



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #10-13-ELI

REVIEW OF ACTIVE CASH ASSISTANCE CHILDCARE PROVIDERS IN THE AUTOMATED CHILD CARE INFORMATION SYSTEM (ACCIS)

Date: March 4, 2010	Subtopic(s): Childcare, Special Project
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AUDIENCE The instructions in this policy directive are for Regional and designated Job Center staff and are informational for all other staff.

POLICY Income information in the Automated Child Care Information System (ACCIS) is considered verified upon receipt.

BACKGROUND The Human Resources Administration (HRA) Management Information Systems (MIS) has identified a large number of participants who are in receipt of Cash Assistance (CA) and/or Food Stamps (FS) who are also receiving income from ACCIS as active childcare providers. This procedure only pertains to childcare providers that are/were on an active CA case. Childcare providers on an NCA FS only case will be discussed in another procedure at a later time.

Designated staff in each region will be responsible for researching these cases to identify any unreported childcare provider income. Examples of the situations that designated staff will be looking for include, but are not limited to:

- A childcare provider is receiving income through ACCIS but is reporting no income or less income on his/her CA/FS case.
- A childcare provider is receiving income through ACCIS for taking care of his/her own child (provider is the absent parent or a parent with different last name).

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

- A childcare provider is using possible false or multiple addresses in different systems (i.e. WMS address does not match ACCIS address).
- A childcare provider is engaged in a work activity and is claiming to be providing childcare for more hours than could reasonably be provided in addition to their work activity.

Once a case has been investigated, the designated staff will take any corrective case actions, process recoupments, make necessary referrals to the Bureau of Fraud Investigation (BFI), and call-in any childcare providers if necessary (see Required Action).

A new worklist, **CACCP** (Cash Assistance Childcare Providers), has been created for this review process. MIS will put all cases that are a part of this review process on the worklist by tagging these cases with new action code **10DP** (CA Active Childcare Providers Review Pool).

In addition to the worklist, an Excel spreadsheet that contains a list of these cases (active childcare providers that have/had active CA cases) will be provided to designated staff on a bimonthly basis to be used as a reference. The Excel spreadsheet will contain the following case details in column order from left to right:

- the center number where the provider has/had an active CA case
- provider's last name
- provider's first name
- provider's SSN
- provider's address in ACCIS
- provider's address in WMS
- if the provider was active on a CA/FS case during the most recent six-month period
- amount the provider received from ACCIS during that same six-month period
- amount of earned income budgeted against the CA case according to NYCWAY

The designated staff must use the information on the spreadsheet and the new worklist to accurately research each case for unreported/under budgeted income. Cases will remain on the worklist until all the appropriate case actions (rebudget, recoupment, etc) have been taken.

REQUIRED ACTION

Upon receipt of the bimonthly spreadsheet, the Designated Worker must research each case one at a time by using ACCIS, WMS, POS, the HRA One Viewer, and NYCWAY, in that order.

ACCIS

The Worker must first log into ACCIS and:

- select **Programs/Sponsors/Providers-F1** from the main menu.
- select **Provider** from the drop-down menu.
- search for the provider in the **Provider Maintenance Screen** by using his/her Social Security Number (SSN), click in the SSN box and entering the provider's SSN as indicated on the spreadsheet. If the provider's SSN is unavailable, pull up the case using the ACCIS number or casehead name if the ACCIS number is unavailable.
- select **View-F3** once the SSN, ACCIS number, or casehead name is entered.

Once the provider case information appears in the **Provider Maintenance Screen**, the Worker must:

- determine and take note of the provider's address.
- determine and take note of any children who are connected to the Provider's case:
 - Select **Child-F11** from the **Provider Maintenance Screen**. The **ACCIS Children Enrolled or on Reservations with Provider Screen** will open up.
 - For each child connected to the provider, click on the child's line to highlight the child's name. Select **More-F10** to open the Child Record and determine:
 - each child's address (by selecting **More-F10** and choosing **View Case Record**)
 - each child's cash assistance (CA) case number
 - if there is an additional provider caring for each child (select **pg down** to view this information)
 - the additional provider's provider number (select **pg down** to view this information) if applicable
 - if the provider is providing care in his/her own home or the child(ren)'s home (select **pg down** to view)
- return to the Provider Maintenance Screen (by clicking Exit/hitting the Escape key twice).
- select **More-F10**.
- select **VIEW APPROVED INVOICES**.
- select **View-F3** to view the **Approved Invoices Screen** and determine:

- the amount and date of any checks issued to the provider
 - attendance records
 - provider invoices
- return to the Provider Maintenance Screen (by clicking Exit/hitting the Escape key once).
 - select **More-F10**.
 - select **VIEW CHECK INFO FOR PROGRAM/PROVIDER** which will display a summary of all approved invoices and checks issued/deposited.

