



FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner
Policy, Procedures, and Training

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #11-104-OPE

(This Policy Bulletin Replaces CD #11-16)

SELF SERVICE LINE FOR BUDGET LETTERS

Date: November 18, 2011	Subtopic(s): Budget Letters
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of the policy bulletin is to advise staff that the self service line for budget letters is now citywide for participants with an active Cash Assistance (CA) or Food Stamp (FS) case. This process is not available for Medicaid (MA) only cases. Additionally, The FIA-1034 [E-S] has been revised to include the current information the participant must enter in the IVRS to request a budget letter.</p> <p>MIS will process all requests made via telephone for a budget letter on a single suffix case, and FIA Operation's will continue to process requests for multisuffix cases.</p> <p>Cash Assistance and Food Stamp participants, who are in need of a budget letter, can call a centralized Interactive Voice Response System (IVRS) Self- Service Line to request a budget letter.</p> <p>If the participant is in the Center for the sole purpose of obtaining a budget letter, the Front Door Receptionist (FDR) should ask the participant if she/he has an active CA or NCA FS case, and if s/he could have the budget letter mailed to the address of record instead of waiting. If the participant can have the budget letter mailed, the Receptionist must give the participant the You Do Not Have to Wait on Line for a Budget Letter (FIA-1034 [E-S]) form. The form will advise the participant to call a specified number as well as inform the participant of the specific information she/he will need when making the request</p> <p>If the participant cannot wait for the budget letter to be mailed to his/her address of record, or needs a budget letter to verify assistance prior to the case closing, the Receptionist must refer the participant to the correct area or Worker in the Center per current procedure.</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

To request a budget letter using the IVRS Self Service Line, the participant will have to call **718-722-8009** and enter the following information when prompted to do so:

- Case number
- Residential zip code

On a daily basis, MIS will access the Self-Service Line to obtain a list of all cases requesting a budget letter. If the case is a multisuffix case, MIS will forward the case to FIA Operations to process. If the case is a single suffix case, MIS will mail requested letters within two business days from the date of the request.

When processing a budget letter request for a multisuffix case, designated FIA Operations staff must follow the instructions on **Attachment A** (Instructions for Processing Budget Letter Requests).

When processing a budget letter request for a single suffix case, MIS will mail the participant a cover letter and budget (**Attachment B** a sample MIS generated budget letter).

Effective Immediately

References:

Related Item:

Attachments:

- FIA-1034 [E-S]** You Do Not Have To Wait On Line For A Budget Letter (Rev. 11/18/11)
- FIA1034a** Response to Your Request For a Budget Calculation Report (Rev. 11/18/11)
- Attachment A** Instructions for Processing Budget Letter Requests
- Attachment B** Sample MIS Generated Budget Letter

☞ Please use Print on Demand to obtain copies of forms.

You Do Not Have to Wait on Line for a Budget Letter

The Family Independence Administration (FIA) has developed a Self-Service Line that Cash Assistance and Food Stamp participants may call to request a budget letter by using an Interactive Voice Response System (IVRS).

The IVRS Self-Service Line is easy to use. All you have to do is call **(718) 722-8009** at any time of the day and enter your case number and zip code when asked to do so.

FIA will respond to your request within 2 business days and mail the budget letter to the address that we have on file for you.

(Vea al dorso)

Usted No Tiene que Esperar en Línea por una Carta de Presupuesto

La Administración de la Independencia Familiar (FIA) ha creado una Línea de Autoservicio (Self-Service Line) que los participantes de Asistencia en Efectivo y Cupones para Alimentos pueden llamar para solicitar una carta de presupuesto mediante un Sistema Interactivo de Respuesta de Voz (Interactive Voice Response System – IVRS).

La Línea de Autoservicio de IVRS es fácil de usar. Usted sólo tiene que llamar al **(718) 722-8009** a cualquier hora del día e ingresar su número de caso y código postal cuando se lo pidan.

