



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-93-ELI (This Policy Bulletin Replaces PB #11-92-ELI)

EMERGENCY ASSISTANCE FOR HOUSEHOLDS AFFECTED BY HURRICANE IRENE

<p>Date: September 23, 2011</p>	<p>Subtopic(s): Disaster Assistance</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin has been revised to:</p> <ul style="list-style-type: none"> • Inform staff that the deadline for requesting the replacement of food purchased with food stamps that has spoiled or become unavailable as a result of Hurricane Irene has been extended until the close of business (COB) on Friday, September 30, 2011 for residents of Brooklyn, Queens, the Bronx, and Staten Island. • Remind staff that for residents of Manhattan, the deadline to accept applications was the COB September 20, 2011. <p>Purpose:</p> <p>The purpose of this policy bulletin is to provide instructions to all Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff regarding the issuance of Emergency Assistance to those affected by Hurricane Irene.</p> <p>New York City was recently hit by Hurricane Irene leaving many households with various emergencies. These households may be eligible for emergency grants to help relieve their emergency needs.</p> <p>The types of emergency assistance for which an individual or household may be eligible for are:</p> <ul style="list-style-type: none"> • Replacement of food, purchased with food stamps, that has spoiled due to a power outage, flood, or absence caused by relocation.

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

- Replacement of food, not purchased with food stamps, that has spoiled due to a power outage, flood, or absence caused by relocation.
- Replacement/repair of clothing, furniture, and/or household property/equipment lost or damaged by flooding or other effects of Hurricane Irene.

Replacement of Food Purchased with Food Stamps

For households that are in receipt of food stamps, a replacement of food purchased with food stamps may be issued if the food was lost due to a household misfortune such as a power outage, flood, or absence caused by relocation.

Persons currently in receipt of food stamps requesting a replacement of lost food purchased with food stamps due to a power outage, flood, or other emergency caused by Hurricane Irene must:

- Report the loss of food purchased with food stamps by the **close of business (COB) on Friday, September 30, 2011** for households in Brooklyn, Queens, the Bronx and Staten Island. For households in Manhattan, the deadline to report the loss was the **COB Tuesday, September 20, 2011**.
- Complete and sign the Request for Replacement of Food Purchased with Food Stamp Benefits (**LDSS-2291**) no later than 10 days after the initial reporting of the loss.

Note: If the participant requests a replacement of food, purchased with food stamps, lost as a result of Hurricane Irene in the month following the disaster, replacement benefits can still be issued.

Note: Because the power outages and relocations caused by Hurricane Irene have been so apparent and widespread, documentation of the disaster is **not** required and the request for replacement of food purchased with food stamps must not be denied for failing to verify the disaster.

The JOS/Worker must refer the case to the available Supervisor. The Supervisor must notify the Center Director/NCA FS Center Manager's office of the request for replacement of food purchased with food stamps and the eligibility determination. Staff must also ensure that a completed and signed **LDSS-2291** is scanned and indexed into the electronic case record.

Revised

The deadline for requests is based on borough of residence, not the borough of the center handling the case

Loss of food purchased with food stamps due to a power outage, flood or other emergency is considered a misfortune

The **LDSS-2291** may be mailed to households that indicate they are unable to report to the Job Center/FS Center

Center Director/NCA FS
Center Managers log
the request

The Supervisor must notify the Center Director's office of the request for replacement of food purchased with food stamps and the eligibility determination.

The Job Center Director/NCA FS Center Manager must annotate the request and decision on the Control of Assignments/Referrals (**W-708**) and notify the Regional Manager's Office. The Regional Manager's Office must also keep a log of the requests/decisions.

Food Stamp benefits to replace food purchased with food stamps that has spoiled or become unavailable as a result of a power outage, flood, or other emergency will be authorized up to the amount of the claim, but must not exceed the allotment of Food Stamps issued for the month of August 2011. Documentation of the monetary value of the lost food is **not** required.

