medical Assistance eligibility, you will be told if you must provide proof of your resources.

4. **RESPONSIBILITY TO ENROLL IN THE AUTOMATED FINGER IMAGING SYSTEM (AFIS)**

If you are applying for or receiving regular or emergency Temporary Assistance or Food Stamps Benefits, you must enroll in the Automated Finger Imaging System (AFIS) if you are an adult (18 years of age or older) or if you are the head of household. For the Medical Assistance program, only those applicant/receipts whose Medical Assistance Identification card must contain a photo image are required to enroll in AFIS. This requirement does not apply to Family Health Plus or to the Family Planning Benefit program. Generally, for Medicaid only applicants and recipients, all individuals age 18 and over whose benefit card requires a photo ID must enroll in AFIS. However, there are specific exemptions to this rule, and they may vary by the county in which you live. If you have any questions about whether or not you must be finger-imaged, contact the local department of social services office in your county and inquire how this requirement may apply to your specific situation.

5. RESPONSIBILITY TO REPORT CHANGES

General Information On Changes

If your situation changes in any way while you are waiting to hear about your Application, you should let your worker know as soon as possible.

- You must inform your worker right away of any change in your situation such as income, employment, living arrangements or child care arrangements, or other changes which may affect your continued eligibility or the amount of your benefit.

For Temporary Assistance, you must report changes within **10** days of the change. There is **only one** exception. If you are receiving temporary assistance for a child and you know that the child will be absent from home for 45 days or more, you must report that change within **5** days of knowing that the child will be absent for that long. These reporting timeframes must be met, even when you receive other benefits, such as Food Stamps and Medicaid, and those programs have different reporting requirements. **This is very important for Temporary Assistance since failure to report changes may affect your ongoing eligibility.**

You must inform the agency of any change including, but not limited to, any change in your needs, (for example, the amount you pay for rent goes up or down), income, resources, living arrangements, residence/address, household size, employment, health status, new information about your child's absent parent, health insurance that becomes available to you or your child, immigration/citizenship status or pregnancy. If you are not sure if you should report a change, **REPORT**.

If you are only receiving Food Stamp Benefits and have not been informed that you are a six-month reporter, you must report within 10 days:

- Changes in any sources of income for anyone in your household.
- Changes in your total household earned income, when it goes up or down by more than \$100 a month.
- Changes in your total household unearned income, when it goes up or down by more than \$25 a month, if received from a **public** source (such as Social Security Benefits, Unemployment Insurance Benefits (UIB), etc.).
- Changes in your total household unearned income, when it goes up or down by more than \$100 a month, if received from a **private** source (such as Child Support Payments, Private Disability Insurance Payments, etc.).
- Changes of \$100 or more in court-ordered child support paid to a child outside of the Food Stamp Household.
- Changes in the number of people in your household.
- Your new address, if you move.
- A new or different car, or other vehicle.
- A change in your rent or mortgage expense.
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution, if the total cash and savings of all household members now amounts to \$2,000 or more (\$3,000 or more if one household member is disabled or 60 years old or older).

Whenever you report a change, we must see how it affects your eligibility. Sometimes a change, such as having a baby or your rent going up, may mean that you will get more money or other help. However, a change, such as someone permanently leaving your home, starting a new job or getting more income, may mean that you will get less help.

If you are getting Temporary Assistance, Food Stamp Benefits or Medical Assistance and are **not** required to file Quarterly Reports and are not a Food Stamp six-month reporter, you must tell your worker about changes within 10 days and give your worker proof of the change (such as a pay stub, award letter, landlord statement). If you **do not** report a change, such as more income, and this means that you get too much money or other help, you may have to pay it back. There could also be legal action taken against you. Also, you may not be able to get Temporary Assistance or Food Stamp Benefits for a certain amount of time.

If you are receiving Food Stamp Benefits and are subject to work requirements for Able Bodied Adults Without Dependents (ABAWDS) you must report when your monthly participation in employment or other work activities falls below 80 hours.

The following are examples of the types of changes you must report within 10 days, unless you are a six-month reporter for Food Stamp Benefits:

- You get a job or you lose a job or the hours that you work change.
- The number of people in your household changes. For example:
 - A non-custodial parent returns.
 - A child leaves home or comes back.

- You are pregnant, or you just had a baby.
- Your income or actual work hours change.
- You start or stop getting other income, such as:
 - Social Security Benefits or Supplemental Security Income (SSI)
 - Child support, alimony or any money from a non-custodial parent or spouse
 - Unemployment Insurance Benefits (UIB)
 - Pensions or retirement benefits
 - Worker's Compensation or an accident settlement
 - Money from a roomer, boarder, or from renting a house or an apartment to another person
 - Tax refunds
 - Earned Income Tax Credit (EITC) (Food Stamp Benefits Only)
 - Any other money you get, from working or from other ways.
- Your address changes, the amount of your rent changes or you start getting more help to pay for your housing, such as a subsidy from the government.
- A child under age 18 leaves school (not required if you are applying just for Medical Assistance).
- A child age 16 or older in your home leaves school (not required if you are applying just for Medical Assistance).
- An adult in the home goes into the hospital, gets sick or has a condition which affects his/her being able to work, to participate in an employment activity, or to take care of the children in the household (not required for Medical Assistance).
- You learn any new information about a non-custodial parent, such as where the parent is. (Unless you receive Medicaid Buy-In Program for Working People with Disabilities).
- You get married, separated or divorced.
- You or other family members get health insurance, even if someone else pays for the insurance. (If you are applying for Food Stamp Benefits only, you do not have to report this).
- You or someone who lives with you receives property.
- You or someone who lives with you transfers any property or money.
- You or someone who lives with you gets hurt in an accident, gets medical treatment paid for by Medical Assistance and is suing the person who caused the accident.
- A child will be out of the home for 45 or more consecutive days or 30 days for Medical Assistance.

Requirement To Report A Lump Sum Payment

A lump sum payment is a one-time payment, such as an insurance settlement, an accumulated retroactive monthly benefit, any inheritance or a gambling winning that, when combined with your other countable monthly income, is more than your monthly Temporary Assistance needs (i.e., the Temporary Assistance grant before income is counted). When a one-time payment is small, that is, when it is combined with your other countable monthly income, is less than your monthly Temporary Assistance needs (this is the Temporary Assistance grant before income is counted), it is not considered a lump sum; it is treated as income. If you or any member of your household gets or expects to get a lump sum payment, or a one-time income payment you must tell your worker **right away**. If you get a lump sum payment, and you are getting Temporary Assistance, your grant may be affected as follows:

- 1) If you get a lump sum payment, you may be allowed to keep that portion of the lump sum, which together with your countable resources does not go over the resources limit. This is called the resource set aside. The resource limit is \$2,000 for a person or family, or \$3,000 if the person is, or the family contains, a member age 60 or older.
- 2) If the remaining amount (what is over the resources level) is **less than** your monthly Temporary Assistance needs (this is the TA grant before income is counted), this is the remainder of the lump sum payment, and will be counted as income for the month in which you get it. Be sure to look at the **Exceptions** below.
- 3) If the remaining amount is **more than** your monthly Temporary Assistance needs, you must do one of the following options:

Option 1

- **TURN OVER** the lump sum payment to the local department of social services to pay back the money and help you get in the past.
- If the lump sum payment is less than the amount of the assistance that was paid to you in the past, your case may stay open.
- If the lump sum payment is more than the amount of the assistance that was paid to you in the past, the rules in the **"Keep"** section below apply.

Option 2

KEEP the lump sum payment or the balance of the lump sum payment. Your Temporary Assistance case will then be closed for a certain amount of time. The length of time for which your case will be closed depends on how much the lump sum payment is, and how much your Temporary Assistance needs are.

EXAMPLE: If you get \$4,750 in a lump sum, and had income of \$250 for a total of \$5,000, and you have \$500 in countable resources, you can keep \$1,500 (\$2,000 resource limit-\$500 in resources). This is the resource limit set aside. If you do not turn the remainder (\$3,500) over to the agency, it will be used to figure out how long you cannot get Temporary Assistance. If your monthly Temporary Assistance needs are \$500, your household cannot get Temporary Assistance for 7 months (\$3,500 divided by \$500 needs = 7 months).

Be sure to look at the Exceptions below.

NOTE: If you are receiving child care benefits, some lump sum payments will impact your child care eligibility or the amount of your child care benefits. You must tell your worker about any lump sum payments right away.

EXCEPTIONS

You and anyone who is in your case during the month in which you got the lump sum will not be able to get Temporary Assistance for a certain amount of time, even if the lump sum payment was spent, **unless** one of the following shortens that amount of time:

- Within ninety days of receipt of the lump sum, you document to us that you have used any or all of the lump sum for the following exempt resources:
 - to purchase an automobile that is exempt from the Temporary Assistance resource limit and needed to seek or retain employment or for travel to and from work activities (maximum amount \$9,300, or higher if set by the local department of social services);
 - to open a separate bank account or bank accounts that is exempt from the Temporary Assistance resources limit such as a First or Replacement Automobile Account for the purpose of purchasing an automobile to seek or retain employment (maximum amount \$4,650), or a College Tuition Account for the purpose of paying tuition at a two year post secondary educational institution (maximum amount \$1,400);
 - to purchase a burial plot that is exempt from the Temporary Assistance resource limit; or
 - to purchase a bona-fide funeral agreement (maximum amount \$1,500) that is exempt from the Temporary Assistance resource limit.