The **Provider Maintenance Screen, ACCIS Children Enrolled or on Reservations with Provider Screen(s), Approved Invoices Screen, and Check Info for Program/Provider Screen** must all be printed out by the Designated Worker by selecting **Print-F12** when each screen is displayed.

A new identifier, ACCIS Income/Recoupment Packet, has been created for this process when scanning/indexing.

The **Approved Invoices Screen** and **Check Info for Program/Provider Screen** must be scanned/indexed into the income/financial folder as part of the ACCIS Income/Recoupment Packet for Fair Hearing (FH) purposes. When indexing, use Power Search and enter “ACCIS” as the keyword to pull up the new identifier.

WMS

After reviewing the case in ACCIS, Workers should go into WMS and determine the following information for the provider and any children connected to the provider:

- Case status
- Address
- SSN
- Date of birth
- Relationship code
- Household composition
- Any pending actions on the case
- Resources File Integration (RFI) information
- Budget including all income source codes and the amounts

Note: Workers should print out relevant budget information over the past 12-month period since it will be necessary in the recoupment process. Specifically, from the Inquiry Menu, Workers should print the **20** screen “Budget History List” and from the Budget Menu, Workers should print the option **05** Budget Summary and the option **10** Budget Calculation Report.

POS After gathering the information in ACCIS and WMS, Workers must go into POS and perform a case review of the provider's case **AND** a case review for any children connected to the provider's case. Go into the **Review Case Activity** to review:

- any case comments posted during and around the time the provider was active in ACCIS;
- **Household Screen**;
- the **Employment Information** window; and
- **Referrals Screen**.

HRA One Viewer Once the review in POS is complete, the Worker must go into the HRA One Viewer and review all childcare and relationship related documents including, but not limited to, provider forms (**OCSF-LDSS-4699**, **OCSF-LDSS-4700**, and **CS-274W**), employee letters, birth/marriage certificates, etc. Relationship (if any) between the provider and child/children being cared for should be checked/verified. In some cases, absent parents are being paid through ACCIS for caring for their own child/ren. If the provider is found to be the absent parent, a BFI referral must be done.

NYCWAY Once the Worker has reviewed ACCIS, POS, and WMS, he/she must then log into NYCWAY and determine:

- the provider's current employment status (case status).
- if there is an **FIA-3A** on the case to document the provider's employment as a childcare provider.

The HRA OneViewer should have more details (e.g. job letter) regarding children listed on an existing **FIA-3A**.

If there is an **FIA-3A** pertaining to employment as childcare provider:

- review it to see if the parent listed as the employer on the **FIA-3A** is the parent for any of the children that the provider is being paid to care for in ACCIS.

If the parent (employer) listed on the existing **FIA-3A** does NOT match the parent (employer) of any of the children being cared for by the provider in ACCIS:

- Initiate a new **FIA-3A** for the children listed in ACCIS (select "New Job", option **F5**).
- Select **Option 002** (Childcare) in the **Title** field and enter the parent's name followed by -ACCIS PYMT (i.e., Jane Doe-ACCIS PYMT) as the employer.
- Enter "MULTI-FAMILY ACCIS PYMT" as the employer if the provider is providing care for more than one family in ACCIS.

- Ensure that the correct, current amount of income that was shown as issued in ACCIS is entered on the **FIA-3A**.

Many providers are reporting less income than they are actually earning from ACCIS. If a parent listed on the existing **FIA-3A** matches any of the children being cared for by the provider in ACCIS, update the existing **FIA-3A** to include all of the other children as follows:

- Select **Option 002** (Childcare) in the **Title** field if it is not already present.
- Enter "MULTI-FAMILY ACCIS PYMT" as the employer.
- Ensure that the correct, current amount of income that was shown as issued in ACCIS is entered on the **FIA-3A**.

If there is no **FIA-3A** pertaining to childcare:

- Initiate a new **FIA-3A** for the parent for whom the provider is providing care. Select **Option 002** (Childcare) in the **Title** field and enter the parent's name followed by -ACCIS PYMT as the employer.
 - Enter "MULTI-FAMILY ACCIS PYMT" as the employer if the provider is providing care for more than one family.
 - Enter the correct ACCIS income.
 - Do not make changes to any of the other **FIA-3A**'s on the case already.
- when rebudgeting the case, ensure that all applicable earned income disregards and the standard deduction is applied.

