



FAMILY INDEPENDENCE ADMINISTRATION

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Policy, Procedures, and Training



POLICY BULLETIN #10-106-OPE

(This Policy Bulletin Replaces PB #05-30-OPE and CD #96-149)

REVISIONS TO FORMS W-145, W-145A AND W-145B

Date: October 8, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the Notice of Intent to Restrict Shelter Allowance (Timely) (W-145), the Notice to Landlord/Primary Tenant of Rent Restriction Payment Status (W-145A) and the Change in Two-Party/Direct Vendor Rent Payment (W-145B) have been revised to reflect the Agency’s most current terminology and logo.</p> <p>The W-145 is sent to the <u>participant</u> to inform him/her that the Agency intends to restrict his/her rent/shelter allowance.</p> <p>The W-145A is sent to the <u>landlord</u> informing him/her of the initiation or termination of the two-party/direct vendor rent payment.</p> <p>The W-145B is sent to the <u>participant</u> informing him/her of the Agency’s action to change payment status of rent from/to two-party or direct vendor.</p> <p>Additional revisions to the W-145 are as follows:</p> <ul style="list-style-type: none"> • Added: The sentence “This action is taken because of administrative ease,” as the third sentence in the first paragraph. • Deleted: The following language “If there is a reason why your shelter allowance should not be restricted, you may request a conference to discuss this matter. To request a conference, please call the Fair Hearing and Conference (FH&C) number above” because the statement is mentioned in the Conference section of the Conference and Fair Hearing Information.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Additional revisions to the **W-145B**

The information field in the right corner of the form has been revised as follows:

- “IS Center” was replaced with “Center.”
- The caseload field was deleted.
- “Case No./Suff” was replaced with “Case Number.”
- The address field also was deleted.

In addition Check Box **#6** with the text “Your rent is more than the amount of the direct vendor or two-party checks we issued and you are responsible for paying the difference to your landlord,” has been deleted.

Job Center Directors must ensure that all previous versions of the forms are removed from circulation and recycled.

Samples of the revised forms are attached.

Effective Immediately

Reference:


18 NYCRR 381.3 (Restrictions on money payments)

Related Items:

[PD #99-72](#)
[PD #08-14-OPE](#)

Attachments:

W-145	Notice of Intent to Restrict Shelter Allowance (Timely) (Rev. 10/8/10)
W-145 (S)	Notice of Intent to Restrict Shelter Allowance (Timely) (Spanish) (Rev. 10/8/10)
W-145A	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status (Rev. 10/8/10)
W-145B	Change in Two-Party/Direct Vendor Rent Payment (Rev. 10/8/10)
W-145B (S)	Change in Two-Party/Direct Vendor Rent Payment (Spanish) (Rev. 10/8/10)

 Please use Print on Demand to obtain copies of forms.

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
FH&C Phone: _____

Notice of Intent to Restrict Shelter Allowance (Timely)

The Agency's decision(s) regarding your benefit program is explained below:

CASH ASSISTANCE

This notice is to inform you that we intend to restrict your shelter allowance effective _____ date. Your shelter allowance will be paid directly to your landlord or primary tenant. This action is taken because of administrative ease.

When we restrict your shelter allowance, we will issue a vendor check for \$ _____, representing part or all of your semimonthly grant of \$ _____.

We will send the vendor check directly to your landlord or primary tenant. Only your landlord or primary tenant can cash the vendor check.

If your rent is more than the amount of your shelter allowance, indicated above, you must pay the rest of your rent to your landlord or primary tenant.

The law(s) and/or regulation(s) which allow(s) us to do this is/are 18 NYCRR § 381.3 (c)(2).

Authorized by

Date

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION SECTION
OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd floor, Manhattan**
- (5) ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): Your benefit(s) will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: _____ Case Number: _____
Name M.I. Last

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad del Caso: _____
Número de Tel. de FH&C: _____

Aviso de la Intención de Restringir la Asignación de Vivienda (A tiempo definido)

La decisión de la Agencia con respecto a su programa de beneficios se explica más abajo:

ASISTENCIA EN EFECTIVO

Por la presente le informamos de que tenemos la intención de restringir su asignación de vivienda a partir de _____ porque usted ha fallado en destinar la asignación de vivienda exclusivamente a su alquiler. Se le pagará su asignación de vivienda directamente a su casero o inquilino principal. Esta medida se ha tomado por razones de conveniencia administrativa.

Al restringir su asignación de vivienda, emitiremos un cheque de proveedor de servicios por la cantidad de \$ _____, que representará toda o parte de su asignación quincenal de \$ _____.

Le enviaremos el cheque de proveedor de servicios a su casero o inquilino principal, quienes serán los únicos autorizados para cobrar dicho cheque.