La FIA responderá a su petición dentro de 2 días laborales y le enviará por correo la carta de presupuesto a la dirección que tenemos en nuestros archivos para usted.

(See reverse)

Date: _____

Case Number: _____

Case Name: _____

Response to Your Request For a Budget Calculation Report

Thank you for using the New York City Human Resources Administration (HRA) self-service line to request a budget letter.

- Enclosed you will find the budget calculation and case composition summary reports for your Cash Assistance (CA) and/or Food Stamp (FS) Budget Calculation Report.

The case composition summary lists all of the members who are included in your Public Assistance (PA), Medical Assistance (MA), and/or FS household along with a description of their individual line status:

- Active: **AC**
- Closed: **CL**
- Not Applying: **NA**
- Rejected: **RJ**
- Sanctioned: **SN**
- Single Issuance: **SI**

Please use the sample report below as a tool to help you understand the case composition summary report.

Sample Case Composition Summary Report

Case number

```

NQCS0 (P) Case Composition - Suffix/Individual Summary 04/07/11
Case # Ctr U/W MRS FS Rent 215.00 AVI TI Pg 1 of 01
000123123I 040 00000 PA Rent 215.00 APP SRC
Address City Zip Phone No.
1234 DUMMNY AVENUE, APT 12 BRONXWOOD 123450000 (718)-555-1212
Case Name LFLN Case Name LFLN
TESTING JOHNY SF-NET C I Case Name LFLN
SUF 01 FS SUF 01 Case FA Lang SP S I SUF FS SUF Case Lang SP
Pg Stat Type Lang Read S I Pg Stat Type Lang Read
PA AC Parent TB Ind I PA Parent TB Ind
MA AC Parent TB Date I MA Parent TB Date
FS AC Ind I / / I FS Ind / /
NEXT RECERT 11/28/11 FSINTH
LAST PA RCT 12/01/10 LAST MA RCT / / Next check 04/19/11 Next ATP 05/04/11H
Suffix Individual Data Status CA S
Sel PA MA FS LN CIN First Name M Last Sex Birth PA MA FS ES CD P
01 01 01 01 XX12345E JOHNY E TESTING F 01/01/80 AC AC AC 20 P
    
```

Next case #

Individual line status for P.A. MA, and FS

- Unfortunately, your request could not be processed because:
 - We are unable to generate a Medicaid (MA) budget. Please contact the Medical Insurance and Community Services Administration at: _____.
 - Your case is not currently active.

(Vea al dorso)

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____

Respuesta a Su Petición de un Informe de Cálculo de Presupuesto

Gracias por utilizar la línea de autoservicio de la Administración de Recursos Humanos (HRA) de Nueva York para solicitar una carta de presupuesto.

- Adjunto usted encontrará informes sumarios de cálculo de presupuesto y de composición del caso para su Informe de Cálculo de Presupuesto de Asistencia en Efectivo y Cupones para Alimentos.

El sumario de la composición del caso lista a todos los miembros incluidos en su hogar de Asistencia Pública (PA), Asistencia Médica (MA), y/o Cupones para Alimentos (FS) junto con una descripción de los datos personales del miembro:

- Activo: **AC**
- No Ha Presentado Solicitud: **NA**
- Sancionado: **SN**
- Cerrado: **CL**
- Rechazado: **RJ**
- Emisión Única: **SI**

Favor de utilizar el gráfico a continuación para entender el sumario de la composición de su caso.