Workers must post case notes in NYCWAY and POS detailing what was found during the case review and update POS according to any actions taken in NYCWAY.

Recoupments

A new recoupment calculator has been created for this process and will be made available to designated staff responsible for reviewing these cases and processing recoupments. All screens generated using the calculator must be scanned/indexed into the income/financial folder as part of the ACCIS Income/Recoupment Packet for FH purposes.

At this time, Workers are only required to go back 12 months (or less if the Provider has been active in ACCIS for less than 12 months) when processing the recoupment.

When processing the recoupment with the calculator, Workers must proceed as follows:

- Income shown as issued in ACCIS should be used when determining the “what if” budget in addition to existing income that was on the case.
- Ensure that income previously budgeted on the case is not the same, or part of the same income issued in ACCIS.
- Ensure that the earned income disregard and standard deduction are applied.

Once the Worker has determined the amount to be recouped, the Worker must then:

- Complete the PA Recoupment Data Entry Form (**LDSS-3573 NYC**);
- Cite ‘Agency Error’ as the reason for the recoupment; and
- Post action code **10DB** (Recoupment Initiated) in NYCWAY;
- Forward the **LDSS-3573** to the Supervisor for review and signoff.

Grant Diversion Program Participants

Grant Diversion Program Participants

If a provider is also a participant in a Grant Diversion Program that is not a stimulus job as indicated in NYCWAY, a scratchpad budget that does **not** include the Grant Diversion Program income must be done to determine if based on the ACCIS income alone the provider is eligible for CA. Only use the ACCIS income to determine if the provider is still eligible for CA.

Grant Diversion Program income must be excluded when determining CA eligibility.

Remains Eligible for CA

If the provider remains eligible for CA based solely on the ACCIS income, rebudget the case to add the ACCIS income accordingly (budget to be authorized must include both the ACCIS and Grant Diversion Income).

Becomes Ineligible for CA

If the ACCIS income alone makes the provider ineligible for CA, the case should be closed based on excess income, as per current procedure.

Stimulus Jobs

If the provider is engaged in a stimulus job as indicated in NYCWAY, no action should be taken on the case by the Job Center. A case comment must be entered indicating the results of the review.

The Center Director or designee must email a list of all Grant Diversion Cases that are assigned to “Stimulus Jobs” regardless of the review results and of the non-stimulus Grant Diversion Cases that result in a case closing based on excess income to the Queens Regional Manager at: johnsonan@hra.nyc.gov. The Queens Regional Manager will contact Employment Services for follow-up.

Provider Call-ins

Call-ins

Many providers will need to be called into the Center to sort out any case discrepancies found during the review. Providers should be called in if:

- a provider (absent parent) appears to be caring for his/her own child;
- there are significant discrepancies between the Provider’s mailing address, name, DOB, and/or SSN in WMS and ACCIS;
- any other discrepancy/situation in which the Worker feels that a call-in is the best way to proceed.

In Model Centers, a new queue, **CA Info Verification**, has been created in Front Door Electronic Reception (FRED) to route called-in providers to the designated workers reviewing these cases. If a provider needs to be called into the Center, the Worker must in NYCWAY:

- Enter Action Code **10DC** (Active Childcare Provider Call-in).
- Correctly fill out and indicate any necessary documents that need to be brought to the call-in in NYCWAY on the Notice to Report to Center (**EXP-85MM**). Mail the provider the **EXP-85MM**.

The new form created for this process, **EXP-85MM**, is available in NYCWAY.

When the provider reports to the appointment, the Worker must:

- Discuss with the provider any/all discrepancies that were found during the case review.
 - If the provider is still working as a childcare provider:
 - Initiate an **FIA-3A** for the parent/family for whom the provider is providing care. Select **Option 002** (Childcare) in the **Title** field, and list the parent’s name as the employer followed by -ACCIS PYMT.
 - If the provider is providing care for more than one family, enter “MULTI-FAMILY ACCIS PYMT” as the employer.
 - Ensure that the correct income as displayed in ACCIS is entered on the **FIA-3A**.

