



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #11-79-OPE

### REPLACEMENT OF FOOD PURCHASED WITH FOOD STAMPS; ISSUANCE OF RESTAURANT ALLOWANCE TO HOUSEHOLDS AFFECTED BY GAS OUTAGE

<b>Date:</b> August 19, 2011	<b>Subtopic(s):</b> Replacement of Food
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to provide instructions to Job Center and Non-Cash Assistance (NCA) Food Stamp (FS) Center staff regarding the replacement of food purchased with FS that was lost due to a gas service disruption as well as to provide staff with instructions on issuing a restaurant allowance for households that have lost cooking facilities stemming from the same outage.</p> <p>On Friday August, 12, 2011 a water main pipe ruptured on West 152<sup>nd</sup> Street and St. Nicholas Avenue in Manhattan. As a result, 8,200 Con Ed customers in parts of Hamilton Heights and Upper Harlem lost gas service. Con Ed is working to restore service and has already done so for 3,900 of their customers. The expected date of full restoration is August 24, 2011.</p> <p>Households affected by this outage may have lost food that had been purchased with FS because they were unable to prepare the food. In order to receive a replacement of the food, these households must make a request to have the lost food replaced no later than <b>Friday August 26, 2011</b>.</p> <p>The gas service disruption may also render households without cooking facilities. These households may be eligible for either a supplemental restaurant allowance if they are in receipt of CA or a one-time payment of a restaurant allowance for households not in receipt of CA.</p> <p>The agency has been made aware of certain New York City Housing Authority (NYCHA) developments that have been affected by this outage. These developments are listed on <b>Attachment A</b>. As gas has been restored to some buildings but not all, and as gas</p>

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send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

continues to be restored, households claiming to be affected by the outage must provide documentation that the service has not been restored in order to receive a restaurant allowance. Individuals not residing in one of the developments listed must also provide documentation that they are suffering from the gas service disruption specifically related to the August 12, 2011 incident.

### **Households in receipt of CA**

Refer to [PD #10-22-SYS](#) for instruction on how to process additional allowance requests in POS

Due to the loss of cooking facilities, households in receipt of CA that are affected by the outage may request a restaurant allowance supplementation. These households should make the request at their assigned center. These requests must be processed as a request for an additional/emergency allowance.

Households claiming to be affected by the outage must provide documentation that the service has not been restored in order to receive a restaurant allowance.

These affected households may be eligible for a restaurant allowance for the August "B" cycle. In determining the issuance amount, staff must use the Restaurant Allowance Schedule SA-5 (**Attachment B**). This supplemental benefit must be issued using issuance code **99** and the unique authorization **#335003**. If service has not been restored by the end of the participant's August "B" cycle, the participant must make an additional request to receive a second benefit.

**Note:** A detailed case comment must be entered into the case record to clearly indicate that the benefit issued is for a restaurant allowance stemming from the August 12, 2011 outage.

Requests for the replacement of food purchased with FS must be made by Friday August 26, 2011.

Households currently in receipt of CA who are also in receipt of FS may choose to visit their Job Center and request a replacement of food purchased with FS that has spoiled because of the lack of cooking facilities. In these instances, staff must have the participant complete and sign the Request for Replacement of Food Purchased with Food Stamp Benefits (**LDSS-2291**). Food Stamp Benefits to replace food spoiled as a result of the outage will be authorized up to the amount of the claim but must not exceed the monthly Food Stamp allotment. Documentation of the monetary value of the food lost is not required. The completed **LDSS-2291** must be scanned and indexed into the case record.

JOS/Workers must use the following issuance code on the Food Stamp Single Issuance Authorization Form (**LDSS-3574**):

- PA/FS households (Code **10**) – Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)

Requests for the replacement of food purchased with FS must be made by Friday August 26, 2011.