If the most recent issuance was a combined expedited issuance for July and August or August and September, then the replacement issuance may not exceed the full amount of the combined expedited issuance.

August 2011 FS benefit issuances that included a restored benefit amount must be included when calculating the maximum allowable replacement amount.

JOS/Workers in Job Centers and NCA FS Centers must use unique authorization #**08282011** and the following issuance codes on the Food Stamp Single Issuance Authorization Form (**LDSS-3574**):

- CA/FS households (Code **10**) – Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)
- NCA FS households (Code **12**) – Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)

If more than one **LDSS-3574** is being data entered in a batch, Control staff must data enter the form using the following derivatives of the unique authorization number:

- First LDSS-3574 will be entered as **01082811**
- Second LDSS-3574 will be entered as **02082811**
- Third LDSS-3574 will be entered as **03082811**
- Fourth LDSS-3574 will be entered as **04082811**
- Fifth LDSS-3574 will be entered as **05082811**
- Sixth LDSS-3574 will be entered as **06082811**
- Seventh LDSS-3574 will be entered as **07082811**
- Eighth LDSS-3574 will be entered as **08082811**
- Ninth LDSS-3574 will be entered as **09082811**
- Tenth LDSS-3574 will be entered as **10082811**

Job Centers use
issuance code **10**

NCA FS Centers use
issuance code **12**

For multiple batch entry
of up to 10 LDSS-3574s
only. Single entries must
still use unique
authorization #**08282011**

Note: Benefits must be issued within ten (10) days of the household's reporting of a misfortune or within two working (business) days of the agency receiving a completed and signed **LDSS-2291**, whichever date is later.

Households not currently active for FS

Households whose cases are currently closed, but received a FS benefit issuance in or for the month of August 2011, may be eligible for a replacement of food purchased with food stamps. Staff must verify that the household's most recent FS issuance was in or for August 2011. Once verified, and all other requirements discussed above are met, the staff must place the case in single issue (**SI**) status using reason code **064** (Eligible as a result of Hurricane) and issue the replacement benefit using the steps indicated above including the use of the unique authorization **#08282011**.

Denials of Replacement of Food Purchased with Food Stamps

If the request for food purchased with food stamps lost due to a power outage, flood, or other emergency cannot be approved (e.g., outage was less than four hours; outage did not occur in participant's building), the JOS/Worker must deny the participant's request by completing the Action Taken on Your Food Stamp Benefits Case (NYC) (**LDSS-3152 NYC**). Households that have their request for replacement food stamps denied can request a Fair Hearing on the issue. Replacement food stamps cannot be authorized pending a Fair hearing decision.

Households not in Receipt of Food Stamps Claiming Lost Food

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

There are no special provisions for applicants not in receipt of food stamps claiming a loss of food due to a power outage, flood, or other emergency. These households may apply for food stamp benefits per normal food stamp eligibility rules and are to be screened for expedited food stamp 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 a household misfortune if the food was not purchased with food stamps.

Emergency Cash Assistance to Replace Spoiled Food

Households not in receipt of or ineligible for FS or expedited FS processing

Households whose food, not purchased with food stamps, has spoiled due to a power outage, flood or absence caused by relocation may be issued an emergency cash grant under the following categories of assistance:

- Emergency Assistance to Needy Families (EAF);
- Emergency Safety Net Assistance (ESNA); or
- Emergency Assistance to Adults (EAA)

To be eligible for an emergency cash grant for the replacement of food not purchased with food stamps, the households must meet the following criteria:

- Reside in New York City;
- Have a documented food emergency stemming from a power outage, flood, absence due to relocation or other hurricane related disaster;
- Be ineligible for FS or ineligible for expedited Food Stamp service;
- Meet standard income and resource eligibility requirements for EAF, ESNA or EAA.