- If the provider is no longer working as a childcare provider:
 - Post action code **10DU** (Active Childcare Provider Unemployed).
 - Have the provider fill out and sign the Attestation of Employment as a Childcare Provider (**W-274U**). A box has been added to the bottom of page 1 that states “I am no longer providing childcare.”
 - Terminate any active children on the provider’s case in ACCIS.
 - Print the Notice of Intent to Discontinue Childcare Benefits (**OCFS-LDSS-4782**).
 - Manually fill in all applicable fields on the notice except for the line that reads “This notice is to inform you that your case will be closed effective.”
 - The following language must be written in the section that begins with “The reason for this action is:”

Your childcare provider informed the Family Independence Administration (FIA) that he/she is no longer providing care for your child(ren). Should you wish to have FIA continue to pay for your childcare, please contact your center and provide your new provider information.
 - “18 NYCRR 415.4(b)” should be cited in the law/regulation section of the notice.
 - Mail the notice to any parents that the provider was providing care for through ACCIS.
 - If the provider has no other current employment, initiate an Employment Plan (EP) as per current procedure.
- If a provider reports to the call-in appointment and claims that he/she never provided childcare and that someone is using his/her name/SSN/other information in order to receive money from ACCIS:
 - Have the provider sign a statement saying that he/she never provided childcare.
 - Close the provider’s ACCIS case.
 - Refer the provider to BFI by sending BFI a packet.
 - Initiate an EP if necessary.

See pgs 6-7 for more information.

- Initiate a recoupment where necessary.

Rescheduled Appointments

If the provider requests to reschedule the appointment, post code **10DT** (Active Childcare Provider Reschedule Appointment) in NYCWAY and complete and send the provider another **EXP-85MM**.

Failure to Report to Appointment

If the provider failed to report (FTR) to the call-in, NYCWAY will auto-post infraction code **452P** (FTR Active Childcare Provider Call-in) after two days. This will generate a Notice to Intent to close the case using closing code **N17** (failed to keep an eligibility-related appointment).

Return Appointment

If a return appointment needs to be given to an individual who does report but needs to provide additional information/documentation, the Worker must post action code **10DR** (Active Childcare Provider Return Appointment) and then go into POS and generate the Documentation Requirements and/or Assessment Follow-Up (**W-113K**). Workers must fill out, print, and hand the provider the **W-113K** after the provider's signature has been captured. The **W-113K** must be scanned and indexed.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

All cases in this process must be reviewed in POS.

Food Stamp Implications

The budgeting of any additional income on the CA case may affect FS eligibility and may decrease the FS benefit amount. Adequate and timely notice is required if any such changes occur on the FS case.

A separate FS determination is required for CA cases closed due to excess earned income. FA and SNA cases with children closed due to an increase in earned income are eligible for Transitional Benefit Alternative (TBA) FS.

Medicaid Implications

A separate Medicaid determination is required for CA cases closed due to excess earned income.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #08-20-OPE](#) and [PD #10-12-OPE](#).

**FAIR HEARING
IMPLICATIONS**

A new identifier, ACCIS Income/Recoupment Packet, has been created for scanning/indexing for this process. Fair Hearing must check the income/financial folder and search using the new identifier to view all screens from ACCIS, the recoupment calculator, etc. that were scanned and indexed by designated workers. Income shown on ACCIS printouts is considered verified upon receipt.

Avoidance/
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken, on their case.

Conferences

An applicant/participant can request and receive a conference, with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain to the applicant/participant, the reason for the Agency's action(s).

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation, submitted by the applicant/participant, to the appropriate JOS/Worker, for corrective action to be taken. In addition, if the adverse case action still shows on the "Pending" (**08**) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/ Case Update Data Entry Form ([LDSS-3722](#)), change the **02** to an **01** if the case has been granted aid continuing (ATC) or prepare and submit a PA Recoupment Data Entry Form ([LDSS-3573](#)), to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report ([M-186a](#)).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency’s action(s) should stand then the AJOS/Supervisor I will explain to the applicant/participant why he/she cannot settle the issue(s) in conference (SIC). The AJOS I/Supervisor I must complete a Conference Report.

Evidence Packets

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.


All Evidence Packets must contain:

- a detailed history.
- copies of relevant WMS screen printouts, including WMS Budgets for the 12 month period scanned into the income/financial folder.
- ACCIS payment history scanned into the income/financial folder.
- CNS Notice.
- recoupment notice.
- copies of NYCWAY “Case Notes” screens.
- any other documentation relevant to the actions taken.

REFERENCES

18 NYCRR 352.17
 18 NYCRR 352.22 (h)
 18 NYCRR 415.4 (b) (2)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

EXP-85MM	Notice to Report to Center
EXP-85MM (S)	Notice to Report to Center (Spanish)
OCFS-LDSS-4782	Notice of Intent to Discontinue Childcare Benefits (Rev. 12/2004)
OCFS-LDSS-4782-S	Notice of Intent to Discontinue Childcare Benefits (Spanish) (Rev. 12/2004)
W-274U	Attestation of Employment as a Childcare Provider (Rev. 3/4/10)
W-274U (S)	Attestation of Employment as a Childcare Provider (Spanish) (Rev. 3/4/10)

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

Notice to Report to Center

Please report to:

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

On: Appointment Date: _____ Time: _____ Telephone: _____

We have received information via the Automated Child Care Information System (ACCIS) that you are employed as a child care provider. The income you receive must be applied against your Cash Assistance and/or food stamp benefits. If you are no longer eligible for Cash Assistance, you may be eligible for transitional benefits. If you are still eligible for Cash Assistance and have minor children under the age of 13, you may also choose to close your case and receive child care in lieu of Cash Assistance. A worker will discuss these options with you at the interview.

