



# FAMILY INDEPENDENCE ADMINISTRATION




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## POLICY BULLETIN #10-44-ELI

### HEAP SECOND REGULAR BENEFIT FOR THE 2009–2010 SEASON

<b>Date:</b> April 30, 2010	<b>Subtopic(s):</b> HEAP
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all Job Center and Non Cash Assistance (NCA) Food Stamp (FS) Center staff that a second, supplemental Home Energy Assistance Program (HEAP) regular benefit of \$100 or \$200 will be issued for households that meet the following criteria:</p> <ul style="list-style-type: none"> <li>• All household members are currently New York State residents</li> <li>• The household received a regular heating benefit for the 2009-2010 HEAP program year</li> <li>• The household currently makes direct payments for heat to a home energy vendor</li> </ul> <p>A \$100 HEAP Second Regular Benefit payment will be issued to households that received a HEAP regular benefit during the current season and heat with electricity or natural gas.</p> <p>A \$200 HEAP Second Regular Benefit payment will be issued to households that received a HEAP regular benefit during the current season and heat with oil, kerosene, propane, wood or wood products, coal or any other deliverable fuel.</p> <p>HEAP participants who are currently in receipt of Cash Assistance (CA) do not need to complete an application to receive the HEAP Second Regular Benefit. Benefit payments will be issued directly to the heating vendor on file beginning April 28, 2010.</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

A laser letter (**Attachment A**) will be mailed by HEAP to all HEAP households with open CA cases who meet the criteria for the HEAP \$100/\$200 Second Regular Benefit, notifying them that the benefit will be issued.

A separate letter (**Attachment B**) will be mailed by HEAP to households who received a HEAP regular benefit during the current HEAP season and have since had their CA cases closed. The letter notifies these households that they are eligible for a HEAP Second Regular Benefit and provides information on how to request the benefit.

Refer to [PD #09-44-ELI](#) for more information.

Job Center Workers must continue to follow the standard HEAP/Utility Liaison process for households who present heat/heat-related emergencies.

CA applicant/participant may obtain information on applying for Emergency HEAP by calling HEAP at **(800) 692-0557** or by visiting one of the HEAP field offices.

NCA FS applicants/participants with heat-related emergencies or questions about the New York State Supplemental Energy Assistance Program should be advised to call HEAP at **(800) 692-0557** or the HRA Infoline at **(877) 472-8411** for assistance.

*Effective Immediately*


**Related Item:**

[PD #09-44-ELI](#)

**Attachments:**

**Attachment A** 2009–2010 HEAP \$100/\$200 Regular Benefit Letter

**Attachment B** 2009–2010 HEAP \$100/\$200 Regular Benefit—Closed Cases

 Please use Print on Demand to obtain copies of forms.

NEW YORK STATE  
Office of Temporary and  
Disability Assistance

Case Number:

Loc. Off./Unit/Worker:

Dear HEAP Recipient:

New York State has received additional federal funding for the 2009-10 Home Energy Assistance Program (HEAP). As a result, a second regular HEAP benefit will be issued to recipients that meet the following criteria:

- You are currently a New York State resident
- You received a regular benefit for the 2009-2010 HEAP program year
- You currently make direct payments for heat to a home energy vendor

The benefit amounts are as follows:

- \$100 if you heat with electric or natural gas
- \$200 if you heat with oil, kerosene, propane, wood or wood products, coal or any other deliverable fuel

This is a one-time payment. It is not intended to replace your personal payments. You must continue to pay your bills.

This benefit is in addition to the benefit that you have already received for this program year. This benefit will be issued in the same way that your original benefit was issued. If your initial benefit was sent to your vendor, this benefit will also be sent to your vendor. If your initial benefit was issued as a two party check, this benefit will also be issued as a two party check.

This decision is based on 18 NYCRR 393 and the NYS HEAP Plan for the current year.

If you have any questions about this benefit, please contact your local department of social services.

**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

**1. CONFERENCE** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, please contact your local department of social services or call 1-800-342-3009. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

- 2. STATE FAIR HEARING** – You have 60 days from the date of this notice to ask for a fair hearing.

**BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

**ATTACHMENT A**

**HOW TO ASK FOR A FAIR HEARING:** You can request a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this *completed* notice to:

**HEAP - Energy Fair Hearing Section  
Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201** (please keep a copy for yourself)

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Client** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.) **To request a Fair Hearing, by telephone, you can call, toll-free: 1-800-342-3334.**

**Fax:** Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

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

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

**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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help 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 that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that 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, please contact your local department of social services or call 1-800-342-3009

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, please contact your local department of social services or call 1-800-342-3009

ATTACHMENT B

2009-10 HEAP - Second Regular Benefit- Closed Cases

NYS OTDA  
40 NORTH PEARL STREET  
ALBANY, NEW YORK 12243-001

NEW YORK STATE  
Office of Temporary and Disability Assistance



Case Number:

Insert date

Dear HEAP Recipient:

As a result of additional federal funds, a second regular benefit for 2009-10 HEAP is available for households that meet the following criteria:

- You are currently a NYS resident
- You received a regular benefit for the 2009-10 program year
- You currently make direct payments for heat to a home energy vendor

The benefit amounts are as follows:

- \$100 if you heat with natural gas or electric
- \$200 if you heat with oil, kerosene, propane, wood or wood products, coal or any other deliverable fuel.

Our records show that you received a 2009-10 HEAP heater's benefit. However, your case has been closed since the issuance of your original HEAP benefit. Therefore, in order to receive your second regular benefit, you must either:

Contact the county department of social services that issued your original 2009-10 benefit OR return the completed Request For Second Regular Benefit Form to:

**HRA/Home Energy Assistance Program**  
**P.O. Box 1401**  
**Church Street Station**  
**New York, New York 10008**

You must request this benefit NO LATER THAN SEPTEMBER 30, 2010. After this date, the 2009-10 program is closed and funds are not available.

This benefit is in addition to the benefit that you have already received for this program year. This benefit will be issued in the same way that your original benefit was issued.

If you have any questions about this benefit, please contact your local department of social services.

ATTACHMENT B

**2009-10 HOME ENERGY ASSISTANCE PROGRAM  
REQUEST FOR SECOND REGULAR BENEFIT**

DATE OF REQUEST \_\_\_\_\_

RECIPIENT NAME \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ CONTACT NUMBER

NOTE: The recipient must currently be a NYS resident and must currently be residing in the dwelling for which assistance is provided. See the HEAP Manual for temporary absence exceptions.

CURRENT PRIMARY HEAT SOURCE

\_\_\_ OIL, KEROSENE, PROPANE, WOOD/WOOD PRODUCTS, CORN, COAL, OR OTHER DELIVERABLE FUEL – BENEFIT IS \$200

\_\_\_ NATURAL GAS OR ELECTRIC – BENEFIT IS \$100

RECIPIENT'S CURRENT HEATING VENDOR:

NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NOTE: The recipient must have an active account with a heating vendor. The second regular benefit amount is based on the primary heat source at the time of the issuance of the first regular benefit.

RECIPIENT RECEIVED A 2009-10 REGULAR HEATER'S BENEFIT IN \_\_\_\_\_ COUNTY

RECIPIENT HAS A HEATING EMERGENCY? \_\_\_ NO

\_\_\_ YES , RESOLUTION:

WORKER \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

SAMPLE