



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #10-31-OPE *(This Policy Bulletin Replaces PB #10-24-OPE)*

ACCOUNT NUMBERS ON UTILITY CHECKS SENT TO CON EDISON

Date: April 1, 2010	Subtopic(s): Utilities
<p> This procedure can now be accessed on the FIAweb.</p> <p>The address will not appear on the printed check.</p>	<p>The purpose of this policy bulletin is to rescind Policy Bulletin #10-24-OPE and notify all Job Center staff of the correct procedure for completing e-checks for Con Edison arrears.</p> <p>Until further notice, when completing the Public Assistance Single Issuance Authorization Form (LDSS-3575) to pay Con Ed arrears, JOS/Workers must enter “Con Ed for [Applicant’s/Participant’s Name]” in the “Payee Name” field and Con Edison’s address in the “Address” field. The “City/State/Zip” field should be completed with “NY, NY 10003.”</p> <p>Example: Con Ed for Doe, Jane 4 Irving Place NY, NY 10003</p> <p>JOS/Workers should continue to complete the Notification to Utility Company form (M-858V) and forward it, along with Form LDSS-3575, to the Disbursement and Collection (D&C) section. The arrears check and Form M-858V will be delivered to Con Ed by a designated staff person.</p> <p><i>Effective Immediately</i></p> <p>Related Item:</p> <p>PD #07-14-ELI</p>

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

Attachment:

 Please use Print on Demand to obtain copies of forms.

M-858v

Notification to Utility Company (Rev. 3/16/10)

Date: _____
Case Name: _____
Address: _____

Case Number/Category: _____
Center: _____
Utility Account Number: _____

Notification to Utility Company

This is to inform you that this Administration will take the following action(s) for the above-named individual.

For emergency assistance cases not being accepted for ongoing assistance:

- 1. Make an arrearage payment of \$ _____ for the period _____ to _____.

Because this individual is NOT in receipt of ongoing Cash Assistance or Supplemental Security Income (SSI), your company should proceed with its normal collection efforts for all future bills.

For ongoing Cash Assistance cases:

- 2. Make an arrearage payment of \$ _____ for the period _____ to _____.

For SSI cases:

- 3. Make an arrearage payment of \$ _____ for the period _____ to _____.

Vendor Case

- 4a. Effective from _____, future utility bills will be paid by this Administration directly to the utility company. Please send all future bills to this agency for payment after the effective date indicated above. Any bills submitted prior to this date may be rejected. All outstanding monies owed to your company by the above-named participant shall be exempt from collection for as long as such participant continues to receive or would become in need of Cash Assistance if the collection were made. Should restriction not take effect for technical or other reasons, we guarantee payment of all future utility bills for a period of six months from the effective date.

Guarantee Case

- 4b. Guarantee payment of all future utility bills for a period of six months effective from _____, or until the participant's case is closed, whichever occurs first. All outstanding monies owed to your company by this individual shall be exempt from collection as long as such individual continues to receive or would become in need of Cash Assistance if the collection were made. Your company should proceed with its normal collection efforts for future bills and provide our Administration with written notification should the above-named person fail to make payment and your company issues a notice of non-payment. Such notification should be made to this Administration at the same time the participant is issued a notice of non-payment.

For reopened cases with no arrears (complete and fax this form to the utility company):

5. The case of the above-named individual, whose utility bills were previously paid by this Administration to the utility company, was reopened on _____. Effective from _____, future utility bills will be paid directly to the utility company by this Administration. Please send all future bills to this Administration for payment after the effective date indicated above. Any bills submitted prior to this date may be rejected.

All outstanding monies owed to your company by this participant shall be exempt from collection for as long as such participant continues to receive, or would become in need of, Cash Assistance or SSI if the collection were made.

For change in status cases:

6. Effective from _____, utility bills for the above-named participant will no longer be paid by this Administration. Please send all future utility bills directly to the participant for payment.
- 6a. Guarantee payment of all future utility bills for a period of six months effective from _____, or until participant's case is closed, whichever occurs first (see attached guarantee). All outstanding monies owed to your company by this individual shall be exempt from collection for as long as such individual continues to receive or would become in need of Cash Assistance or SSI if the collection were made. Your company should proceed with its normal collection effort for future bills and provide our Administration with written notification should the above-named person fail to make payment and your company issues a notice of non-payment. Such notification should be made to our Administration at the same time the participant is issued a notice of non-payment.
7. Applicant rejected for ongoing Cash Assistance. The case of the above-named individual, which we previously indicated as being accepted for ongoing assistance, has, after further evaluation, been rejected. Please correct your records.
8. Participant moved effective _____
9. Other:

Worker's Signature

Date