Informe Sumario Típico de Composición de Caso

Número del Caso

```

NOCSE  ) Case Composition - Suffix/Individual Summary          04/07/11
Case   Ctr U/M MRS      FS Rent 215.00 RVI  TI          Pg 1 of 01
00012 23I 040 00000      PA Rent 215.00 APP SRC
Address City Zip Phone No.
1234 DUMMYY AVENUE, APT 12 BRONXWOOD 123450000 (718)-555-1212
Case Name LFLN Case Name LFLN
TESTING JOHNY SF-NET C I SF-NET
SUF 01 FS SUF 01 Case FA Lang SP S I SUF FS SUF Case Lang SP
Pg Stat Type Lang Read S I Pg Stat Type Lang Read
PA AC Parent TB Ind I PA Parent TB Ind
MA AC Parent TB Date I MA Parent TB Date
FS AC Ind 1 / / I FS Ind / /
NEXT RECERT 11/28/11 FSINTH
LAST PA RCT 12/01/10 LAST MA ACT / / Next check 04/19/11 Next ATP 05/04/11M
Suffix Individual Data Status CA S
Sel PA MA FS LN CIN First Name M Last Sex Birth PA MA FS ES CD P
01 01 01 01 XX12345E JOHNY E TESTING F 01/01/80 AC AC AC 20 P
                
```

Datos Personales del Miembro de PA, MA, y FS

- Desafortunadamente, su petición no se pudo tramitar porque:
 - Nosotros no podemos generar un presupuesto de Medicaid (MA). Favor de comunicarse con la Administración de Servicios Comunitarios de Seguro Médico (Medical Insurance Community Services Administration) a: _____.
 - Su caso no está activo acualmente.

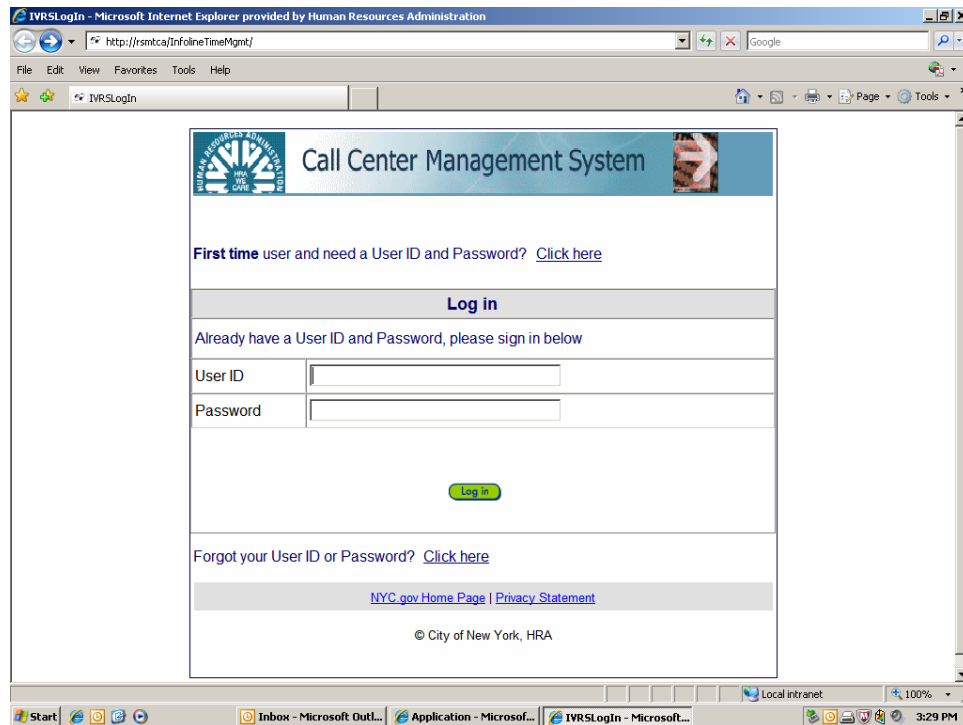
(See reverse)

INSTRUCTIONS FOR PROCESSING BUDGET LETTER REQUESTS

(Use for processing budget letter requests on multisuffix cases)

The Self-Service Line is accessible via the HRA Home Page. To access the application, the designated Staff must:

- Click Program Applications, then
- Click Call Center Management System from the list of available applications, and
- Enter his/her Username and Password on the Call Center Management System's sign in page (see screen below) and click **login**.