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

NCA FS Center staff must refer NCA FS applicant households to a Job Center for emergency cash assistance if the household indicates that they have no food as a result of the power outage, flood, or relocation and the applicant household is either ineligible for food stamps or ineligible for expedited processing of food stamps.

See [CD #96-91](#) Brown vs. Giuliani

Note: Households currently in receipt of CA may also be eligible to receive a grant for emergency cash assistance (Brown requests). These requests must be processed as a request for an additional/emergency allowance.

Applicants for emergency assistance must pursue and use available income and accessible resources to eliminate or reduce the need of direct or indirect assistance. The following guidelines must be used in determining if income is available or a resource is accessible:

- Resources must be readily accessible, liquid or easily converted to cash. For example, if FEMA is available and provides funds to replace refrigerators, then a referral and application to FEMA, or any type of homeowner's insurance is appropriate. In the interim, while the claim is pending, if the emergency need is immediate in nature requiring same day resolution, an otherwise eligible applicant must be provided with emergency assistance.
- Income must be actually available and readily accessible at the time of the emergency or immediate need in order to be considered available. For example, if rent is due in two weeks and the applicant will have the funds to make the payment in two weeks, the emergency is met with the applicant's income and emergency assistance is denied.

- Income or resources that are credibly earmarked to meet specific basic essential items or needs, food or other items of need, must not be considered available to meet the emergency need. For example, if the applicant states that their next paycheck or bank funds are going to be used to pay an imminent mortgage payment, the income or resource must be considered as earmarked and unavailable to meet the current emergency.

Because the power outages and relocations caused by Hurricane Irene are so apparent and widespread, documentation of the disaster is **not** required and the request for replacement of food that spoiled as a result of the disaster must not be denied for failing to verify the disaster.

If the household meets the eligibility criteria indicated above, the JOS/Worker must:

- Place the case in Single Issue (**SI**) status using CA individual line and case reason opening code **064** (Eligible as a result of Hurricane).
- Issue a Code **44** immediate needs allowance on the PA Single Issuance Form (**LDSS-3575**) for five days based on the prorated preadded allowance for the household size. These amounts may be found on the Proration Table for Computation of Immediate Needs Grants (Code 44) [**M-696g**]. Do not include the shelter and energy allowance in the calculation. If the household is unable to prepare food at home, a prorated portion of the restaurant allowance may also be included in the calculation of the grant.

The Supervisor must notify the Center Director's office of the request for replacement of food purchased with food stamps and the eligibility determination.

The Job Center Director or designee must annotate the request and decision on the Control of Assignments/Referrals (**W-708**) and notify the Regional Manager's Office. The Regional Manager's Office must also keep a log of the requests/decisions.

Replacement of Furniture, Clothing, or Other Household Property/Equipment

Due to flooding (and other possible catastrophic circumstances) households may have suffered losses of furniture, clothing or other household property/equipment such as stoves or heating equipment.

Only new applications will have a case status change

Refer to [PD #10-22-SYS](#) for instructions on processing single issue grant requests in POS

Households may be eligible for an emergency cash assistance grant for the replacement or repair of these items as well as for the clean up of property affected by the hurricane. In order to be found eligible for these grants, households must:

- Document the loss
- Meet eligibility requirements for EAF, ESNA, or EAA

Note: The income standard for ESNA of 125% of the current federal income official poverty line income limitation does **not** apply if the emergency is the result of a fire, flood, or other like catastrophe. Therefore, this gross income limit for ESNA does not apply to those requesting assistance stemming from damage caused by Hurricane Irene or its aftermath.

In order to be eligible for a non-food related emergency CA grant, the cause of the emergency and the resulting loss must be verified through an assessment of information provided by the applicant/participant by obtaining verification from a collateral contact, or through documentation from a community agency including, but not limited to:

- New York City Housing Authority (NYCHA)
- HRA's Office of Domestic Violence and Emergency Intervention Services (ODVEIS)
- Fire department
- Red Cross

All submitted documentation must be scanned and indexed into the electronic case record.

