



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12-109-ELI

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

REPLACEMENT OF FOOD PURCHASED WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS LOST AS A RESULT OF TROPICAL STORM SANDY

<p>Date: November 16, 2012</p>	<p>Subtopic(s): Disaster Assistance</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Mass replacement benefits were issued on November 7 and November 8, 2012.</p>	<p>Purpose:</p> <p>The purpose of this policy bulletin is to provide instructions to all Job Center and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff regarding the issuance of Emergency Assistance to those affected by Tropical Storm Sandy and the good cause policy for applicants/participants unable to meet program requirements.</p> <p>New York City was recently hit by Tropical Storm Sandy leaving many households with various emergencies. These households may be eligible for emergency grants to help relieve their emergency needs.</p> <p>Active SNAP households may be eligible for a replacement of food, purchased with SNAP benefits, that has spoiled due to a power outage, flood, or absence caused by relocation. The replacement was issued through a mass replacement process for select zip codes or will be issued from the submission of the Request for Replacement of Food Purchased with Supplemental Nutrition Assistance Program (SNAP) Benefits (LDSS-2291A), or both.</p> <p><u>Mass Replacement of SNAP Benefits</u></p> <p>New York State has received a waiver from the U.S. Department of Agriculture to replace food lost by participants of SNAP benefits in areas hardest hit by Tropical Storm Sandy.</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

In addition, for new applications filed September 16, 2012 – September 30, 2012, the benefit represented 50% of their pro-rated September and all of October benefit. For applications filed October 16, 2012 – October 31, 2012 and received an expedited issuance, the benefit represented the pro-rated October and full November benefits. The households in the affected zip codes identified for the mass replacements (see Attachment A) do not have to report to the Job Center or SNAP Center to apply for this benefit. The benefits can be identified in WMS as issuance codes **18** (Disaster Related Issuance [CA/SNAP]) and **19** (Disaster Related Issuance [NCA SNAP]).

As a result of this disaster, SNAP participants can purchase hot and prepared foods with their SNAP benefits from their local EBT retailer. This provision is allowed until November 30, 2012.

Active Cases

Only select zip codes received the mass replacement; other zip codes may be eligible for a replacement due to a power outage or flood.

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

The **LDSS-2291A** can be received via fax.

If a participant, who receives a mass replacement benefit, claims that he/she lost more than the mass replacement benefit issued, he/she must submit the **LDSS-2291A** at their local Job Center, SNAP Center, or New York City Restoration Center location, or by mail or fax. (See bullet 2 below)

Replacement of Food Purchased with SNAP benefits

For households that are in receipt of SNAP benefits, a replacement of food purchased with SNAP benefits may be issued if the food was lost due to a household misfortune such as a power outage, flood, or absence caused by relocation. If the household received an automatic mass replacement of SNAP benefits described above, then they can only receive up to the difference between the mass replacement amount and the total SNAP benefit received in the month of October.

If a SNAP participant makes a request to replace food he/she must:

- Report the loss of food purchased with SNAP benefits by November 28, 2012.
- Complete, sign, and return the Request for Replacement of Food Purchased with Supplemental Nutrition Assistance Program (SNAP) Benefits (**LDSS-2291A**) no later than December 10, 2012. These forms may either be faxed to **917-639-1111** or mailed to:

Division of Supplemental Nutrition Assistance Program
Services

Mail Application & Referral Unit (MARU)

PO Box 24510

Brooklyn, New York 11201

- A case comment may be required if the **LDSS-2291A** is not submitted on the same day as the report.

If the request is questionable, verification of the misfortune is necessary.

Since the power outages and relocations caused by Tropical Storm Sandy 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.

However, If there is reason to believe that a request for replacement benefits is questionable, an evaluation may be made of the individual's household circumstances before issuing benefits. The agency may determine that the household was adversely affected by the disaster and that a loss of food did occur. Verification from, but not limited to, utility companies, government officials, community emergency response organization (e.g., Red Cross), police, fire, and public safety organizations, and other community based organizations can be used to corroborate the claim. Other collateral contacts can be used as well, such as contact with the landlord. Documentation of the monetary value of the lost food is **not** required.

Requests for replacement benefits can be denied or delayed when the available information and documentation indicates that a household's request for replacement benefits may be fraudulent. For instance, if the applicant lives in an area of Upper Manhattan which did not lose power for any appreciable time and submits an **LDSS-2291A** attesting to the loss of food, the agency could delay issuance of the replacement benefit until proof of misfortune is provided.

All submitted documentation including a completed and signed **LDSS-2291A** must be scanned and indexed into the electronic case record.

Issuing Benefits

If the claim is questionable, verification of the misfortune may be necessary, but not verification of the monetary value of the food lost.