If you use up the remainder of the lump sum within 90 days of receipt and document to us that the remainder has gone into one or more of these exempt resources, we will reopen your case back to the date it was closed if you reapply and are found otherwise eligible. If you have questions about using the lump sum on these exempt resources, talk to your worker before you do anything with the money.

Note: If the local department of social services determines you have not used any of these exempt resources (set-asides) for the purposes for which they were intended (i.e. you later close out or remove funds and do not use these bank accounts for the purpose for which these funds are set aside, or you otherwise liquidate burial plots or funeral agreements etc.) the local department of social services may calculate an overpayment of assistance granted.

- Something happens which would make your Temporary Assistance go up if you were still getting Temporary Assistance. For example, your rent goes up or you have a special need such as pregnancy.
- Some or all of the lump sum payment was used for a reason that you could not help. Some examples are: your family is faced with an emergency, you have unusually high household expenses such as fuel or shelter or the money is stolen.
- During the time you are ineligible for Temporary Assistance, a family member gets and pays for medical care that would be covered under the Medical Assistance Program.

If your local department of social services finds out that you have countable property or that you may be getting a lump sum payment, they may place a lien against that property or the lump sum payment. This means that before you get any money from the property or lump sum payment, your local department of social services may take the amount of Temporary Assistance you, your spouse and child(ren), including stepchildren, have gotten. Liens may also be placed on personal injury settlements and any real property that you own. Real property includes the home you own and live in, as well as other real estate you may own.

If you are receiving Food Stamp Benefits and you receive a non-recurring lump sum, it will be counted as a resource starting in the month it was received and will not be counted as income.

If you are receiving Medical Assistance, a lump sum payment may affect your eligibility. You must tell your worker right away about any lump sum payments you receive.

6. RESPONSIBILITIES REGARDING YOUR COMMON BENEFIT IDENTIFICATION CARD (CBIC)

To access Temporary Assistance cash or Food Stamp Benefits you will need your Common Benefit Identification Card (CBIC) and Personal Identification Number (PIN). Your CBIC and your PIN will act as your signature when you access your benefits.

It is your responsibility to keep track of your account balances. If you suspect that your accounts have been accessed without your knowledge, you should contact the EBT Customer Service hotline to disable your CBIC. After doing that you should contact your worker to receive a replacement card.

You will be held responsible for Cash and Food Stamp Benefits that are accessed using your CBIC card and PIN. If someone else uses your Common Benefit Identification Card (CBIC) and PIN to access your account, no replacement of benefits will be issued even if you claim that you did not receive those benefits.

It is your responsibility to keep your Personal Identification Number (PIN) secret. You should **NOT** tell your PIN to anyone and you should **NOT** write it on your CBIC card. Never tell your PIN number; even if the person claims to be from the local department of social services and claims to need the information. **NO ONE FROM the local department of social services SHOULD EVER ASK YOU FOR YOUR PIN NUMBER.**

If your Common Benefit Identification Card (CBIC) is lost, stolen or damaged call Customer Service at 1-888-328-6399. To get your card replaced you must call your eligibility worker. Misuse or abuse of your card, such as selling it, may result in an investigation by State and/or Federal authorities. Documented violations will result in sanctions including:

- Disqualification from Program, and/or
- Recovery through recoupment/restitution; and/or
- Prosecution

If you have forgotten your Personal Identification Number (PIN) you may call Customer Service at 1-888-328-6399 to select a new PIN. You may also select a new PIN in person at your local department of social services office, or you can ask your worker to have your current PIN mailed to you by the Electronic Benefit Transfer contractor.

You will also need to show your CBIC card to access Medical Assistance services. To access Family Health Plus services, use the card sent to you by the health plan that you have chosen.

7. RESPONSIBILITY TO ACCESS YOUR FOOD STAMP BENEFITS

If you are receiving Food Stamp Benefits with Electronic Benefit Transfer (EBT):

If you are approved to get Food Stamp Benefits, your benefits will be issued to your Electronic Benefit Transfer (EBT) Food Stamp Benefits account on the same date each month. If you do not use your EBT Food Stamp Benefits account for 270 consecutive days, it will fall into expungement status. This means that any Food Stamp Benefits that have been available in your account for at least 270 days will be expunged (removed). Expunged Food Stamp Benefits cannot be replaced.

8. RESPONSIBILITY TO REPAY YOUR BENEFIT OVERPAYMENTS

For Temporary Assistance:

If you get more Temporary Assistance than you should have (overpayment), you must pay it back. If your case is active, we will take back the amount of the overpayment from future Temporary Assistance benefits that you get. If your Temporary Assistance case is closed, the local department of social services will contact you about repayment of the amount you owe.

For Medical Assistance:

Any Medical Assistance Payments made for services you received or premiums paid on your behalf for a period of time when you were not eligible for Medical Assistance may have to be paid back. The local department of social services will contact you about repayment of the amount you owe.

For Food Stamp Benefits:

If you get more Food Stamp Benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp Benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

For Child Care Benefits:

If you get more Child Care benefits than you should, you must pay them back. If your case is active, your parent share of child costs may be increased or your amount of child care benefits may be reduced until the amount you owe is paid back. If your case is closed, you must still repay the amount you owe or you will not be eligible when you re-apply.

9. EMPLOYMENT RESPONSIBILITIES

For Temporary Assistance:

As an applicant for or recipient of Temporary Assistance you must:

- Continually look for a job, even if you are not assigned to do so, and be prepared to provide evidence that you have been looking for a job. If you need child care in order to look for a job, you must tell your worker.
- Take a job when one is available.
- Participate in an assessment of your ability to work and participate in work activity assignments.
- Unless a determination has been made that you are exempt from work activities, you must participate in work activities as assigned by the local department of social services. You may also be required to get a medical examination or medical statement to participate in a work activity assignment or to verify that you have a medical condition that prevents you from working.
- If a determination has been made that you are exempt from participation in work activities, you may be required to accept medical care or other employment services to restore your ability to work. You may also be required to attend a meeting with the local department of social services and provide evidence to determine whether or not you continue to be exempt from work requirements.
- If you have a temporary waiver from employment activities due to domestic violence, you must meet with a domestic violence liaison prior to the end of each waiver period to determine continued eligibility for the waiver.

If you do not comply with the above listed requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced.

You are considered able to work and must participate in work activities unless you are determined by the local department of social services to be:

- 1) disabled, incapacitated, ill or injured to the extent that you are unable to engage in work activities;
- 2) younger than sixteen years of age or sixty years of age or older;
- 3) under the age of nineteen and attending full time a secondary, vocational or technical school;
- 4) needed in the home full time to care for an ill, incapacitated or disabled household member and you are the only one who can reasonably provide such care;
- 5) pregnant and expected to deliver your child within thirty days;
- 6) needed in the home to care for a child under twelve months of age. This exemption shall last no longer than three months after a child is born unless the local department of social services makes a determination to extend the exemption for up to a maximum of twelve months over your lifetime;
- 7) unable to participate due to a lack of child care;
- 8) unable to participate and you have a waiver from employment requirements due to domestic violence granted by a domestic violence liaison.

Sanctions for Failure to Comply with a Temporary Assistance Work Assignment:

If you are not exempt from participation in work activities and do not comply with the above requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced. The length of time the benefits will be reduced depends on whether or not your household contains a dependent child and the number of times you have failed to comply.

For a household with dependent children, the household grant will be reduced as follows:

- the first failure to comply – until you comply,
- the second failure to comply – at least three months and until you comply,
- the third failure and subsequent failures to comply – at least six months and until you comply,

For a household without dependent children, the household grant will be reduced as follows:

- the first failure to comply – at least 90 days and until you comply,
- the second failure to comply – at least 150 days and until you comply,
- the third and subsequent failures to comply – at least 180 days and until you comply.

If a local department of social services official determines that you have intentionally misrepresented that you suffer from an impairment that would limit your ability to participate in work activities, your Temporary Assistance grant may be reduced for a period of time. If you are sanctioned for this reason, the sanction also will continue until you are willing to comply with employment requirements and no longer intentionally misrepresent that you suffer from an impairment. (The fact that medical evidence does not support your claim of an impairment does not, in itself, indicate that you will be sanctioned.)

For Food Stamp Benefits:

Unless you are exempt from work registration requirements as an applicant for or recipient of Food Stamp Benefits you must:

- accept a job or a referral to an actual or potential job opening;
- participate in an assessment of your ability to work;
- provide information regarding your employment status and availability for work;
- participate in work activity assignments.

If you do not comply with the above listed requirements, you may lose your Food Stamp Benefits.