The screenshot shows a web browser window titled "IVRLogin - Microsoft Internet Explorer provided by Human Resources Administration". The address bar shows "http://hrmt.ca/InfolineTimeMgmt/". The page content includes the HRA logo, the title "Call Center Management System", and a login form. The form has a "Log in" button and a "Forgot your User ID or Password?" link. The footer of the page reads "© City of New York, HRA".

IVRLogin - Microsoft Internet Explorer provided by Human Resources Administration

http://hrmt.ca/InfolineTimeMgmt/

File Edit View Favorites Tools Help

IVRLogin

Call Center Management System

First time user and need a User ID and Password? [Click here](#)

Log in

Already have a User ID and Password, please sign in below

User ID

Password

Log in

Forgot your User ID or Password? [Click here](#)

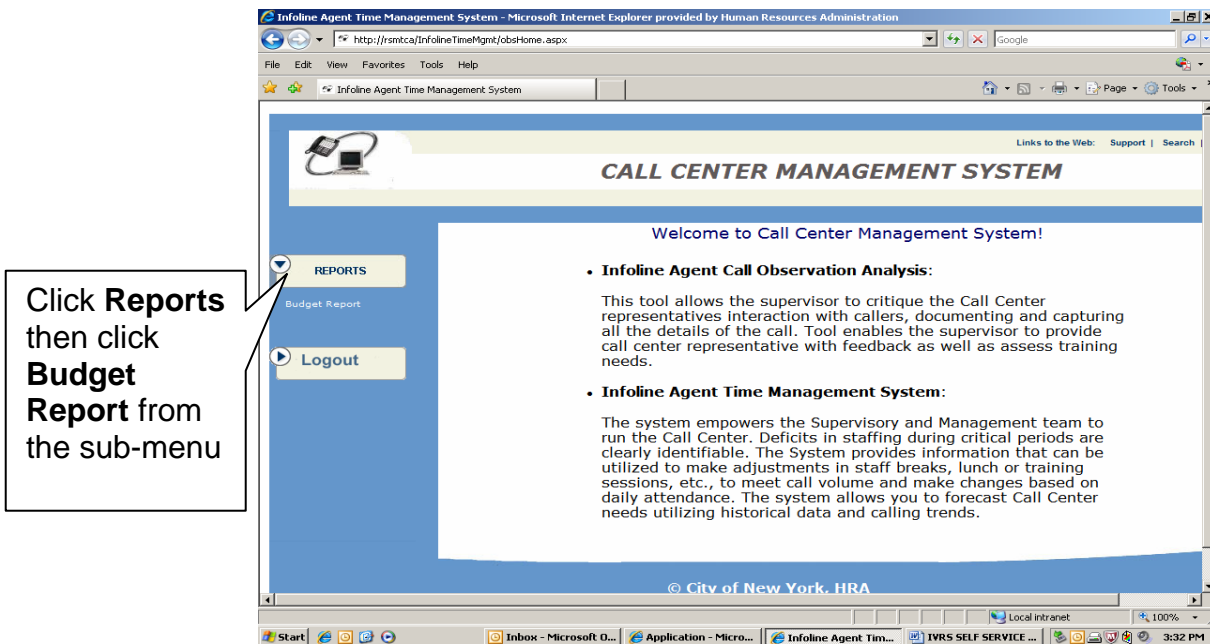
[NYC.gov Home Page](#) | [Privacy Statement](#)