SNAP benefits used to replace food 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 SNAP benefits issued for the month.

Households can receive a replacement up to the amount of their most recent issuance prior to the onset of the disaster

If the most recent issuance was a combined expedited issuance for October and November, then the replacement issuance may not exceed the full amount of the combined expedited issuance.

October 2012 SNAP benefit issuances that included a restored benefit (benefits issued as a result of a fair hearing decision) must be included when determining the maximum allowable replacement amount, provided the applicant is requesting more than his/her monthly allotment.

Benefits will be issued through a centralized process. **Do not issue benefits at the Center.**

MIS will send all of the necessary information to OTDA for processing.

The benefits will be issued through a centralized process. Therefore, staff must:

- Collect the **LDSS-2291A** forms
- Review the forms to ensure the dollar amount of the loss, the client's signature, and at least the client's case number, SSN, or Client Identification Number (CIN) was annotated on the **LDSS-2291A**.
- Batch the forms in groups of 50 for pick up by a designated person in FIA Operations. The designated person will forward the packets to a designated area for centralized data entry.

Households Not Currently Active for SNAP

Households whose cases are **currently closed**, but received a SNAP benefit issuance in or for the month of October 2012, are not eligible for a replacement of food purchased with SNAP benefits. Replacement benefits can only be issued on cases that are currently active (active at the time the replacement benefit is being issued.)

Denials of Replacement of Food Purchased with SNAP Benefits

Centralized Review/Data Entry Unit

Staff in the Centralized Review/Data Entry Unit will determine eligibility for the SNAP replacement benefit. If the request for replacement SNAP benefits was for food that was purchased with SNAP benefits and was lost due to a power outage, flood, or other emergency that cannot be verified or is questionable (e.g., outage was less than four hours; outage did not occur in participant's building, request could not be corroborated), the reason for denial will be noted on the Notice of Action Taken on Your Request for a Supplemental Nutrition Assistance Program (SNAP) Benefit Replacement (**FIA-1088a**). Households that have their request for replacement SNAP benefits denied can request a Fair Hearing on the issue. Replacement SNAP benefits **cannot** be authorized pending a Fair Hearing decision.

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

Households that were in applying (**AP**) status at the time of the storm did not receive a mass replacement and are not eligible for a supplement.

Households Not in Receipt of SNAP Benefits Claiming Lost Food

There are no special provisions for applicants not in receipt of SNAP benefits, including those households that applied in the month of October and not eligible for expedited benefits, claiming a loss of food due to a power outage, flood, or other emergency. These households may apply for SNAP benefits per normal SNAP eligibility rules and are to be screened for expedited SNAP service according to current procedure.

SNAP 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 SNAP benefits.

If a non SNAP household submits a request for food replacement and is determined ineligible, a denial notice is not required.

Effective Immediately

References:

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

[03 INF 35](#)

GIS 12 TA/DC023

GIS 12 TA/DC024

18 NYCRR Part 370

18 NYCRR Part 372

18 NYCRR Part 397

02-ADM-2

03-ADM-11

Related Items:

[PD #12-29-ELI](#)

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

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

[PB #12-105-ELI](#)

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

Attachments:

LDSS-2291A	Request for Replacement of Food Purchased with Supplemental Nutrition Assistance Program (SNAP) Benefits (Rev. 11/12)
FIA-1088a	Notice of Action Taken on Your Request for a Supplemental Nutrition Assistance Program (SNAP) Benefit Replacement
FIA-1088a (S)	Notice of Action Taken on Your Request for a Supplemental Nutrition Assistance Program (SNAP) Benefit Replacement
Attachment A	Zip Codes Eligible for Mass Replacement

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

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

NEW YORK STATE					OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE	
CASE NAME					COUNTY	
CASE NUMBER					SSN	Date of Birth
HOUSE #	STREET ADDRESS	APT #	CITY	STATE	ZIP	PHONE NUMBER

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

My household experienced a loss in the amount of \$ _____ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

- _____ a power outage
- _____ a flood
- _____ a fire
- _____ other disaster

SAMPLE

Worker Comments: _____

Client Comments: _____

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 SNAP benefits.

Signature

Date

Solicitud Para Reemplazo de los Alimentos Comprados con los beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)

Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York

Nombre del Caso						Condado	
Numero del Caso						SSN	Fecha de Nacimiento
# Casa Postal	Dirección	# Apto	Ciudad	Estado	Código	Numero de Teléfono	

Yo _____ siendo el jefe (a) 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 perdida de \$ _____ de alimentos comprados con el subsidio del Programa de Asistencia Nutricional Suplementaria – SNAP, destruidos como resultado de:

- un corte de energía eléctrica
- una inundación
- un incendio (or un fuego)
- otro desastre

SAMPLE

Comentarios del trabajador(a) social:

Comentarios del Cliente:

Certificación

No firme hasta que usted haya leído y entendido las instrucciones a continuación

Estoy consciente que el proveer un instrumento falso para ser archivado en mi caso, tal como 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 del la emisión de reemplazo de beneficios para mi hogar. Los reemplazos no sería emitirán si la decisión de la audiencia imparcial esta pendiente.