You are deemed to be a work registrant and required to comply with work registration requirements unless you are determined by the social services official to be:

- younger than 16 years of age or 60 years of age or older;
- mentally or physically disabled, incapacitated, ill or injured to the extent that you are unable to engage in work activities;
- subject to and complying with a federally funded (TANF) Temporary Assistance work requirements. If you are assigned to TANF work experience, this exemption from Food Stamp Benefits work requirement does not apply;
- responsible for the care of a dependent child under the age of six. If you are participating in TANF work experience, this exemption from food stamp work requirements does not apply;
- responsible for the care of an incapacitated person;
- an applicant for or recipient of Unemployment Insurance Benefits who is required to register for work as part of the unemployment compensation process;
- a regular participant in a drug or alcohol treatment and rehabilitation program and the local department of social services official determines that you are either unable to work or that assignment to work activities is impractical;
- a student enrolled at least half-time in a recognized school, training program or institution of higher education;
- an applicant for Supplemental Security Income (SSI) and Food Stamp Benefits under the joint processing provisions until you are either determined to be eligible for Supplemental Security Income (SSI) and, thereby, exempt from work registration, or determined to be ineligible for Supplemental Security Income (SSI); or
- 16 or 17 years old who is not head of household or who is attending school or an employment training program at least half-time.

Sanctions for Failure to Comply with a Food Stamp Benefits Work Assignment:

If you are not exempt from participation in work activities and do not comply with the above requirements, you may lose your Food Stamp Benefits. The length of time you will lose your benefits depends on the number of times you have failed to comply.

- the first failure to comply – at least two months and until you comply
- the second failure to comply within a three year period – at least four months and until you comply
- the third and subsequent failures to comply within a three year period – at least six months and until you comply

Additional Requirements for Food Stamp Benefits Recipients who are Able-Bodied Adults without Dependents (ABAWDs):

If you are a work registrant, you may also be required to meet additional Food Stamp Benefits eligibility requirements unless you are:

- under 18 years of age or 50 years of age or older;
- pregnant;
- any adult (including a parent) residing in a food stamp household where a member is under 18 years of age.
- unable to work for at least 80 hours per month due to a physical or mental limitation.

If you are a work registrant and not exempt based on one of the above three reasons, you will only be eligible to receive Food Stamp Benefits for three months in every 36 months unless you are:

- working for at least 80 hours a month; or
- participating in a work program approved by the local department of social services for at least 80 hours a month; or
- fully complying with a work experience assignment.

If you want to continue to receive Food Stamp Benefits beyond the three month limit, your local department of social services must make a qualifying work or training opportunity available to you. Contact your worker to discuss what work or training opportunities are available.

If you lose your eligibility for Food Stamp Benefits because you did not meet the above requirement for three or more months during which you received Food Stamp Benefits, you may begin to again receive Food Stamp Benefits, if otherwise eligible, after you have met the requirement for a 30-day period or demonstrate that you will do so within 30 days following your application for Food Stamp Benefits. You would then be required to continue to work or participate in a work program to continue to receive Food Stamp Benefits.

After you reestablish your eligibility for Food Stamp Benefits by working or participating in a program, if you lose your job or are unable to participate in your assigned program, you may be eligible to receive Food Stamp Benefits for up to an additional three months in the same 36-month period without working or participating in a work program.

For Medical Assistance:

Medical Assistance has no employment requirements. However, to be eligible for the Medicaid Buy-In Program for Working People with Disabilities, an individual must be engaged in work.

10. RESPONSIBILITIES REGARDING CHILD CARE

It is your responsibility to **look for and choose** a child care provider. You must pay promptly any family share of the cost of child care services.

For Temporary Assistance Recipients:

If you need child care in order to participate in work activities and are unable to find a child care provider, you must:

- Let your worker know what you have done to find a provider and ask for help in finding a provider.
- Follow up on all referrals you are given by your worker or other programs that are helping you locate a provider. This means you must contact or visit all providers that you are referred to until you are able to choose a provider that is appropriate, accessible, suitable and affordable.
- If you have contacted all providers you were referred to and are still not able to choose any of these providers, you must let your worker know in writing which providers you contacted and when and why you did not choose any of these providers. Your reasons must include one of the following:
 - - The provider was not open for the days or hours needed or could not care for your child's special needs.
 - You were unable to get to the provider by car or public transportation.
 - The provider was not located within a "reasonable distance" from your home or work activity. Each local department of social services has a different meaning of "reasonable distance". The local department of social services must tell you what reasonable distance means in your district.
 - Friends, relatives or neighbors you considered or contacted were unsuitable.
- If you show that you are unable to locate a provider, your worker must offer you a choice of two providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or New York City Department of Health and Mental Hygiene. You must choose one of these providers or show why they are not appropriate, accessible, affordable or suitable.

- You must continue to look for a child care provider and follow up on all referrals during the time you are excused from your work activity.
- If you cannot show that you were unable to locate a provider and that the two choices of providers offered to you were not appropriate, accessible, affordable, or suitable, then your Temporary Assistance cash grant will be reduced if you fail to participate in your work activity.

11. RESPONSIBILITIES REGARDING CHILD AND SPOUSAL SUPPORT

As a Temporary Assistance applicant or recipient or a recipient leaving Temporary Assistance who is receiving child care, you must cooperate with your local department of social services in establishing paternity and collecting support as follows:

SUPPORT COLLECTION – TEMPORARY ASSISTANCE

When you sign an Application for Temporary Assistance and for as long as you get Temporary Assistance, you turn over to your local department of social services your right to get any support payments owed to you or anyone else for whom you are applying or getting Temporary Assistance.

This means that as long as you get Temporary Assistance, the local department of social services has the right to get current support and past due support (**arrears**).

If you are getting support paid directly to you without a support or paternity order, you must report that money to your local department of social services.

Any collections made will be used to reimburse the local department of social services for assistance provided to you and your children, except for the "pass-through" payment or excess support payments. (See "**Your Rights**," Section 10, **Rights Regarding Support Pass-Through And Excess Support Payments-Temporary Assistance**".)

Even after your Temporary Assistance case closes, your local department of social services will sometimes have the right to the past due support (**arrears**). This means that your local department of social services will take legal action to collect these payments.

As a **Temporary Assistance** applicant or recipient, you must cooperate with the Child Support Enforcement Unit of your local department of social services **unless** you have a good reason not to. If you feel you have a good reason for not cooperating ("**good cause claim**"), you must tell your local department of social services.

Your local department of social services will allow your "**good cause claim**" if:

- your cooperation with the Child Support Enforcement Unit is likely to cause physical or emotional harm to you or your children;
- your child came from a pregnancy due to incest or rape;
- you are working with an authorized adoption agency to have your child adopted.

You will be asked to give as much information and/or documentation as possible about your ex-spouse, or the parent of the child, such as that person's social security number, date of birth, address, employer's name and address and any court information related to paternity or support actions. This information will be used to:

- establish paternity of each child born out of wedlock;
- get child support from the non-custodial parent of each child until each child is 21 years old;
- arrange to have your support payments turned over to the Support Collections Unit of the local department of social services.

You will also be required to appear, as necessary, at the child support office to provide information or documentation and at any court proceeding. If you believe compliance with any of these requirements will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

In the absence of a "good cause claim," if you do not cooperate with the Child Support Enforcement Unit, your Temporary Assistance grant will be reduced by 25% for each incidence of non-compliance, and any Temporary Assistance for your children may be paid to another person, called a "**protective payee**".

If you do not agree with any of the actions of your local department of social services regarding your "good cause claim," you may ask for a Conference and a Fair Hearing (See "**Your Rights**," Section 5 "**Conferences and Fair Hearings**".)

CHILD SUPPORT COOPERATION – LOW INCOME CHILD CARE ASSISTANCE

If you are seeking child care assistance and your child's other parent is not living with the child, you must demonstrate that there is a court order for child support in place. If you do not have a court order for child support you must demonstrate that you are actively pursuing a court order for child support or demonstrate that you have "good cause" not to pursue child support.

You can demonstrate that you are pursuing paternity or child support either by representation of the local Child Support Enforcement Unit or by private legal representation. Private legal representation means that you are represented by an attorney or can demonstrate that you are pursuing court ordered support on your own behalf.

CHILD SUPPORT REFERRAL AND COLLECTION-FOSTER CARE

If you voluntarily place your child in foster care, or your child has been removed and placed in foster care and you are the child's biological parent, stepparent or adoptive parent, you must cooperate with the local social services district so that the district can determine whether there is a circumstance that exists that would prohibit them from referring you to the child support enforcement unit of the local social services district. If no such circumstance exists, you must cooperate in providing the requested information, including third party health insurance information, and providing any necessary documentation and you have a legal obligation to contribute toward the cost of your child's foster care.

Circumstances or conditions that prohibit a referral to child support are:

- (1) when the appropriate social services official determines that such referral will adversely affect the health, safety or welfare of the child on whose behalf such payments are to be made or other persons in the child's household or will adversely affect the length of the child's placement or impair the ability of the child to return home when discharged from foster care ; or
- (2) when a surrender of a child born out of wedlock has been accepted by the appropriate social services official from the mother or father of such child, the parent surrendering the child must not be referred to the child support enforcement unit of the social services district; or
- (3) in the case of a non-adopting spouse, when a non-adopting spouse is living separate and apart from an adopting spouse pursuant to a written agreement of separation or when a non-adopting spouse has been living separate and apart from an adopting spouse for at least three years prior to the adopting spouse's commencing an adoption proceeding.

CHILD SUPPORT COOPERATION - MEDICAL ASSISTANCE

When you want to get Medical Assistance for yourself and you are also applying for your child under 21, and the child's other parent is not living with the child or will not help with the child's medical bills, you must cooperate with the Child Support Enforcement Unit of your local department of social services. This is not required if you are pregnant, or it is within two months following the month of the end of your pregnancy or you are only applying for the child. You are required to cooperate with the Child Support Enforcement Unit to try to get help from the noncustodial parent to pay for your child's medical bills, and, if your child is born out of wedlock, to establish paternity.