If you are no longer employed as a child care provider, bring a letter from the parent(s) for whom you provided care. The letter must state the date that you stopped providing care.

If any required documentation is listed below, it must be brought in together with this letter.

Document(s):

If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to your reporting time to arrange a new appointment.

This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may make you ineligible for Cash Assistance or may reduce your benefits for a specific period of time.

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

Aviso de Comparecencia al Centro

Favor de presentarse a:

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

El: Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Hemos recibido información vía el Sistema de Información Automatizada de Cuidado Infantil (ACCIS) de que usted está empleado(a) como proveedor de cuidado infantil. El ingreso que usted recibe debe destinarse a sus beneficios de asistencia en efectivo y/o cupones para alimentos. Si usted ya no es elegible para asistencia en efectivo, puede ser elegible para beneficios de transición. Si usted aún es elegible para asistencia en efectivo y tiene niños menores de 13 años de edad, también puede cerrar su caso y recibir cuidado infantil en vez de asistencia en efectivo. Un trabajador tratará con usted estas opciones en la entrevista.

Si usted ya no está empleado(a) como proveedor de cuidado infantil, traiga una carta por parte del/de los padres(s) para quien(es) usted brinda cuidado. La carta debe indicar la fecha en que usted dejó de brindar el cuidado.

Si se indica alguna documentación más abajo, usted debe traerla junto a esta carta.

Documento(s):

Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. Para fijar una nueva cita usted tiene que comunicarse con nosotros antes de la hora programada.

Esta cita de elegibilidad es obligatoria. El incumplimiento de esta cita o el no comunicarse con nosotros puede resultar en su inelegibilidad para asistencia en efectivo o en la reducción de sus beneficios por un período de tiempo específico.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE			
CASE NUMBER		CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS					
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			

		OR	Agency Conference	_____	
			Fair Hearing information and assistance	_____	
		Record Access	_____		
		Legal Assistance information	_____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.	

This notice is to inform you that your case will be closed effective _____ .

This agency intends to **stop** your payment of Child Care benefits effective _____

The reason for this action is: _____

SAMPLE

The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference, alone will not result in continuation of benefits. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334.**

OR

(2) **Writing:** Complete the information, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**

OR

(3) **FAX:** Your fair hearing request to (518) 473-6735.

OR

(4) **Email:** Your fair hearing request to <http://www.otda.state.ny.us/oah/forms.asp>

I want a fair hearing. The Agency's action is wrong because:

Signature of Client: _____

Date _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay-stubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

I understand I may be eligible for aid continuing. My benefits have been stopped and I wish to have my benefits restored (aid continuing): If you request a fair hearing **within ten (10) days** of the date of the postmark of the mailing of this notice, your child care will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care.

I do **not** want my benefits continued until the hearing decision is issued.

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 your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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 file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. 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.

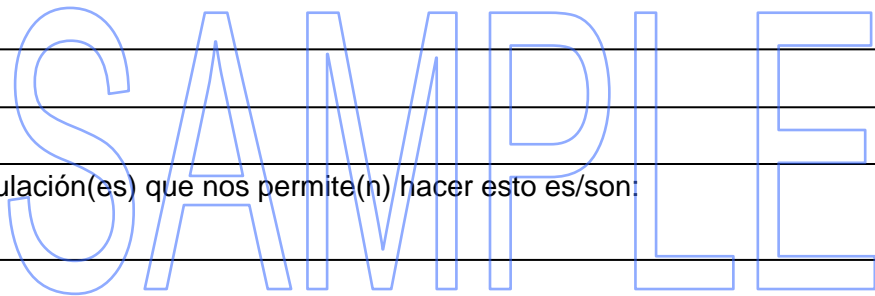
INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see you file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

ESTADO DE NUEVA YORK
 OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS
**NOTIFICACION SOBRE EL INTENTO DE DISCONTINUAR
 BENEFICIOS DE CUIDADO DE NIÑOS**