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

Firma

Fecha

Date: _____

Case Number: _____

Case Name: _____

Denial of Your Request for a Supplemental Nutrition Assistance Program (SNAP) Benefit Supplement

We received your request for a replacement of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits that was lost due to a power outage, flood, fire or other disaster caused by Tropical Storm Sandy.

This is to inform you that your request has been denied because:

- SAMPLE
- You did not enter the amount of your loss.
 - Your reason for the request was not related to a loss of food caused by a household misfortune.
 - You did not sign the application.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION SECTION
OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

(1) TELEPHONE: Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) WRITE: Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)

(3) FAX: Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.

(4) IN PERSON: Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at:
14 Boerum Place, Brooklyn, NY 11201.

(5) ONLINE: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

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. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. 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 that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the 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 files. If you call, write or fax 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 us, we will send you free copies of 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**, 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 or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): If you request a Fair Hearing within 10 days of the date of this notice, you will not have to comply with the requirement(s) for which a waiver was denied unless and until a Fair Hearing decision is issued which finds that the waiver was correctly denied.

If you **do not** want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance issues.

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

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____ Case Number: _____
Name M.I Last

Address: _____
Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Rechazo de su Petición de Suplemento de Beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Hemos recibido su petición de reemplazo de comida comprada con beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) que se perdió a raíz de un apagón, inundación, incendio u otro desastre causado por la tormenta tropical Sandy.

Por la presente le informamos que su petición ha sido rechazada porque:

- Usted no indicó la cantidad de su pérdida.
- Su razón por la petición no estaba relacionada con un pérdida de alimentos causada por un contratiempo doméstico.
- Usted no firmó la solicitud.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES
DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en la **primera página** de este aviso, o escríbanos a la dirección que también aparece en la **primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si usted sólo solicita una conferencia, sus beneficios se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su(s) Beneficio(s).)

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) **POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) **POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Favor de guardar una copia para usted.)
- (3) **POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) **EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) **POR INTERNET:** Llene una solicitud de formulario electrónico conectándose a:
<http://www.otda.ny.gov/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la cual usted considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted está incapacitado(a), y no puede transportarse, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado, ni empleado(a) de abogado, su representante debe traer una carta firmada al oficial de Audiencias Imparciales.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Si usted solicita una Audiencia Imparcial dentro de 10 días de la fecha de este aviso, no tendrá que cumplir el/los requisito(s) por los cuales se denegó la dispensa, a menos y hasta que se emita una decisión por parte de la Audiencia Imparcial que determine que la dispensa fue denegada de modo justificado.

Si usted **no** desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso, marque la casilla a continuación:

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia en efectivo.

Si no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la agencia es errónea porque:

Nombre en letra de molde: _____ Número del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Attachment A

ZIP CODES ELIGIBLE FOR MASS REPLACEMENT

November 2, 2012

Hurricane Sandy Zip Codes

Manhattan, Including Zone A, Storm Surge, and Power Shutdown: 10004, 10005, 10280, 10006, 10007, 10282, 10013, 10002, 10014, 10009, 10010, 10011, 10001, 10280, 10282, 10023, 10012, 10003, 10048, 10281, 10282, 10271, 10279, 10278, 10014, 10010, 10016, 10199, 10199, 10119

Manhattan Zone A Only, Above 36th street:
10018, 10036, 10019, 10069, 10128

Brooklyn, Including Storm Surge, Power Shutdown, and Zone A: 11201, 11231, 11215, 11232, 11205, 11211, 11222, 11224, 11223, 11229, 11235, 11234, 11238, 11239, 11220, 11251, 11249, 11237, 11214

Staten Island, Including Storm Surge, Zone A, and Reported Power Outages (all of Staten Island): 10307, 10309, 10312, 10308, 10306, 10305, 10304, 10301, 10310, 10302, 10303, 10311, 10314

Queens, Including Storm Surge and Zone A: 11101, 11697, 11695, 11694, 11692, 11691, 11096, 11693, 11414, 11109, 11378, 11371, 11413, 11422

Bronx, Including Storm Surge and Zone A:
10451, 10453, 10473, 10465, 10464, 10474, 10461, 10475, 10454