You are required to pursue medical support only. You are not required to pursue or assign your rights to cash support from a noncustodial parent to the local department of social services. If you are applying for Medical Assistance for your child, your child's eligibility will not be affected if you do not cooperate in establishing paternity.

You must turn over your right to collect money for medical bills or health insurance to your local department of social services. You must also cooperate with the department to get health insurance and money for medical bills from people legally responsible for you and your children.

As a Medical Assistance applicant or recipient, you must cooperate with the Child Support Enforcement Unit **unless** you have a good reason not to. If you feel you have a good reason for not cooperating ("**good cause claim**") you must tell your local department of social services. Your local department of social services will allow your "**good cause claim**" if:

- your cooperation with the Child Support Enforcement Unit is likely to cause physical or emotional harm to you or your children;
- your child came from a pregnancy due to incest or rape; or
- you are working with an authorized adoption agency to have your child adopted.

You will be asked to give as much information and/or documentation as possible about the noncustodial parent of the child, such as the parent's social security number, date of birth, address, employer's name and address and any court information related to paternity or support actions.

This information will be used to:

- establish paternity of each child born out of wedlock for whom you are applying for or getting Medical Assistance, when the child is at least two months old; or
- get health insurance and money for medical bills from the non-custodial parent of each child until each child is 21 years old.

You will also be required to appear, as necessary, at the child support office to provide information or documentation and at any court proceeding.

If you do not cooperate with the Child Support Enforcement Unit, you cannot get Medical Assistance for yourself, unless you have "good cause" for not cooperating, or you are pregnant, or it is within two months following the month in which your pregnancy ended.

CHILD SUPPORT DISREGARD - MEDICAL ASSISTANCE

Generally, the first \$50.00 of current child support collected each month is not counted when the local department of social services decides if you can get Medical Assistance. When a child is certified blind or certified disabled, one third of any support payment the child receives from an absent parent is not counted.

SUPPORT YOURSELF

You are required to cooperate in pursuing medical support from an absent spouse or, where applicable, an ex-spouse. You are required to tell us if a spouse or ex-spouse, is, or may be, required to help pay for your medical bills or provide you with health insurance coverage. You must do so unless you are pregnant, within two months following the month in which your pregnancy ended, or you have "good cause" not to cooperate.

If you do not agree with any of the actions of your local department of social services regarding your "good cause claim, you may ask for a Conference and a Fair Hearing. (See "Your Rights," Section 5 "Conferences and Fair Hearings.")

12. RESPONSIBILITY TO COMPLETE ALCOHOL AND SUBSTANCE ABUSE SCREENING REQUIREMENTS FOR TEMPORARY ASSISTANCE

All adult and head of household applicants for and recipients of Temporary Assistance must complete the Alcoholism and Substance Abuse Screening Questionnaire. After completing the Questionnaire, you may be required to go to a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for a formal assessment to determine whether or not you have an alcohol or substance abuse problem. After completing the assessment the local department of social services will determine what treatment, if any, will be required. If it is determined that a treatment program is required, you must sign a consent form for disclosure of treatment information and must document compliance with your treatment progress to your local department of social services.

If you believe compliance with alcohol and substance abuse assessment or treatment will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you fail to participate in the screening or assessment process or fail to sign the consent form to release information from the treatment program, you will not be eligible for Temporary Assistance and your family's Temporary Assistance grant will be reduced. The Safety Net Assistance program will provide benefits to all otherwise eligible household members.

If you fail to:

- participate in or complete the required treatment;
- document treatment compliance; or
- attend the treatment program that the social services district determines appropriate for you;

you may be sanctioned from receiving Temporary Assistance. Additionally, if you leave a residential treatment program prior to completion, you will not get any personal needs allowance (PNA) which accumulated while you were in the treatment program.

13. RESPONSIBILITY TO COMPLETE ALCOHOL AND SUBSTANCE ABUSE SCREENING FOR MEDICAL ASSISTANCE

Certain Medical Assistance applicants and recipients are required to comply with the alcohol and substance abuse screening, assessment and treatment requirements. The following Medical Assistance applicants and recipients must meet these alcohol and substance abuse requirements: a person who is between 21 and 65 years of age and not pregnant, certified blind, or certified disabled; a husband or boyfriend of a pregnant woman with no other children in the household; a stepparent with no children of his/her own in the household when the birth parent is also in the household; a single individual; or a childless couple.

Persons applying for or in receipt of Family Health Plus or the Family Planning Benefit program are not required to participate in alcohol and substance abuse screening.

14. RESPONSIBILITIES REGARDING THE USE OF MEDICAL ASSISTANCE PROVIDERS

Before you get medical care, you must make sure that the doctor, pharmacist or other person you want help from agrees to bill Medical Assistance. Not all medical providers accept Medical Assistance.

If you need medical care after you apply for Medical Assistance but before you get your Common Benefit Identification Card (CBIC), you must still make sure the provider accepts Medical Assistance. If you have to pay a bill, after you apply for Medical Assistance but before you get your CBIC, we can only pay the bill if you are determined eligible for Medical Assistance and the provider accepts Medical Assistance.

When you are approved for Medical Assistance, you may be able to join a Medicaid Managed Care health plan. In some counties, you may have to join a plan. You will get information from your local department of social services about whether or not you have to join, and your plan choices. If you have a doctor you want to keep seeing, you need to check to see if he or she is in the Medicaid Managed Care health plan you join. When you join a Medicaid Managed Care health plan, you will get a health insurance card from your plan.

You must use your CBIC to access your Medical Assistance Benefits. Even if you join a Medicaid Managed Care health plan, you will still use your CBIC card for some services such as pharmacy. It is important to use your CBIC in a responsible manner when you use it to get medical care.

If you are eligible for Family Health Plus, you must receive all of your health care from the managed care plan that you selected. If you receive another health plan card for the family planning services, you will use that card just for family planning.

If you abuse Medical Assistance, you will be placed in the **Recipient Restriction Program (RRP)**. This program limits the range of Medical Assistance providers from which you receive medical care, unless you have an emergency. A Medical Assistance provider is a person or facility that gives medical care. Some reasons why you might be restricted in your choice of Medical Assistance providers are:

- You are getting care from several doctors for the same problem.
- You are getting medical care more often than needed.
- You are using prescription medicine in a way that may be dangerous to your health.

If you are in the **Recipient Restriction Program**, you may ask to change your single Medical Assistance provider every three months or sooner if there is a good reason.

Some good reasons are:

- You or your Medical Assistance provider moves, and it is hard to get to your provider.
- Your Medical Assistance provider no longer accepts Medical Assistance.
- Your Medical Assistance provider does not want to see you.

The first time you abuse Medical Assistance, you will be assigned to one Medical Assistance provider for two years. If the abuse happens a second time, you will be restricted for a new 3-year period. If you abuse Medical Assistance again, you will be restricted for six years.

15. RECERTIFICATION RESPONSIBILITIES

Federal and State regulations require that your case be reviewed to see if you are getting all the help you should be getting. This review is called Recertification or Renewal.

You will be asked many of the same questions to determine if your circumstances have changed. If you have any questions or have trouble filling out any of the forms, ask for help.

If you miss a required interview without telling your worker why, your case may be closed. Therefore, you must make sure to tell your worker the reason. If you have a good reason, your case will not be closed. An example of a good reason would be being ill on the day of the interview. You must meet all recertification requirements in order to keep getting help. As one of these requirements, if you are asked to provide certain papers or proof, you should do so within ten days, or your benefits may be reduced or stopped.

You will not be required to complete a personal interview to renew your Medical Assistance or Child Care Assistance. Persons receiving Medical Assistance only or Child Care Assistance only will receive a renewal package in the mail with instructions for completing and returning the renewal to your local department of social services. If you are receiving Food Stamp Benefits and Medical Assistance or Food Stamp Benefits and Child Care Assistance, your Food Stamp interview may also serve as your Medicaid renewal or your Child Care Assistance Renewal.

16. MINOR PARENTS RESPONSIBILITIES APPLYING FOR OR GETTING TEMPORARY ASSISTANCE

If you are under 18 and you are a parent who is not married and who is caring for a child and have no children under twelve weeks of age, you must be working toward a high school diploma or its equivalent (if you have not completed high school), or participating in an alternative educational program approved by your worker.

If you believe compliance with minor educational requirements will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you are pregnant and under 18 or are a parent who is under 18 and not married, you must live with a parent, legal guardian, or other relative. If your worker determines that this is not possible or not in your child's best interest, the local department of social services will decide if your current living arrangement is appropriate. If it is not, the local department of social services will assist you in finding other appropriate living arrangements.

These rules do not apply to Medical Assistance.

17. YOUR RESPONSIBILITIES REGARDING TEMPORARY HOUSING IF YOU ARE HOMELESS

If you need Temporary Housing Assistance because you are homeless, it is very important that you read this!

You might not get Temporary Housing Assistance if you do not follow some important rules.

Sometimes, if you lose Temporary Housing Assistance because you do not follow the rules, you may be able to get that help again right away if you will follow the rules.

Other times, if you lose Temporary Housing Assistance you may not get Temporary Housing Assistance again for a specified period of time even if you agree to follow the rules. The amount of time that you may lose eligibility for Temporary Housing Assistance will depend on which rule you violate.