© City of New York, HRA

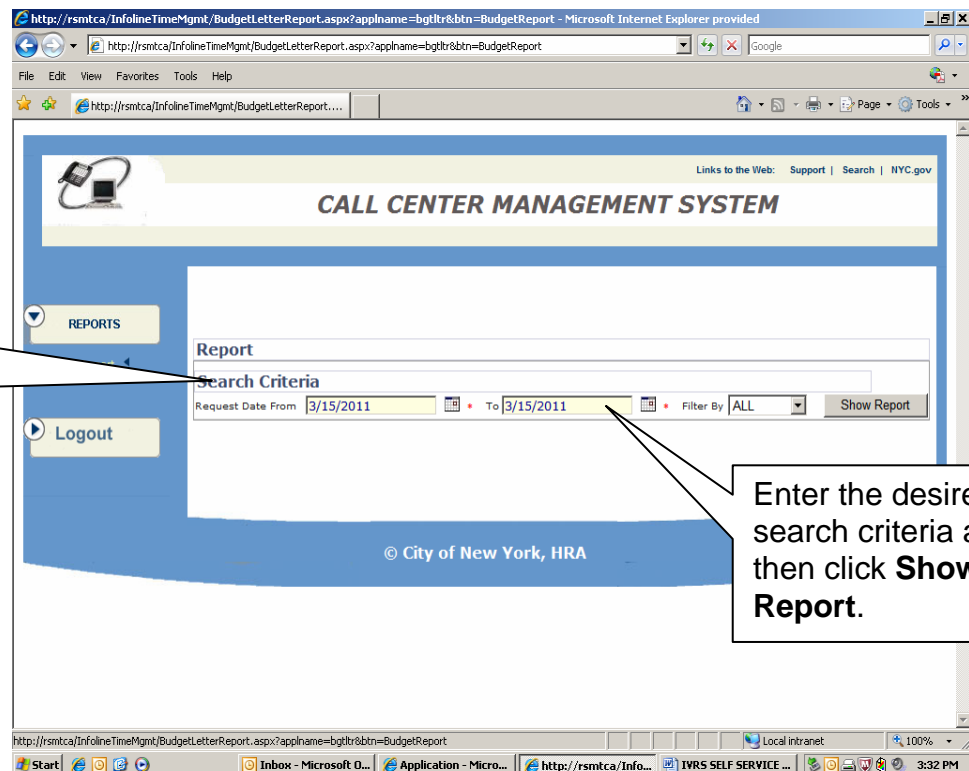
Local Intranet 100%

Start | Inboxes - Microsoft Outlook | Application - Microsoft... | IVRLogin - Microsoft... | 3:29 PM

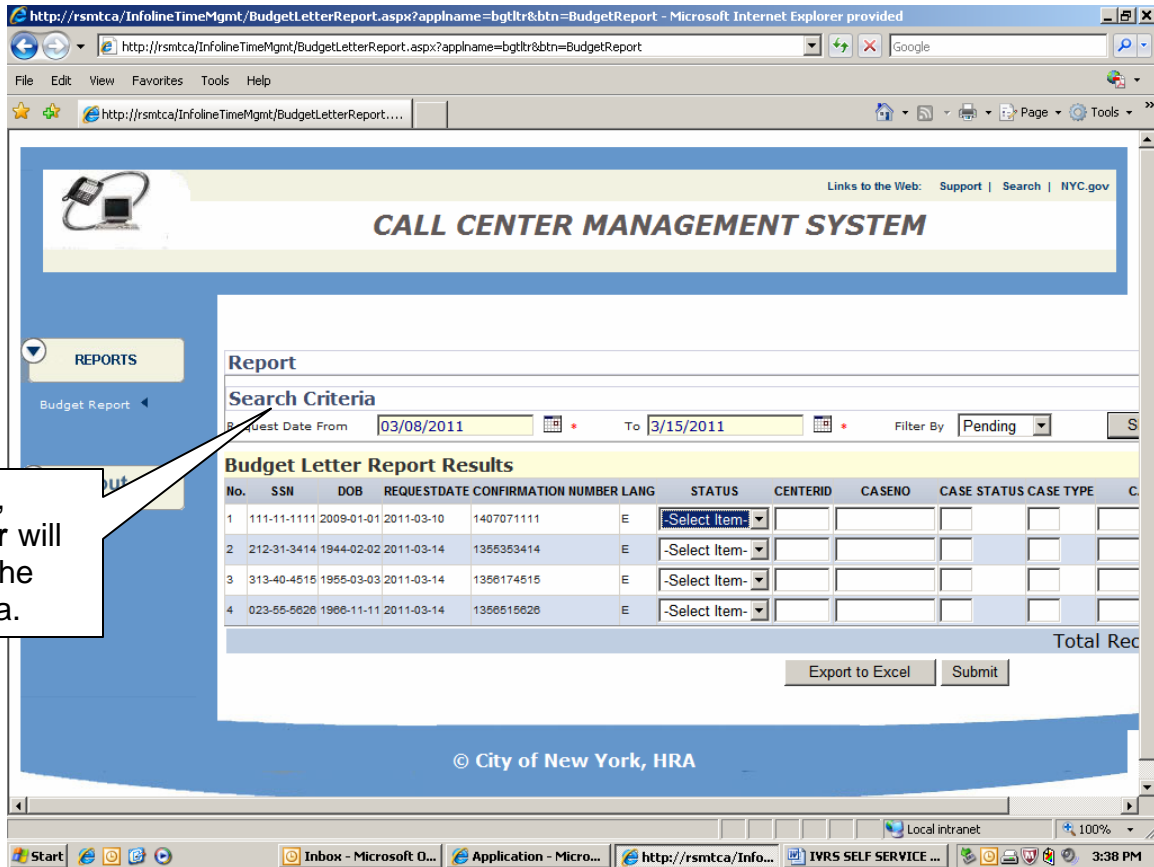
- From the **Call Center Management** screen click **Reports**, then click **Budget Letters**.