For households that are determined to be eligible for the emergency cash assistance grant for a replacement of clothing, furniture, equipment or supplies the JOS/Worker must:

- For applicants, place the case in Single Issue (**SI**) status using CA individual line and case reason opening code **064** (Eligible as a result of Hurricane)
- Calculate the amount of the grant using the Schedule of Allowances for the Initial or Replacement Cost of Essential Household Furniture, Furnishings, Equipment, and Supplies (**W-137M**), the Replacement Cost of Clothing Schedule SA-4b (**Attachment A**)
- Issue the grant using issuance code **46** (Disaster Clothing) and/or **47** (Disaster Household Furnishings and Replacements).

Documentation requirements for non-food emergency CA grant

Only new applications will have a case status change

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

The Job Center Director or designee must annotate the request and decision on the Control of Assignments/Referrals (**W-708**) and notify the Regional Manager's Office. The Regional Manager's Office must also keep a log of the requests/decisions.

Effective Immediately

References:

[Food Stamp Source Book](#), Section 11, Page 236

[Temporary Assistance Source Book](#), Chapter 10 Section I; Chapter 11 Section C; Chapter 12 Section C; Chapter 16 Sections B and C.

[GIS 11TA/DC017](#)

[GIS 11TA/DC018](#)

[GIS 11 TA/DC019](#)

[GIS 11 TA/DC020](#)

[GIS 11 TA/DC021](#)

[GIS 11 TA/DC023](#)

[GIS 11TA/WMS032 Revised](#)

[03 INF 35](#)

Related Items:

[CD #96-91](#)

[PD #10-22-SYS](#)

[PD #11-12-OPE](#)


[PB #03-119-ELI](#)

[PB #10-111-ELI](#)

[Fax Flash 11/42](#)

[Fax Flash 11/43](#)

Attachments:

 Please use Print on Demand to obtain copies of forms.

Attachment A M-696g	Replacement Cost of Clothing Schedule SA-4b Proration Table for Computation of Immediate Needs Grants (Code 44) (Rev. 1/24/11)
W-137M	Schedule of Allowances for the Initial or Replacement Cost of Essential Household Furniture, Furnishings, Equipment, and Supplies (9/1/10)
W-708	Control of Assignments/Referrals (Rev. 2/25/11)
LDSS-2291	Request for Replacement of Food Purchased with Food Stamp Benefits (Rev. 8/03)
LDSS-3152 NYC	Action Taken on Your Food Stamp Benefits Case (NYC) (Rev. 3/11)

ATTACHMENT A

Replacement Cost of Clothing Schedule SA-4b

Birth through 5 years \$48

6 through 11 years \$73

12 through adult \$89

Proration Table for Computation of Immediate Needs Grants (Code 44)

Immediate needs for family size of:

	1	2	3	4	5	6	7	8	9	10
DAY	70.50	112.50	150.00	193.00	238.50	275.50	313.00	350.50	388.00	425.50
1	4.70	7.50	10.00	12.87	15.90	18.37	20.87	23.37	25.87	28.37
2	9.40	15.00	20.00	25.74	31.80	36.74	41.74	46.74	51.74	56.74
3	14.10	22.50	30.00	38.61	47.70	55.11	62.61	70.11	77.61	85.11
4	18.80	30.00	40.00	51.48	63.60	73.48	83.48	93.48	103.48	113.48
5	23.50	37.50	50.00	64.35	79.50	91.85	104.35	116.85	129.35	141.85
6	28.20	45.00	60.00	77.22	95.40	110.22	125.22	140.22	155.22	170.22
7	32.90	52.50	70.00	90.09	111.30	128.59	146.09	163.59	181.09	198.59
8	37.60	60.00	80.00	102.96	127.20	146.96	166.96	186.96	206.96	226.96
9	42.30	67.50	90.00	115.83	143.10	165.33	187.83	210.33	232.83	255.33
10	47.00	75.00	100.00	128.70	159.00	183.70	208.70	233.70	258.70	283.70
11	51.70	82.50	110.00	141.57	174.90	202.07	229.57	257.07	284.57	312.07
12	56.40	90.00	120.00	154.44	190.80	220.44	250.44	280.44	310.44	340.44
13	61.10	97.50	130.00	167.31	206.70	238.81	271.31	303.81	336.31	368.81
14	65.80	105.00	140.00	180.18	222.60	257.18	292.18	327.18	362.18	397.18
15	70.50	112.50	150.00	193.00	238.50	275.50	313.00	350.50	388.00	425.50