Some of the rules that you will have to follow in order to prevent losing Temporary Housing Assistance help are listed below:

- You must help the local department of social services staff to find out if you are eligible for emergency housing assistance.
- You may be required to meet with the local department of social services staff or a person appointed by the local department of social services to help develop an Independent Living Plan for you. If an Independent Living Plan is developed for you, you will receive a copy of the plan. The Independent Living Plan will tell you about the rules that you must follow.
- You must actively look for permanent housing and you must not unreasonably refuse permanent housing that is offered by the local department of social services staff.
- You must behave in a manner that does not interfere with the orderly operation of the Temporary Housing Facility where you are staying. You must not commit acts which endanger anybody's health or safety.

It is important for you to know that if you fail to follow the rules, you and your family might lose eligibility for Temporary Housing Assistance for a period of time!

You will also be required to comply with all the other eligibility requirements for receiving Temporary Assistance, such as complying with employment requirements. If you fail to comply with these other Temporary Assistance requirements, and you do not have good cause for failing to comply, you may be sanctioned, or lose eligibility for Temporary Assistance, depending upon which requirement you fail to comply with. Losing eligibility for a Temporary Assistance grant will make you and your family ineligible for Temporary Housing assistance. Being sanctioned, which will result in a reduction in your grant, may also result in the loss of Temporary Housing if there is not sufficient money in your grant to pay for Temporary Housing.

18. RESPONSIBILITY TO APPLY FOR SUPPLEMENTAL SECURITY INCOME (SSI)

If you have a medical condition that prevents you from working, you **may** be required to file for Supplemental Security Income (SSI).

If you have a physical or mental medical condition or conditions that is or are so bad that it prevents you from working, you must report this information to your worker. If your worker agrees that your medical condition may be preventing you from working, your worker will **require** you to apply for SSI at the Social Security Administration.

This means that:

- You must apply for SSI.
- You must cooperate with all the requirements for SSI.
- You may not withdraw a pending application for SSI while you are receiving Temporary Assistance,
- If your SSI application is denied, you must appeal this denial unless your worker tells you that you don't have to file an appeal.

If you fail to meet these requirements, you will not be eligible for Temporary Assistance.

LEAP

L.I.F.E.'S Entitlements Advocacy Program (LEAP) is a case management program funded by the Suffolk County Department of Health Services, Division of Community Mental Hygiene to provide linkages to persons newly entering, re-entering or needing community based mental health services. The goal of the program is to engage individuals who exhibit symptoms of mental illness, but are not currently engaged in the Mental Health system. Where possible, enrollment or re-enrollment in the mental health system will occur within 90 days of initial assessment. The Division of Community Mental Hygiene contracts with Federation Employment and Guidance Services, Inc. (FEGS) to administer LEAP.

- ❑ The program will be staffed by three full-time equivalent staff members, including a full-time professional who will act in a supervisory capacity and two case managers, one of whom has experience with substance abuse disorders. As the budget allows, additional staff hours will be allotted for peer assistants.
- ❑ Each FEGS worker will maintain a caseload of 7 cases each, except for the Supervisor who will be responsible for a reduced caseload (5 cases) due to his/her supervisory responsibilities.
- ❑ The FEGS worker is expected to visit the client at a minimum of 2-3 times per week during the initial phase of engagement and once per week thereafter.
- ❑ FEGS will serve any SN client who is located in the five western towns (Babylon, Brookhaven, Islip, Huntington, and Smithtown) and APS will serve those SN clients residing in the five eastern towns (East Hampton, Riverhead, Shelter Island, Southampton, and Southold).

The FEGS workers will receive referrals directly from Adult Protective Services. The following situations will warrant potential referral to LEAP via Adult Protective Services:

1. The Center Manager or the Unit Supervisor will identify and refer those clients who present at the Center as unable or unwilling to participate in the process due to an apparent mental illness. (Individual not active in CAMERA.)
2. If the AHAP procedure becomes operational again - The Pre-Screening Examiner will refer homeless SN applicants who screen positive on the "Indicator Checklist". (The Pre-Screening Examiner will not refer those who are active in CAMERA.)
3. CMP or DOL will refer individuals who appear to exhibit symptoms of mental illness and are non-compliant with submitting psychiatric documentation. (Individual not active in CAMERA.)
4. APS will refer those clients who are at risk of homelessness and who exhibit symptoms of mental illness, if appropriate. (Individual not active in CAMERA.)

PROCESS

- Complete the "APS Referral" form based on the aforementioned criteria. If a referral to APS is warranted (positive checklist) go to step one (1) of this process.
1. Before making a referral to APS, the worker must call the CAMERA Unit at 853-2995 to determine if the client is active in the Mental Health system.
 - If the answer is YES, the worker will call the appropriate Mental Health Coordinator to obtain assistance for the client. If additional help is needed on a particular case, the Center Manager may contact Alberta Powell (3-2931) for assistance. No referral to APS is necessary.
 - If the answer is NO, Part III of the "APS Referral" form must be completed and sent to APS Intake via fax # 4-3206.
 - + If the individual is homeless, the Center Housing Worker will notify Sue Westergaard that a three (3) working day, four (4) night placement is needed for this individual. Central Housing will then notify Emergency Services of this placement via the nightly "placement" fax.
 2. Upon receipt of the referral, the APS worker will visit the client, make an assessment and discuss with the APS Supervisor as to whether or not the case should be referred to FECS. APS will return the APS Referral form to the appropriate Center or referring worker within five (5) working days.
 3. APS will refer only those cases that are appropriate for FECS intervention. FECS must acknowledge receipt of the referral within three business days with copies going to Ralph Diemer and the APS worker.
 4. FECS and the APS worker will make an initial contact with the client within a week of FECS receiving the referral. If immediate intervention is required because of such things as an eviction, a joint visit will be made within one or two days.
 5. FECS will obtain a release of information from the client, so that copies of all evaluations and referrals to services can be forwarded to APS. APS will forward the information to CMP, who will ensure that the documentation is directed appropriately.
 6. FECS must complete the following referrals and secure the following documentation in order to assist the client in obtaining mental health services:
 - Assist clients in obtaining a Psychiatric Evaluation and the psychosocial assessment needed for the CAMERA/SPA applications.
 - Help clients apply for benefits.
 - Complete CAMERA application and secure documentation to file application.

- If individual is homeless, complete application for Mental Health Adult Housing Services through SPA (Single Point of Access) and secure documentation to file application.

Where possible, SPA and CAMERA applications will be submitted within 90 days of case acceptance.

7. FECS must issue a monthly progress report on each client and attend monthly meetings with APS to discuss the progress of each case. (The reports must include client contacts, progress being made on each case and a plan of action.) *If progress is not being made after 90 days or if the individual is determined to be violent, a special session will be convened with APS, FECS and Mental Hygiene representatives to brainstorm possible solutions.*
8. An APS case remains active until a case manager is assigned through CAMERA or permanent housing is secured.

Attachment 4

SUFFOLK COUNTY DEPARTMENT OF SOCIAL SERVICES

How to Authorize Interpreter Services for Deaf Clients

I. BACKGROUND

Suffolk County Department of Social Services maintains contracts with agencies to provide interpreter services to deaf applicants/recipients. With the exception of Fair Hearings and Family Court where other agencies provide interpreters, all divisions and areas that deal directly with clients may utilize these services. Payment will be made from General Administration's "Fee for Services" account. This procedure explains the steps required to request and authorize payment for these services. Instructions for contract agencies to follow are included.

II. CONTACT PERSON FOR ARRANGING INTERPRETER SERVICES FOR DEAF CLIENTS

The following vendors have extended their contracts for the period from June 15, 2006 through June 14, 2007.

All interpreting service requests are to be referred initially to Contractor # 1

Contractor No. 1 **Mill Neck Interpreter Service**
516-512-6222 Ext. #1
Ask for Liz or Heather to set appointments
Website www.millneck.org - Go to sign language interpreter link
Emergency only after hours 1-800-693-7243 - Ask for Pin #17004973

If Contractor No. 1 is unable to provide interpreter services when needed, the Department may then request interpreter services from Contractor # 2.

Contractor No. 2 **Sign Talk, LLC**
Mária Jimenez
718-338-3838; or
718-338-3711 Ext. 422
Emergency – Cell 917-847-1358
Website www.signtalk.org

III. PROCEDURE

A. DSS Worker In Any Area Dealing With Clients (*exceptions are Family Court and Fair Hearings as indicated in Notes below*):

1. DSS Worker determines that a hearing impaired client is in need of interpreter services for any of the following reasons:
 - a. Interviews with Agency staff.
 - b. Appointments with medical providers.
 - c. Interviews with persons who are contracted by the Agency to provide additional services.
2. The Worker must seek approval from the immediate Supervisor for the services of an interpreter agency.

Note: If a Worker from any unit is filing a petition in **Family Court** and our client requires interpreter services for his/her court appearance, the Supervisor should direct the Worker to use the services provided by the Family Court. Requests for an interpreter should be

made via memo or "Special Handling" card attached to the petition when it is filed and directed to: Deputy Chief Clerk of the Suffolk County Family Court. This will insure that an interpreter will be available on the first court day scheduled. The Family Court has its own funding for the provision of these services. In addition, we cannot provide these services to our respondents in court actions.