Si la cantidad de su alquiler resulta superior a la cantidad de su asignación de vivienda, tal como se indica más arriba, usted tendrá que pagar el resto de su alquiler a su casero o inquilino principal.

La(s) disposición(es) legal(es) y/o reglamentaria(s) que nos permite(n) obrar de tal modo es/son 18 NYCRR § 381.3 (c)(2).

Autorizado por

Fecha

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES
DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en la **primera página** de este aviso, o escríbanos a la dirección que también aparece en la **primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si usted sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su(s) Beneficio(s).)

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)

(2) POR ESCRITO: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Favor de guardar una copia para usted)

(3) POR FAX: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o 330 West 34th Street, 3rd floor, Manhattan.

(5) POR INTERNET: Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedir las con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Su(s) beneficio(s) continuará(n) sin cambios, hasta que se emita la decisión de la Audiencia Imparcial, si usted solicita una Audiencia Imparcial antes de la fecha de entrada en vigor indicada en el presente aviso.

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión. Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia en efectivo.

Si no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la agencia es errónea porque:

Nombre en
letra de molde: _____ Case Number: _____
Nombre I. Apellido

Dirección: _____
Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Notice to Landlord/Primary Tenant of Rent Restriction Payment Status

The Human Resources Administration now pays shelter allowances for Safety Net and Family Assistance participants, with a few exceptions, through mandatory direct vendor payments to the Landlord or primary tenant to ensure that rent is paid promptly.

We are writing to inform you of the restriction of rent for the above-named Cash Assistance participant residing at:

Address: _____
City: _____ State: _____ Zip: _____

SAMPLE

Initiation of Shelter Allowance Restriction

Beginning _____, the shelter allowance for the above-named Cash Assistance participant will
(date)

be paid semimonthly by a:

- check sent directly to you on the participant's behalf.
- two-party check in the participant's name and yours sent to the participant, but for deposit only to your account.

We will notify you prior to terminating this method of payment.

Termination of Shelter Allowance Restriction

Beginning _____, the shelter allowance for the above-named Cash Assistance participant will
(date)

no longer be paid by a:

- check sent directly to you on the participant's behalf.
- two-party check in the participant's name and yours.

As of the above date, the participant will be responsible for making full rent payments to you.

Ineligibility for Payment of Shelter Allowance

Beginning _____, the shelter allowance for the above-named Cash Assistance participant
(date)

will be withheld due to immediate hazardous housing code violation(s) recorded for the building's public areas or for the apartment listed above. If you need assistance in removing the violation(s), or if you dispute that the violation(s) is/are still on record, we urge you to contact the Department of Housing Preservation and Development's Code Enforcement Unit borough office.

If you have any questions, please feel free to call _____.
(Worker's telephone number)

Worker Name (please print) Worker Signature Date

Supervisor Name (please print) Supervisor Signature Date

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Change in Two-Party/Direct Vendor Rent Payment

We are writing to inform you that, beginning with your semimonthly grant on _____ there will be a change in the payment of your rent as indicated below:

- Your rent will no longer be paid directly to your landlord.
- Your rent will no longer be paid by a two-party check in your name and the landlord's name.
- Your rent will be included in your regular semimonthly cash assistance benefit **and you will be responsible for paying rent to your landlord.**
- Your rent payment will be changed from direct vendor to two-party check payable to:

SAMPLE

Landlord's Name: _____

Address: _____

- Your rent payment will be changed from two-party check to direct vendor payment.
- Other (specify): _____

If you have any questions regarding your rent you may call _____.

Worker's Signature: _____ Date: _____

Fecha: _____
Número de Caso: _____
Nombre del Caso: _____
Centro: _____

Cambio en el Pago del Alquiler Directo al Proveedor/Dos Personas

Por la presente le informamos que, al iniciarse su concesión semimensual el _____ habrá un cambio en el pago de su alquiler como se indica a continuación:

- Su alquiler ya no será pagado directamente a su casero.
- Su alquiler ya no será pagado con un cheque a nombre de dos personas, en su nombre y en nombre del casero.
- Su alquiler será incluido en su beneficio de asistencia en efectivo semimensual **y usted será responsable de pagar el alquiler a su casero.**
- Su pago de alquiler se cambiará de pago directo al proveedor a un cheque a nombre de dos personas pagadero a:

SAMPLE

Nombre del Casero: _____

Dirección: _____

- Su pago de alquiler se cambiará de un cheque a nombre de dos personas a pago directo al proveedor.
- Otro (especifique):

Si usted tiene alguna pregunta sobre su alquiler, puede llamar al _____.

Firma del Trabajador: _____ Fecha: _____