Grant amounts issued must be rounded down to the nearest nickel.

Add a restaurant allowance to the above amounts for individuals who have no cooking or food storage facilities. The daily restaurant allowance is:

- \$2.13 for each individual
- \$3.33 for pregnant women, children under 18 years of age or full-time students expected to graduate before their 19th birthday

For eligible individuals, add the restaurant allowance to the table amounts to arrive at the total immediate needs grant to be issued. Issue the total grant under immediate needs special grant code **44**. The case entry must indicate the immediate needs grant, including the restaurant allowance and how the total amount was calculated.

Schedule of Allowances for the Initial or Replacement Cost of Essential Household Furniture, Furnishings, Equipment, and Supplies

Household Items	Amount	Special Instructions
Living Room	\$182	
Bedroom <ul style="list-style-type: none"> • With a single bed • With two single beds • With a double bed 	\$145 \$205 \$184	
Kitchen (excluding appliances) <ul style="list-style-type: none"> • Range • Refrigerator 	\$142 \$182 \$182	\$12 for each additional person \$258 for four or more persons
Bathroom	\$6	\$4 for each additional person
Other Equipment <ul style="list-style-type: none"> • Cabinet for linens • Stove for heating 	\$22 \$72	\$82 for five or more persons

An establishment of a Home Grant (Single Issuance Code **60**) can only be approved as a result of an individual/family being re-housed (moving from one living situation to another).

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

IMPORTANT NOTICE

Important Notice: If you need help reading this notice, contact your worker.

Aviso importante: Si necesita ayuda para leer este aviso, comuníquese con su trabajador(a) de casos.

**إخطار هام: إذا احتجت إلى مساعدة في قراءة هذا الإخطار،
خاطب مسؤول ملفك.**

**重要通知：如需幫助閱讀此通知，請與您的
個案負責人接洽。**

**Avis important: Si vous avez besoin d'assistance pour lire
cet avis, veuillez contacter votre travailleur.**

**Avi enpòtan. Si w bezwen èd pou li avi sa a, antre an
kontak ak travayè w la.**

**중요한 통지서: 이 통지서를 읽는데 도움이 필요하시면,
담당 직원에게 연락하십시오.**

**Важная информация. Если при чтении этого
извещения у Вас возникнут трудности, обратитесь к
сотруднику, ведущему Ваше дело.**

**Thông báo quan trọng. Nếu cần được giúp đỡ để đọc bản thông
báo này, xin liên lạc với nhân viên xã hội của quý vị.**

**וויכטיגע מעלדונג איז: אויב איר דארפט הילף צו לייענען די
מעלדונג, פארבינדט זיך מיט אייער ארבעטער.**

ACTION TAKEN ON YOUR FOOD STAMP BENEFITS CASE (NYC)

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				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 80%; height: 80%;"></div> </div>		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.

The action(s) taken on your application/recertification request for Food Stamp Benefits dated _____ is explained below, next to the checked box(es) .

If you do not use your food stamp benefit account for a period of 365 consecutive days, any food stamp benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged food stamp benefits cannot be reissued.