Note: NYS Office of Temporary and Disability Assistance, through their Office of Administrative Hearings, provides interpreters for deaf people who request **Fair Hearings**. When a Fair Hearing is scheduled, the State office sends a form DSS 457 "Schedule of Fair Hearing" to the client three weeks prior to the hearing. This explains to the client that interpreter services are available by calling 516-739-4868 or by writing to OTDA, Office of Administrative Hearings, POB 1930, Albany, NY 12201-1930.

3. Once the request has been approved by the Supervisor, the Worker will call the interpreter agency directly. The Worker should have the following information available for the call:
 - a. Name, address, and case number of client.
 - b. Name and telephone number of contact person for client (friend, relative) if available.
 - c. Reason for the request and date, time and location the service is needed.
 - d. Worker's name, telephone number, unit name, and building-specific address, and Supervisor's name. Do not use the general DSS address. The interpreter agency must send the invoice and voucher directly to the worker for review and supervisor sign-off.
 - e. The type of interpreter the client prefers or whatever information will help the interpreter agency to provide the proper interpreter.

B. Agency Providing Interpreter Services (Contractor)

1. The Contractor will receive the referral and make all necessary arrangements for the services.
2. The Contractor will perform the service and submit the following **directly to the Worker who initiated the request for services**:
 - a. Invoice of service(s):
 - b. Completed Suffolk County Payment Voucher (see attached sample)
 - 1) In "Additional Comments", the Contractor must include a description of the service provided and total fee, the client's name and case number, and the name of the worker who requested the service. For Example: "Interpreter services for 2 hours on 8/1/05, total \$108.00. Requested by worker Edith Adams for client Jason Hayward, S00123456."
 - 2) Contractor must also complete the following fields on the voucher: vendor code (Contractor's Employer Identification Number), vendor name, address, payee's signature, title and name of company.
 - 3) Vouchers must be sent directly to the worker who initiated the request for services. Services for different clients can be grouped on the same voucher only if the same worker requested the services for the different clients. In addition, if more than one date of service is listed on a voucher each date must fall within the same contract period (the current contract period is 06/15/06 -06/14/07).

Note: Contract agencies can obtain a supply of the Payment Vouchers by calling Accounts Payable at (631) 854-9713.

3. If the service was performed without being witnessed by DSS Staff, the Contractor must also include a short statement from the provider/agency/vendor with whom the hearing impaired person was communicating.

C. DSS Worker

1. The DSS Worker receives the payment claim package and reviews it to verify that the service was performed as specified. The worker submits it to the immediate Supervisor who signs across the face of the voucher (see attached sample voucher) and lists his/her Division and Unit below her signature on the form (for example: CBA-Coram or CBA - DCAP, MA - Riverhead Center, F&CSA - CPS, etc.)

Note: It is not necessary for the worker to review the voucher for payment accuracy, as Accounts Payable will do this. Each Contractor is paid a different fee per hour. All payments are for a minimum of two hours, even if the interpretation took less time. If the information provided by the Contractor is not correct (sent to wrong worker, wrong client listed, etc.), the worker should return the voucher to the Contractor.

2. The Supervisor sends the original completed package to Accounts Payable, making a photocopy for the case record.

D. Accounting

1. Accounts Payable will pay the claim from General Administration's "Fee for Service" account as per their current procedures.
2. Accounts Payable will be responsible for sending additional blank Payment Vouchers to the Contractors upon request.

IV. MISCELLANEOUS

- A. Ideally, interpreter services should be arranged with as much lead-time as possible, at least 1-2 weeks. However, interpreter requests may be filled with as little as 24-48 hours notice, if necessary, depending upon availability of an interpreter.
- B. Cancellations should be made 48 hours in advance if possible. DSS will not be liable to pay for services not actually rendered.
- C. Please be aware that most Contractors providing sign language interpretation also offer other services to deaf people. It is possible that a deaf client will have a case manager at the Contractor agency and that DSS would be hiring an interpreter from the same agency. If your client uses the other services offered by the Contractor, it is not considered a conflict of interest for DSS to hire an interpreter from the same Contractor. In addition, interpreters are bound by the Interpreter's Code of Ethics to maintain confidentiality. The information discussed between you and your client is private and protected by this.

V. CONTACT PERSONS FOR PROBLEMS WITH THIS PROCEDURE

A. DSS Staff

1. Question about or problems with services provided by contract agencies: call the Contracts Unit at (631) 854-9707.
2. Questions about payments: call Accounts Payable at (631) 854-9713.
3. Training: Supervisors who would like information for their staff on working with deaf clients should call Jackie Salz in Staff Development at (631) 854-9876:

B. Contractors

1. Questions about scheduling or re-scheduling an interpreter session or problems directly related to interfacing with DSS client(s): contact the original authorizing worker at the phone number provided as a reach number by that worker.
2. Questions about or problems with interfacing with DSS staff regarding interpreter services: call the Contracts Unit at (631) 854-9707.
3. Questions regarding payments can be answered by Accounts Payable a minimum of 45 days after the completed payment claim voucher is submitted to the Department. Accounts Payable may be reached at (631) 854-9713.
4. Questions regarding the contract itself, rights and obligations of Contractor or Department: call the Department of Public Works' Office of Purchasing at (631) 852-5196.

WORKING WITH DEAF CLIENTS

- **Modes of Communication Used by Deaf Persons**
 - **Communicating in a One -to -One Situation**
 - **Communicating Via Telephone**
 - **Communicating in Writing**
 - **Communicating Through an Interpreter**

When you begin to work with a deaf person as client, you will need to know some information to help you better communicate with each other. You will need to ascertain in what ways your particular client communicates. If an interpreter is needed, you will need to advise the interpreter agency of your client's mode of communication so the correct interpreter can be provided. You will also need to know what you should do when speaking to your deaf client, either alone or in the presence of an interpreter.

Deaf persons communicate in different ways, depending on a variety of factors. The factors that will dictate the modes of communication and the skill level at using these modes are: the age at which deafness began, type of deafness, language skills, amount of residual hearing, speech reading (lip-reading) skills, speech abilities, personality, family environment, where the client grew up, the client's age, education and personal preference.

MODES OF COMMUNICATION USED BY DEAF PERSONS

Some deaf persons use speech or sign language only or a combination of any of the following: sign language, fingerspelling, speech, and writing, body language and facial expressions. Professional interpreters are trained to handle various methods of communication used by deaf persons. But not every interpreter will be the right match for every mode of communication used by deaf clients. You will need to determine to the best of your ability the type of communication used by your client so that you can inform the interpreter agency at the time you arrange for an interpreter.

Many people have heard of American Sign Language or ASL. ASL is a visual gesturing language with vocabulary and grammar different from English. In English, one

would ask, "What are your hobbies? The same question in ASL would be signed as "time off, do, do, do " accompanied by facial expression and gestures indicating that a question is being asked. For ASL users, a written note in English would generally be of little - if any - value since it would be similar to writing English notes to a person who speaks only Spanish.

Some deaf people communicate using **signed English**. Signed English is basically our language expressed in hand gestures. While a written note could be understood, complex issues requiring full discussion may be beyond the scope of a written note and may require an interpreter.

Fingerspelling is different from signed English and is not used by many people. In fingerspelling, each letter has a different handshape, and letters are formed one after another to spell out words.

Oral communication may be used by some deaf clients. This is communication through **speaking, listening and speechreading (also called lip-reading)**. In some situations, this type of communication could also require an interpreter - in this case an oral interpreter. The worker may not be lipreadable (mustaches covering the lips would be an obstacle, for example). An oral interpreter would silently mouth the words of a nonlipreadable worker for the benefit of the oral deaf client. In other situations, the worker may not understand the speech of an oral deaf client. An oral interpreter would need to repeat the deaf person's words for the benefit of the worker.

Some deaf clients may use what are called "**home signs**." These are signs that the client and client's family developed to communicate so they are unique to that family. Persons from South and Central America may use a mix of different signs -like pidgin English. Some older clients from the deep South may also use unique signs because they may have been prevented from learning ASL when they were learning to sign many years ago (called **Deaf Black**).

COMMUNICATING WITH YOUR DEAF CLIENT IN A ONE-TO-ONE SITUATION

Get the deaf person's attention before speaking. Call out the person's name; if that is not successful, a tap on the shoulder, a wave, or another visual signal usually does the trick.

Key the deaf person in to the topic of discussion. Deaf people need to know what subject matter is to be discussed in order to pick up words that help them follow the conversation. This is especially important for deaf people who depend on Speechreading.

Speak slowly and clearly, but do not yell, exaggerate, or over-pronounce. Exaggeration and overemphasis of words distort lip movements, making speechreading more difficult. Try to enunciate each word without force or tension. Short sentences are easier to understand than long ones.

Look directly at the deaf person when speaking. Avoid turning away to write on the board or pull something from a file.

Do not place anything in your mouth when speaking. Mustaches that obscure the lips, smoking, pencil chewing, and putting your hands in front of your face all make it difficult for deaf people to follow what is being said.

Maintain eye contact with the deaf person. Eye contact conveys the feeling of direct communication.

Avoid standing in front of a light source, such as a window or bright light. The glare and shadows created on the face make it almost impossible for the deaf person to speechread.