### Households in receipt of NCA-FS

Households in receipt of NCA-FS only may report to their assigned NCA-FS Center and request the replacement of FS for the food that they maintain has spoiled because they were unable to cook it. Staff must ensure that the participant completes and signs the **LDSS-2291** and that appropriate case comments are incorporated into the electronic case record. Staff must also ensure that the signed and completed **LDSS-2291** is scanned and indexed into the case record.

Staff must use the following issuance code on the Food Stamp Single Issuance Authorization Form (**LDSS-3574**):

- NCA/FS households (Code **12**) – Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)

FS benefits to replace food spoiled as a result of the service disruption will be authorized up to the amount of the claim, but must not exceed the household's monthly FS allotment. Documentation of the monetary value of the lost food is not required.

### Households not in receipt of CA or FS

Households claiming to be affected by the outage must provide documentation that the service has not been restored in order to receive a restaurant allowance.

Households that have been affected by the outage, but are not in receipt of CA or FS, may be eligible to receive a one-time emergency payment of a restaurant allowance. These households will be subject to all eligibility factors required for One-Shot Deal applicants. These include, but are not limited to:

- Automated Finger Imaging System (AFIS)
- Income/Resource guidelines for the Emergency Assistance to Adults (EAA), Emergency Assistance to Families (EAF) and Emergency Safety Net Assistance (ESNA) categories of assistance.
- Bureau of Eligibility Verification (BEV) except for EAA applicants who do not require a BEV referral.

If the household complies with the eligibility requirements and is eligible for the payment, the case must be placed in Single Issue (SI) status using code **Y67– Other PA Opening Code** and the benefit must be issued using issuance code **99** along with the unique authorization **#335003**. The calculation of the grant is the same as discussed earlier in this policy bulletin and should only be issued for the equivalent of one semi-monthly benefit cycle

Refer to [PD #11-12-OPE](#) for expedited FS processing rules

Households not in receipt of FS that are affected by this outage may choose to apply for FS. However, there are no special provisions for applicants not in receipt of FS claiming a loss of food due to a power outage. These households may apply in person, by fax, online, or by mail for FS benefits per normal FS eligibility rules and are to be screened for expedited FS service according to current procedure. Food Stamp issuance codes **10** and **12** must not be used for applicant households claiming a loss of food due to the gas outage.

*Effective Immediately*

**References:**


- [Food Stamp Source Book](#) Section 11 page 236
- [Temporary Assistance Source Book](#) Chapter 16 Section H

**Related Items:**

- [PD 10-22-SYS](#) Single Issuance Grant Requests in POS
- [PD #11-12-OPE](#) Expedited Food Stamp Processing Rules
- [PB #03-119-ELI](#) Replacement of Food Lost as a Result of the August 2003 Power Outage
- [PB #06-95-ELI](#) Replacement of Food Lost Due to a Power Outage

**Attachments:**

- Attachment A** List of NYCHA Developments with Gas Outage
- Attachment B** Restaurant Allowance Schedule SA-5
- [LDSS-2291](#) Request for Replacement of Food Purchased with Food Stamp Benefits

 Please use Print on Demand to obtain copies of forms.

## ATTACHMENT A

### List of Developments with Gas Outages

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<b>Development</b>	<b>Address</b>
Smith Houses	40 Madison Street
Rangel Houses	159-14 Harlem River Drive – bldg.1
Rangel Houses	159-20 Harlem River Drive - bldg.2
Rangel Houses	159-26 Harlem River drive - bldg. 3
Rangel Houses	159-38 Harlem River Drive - bldg.4
Rangel Houses	159-48 Harlem River drive - bldg.5
Rangel Houses	159-64 Harlem River drive - bldg.6
Rangel Houses	159-70 Harlem River DRIVE - bldg.7
Rangel Houses	159-44 Harlem River Drive - bldg.8
Rangel Houses	159-30 Harlem River Drive - bldg.3
Harlem River Houses	2850 8 <sup>th</sup> Avenue
Polo Grounds Towers	2931-2937 8 <sup>th</sup> Avenue - bldg.1
Polo Grounds Towers	2971-2779 8 <sup>th</sup> Avenue - bldg.2
Polo Grounds Towers	2949-2955 8 <sup>th</sup> Avenue - bldg.3
Polo Grounds Towers	2991—2999 8 avenue - bldg.4

