



# FAMILY INDEPENDENCE ADMINISTRATION

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Policy, Procedures, and Training

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## POLICY BULLETIN #12-57-ELI

*(This Policy Bulletin Replaces PD #08-43-ELI)*

### REVISION TO DETERMINATION OF ELIGIBILITY FOR EMERGENCY ASSISTANCE TO NEEDY FAMILIES (EAF) (W-145TT)

<b>Date:</b> July 19, 2012	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p><b>Note:</b> <i>Beginning August 29, 2012, any reference to the Food Stamp Program shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits</i></p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff of a revision made to Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (<b>W-145TT</b>). This form is used to authorize payments under EAF except EAF for foster care, preventive services, and juvenile justice services.</p> <p>Form <b>W-145 TT</b> has been revised to include a new question 1 in Section II (EAF Eligibility Determination Checklist), as a reminder that eligibility for Emergency Assistance for Adults (EAA) must be explored in the case where a caretaker relative or non-parent caretaker receives Supplemental Security Income (SSI) and applies for assistance with an emergency need. The subsequent questions have been re-numbered accordingly as a result of this addition.</p> <p>Job Center Directors and Non Cash Assistance Food Stamp Center Directors must ensure that all previous versions of the form are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>W-145TT</b>      Determination of Eligibility for Emergency Assistance to Families (Rev. 7/19/12)</p> <p><b>Related Item:</b></p> <p><a href="#">PB #01-55-ELI</a></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

## Determination of Eligibility for Emergency Assistance to Needy Families (EAF)

Case Name:	Case Composition:
Case Number/Suffix:	
Caseload:	
Center:	
Type of Emergency:	
Cause of Emergency:	

As set forth in 18 NYCRR § 372.1 and 97 ADM 20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

### I. This Crisis Situation is Due to the Following Circumstance(s):

SAMPLE

<input type="checkbox"/> Fire or other disaster	<input type="checkbox"/> Utility shutoff/termination
<input type="checkbox"/> Asked to leave shared apartment by relative or friend who is primary tenant	<input type="checkbox"/> Eviction by landlord for reasons other than nonpayment of rent (specify): _____
<input type="checkbox"/> Emergency medical expenses required all available recourses to be diverted from rent	<input type="checkbox"/> Eviction by landlord due to nonpayment of rent as part of a complex set of problems, which constitutes an emergency for the family
<input type="checkbox"/> Sudden loss of employment due to layoff or other reason not brought about by voluntary quit	<input type="checkbox"/> Victim of domestic violence (adult and or child)
<input type="checkbox"/> Landlord refused late or partial rent payment	<input type="checkbox"/> Other (specify): _____

### II. EAF Eligibility Determination Checklist:

**In order to determine participant's eligibility for EAF, respond to each of the following items:**

1. Does the caretaker relative or non-parent caretaker receive SSI? If "Yes," determine eligibility for Emergency Assistance of Adults (EAA) first, if "No" or not EAA eligible, proceed to question 2.  Yes  No

2. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school, who is currently residing with an adult caretaker who is related by blood, marriage or adoption?  Yes  No

\* The term "caretaker who is related by blood, marriage or adoption" shall include the following:

- (1) the child's father, mother, brother, sister, grandfather, great-grandfather, great-great-grandfather, grandmother, great-grandmother, great-great-grandmother, uncle, great-uncle, great-great-uncle, aunt, great-aunt, great-great aunt, of whole or half blood;
- (2) the child's first cousin, nephew and niece, of whole or half blood;
- (3) the child's stepfather, stepmother, stepbrother, stepsister, but no other step relative;
- (4) in the case of a child who has been surrendered to an authorized agency or who has been adopted:
  - (i) any of the blood or step relatives included in the preceding paragraphs of this subdivision; and
  - (ii) the child's adoptive parents and:
    - (a) the other children of the adoptive parents and the children of such children;
    - (b) the parents, grandparents and great-grandparents of the adoptive parents;
    - (c) the brothers and sisters of the adoptive parents and the children of such brothers and sisters; and
    - (d) the aunts, uncles, great-aunts and great uncles of the adoptive parents.

(5) the spouse of any person described in the preceding paragraphs, even though the marriage may have been terminated by death, divorce or annulment; and

(6) in the case of a child born out of wedlock, any relative in the maternal line included in the preceding paragraphs of this subdivision and, if paternity has been adjudicated or acknowledged in writing, any relative in the maternal and paternal lines included in the preceding paragraphs.

3. Is there a woman of any age with a medically verified pregnancy?  
 If you checked "Yes" to either question 2 or 3 above, proceed. If not, the case is ineligible for EAF.  Yes  No

4. Does the family have resources to meet their needs or available income at or above 200% of the most recently published Federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for the family size? (See **EXP-76D**)  Yes  No

5. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services?  Yes  No

6. Will the emergency grant being applied for duplicate or replace a Cash Assistance grant already made under \*\*18 NYCRR § 352.2(a)(b)(c)? (See **W-203K**)  
 (Do not answer "Yes" if the duplication will replace lost or stolen Cash Assistance.)  Yes  No

\*\* Each social services district shall utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of Section 352.2 to provide for all items of need, exclusive of:

- (1) shelter;
- (2) fuel for heating;
- (3) additional cost of meals for persons who are unable to prepare meals at home;
- (4) purchase of necessary and essential furniture required for the establishment of a home;
- (5) replacement of necessary and essential furniture for persons in need of Cash Assistance who have suffered the loss of such items as the result of fire, flood or other like catastrophe;
- (6) essential repairs of heating equipment, cooking stoves and refrigerators;
- (7) allowances for occupational training.

If you checked "No" to questions 4, 5, and 6, proceed.  
 If you checked "Yes" to any of questions 4, 5, and 6, the applicant is ineligible for EAF.

7. Is the necessary payment a diversion payment or a utility emergency payment?  
 If you checked "Yes" to Number 7, **Stop** – EAF eligible.  
 If you checked "No" to Number 7, go to Number 8.  Yes  No

8. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?  
 If you checked "Yes" to Number 8, **Stop** – EAF eligible.  
 If you checked "No" to Number 8, ineligible for EAF.  Yes  No

**III. Is This Case Eligible for EAF?**  Yes  No

In accordance with 18 NYCRR § 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

JOS/Worker Signature	Date
Supervisor Signature	Date

**IMPORTANT: If you have determined that this case is eligible for EAF, HAVE YOU:**

- Completed all questions on this form?
- Signed and date this form, and obtained your Supervisor's signature?
- Entered an "F" in element 270 of POS TAD?

All POS case entries must be descriptive and indicate the nature of the emergency. Please ensure that all related materials are scanned and available on the HRA One Viewer. Complete the POS TAD and annotate the EAF indicator.

(File copy in case record)

For CIS/OCF Use Only EAF Indicator Data Entry																	
Case Name	_____																
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				Control Clerk	_____	Date	_____										