First repeat, and then try to rephrase a thought if you have problems being understood, rather than repeating the same words again. If the person only missed one or two words the first time, one repetition usually helps. Don't hesitate to communicate by pencil and paper if necessary, as particular combinations of lip movements sometimes are difficult to speechread. Getting the message across is more important than the medium used.

Use pantomime, body language, and facial expression to help supplement your communication. A lively speaker always is more interesting to watch.

Be courteous to the deaf person during conversation. If the telephone rings or someone knocks at the door, excuse yourself and tell the deaf person that you are answering the phone or responding to the knock. Do not ignore the deaf person and carry on a conversation with someone else while the deaf person waits.

Use open-ended questions that must be answered by more than "yes" or "no." Do not assume that deaf people have understood your message if they nod their heads in acknowledgment. A response to an open-ended question ensures that your information has been communicated.

COMMUNICATING WITH YOUR DEAF CLIENT VIA TELEPHONE

Most deaf people own special telephones called TTY 's (teletypewriters or text telephones). These are electronic devices that provide video and/or printed communication across telephone lines. In order to communicate directly, both people must use a TTY. New York Relay Center, however, allows 'PI? 'users and non-users to communicate. Special operators called communications assistants translate and relay conversations confidentially. The Relay Center operates 24 hours a day, 7 days a week and there is no extra charge for this service. Calls can be relayed from any location in New York State to anywhere in the continental United States.

How do I contact a deaf person by telephone?

You can call any deaf client by using Relay.
Here is what to do:

1. First, determine if the deaf client has a TTY at their location. Get the TTY number.
2. You must call 9-711 or 1-800-421-1220 and tell the operator the TTY number you wish to call.
3. The operator will make the call and translate for you. This service is free.

How does my deaf client contact me by telephone?

If your deaf client has a TTY and needs to call you, simply tell them to call Relay at 1-800-662-1220 and then give them your telephone number at DSS. The procedure is reversed from the one above. Please note there are different numbers.

COMMUNICATING WITH YOUR DEAF CLIENT IN WRITING

Always ask deaf people if they prefer written communication. Do not assume that this is the preferred method. When using writing as a form of communication with deaf people, take into consideration their reading and writing skills. Their skills may depend on whether they were born deaf or became deaf later in life, what teaching method was used in their education, and which communication method they prefer.

Keep your message short and simple. Establish the subject area, avoid assumptions and make your sentences concise.

It is not necessary to write out every word. Short phrases or a few words often are sufficient to transfer the information.

Don't use "yes" or "no" questions. Open-ended questions ensure a response that allows you to see if your message was received correctly.

Face the deaf person after you have written your message. If you can see each other's facial expressions, communication will be easier and more accurate.

COMMUNICATING WITH YOUR DEAF CLIENT THROUGH AN INTERPRETER

What Does The Interpreter Do?

Interpreters are facilitators of communication. They translate and sign & conversation. They may not add their own opinions or ideas. The interpreter may make suggestions regarding ways to improve communication with the deaf client; for example, the interpreter may ask you to explain words or concepts that seem unfamiliar to the client. Or, perhaps the interpreter might ask to be seated in a specific position if necessary. Interpreters are very well trained in communication techniques as well as sign and interpreting skills.

Before requesting an interpreter, ask the deaf person what type of interpreter he/she prefers. Some may want a sign language interpreter skilled in American Sign Language (ASL) or signed English, others may prefer an oral interpreter. (See page one for more detailed explanation of languages and communication systems used by deaf people.)

Special Situations

Deaf clients who are low functioning or who have minimal lingual skills (home signs, etc.) may need to have a deaf interpreter. An interpreter who is deaf herself can understand such clients better than a hearing interpreter. When a deaf interpreter is required, a hearing interpreter may be required as well and the two will work as a team to facilitate communication between you and your clients. Deaf clients who are Spanish-speaking may need a trilingual interpreter.

Interpretation that is expected to last more than two hours will require two interpreters as it is difficult to interpret for such a long time. In a lengthy proceeding, two interpreters will act on a rotating basis.

What About Privacy?

All professional interpreters are bound to maintain confidentiality by their Interpreter's Code of Ethics. By not maintaining confidentiality, the interpreter may lose their certification and/or their job. The information discussed between you and the client is private and protected by this. However, the Interpreting Coordinator may have access to this information in order to maintain a smooth transition of interpreting in case of emergency. The Interpreting Coordinator is also bound by confidentiality.

Tips for Workers Who Use Interpreters:

Inform the interpreting service of the deaf person's needs and in what setting the interpreting will take place.

Speak directly to the deaf person, not the interpreter. Say, "My name is _____", not "Tell him my name is _____."

Look directly at the deaf person, not the interpreter. When you are talking, you should look directly at the deaf person. The interpreter will sign what you are saying. It is important for you to watch the deaf person's expressions in response to your statements and questions. This will help you to know if you are being understood.

Allow the interpreter to sit close to you so the deaf person can see you and the interpreter at the same time. This way the deaf person can see you while watching the interpreter signing. Also, the deaf person can watch your expressions, an important component of your communication.

Speak at a normal rate of speech. It helps the interpreter and the deaf person if you speak at a normal rate of speed. Do not speak too slowly as it makes it difficult for the interpreter to provide a smooth rendition of what you are saying. Do not rush through a speech either. Remember that the interpreter is a few words behind you. Give the interpreter time to finish so the deaf person can respond.

Don't say things to the interpreter that you don't want repeated to the deaf person. The interpreter is there to relay messages back and forth, not to be your "sounding block." If you become frustrated and vent your feelings to the interpreter, the interpreter is obligated to interpret what you have said.

Don't ask the interpreter for his/her opinions about the deaf person. The interpreter is not in a position to make judgments about the deaf person. The interpreter is there simply to communicate the information between you and the deaf person.

Don't take phone calls. Deaf people may think you are talking about them when you talk on the phone in their presence. If possible, you should refrain from accepting phone calls while working with deaf clients, or allow the interpreter to sign your part of the telephone conversation.

Don't expect the interpreter to do anything except relay information between you and the deaf person. The interpreter should not be expected to remind the deaf person of upcoming appointments, not to act as chauffeur, or work in any other capacity other than transmitting messages between you and the deaf person.

Don't hold personal conversations with the interpreter. The interpreter is there only to interpret the conversation at hand. Please direct all conversation toward the deaf person involved.

"WORKING WITH DEAF CLIENTS"

**Researched and compiled by
Carol Hulley, Staff Development
Suffolk County Dept. of Social Services**

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"Tips for Communicating With Deaf People," Rochester Institute of Technology, National Technical Institute for the Deaf, Rochester, NY

"Information for Consumers of Interpreters," Aralyn D. Tresh, B. S. SC: L

"Health Care Providers, Deaf Patients: When Are Interpreters Required? ", Bonnie Tucker, Esq.

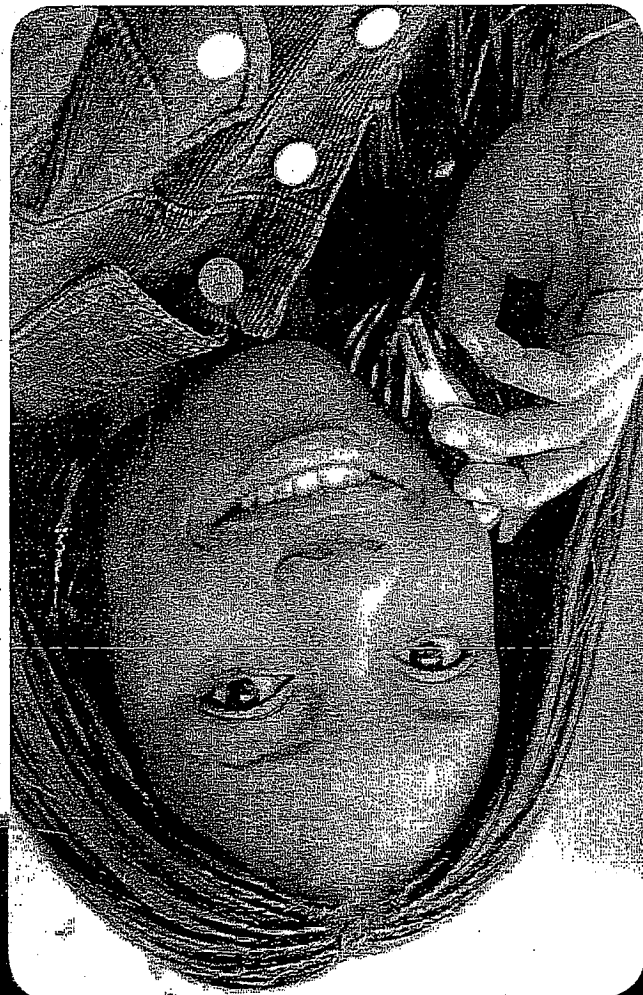
"Questions and Answers About Deafness," National Association for the Deaf, Silver Spring, MD

"Services for People with Disabilities," NYNEX Telephone Directory

And other information provided by the following agencies from Long Island, New York: Mill Neck Services for the Deaf, Mill Neck; Service Bureau for the Deaf, Nesconset; and Deafwide Services, Woodbury.

Note: In many cases, information was copied directly from the above sources.

Are You a Hearing Person? Have You Heard About New York Relay?



Want to Communicate? Go Ahead.