FECHA DE LA NOTIFICACION:		NOMBRE Y DIRECCION DE LA AGENCIA/CENTRO U OFICINA DISTRITAL		
NUMERO DE CASO:	NUMERO CIN:			
NOMBRE DEL CASO (Y C/O Nombre de C/O Si Está Presente) Y DIRECCION				
<div style="border: 1px solid black; width: 80%; margin: auto; padding: 10px;"> [Empty Box for Case Name and Address] </div>		NO. DE TELEFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA _____ <hr style="border-top: 1px dashed black;"/> <input type="radio"/> Conferencia con la Agencia Asistencia e Información sobre Audiencias Imparciales _____ Acceso a Récor ds _____ Información sobre Asistencia _____		
OFICINA NO.	UNIDAD NO.	NO. DEL TRABAJADOR(A)	UNIDAD O NOMBRE DEL TRABAJADOR(A)	NO. DE TELEFONO

Esta notificación es para informarle que su caso se cerrará a partir del _____
 Esta agencia intenta detener su pago de beneficios de Cuidado de Niños a partir del _____

La razón de esta acción es:



La(s) ley(es) y/o regulación(es) que nos permite(n) hacer esto es/son:

**USTED TIENE EL DERECHO DE APELAR ESTA DECISION.
 ASEGURESE DE LEER EL REVERSO DE ESTA NOTIFICACION SOBRE COMO APELAR ESTA DECISION.**

COPIA DEL CLIENTE/AUDIENCIA IMPARCIAL

DERECHO A UNA CONFERENCIA: Usted puede tener una conferencia para revisar esta(s) acción/acciones. Si usted desea una conferencia, usted debería solicitar una lo más pronto posible. Si en la conferencia descubrimos que emitimos una decisión incorrecta o errónea; o si debido a la información que usted provea determinamos cambiar nuestra decisión, tomaremos acción correctiva y le enviaremos una nueva notificación. Usted puede solicitar una conferencia llamándonos al número que aparece en la primera página de esta notificación o enviándonos una solicitud por escrito a la dirección que aparece en la parte superior de la primera página de esta notificación. Este número se lo utiliza solamente para pedir una conferencia. **Esta no es la manera de solicitar una audiencia imparcial.** Si usted pide una conferencia, usted todavía tiene derecho a solicitar una audiencia imparcial. Aunque usted solicite una conferencia, usted todavía tiene solamente 60 días a partir de la fecha de esta notificación para solicitar una audiencia imparcial. Lea más abajo para obtener información sobre una audiencia imparcial.

DERECHO A UNA AUDIENCIA IMPARCIAL: Si usted considera que la acción anterior es errónea o incorrecta, usted puede solicitar una audiencia imparcial estatal:

(1) **Llamando por teléfono:** (POR FAVOR TENGA CONSIGO ESTA NOTIFICACION CUANDO LLAME) **1-800-342-3334.**

O

(2) **Escribiendo:** Complete la información, firme y envíela a la New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Por favor guarde una copia para usted.**

O

(3) **Por facsímil:** Enviando su solicitud para una audiencia imparcial al **(518) 473-6735.**

O

(4) **Por correo electrónico:** Enviando solicitud para una audiencia imparcial a <http://www.otda.state.ny.us/oah/forms.asp>.

Yo deseo una audiencia imparcial. La acción de la Agencia es errónea porque:

Firma del Cliente: _____

Fecha: _____

USTED TIENE 60 DÍAS A PARTIR DE LA FECHA DE ESTA NOTIFICACIÓN PARA SOLICITAR UNA AUDIENCIA IMPARCIAL

Si usted solicita una audiencia imparcial, el estado le enviará una notificación que le indicará la hora y el lugar de la audiencia. Usted tiene el derecho de ser representado por un abogado(a), un pariente, un amigo(a) u otra persona, o puede representarse a sí mismo(a). En la audiencia, usted, su abogado(a) u otro representante tendrá la oportunidad de presentar evidencia escrita u oral para explicar la razón por la que usted cree que no debería tomarse la determinada acción; similarmente, tendrá la oportunidad de hacer preguntas a cualquier persona que se presente a la audiencia. Usted también tiene el derecho de traer testigos que testifiquen en su favor. Usted debería traer a la audiencia cualesquier documentos, tales como esta notificación, talones salariales, recibos, facturas de cuidado de niños, verificación médica, cartas, etc. que puedan ayudarle en la presentación de su caso.