SAMPLE

## ATTACHMENT B

### RESTAURANT ALLOWANCE SCHEDULE SA-5

Monthly allowances to be added to appropriate monthly grants and allowances for combinations of restaurant meals and meals prepared at home or meals otherwise provided in the residence, including sales tax:

Dinner in a restaurant	\$29.00
Lunch and dinner in a restaurant	\$47.00
All meals in a restaurant	\$64.00

Additional special restaurant allowance as described below:

The following persons already receiving a restaurant allowance must receive a special monthly allowance of an additional thirty-six dollars:

1. Any woman with a medically verified pregnancy, or
2. A person under eighteen years of age, or
3. A person under nineteen years of age and a full-time student regularly attending a secondary school or in the equivalent level of vocational or technical training if, before such person attains age nineteen, such person may reasonably be expected to complete the program of such secondary school or training.

# REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH FOOD STAMP BENEFITS

NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE	
CASE NAME	COUNTY		
CASE NUMBER			

I \_\_\_\_\_, am the head of household or an adult household member for the above named case and wish to report the following to the agency representative:

My household experienced a household misfortune and \$ \_\_\_\_\_ in food purchased with food stamp benefits were destroyed

Worker Comments: \_\_\_\_\_

SAMPLE

## CERTIFICATION

### DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I am aware that offering a false instrument for filing as described in Article 175 of the Penal Law is a crime that may have a maximum penalty of four (4) year's imprisonment. If I do so, I will be subject to prosecution under the Civil and Criminal Laws of the United States and New York State and under the regulations of the New York State Office of Temporary and Disability Assistance.

I understand I have a right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

I understand that if I do not sign and return this statement to the agency within ten (10) days of the date the loss was reported, the agency will not replace the food stamp benefits.

Signature

Date

## SOLICITUD DE REEMPLAZO DE ALIMENTOS ADQUIRIDOS CON BENEFICIOS DE CUPONES PARA ALIMENTOS

New York State Office of Temporary and Disability Assistance  
Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York

NOMBRE DEL CASO	CONDADO
NUMERO DEL CASO	

Yo, \_\_\_\_\_, siendo el jefe del hogar o integrante adulto del hogar correspondiente al caso mencionado arriba, deseo informar lo siguiente al representante de la agencia.

Mi hogar sufrió una desgracia y como resultado se dañaron los alimentos comprados con cupones para alimentos por un valor de \$ \_\_\_\_\_

Comentarios del trabajador(a) social: \_\_\_\_\_

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

**SAMPLE**  
**CERTIFICACION**

### NO FIRME HASTA QUE HAYA LEIDO Y COMPRENDIDO LAS DECLARACIONES SIGUIENTES

Estoy consciente que el proveer un instrumento falso para ser archivado en mi caso, tal como lo describe el Artículo 175 de la Ley Penal, es un delito que puede acarrear una pena máxima de cuatro (4) años en prisión. Si lo hago, estaré sujeto(a) a enjuiciamiento bajo las Leyes Civiles y Penales de Estados Unidos y del Estado de Nueva York como también bajo las regulaciones de la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York.

Yo comprendo que tengo el derecho a una audiencia imparcial para cuestionar la negación o el retraso de la emisión de reemplazo de beneficios para mi hogar. Los reemplazos no se emitirán si la decisión de la audiencia imparcial está pendiente.

Yo comprendo que si yo no firmo y devuelvo esta declaración a la agencia dentro de diez (10) días a partir de la fecha en que se informó la pérdida de mis beneficios de Cupones para Alimentos, la agencia no reemplazará mis beneficios de Cupones para Alimentos.

Firma

Fecha