- The search screen will appear where the designated worker can search requests by case number.



- Enter the desired search criteria (i.e., case number) and click **Show Report**. The results from the search will be displayed.



CALL CENTER MANAGEMENT SYSTEM

Report

Search Criteria

Request Date From 03/08/2011 To 3/15/2011 Filter By Pending

Budget Letter Report Results

No.	SSN	DOB	REQUESTDATE	CONFIRMATION NUMBER	LANG	STATUS	CENTERID	CASENO	CASE STATUS	CASE TYPE
1	111-11-1111	2009-01-01	2011-03-10	1407071111	E	-Select Item-				
2	212-31-3414	1944-02-02	2011-03-14	1355353414	E	-Select Item-				
3	313-40-4515	1955-03-03	2011-03-14	1355174515	E	-Select Item-				
4	023-55-5628	1968-11-11	2011-03-14	1356515628	E	-Select Item-				

Total Rec

Export to Excel Submit

© City of New York, HRA

In production, case number will be added to the search criteria.

The designated staff will:

- Print a budget calculation report (Option 10 on the Budget Menu screen) in the language requested for each case on the list. The **LANG** column will indicate the preferred language of English (**E**) or Spanish (**S**).
- Print the Case, Suffix, Individual Summary screen (Option 22 on the WMS Case Inquiry Menu)
- Prepare the Response to Your Budget Letter Request form (**FIA – 1034a**)
- Mail the **FIA -1034a** along with the budget calculation report and the Case, Suffix, Individual Summary screen to the address of record.
- Enter information in the following fields on the **Budget Letter Report Results** screen:
 - Change the status of the request to **Submitted** by clicking on the drop-down arrow in the box in the **Status** column
 - Center ID
 - Case Number
 - Case Status
 - Case Type
 - Case Name

- Click the **Submit** button to complete the action.

Links to the Web: [Support](#) | [Search](#) | [NYC.gov](#)

CALL CENTER MANAGEMENT SYSTEM

Report

Search Criteria

Request Date From To Filter By

Budget Letter Report Results

No.	SSN	DOB	REQUESTDATE	CONFIRMATION NUMBER	LANG	STATUS	CENTERID	CASENO	CASE STATUS	CASE TYPE	CASE NAME
1		2009-01-01	2011-03-10		E	Submitted	067				
2		1944-02-02	2011-03-14		E	-Select Item-					
3		1955-03-03	2011-03-14		E	-Select Item-					
4		1966-11-11	2011-03-14		E	-Select Item-					

Total Records : 4/4

© City of New York, HRA

Click on arrow then select **Submitted**.