It really is that easy!

Remember, calls can be made to anywhere in the world, 24 hours a day, 365 days a year. All calls are strictly confidential and no records of any conversation are maintained. Long distance calls are billed at a discounted rate.

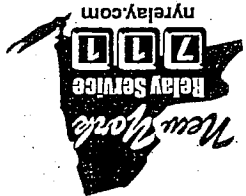
1. Dial 7-1-1 (or 1-800-421-1220).
2. A specially trained New York Relay Operator will answer and identify themselves by their Operator number.
3. Give the Operator the phone number of the person you are calling.
4. The operator will connect you with the person you are calling and will assist you with communication.

Follow these simple steps:

If you are a hearing person and you want to call a deaf, hard-of-hearing, deaf-blind, speech-disabled, or late-deafened person, all you have to do is dial 7-1-1. It is that easy! (If the phone from which you are calling does not accept 7-1-1, just call 1-800-421-1220 for the same great results).

Just dial 7-1-1!

Just dial 7-1-1 to make a New York Relay call!
www.nyrelay.com
 • Service Information • Newsletter
 • Helpful Documents




New York Relay...making a telephone connection for hearing, deaf, hard-of-hearing, deaf-blind, speech-disabled, and late-deafened individuals! Just dial 7-1-1

For information on Relay through TTY public payphones contact NYRS Customer Service

Interpreter Services Desk Guide

If someone comes to you for help and you don't know what language they are speaking, ask them to point to their language on the card. This is the first step in getting them help.



English	Do you speak...?	Please be seated while I call someone to interpret for you.
Albanian	Flisni shqip?	Uljuni ju lutem derisa të thërras një përkthyes për ju.
Arabic	هل تتكلم اللغة العربية؟	تفضل بالجلوس بينما تستدعي لك مترجماً
Bengali	আপনি কি বাংলা বলতে পারেন?	অনুব্রূই করে বসুন যখন আমি আপনার হয়ে দোস্তখীর কাজ করার জন্য কারও সঙ্গে যোগাযোগ করছি।
Bosnian	Govorite li bosanski?	Molimo vas da sjednete dok ja ne pozovem osobu koja će da prevodi za vas.
Chinese	Mandarin 您說中文國語嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Cantonese 您說廣東話嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Fujian 您說福州話嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Wenzhou 您說溫州話嗎？	我設法為您尋找一位翻譯，請坐下等待。
Farsi	آیا شما فارسی حرف می زنید؟	لطفاً بفرمائید، صمناً برای ترجمانی شما کسی را احضار می کنم
French	Parlez-vous français?	Veuillez vous asseoir, et je vais vous appeler un interprète.
Haitian Creole	Eske w pale Kreyòl?	Tanpri chita, mwen pral rele yon entèprèt pou ou.
Hindi	क्या आप हिन्दी बोलते हैं ?	कृपया अपनी सीट पर बैठे रहे जब तक कि हम किसी दुभाषिय (इन्टरप्रेटर) को आपको समझाने के लिए कॉल करें।
Italian	Parla italiano?	Prego si accomodi e attenda mentre Le chiamo un interprete.
Korean	한국어를 사용하십니까?	제가 귀하를 위해 통역해드릴 사람을 부르는 동안 앉아서 기다리십시오.
Polish	Czy Pan/Pani mówi po polsku?	Proszę siadać, podczas gdy wołam tłumacza.
Russian	Вы говорите по-русски?	Посидите, пожалуйста, и подождите, пока вам предоставят переводчика.
Spanish	¿Habla español?	Favor de tomar asiento mientras le llamamos al intérprete.
Tagalog	Marunong ka bang mag-Tagalog?	Maupo muna habang tumatawag ako ng taong magsasalin para sa iyo.
Ukrainian	Чи Ви розмовляєте українською мовою?	Будь ласка, посидьте, поки я викликаю перекладача для Вас.
Urdu	کیا آپ اردو بولتے ہیں؟	برائے مہربانی ایسی سیٹ پر بیٹھیں جہاں تک کہ ہم آپ کو سمجھانے کے لیے کسی ترجمان (انٹریپرٹیر) کو کال کریں
Vietnamese	Quý vị nói tiếng Việt phải không?	Xin ngồi chờ, tôi sẽ gọi thông dịch viên cho quý vị.
Yiddish	צו רעדט איר אידיש?	ביטע זעצט אייך דערווייל וואס איך רוף עמיצן צו דאלמעטשן פאר אייך.
Deaf / Hearing Impaired	 Do you use sign language?	Please be seated while I call someone to interpret for you.

Revised DSS Language Interpretation Procedure

In Office Interview

There is a language poster located in the main lobby of each DSS site advising Limited English Proficient (LEP) clients/consumers of the free interpretation services available. The poster directs the consumer to the reception desk. The consumer will be shown a language card that asks him/her to identify the language needed. This card instructs the consumer to take a seat while someone is called to interpret. **(If a friend or relative accompanies the consumer to interpret, the consumer must still be given the option to use our interpretation services.)** The receptionist should complete a "buck slip" indicating language spoken. **(This "buck slip" should be given to the interviewer to be placed in the consumer's record. If the consumer declines our interpretation services, it should be noted in the record. Be sure to note if services were provided by other means.)** The buck slip should be kept in the file. This will alert staff that this client does not speak English proficiently.

Once the language is identified and noted on the buck slip, the receptionist will provide this information to the screener/interviewer. The screener/interviewer should access the language resource list of multi-lingual DSS staff in an attempt to locate a staff member in the center that speaks the language of the LEP consumer. If there is no one available to interpret, or someone is not available within 30 minutes, access the telephone language interpretation service called "LLE-LINK" as follows **(Note: Worker may schedule an appointment for the LEP client to minimize waiting time but only if it does not delay the consumer's access to services.)**

1. Each DSS location has a language assistance coordinator who has or will be able to direct you to the person who has the telephone equipment. Bring the telephones, splitter and logbook into the designated interview area; plug the splitter into the telephone jack in the wall; and plug both phones into the splitter. Enter case information into log, including language spoken. Be sure to place buck slip in the consumer's record.
2. Bring consumer into interview area.
3. Dial the "LLE-LINK" number **(9) 1-800-234-0780**.
 - You will be asked to enter your Customer ACCESS CODE (Division Access Code) + the # sign (division access code list attached).
 - You will be asked to enter your Numeric Personal Identification Code (your own five-digit telephone extension) + the # sign.
 - The voice system will repeat back your Personal Identification Code you entered.
 - You will be prompted to press 1 if correct and press 2 if incorrect.
 - If you press 2, you will be prompted to re-enter your Personal Identification Code. You will not be able to continue until you have entered the correct code and pressed 1 to confirm.
4. The voice system will now ask you to enter the code for the language you require. (For a Spanish interpreter, for example, you will press 1.) The full list of languages and codes is attached and is also included in the **User's Guide**. However, the automated system will also

**Suffolk County Department of Social Services
Translation Services**

DIVISION ACCESS CODES

Language Learning Enterprises Inc. (LLE) (Telephone # 800-234-0780)

<u>Division</u>	<u>Access Code</u>
MA	36181
CBA	36182
CSEB	36183
F&CSA	36184
APS/Housing	36185
SIU/Gen. Admin.	36186

Revised DSS Language Interpretation Procedure

offer a voice menu of most commonly requested languages if you don't have the list handy.

If your language is not on the voice menu or you need help identifying the language that you need, or any other assistance, you may dial "O" at any point for a customer care representative. You may also do this if you do not wish to use the automated voice system.

5. You will be placed on hold and after a few seconds you will hear an interpreter on the line. Enter start time of call in the log. (The start time begins when the interpreter is on the line.)
6. Tell the interpreter the nature of the call or whatever needs to be said to the LEP consumer. Have the consumer pick up the other phone. Begin the interview.
7. After the interview is completed, hang up. Enter the time the call is completed into the log.

ALL REQUESTS FOR WRITTEN TRANSLATIONS MUST BE APPROVED BY ADMINISTRATION

Telephone Interview

1. Advise LEP caller, as best as can be done, that he/she is being put on hold.
2. Click the receiver **or** the "link" button **once** (most multi line phones have a link button).
3. When you hear the dial tone, dial the "LLE-LINK" number (9) 1-800-234-0780.
 - You will be asked to enter your Customer ACCESS CODE (Division Access code) + the # sign
 - You will be asked to enter your Numeric Personal Identification Code + the # sign.
 - The voice system will repeat back the Personal Identification Code you entered.
 - You will be prompted to press 1 if correct and press 2 if incorrect.
 - If you press 2, you will be prompted to re-enter your Personal Identification Code. You will not be able to continue until you have entered the correct code and pressed 1 to confirm.
4. The voice system will now ask you to enter the code for the language you require. (For a Spanish interpreter, for example, you will press 1.) The full list of languages and codes is attached and is also included in the **User's Guide**). However, the automated system will also offer a voice menu of commonly requested languages if you don't have the list handy.

If your language is not on the voice menu or you need help identifying the language that you need, or any other assistance, you may dial "O" at any point for a customer care representative. You may also do this if you do not wish to use the automated voice system.

5. When the interpreter is on the line, click the receiver or the link button **once**. The consumer/interviewer and the interpreter should now be on the line. Begin interview.
6. Hang up at completion of call. Enter the time the call ended in the log.