APPROVED for Food Stamp Benefits from _____ to _____ for [name(s)] _____

1. You will get \$ _____ for the month of _____ because we must figure your first month's benefit from:

1a. The date you applied to the end of the month. You may access your benefit on _____.

1b. The latest date you provided proof we needed. This is because you gave us proof after it was due. You may access your benefit on _____.

2. You will get \$ _____ which is a combined benefit for the month's of _____ and _____. This is because you applied/provided proof after the 15th of the month. Your first month's benefit of \$ _____ was figured from the date you applied/provided proof to the end of the month. Your second month's benefit of \$ _____ is for the entire month. You may access your combined benefit on _____.

3. Beginning _____ you will get \$ _____ monthly in Food Stamp Benefits. You may access these benefits on the _____ day of each month.

4. Beginning _____ you will get \$ _____ monthly in Food Stamp Benefits. You may access these benefits on the _____ day of each month.

5. So you could get Food Stamp Benefits right away, we calculated your benefit without all the necessary proof. Listed here is the proof you still need to provide: _____.

You will **not** be able to get Food Stamp Benefits in the future unless you provide this proof. This proof will be used to determine the Food Stamp Benefits you can get. If your Food Stamp Benefits change or your household is determined ineligible for Food Stamp Benefits due to this proof, you will **not** be notified.

6. If you applied for Public Assistance and are approved, your Food Stamp Benefits might go down or might stop. If this happens, you will not get a notice about your Food Stamp Benefits.

7. **Animal Population Control Program (APCP)** – If you are approved for Food Stamp Benefits, the New York State Department of Agriculture and Markets has a program that can help pay to have your dog or cat spayed/neutered. Through the animal population control program, eligible people can have their cat or dog spayed/neutered for \$20.00. This notice entitles you to participate in the program. To receive an application voucher for this program, call 1-866-402-0666.

8. Other Information: _____

DENIED for food stamps for the following individuals:

Name: _____ Reason(s) _____

Name: _____ Reason(s) _____

Name: _____ Reason(s) _____

You did not give us the proof we need to see if you can get Food Stamp Benefits. If you give us this proof we listed above by _____, you will not have to reapply. After that date, you will have to reapply.

OVERPAYMENT INFORMATION (check all that apply)

We are establishing a Food Stamp Benefits overpayment because you or your household got more in Food Stamp Benefits than you should have. See the Demand Letter (and also, if your case is closing, the Repayment Agreement) for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**

You currently have a Food Stamp Benefits overpayment. If your case is closing, see the Demand Letter and Repayment Agreement for more information on the amount you owe and how you will repay this overpayment.

The benefit in Section 3 above reflects a _____% reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

The benefit in Section 4 above reflects a _____% reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

Other: _____

The above decision(s) is based on 18 NYCRR _____.

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

NAME:	ADDRESS:	CASE NUMBER:
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National School Lunch/or Breakfast Programs - The child(ren) listed below are approved to receive free lunch and/or breakfast if he or she attends a school that participates in the National School Lunch and/or Breakfast Programs. To receive this benefit, you must take or send a copy of this notice to the school that your child attends.

This notice also entitles your child(ren) to free meals if they attend a program such as a school, club or camp that participates in the Summer Food Service Program. Make a copy for your records so you can provide it to the sponsor.

List Child(ren)'s name(s):

- Responsibility To Report Changes – See the enclosed LDSS-3151: “Food Stamp Change Report Form” for information on when to report changes.
- If you were denied Food Stamp Benefits, please tell this agency if you are later approved for Supplemental Security Income (SSI) or Family Assistance (FA), since this may mean you can get Food Stamp Benefits.
- Although you may no longer be able to get Public Assistance, Food Stamp Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the **front** of this notice.

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, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. 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 **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by:

Mail: Send a copy of the entire notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12220. 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.)

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

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, New York.

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.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax or walk-in, 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 you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files which 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, call (718) 722-5012, or fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.**

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, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.