Click **Submit** to complete the action.

Attachment B

Report Number WINRO146 / WINRO154 (Rev. 6/11)



Date: _____

Case Number: _____

Case Name: _____

General Phone Number: _____

BUDGET LETTER REQUEST

Enclosed, please find the budget letter that you recently requested.

Contact Information:

Head of Household:

Home Address: _____ BRONX _____ NY _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Legend

AP= Applying	SI = Single Issue	CA= Cash Assistance
AC= Active	CL/RJ= Not Active	MA= Medicaid
SN= Sanctioned	NA= Not Applying	FS= Food Stamp Benefits

Household Members:

First Name	Last Name	Sex	Date of Birth	Relationship	CA Status	MA Status	FS Status
------------	-----------	-----	---------------	--------------	-----------	-----------	-----------

SAMPLE

Attachment B

Report Number: WINRO146 (Rev. 6/11)

SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION

Report Date: 10/13/2011

Effective Date of Budget: 11/A/11

Local Office:

Worker: 00701

Case Name:

Case Number:

Suffix: 1

Number in PA H/H: 01

Number in Suffix: 01

		<u>NEEDS</u>		<u>EARNED INCOME</u>	
<u>RESTR</u>		<u>185% TEST & POVERTY LEVEL TEST AMOUNT</u>	D. GROSS	<u>ACTUAL</u>	<u>ALLOWED</u>
	PRE ADDED ALLOWANCE	\$70.50		\$0.00	
1.	SHELTER	\$550.00	STANDARD DEDUCTION	\$0.00	\$0.00
	ENERGY	\$7.05	48 % DEDUCTION	\$0.00	\$0.00
	ENERGY SUPPLEMENT	\$5.50	CHILD CARE	\$0.00	\$0.00
	WATER	\$0.00	\$ 15 EXEMPTION	\$0.00	\$0.00
	FUEL	\$0.00	1/3 EXEMPTION	\$0.00	\$0.00
	PREGNANCY ALLOWANCE	\$0.00	OTHER DEDUCTION (INCLUDES PRORATA REDUCTION AMT)	\$0.00	\$0.00
	HOME DELIVERED MEALS	\$0.00			
	RESTAURANT ALLOWANCE	\$0.00	E. TOTAL DEDUCTIONS		\$0.00
	OTHER NEEDS	\$96.87	F. NET EARNED INCOME		\$0.00
A.	TOTAL NEEDS FOR 185% TEST	\$729.92			
	185% X TOTAL NEEDS	\$1,350.35	<u>SOURCE</u>	<u>UNEARNED INCOME</u>	<u>AMOUNT</u>
	TOTAL EARNED + UNEARNED FOR 185% TEST	\$0.00			\$0.00
	POVERTY LEVEL TEST	\$453.75			\$0.00
	TOTAL INCOME FOR POVERTY LEVEL TEST	\$0.00	G. TOTAL UNEARNED INCOME		\$0.00
			UNEARNED INCOME DEDUCTION		\$0.00
			INCLUDE PRORATA REDUC		
	NEEDS REDUCTION DUE TO IVD SANCTION	\$0.00	H. NET EARNED INCOME		\$0.00
B.	TOTAL NEEDS FOR NET INCOME TEST	\$729.50	TOTAL INCOME (F/H)		\$0.00
	NEEDS REDUCTION DUE TO PRORATA SANCTION	\$0.00			
C.	TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION	\$729.50	C. TOTAL NEEDS		\$729.50
	<u>OTHER ALLOWANCES</u>		I. TOTAL INCOME		\$0.00
	REFRIGERATOR RENTAL ALLOWANCE	\$0.00	J. BUDGET DEFICIT		\$729.50
			- RECOUPMENT AMOUNT		\$0.00
			SEMI-MONTHLY CASH ASSISTANCE GRANT		\$729.50