Yo comprendo que puedo ser elegible para ayuda continua. Mis beneficios han sido reducidos y deseo que mis beneficios se reinstituyan (ayuda continua): Si usted solicita una audiencia imparcial **dentro de diez (10) días** de la fecha de envío impresa en esta notificación, sus beneficios de cuidado de niños serán reinstituídos y continuarán sin cambio alguno hasta que se emita una decisión en la audiencia imparcial. Sin embargo, si pierde la audiencia imparcial, usted deberá cualquier cuidado infantil que no debería haber recibido. Se nos requiere que recobremos cualquier exceso de pago de cuidado infantil. Nosotros debemos presentar una demanda contra usted por cualquier beneficio de cuidado infantil que usted haya recibido al que no tenía derecho, el mismo que puede recobrase por reducción de futuras asignaciones de cuidado infantil, por suma total, pagos parciales, o a través de acción legal. Si desea evitar esta posibilidad, usted puede marcar la casilla de abajo. Usted también puede indicar por teléfono o por carta que no desea la reinstalación de sus beneficios de cuidado infantil.

Yo **no** deseo que mis beneficios continúen sin cambio alguno hasta que la audiencia imparcial emita una decisión.

ASISTENCIA LEGAL: Si usted cree que necesita asistencia legal, usted puede obtener esa ayuda poniéndose en contacto con la Sociedad de Ayuda Legal de su localidad u otro grupo de abogacía legal. Usted puede localizar a la Sociedad de Ayuda Legal o a un grupo de abogacía buscando en las Páginas Amarillas o "Yellow Pages", bajo la sección de "Abogados" o "Lawyers".

ACCESO A SU ARCHIVO/REGISTRO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar el archivo/registro de su caso. Si usted nos llama o nos escribe, le proveeremos copias gratuitas de los documentos de su archivo/registro que proporcionaremos al funcionario de la audiencia para la audiencia imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo/registro, llámenos al número de teléfono de Acceso a Récorde que aparece en la parte superior de la primera página de esta notificación o escribanos a la dirección impresa que aparece en la parte superior de la primera página de esta notificación. También, si usted nos llama o escribe, nosotros le proveeremos copias gratuitas de otros documentos de su archivo, las que puede que necesite preparar para su audiencia imparcial.

Si usted desea copias de algunos documentos de su archivo/registro, usted debería pedir las con anticipación. Estas se le enviarán dentro de un tiempo razonable antes de la fecha de su audiencia. Los documentos se le enviarán solamente si usted especifica el deseo de que se los envíe.

INFORMACION: Si desea más información acerca de su caso, cómo solicitar una audiencia imparcial, cómo revisar su archivo/registro, o cómo obtener copias adicionales de documentos, llámenos a los números de teléfono que aparecen en la parte superior de la primera página de esta notificación o escribanos una carta a la dirección impresa al comienzo de la primera página de esta notificación.

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

Attestation of Employment as a Childcare Provider

(A separate **W-274U** form must be completed for each parent/guardian who employs you as a childcare provider.)

Number of parents/guardians you provide care for: _____

I, _____, am an informal child care
Applicant/Participant First Name M.I. Applicant/Participant Last Name
provider hired by _____, who resides
Parent/Guardian First Name M.I. Parent/Guardian Last Name
at _____,
Street Address Apt. No.
Borough State Zip Code Telephone Number

I provide care (check only one)

- in the child's home, listed above. I understand that if I provide care in a child's home, I am entitled to at least the prevailing minimum wage, from which may be deducted any applicable Federal and State taxes.
- in my own home. I understand that I am entitled to a Cash Assistance (CA) and Food Stamps (FS) income exemption of \$5 per day per child in my care for children other than my own.
- in another location (Please provide address).

Address
Borough State Zip Code Telephone Number

Explain alternate location:

Check one:

- I am related to the child for whom I provide care. (State relationship _____.)
- I am not related to the child for whom I provide care.

I receive (enter the amount you receive) \$ _____ per month from this household to provide child care. I provide childcare services a total number of (enter the number of hours) _____ hours per week and charge \$ _____ per hour.

I am no longer providing childcare:

Date job ended _____ (Signature required on page 2 of this form.)

Is your employer in receipt of any of the following?

- Cash Assistance and Food Stamps _____ Case Number (if known) Food Stamps only _____ Case Number (if known)

Indicate the weekly schedule(s) of childcare services for the child(ren) listed below:

Child's Name	Child's Full Name			Child's Full Name			Child's Full Name			
Date Care Began	Month	Day	Year	Month	Day	Year	Month	Day	Year	
Date of Birth	Month	Day	Year	Month	Day	Year	Month	Day	Year	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Weekly Schedule	From	To	Total Hours per Day	From	To	Total Hours per Day	From	To	Total Hours per Day	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Hours per Week										

SAMPLE

Provider Certification

I will notify the Family Independence Administration (FIA) immediately if the hours of care or the number of children in my care changes, or if any of the other information noted on this form changes.