SAMPLE

CASH ASSISTANCE GRANT CALCULATION

Attachment B

Report Number: WINRO154 (Rev. 6/11)

FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES

Report Date: 10/13/2011

Case Number:

Local Office:

Number in Case: 01

Worker: 00701

Case Name:

Effective Date of Budget: 11/A/11

BUDGET CALCULATION

A. INCOME

1. SEMI-MONTHLY GROSS EARNED INCOME	\$0.00	E. SHELTER COSTS	
2. NET S / M INCOME FROM BOARDER/LODGER	\$0.00	20. S / M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD	\$107.50
3. TOTAL S/M INCOME (LINE 1 + 2)	\$0.00	21. S / M COMBINED UTILITY/PHONE STANDARD	\$0.00
4. S / M CASH ASSISTANCE GRANT	\$190.13	22. S / M COMBINED HEAT/UTILITY/PHONE STANDARD	\$368.00
5. TOTAL S/M PA RECOUPMENT	\$0.00	23. S / M PHONE STANDARD	\$0.00
6. NET S/M CASH ASSISTANCE GRANT (LINE 4 MINUS 5)	\$190.13	24. OTHER S / M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC	\$0.00
7. GROSS S/M OTHER UNEARNED INCOME	\$0.00	25. LINES 20 + 21 + 22 + 23 + 24	E. \$475.50
8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7)	\$190.13	F. EXCESS SHELTER DEDUCTIONS	
9. S / M GROUP HOME EXCLUSION	\$0.00	26. TOTAL SHELTER COST, E	\$475.50
10. S / M CHILD SUPPORT EXCLUSION	\$0.00	27. 1/2 OF ADJUSTED INCOME, D	\$58.32
11. LINES 3 + 8 , LESS LINES 9 + 10	A. \$190.13	28. EXCESS SHELTER COSTS. (LINES 26 MINUS 27) IF 26 IS LESS THAN 27, ZERO WILL APPEAR	\$417.19
B. 130% STANDARD SEMI-MONTHLY	B. \$590.00	29. MAXIMUM SHELTER DEDUCTION FOR AGED / DISABLED, AMOUNT FROM LINE 28. FOR ALL OTHERS, ACTUAL OR STANDARD, 229.50, WHICHEVER IS LESS.	F. \$417.19
C. DEDUCTIONS		G. SEMI-MONTHLY FOOD STAMP NET INCOME	
12 20% OF LINE 3	\$0.00	30. D ADJUSTED INCOME	\$116.63
13 STANDARD DEDUCTION	\$116.63	31. F EXCESS SHELTER DEDUCTION	\$417.19
14 ALLOWABLE SEMI-MONTHLY CHILD-CARE / DEPENDENT CARE COSTS	\$0.00	32. S / M NET FOOD STAMP INCOME (LINE 30 MINUS 31)	G. \$0.00
15 ALLOWABLE S / M MEDICAL DEDUCTIONS	\$0.00	H. MONTHLY FOOD STAMP NET INCOME	
16 CHILD SUPPORT DEDUCTIONS	\$0.00	33. MULTIPLY AMOUNT IN 32 X 2	H. \$0.00
17 HOMELESS SHELTER DEDUCTION	\$0.00	I. ALLOTMENT ENTITLEMENT	
18 LINES 12 + 13 + 14 + 15 + 16 + 17	C. \$73.50	34. FOOD STAMP ALLOTMENT	\$200.00
D. ADJUSTED INCOME		35. MONTHLY FOOD STAMP RECOUPMENT	\$0.00
19 A MINUS C	D. \$116.63	36. ADJUSTED FOOD STAMP AMOUNT. (LINE 34 MINUS 35)	I. \$200.00

SAMPLE

BUDGET NUMBER: 28

FEDERAL FS : \$200.00

STATE FS: \$0.00