I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled, or assignment to a work-related activity if I am not actually working and being paid to work during the hours indicated above. I further understand that I may be subject to criminal prosecution for knowingly providing incorrect information.

I understand that representatives of FIA may visit me during the hours child care is provided and I authorize FIA to contact my employer to confirm that the information as reported on this form is true and accurate.

Applicant's/Participant's Name (print clearly): _____

Signature: _____ Telephone Number: _____

JOS/Worker's Name: _____ Date: _____

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

Atestación de Empleo como Proveedor de Cuidado Infantil

(Se debe llenar un formulario **W-274U [S]** separado para cada padre/madre/tutor que le contrata como proveedor de cuidado infantil.)

Número de padres/madres/tutores a los cuales usted brinda cuidado: _____

Yo, _____, soy proveedor informal
Nombre del Solicitante/Participante I. Apellido del Solicitante/Participante

de cuidado infantil contratado por _____,
Nombre del Padre/Madre/Tutor I. Apellido del Padre/Madre/Tutor

quien reside en _____, _____, _____, _____, _____
Dirección Apto.

_____ Condado Estado Código Postal Número de Teléfono

Proveo cuidado (marque sólo una casilla)

- en el hogar del niño listado más arriba. Entiendo que si proveo cuidado en el hogar de un niño, tengo derecho a, por lo menos, el salario mínimo corriente del cual se puede deducir cualquier impuesto Federal o Estatal correspondiente.
- en mi propio hogar. Entiendo que tengo derecho a una exención de Asistencia en Efectivo (CA) y Cupones para Alimentos (FS) de \$5 al día por niño bajo mi cuidado que no sea mío.
- en un local alternativo (favor de indicar la dirección).

_____ Dirección
_____ Condado Estado Código Postal Número de Teléfono

Detalles del local alternativo:

Marque una casilla:

- Soy pariente del niño a quien le brindo cuidado (Indique el parentesco _____.)
- No soy pariente del niño a quien le brindo cuidado.

Recibo (anote la cantidad que usted recibe) \$ _____ mensuales de parte de este hogar por brindar cuidado infantil. Brindo servicios de cuidado infantil por un total de (anote el número de horas) _____ horas semanales y cobro \$ _____ por hora.

Ya no brindo cuidado infantil:

Fecha en que terminó el trabajo _____ (Se requiere firma en la página 2 de este formulario.)

¿Recibe su empleador algo de lo siguiente?

Asistencia en Efectivo y Cupones para Alimentos _____ sólo Cupones para Alimentos _____
Número del Caso (si lo sabe) Número del Caso (si lo sabe)

Indique el horario semanal de servicios de cuidado infantil respecto a los niños listados abajo:

Nombre del Niño	Nombre Completo del Niño			Nombre Completo del Niño			Nombre Completo del Niño			
Fecha de Comienzo del Cuidado	Mes	Día	Año	Mes	Día	Año	Mes	Día	Año	
Fecha de Nacimiento	Mes	Día	Año	Mes	Día	Año	Mes	Día	Año	
Sexo	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	
Horario Semanal	De	A	Total de Horas al Día	De	A	Total de Horas al Día	De	A	Total de Horas al Día	
Lunes										
Martes										
Miércoles										
Jueves										
Viernes										
Sábado										
Domingo										
Total de Horas a la Semana										

SAMPLE

Certificación del Proveedor

Le avisaré a la Administración de Independencia Familiar (Family Independence Administration – FIA) de inmediato en caso de que las horas de cuidado o el número de niños bajo mi cuidado o asimismo cualquier otro dato indicado en este formulario cambien.

Doy fe de que las declaraciones más arriba son exactas y veraces según mi leal saber y entender. Entiendo que el proporcionar información falsa puede llevar a una suspensión o terminación de pagos y de la recuperación de cualquier pago al cual yo no tenía derecho, o a ser asignado a una actividad relacionada con el trabajo si en realidad no estoy trabajando ni se me está pagando durante las horas indicadas arriba. Entiendo además que puedo estar sujeto a procesamiento criminal por proporcionar información incorrecta a sabiendas.

Entiendo que puede ser que representantes de la FIA me visiten durante las horas en que se esté brindando cuidado infantil. Además, autorizo a la FIA a que se comuniquen con mi empleador para comprobar que los datos indicados en el presente formulario sean verídicos y exactos.

Nombre del Solicitante/Participante (en letras de molde clara): _____

Firma: _____ Número de Teléfono: _____

Nombre del JOS/Trabajador: _____ Fecha: _____