



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12-66-ELI

NON-CITIZENS WHO ENTERED THE U.S. OR HAD THEIR STATUS CHANGED VIA SPONSORSHIP

Date: 8/9/2012	Subtopic(s): Sponsorship
<p>Ⓜ This procedure can now be accessed on the FIAweb.</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 that the Family Independence Administration has developed a new form entitled “Notice to Non-Citizens Who Entered the United States or Had Their Status Changed Via Sponsorship” (FIA- 1068). This form is to be included in all Cash Assistance Application and Recertification Kits.</p> <p>The purpose of the form is to advise applicants/participants that if they are non-citizens and were sponsored into the United States with a signed Affidavit of Support (I-864), HRA may attempt to contact their sponsors.</p> <p>The Cash Assistance Application/Recertification Kit form (M-90c) has been revised to include (FIA- 1068).</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>FIA-1068 (E) Notice to Non-Citizens Who Entered the United States or Had Their Status Changed Via Sponsorship (Rev. 8/9/2012)</p> <p>FIA-1068 (S) Notice to Non-Citizens Who Entered the United States or Had Their Status Changed Via Sponsorship (Spanish) (Rev. 8/9/2012)</p> <p>M-90c CA Application/ Recertification Kit Form (Rev. 8/9/2012)</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

Notice to Individuals Who Entered the United States or Had Their Status Changed Via Sponsorship

IF

- You entered the United States by sponsorship; **OR**
- You became a permanent resident by sponsorship; and
- Your sponsor signed the I-864 (Affidavit of Support); and
- You are applying or recertifying for Cash Assistance.

What HRA May Do

- HRA may ask your sponsor to repay the government for the cash benefits you received or may receive from HRA.
- HRA will ask you to provide information about your sponsor when you apply or recertify for Cash Assistance.
- HRA may take legal action against your sponsor if your sponsor refuses to repay the government for the cash benefits you receive(d).
- At this time, **HRA will NOT attempt** to recover payment from your sponsor for Supplemental Nutrition Assistance Program (Food Stamps) or Medicaid benefits you received or may receive.
- HRA will first send you a letter before it contacts your sponsor about repayment.

I-864 Form

- The I-864 is the form you gave with your petition to enter this country or adjust your immigration status to permanent resident.
- The I-864 form stated that the agency may ask for repayment if a Federal, State or local agency provides certain public benefits to the person who becomes a permanent resident based on the I-864.
- By signing the I-864 your sponsor agreed to financially support you up to a certain level.¹

If you have any questions how this may affect your immigration status you can contact an Immigration Attorney or Advocate.

Note: Beginning August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutritional Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

¹ By signing the I-864 your sponsor agreed to provide you with the support necessary so that your income is at least 125% of the Federal Poverty Level. If your sponsor is on active duty in the U.S. Armed Forces and he/she is your spouse or parent (if you are under 21 yrs and unmarried) then he/she must support you so that your income is at least 100% of the Federal Poverty Level.

Aviso a las Personas Que Ingresaron a los Estados Unidos O Que Cambiaron Su Estado Mediante Patrocinio

SI

- Usted ingresó a los Estados Unidos mediante patrocinio; **O**
- Usted se hizo residente permanente mediante patrocinio; y
- Su patrocinador firmó el I-864 (Affidavit of Support); y
- Usted está presentando solicitud o recertificándose para Asistencia en Efectivo.

Lo Que Puede Hacer la HRA

- La HRA puede pedirle a su patrocinador que le devuelva al gobierno su pago de beneficios en efectivo que usted recibió o pueda recibir de la HRA.
- La HRA le pedirá a usted que proporcione información sobre su patrocinador al presentar solicitud o recertificarse para Asistencia en Efectivo.
- La HRA puede tomar acción legal contra su patrocinador si éste se rehúsa a devolverle al gobierno los pagos de beneficios en efectivo que usted recibe o ha recibido.
- En este momento, **la HRA NO intentará** recobrar su patrocinador el pago del Programa de Asistencia de Nutrición Suplemental (Cupones para Alimentos) o beneficios de Medicaid que usted recibió o pueda recibir.
- La HRA le enviará a usted una carta antes de comunicarse con su patrocinador respecto a la devolución de pago.

Formulario I-864

- El I-864 es el formulario que usted presentó con su petición para ingresar a este país o ajustar su estado de inmigración a residente permanente.
- El formulario I-864 indicó que la agencia puede pedir la devolución de pago si una agencia Federal, Estatal o local le suministra ciertos beneficios públicos a la persona que se hace residente permanente conforme al I-864.
- Al firmar el I-864 su patrocinador acuerda brindarle apoyo económico hasta cierto punto.¹

Si usted tiene cualquier pregunta sobre cómo esto le puede afectar su estado de inmigración, puede comunicarse con un Defensor (Advocate) de Inmigración.

Nota: A partir del 29 de agosto, el Programa de Cupones para Alimentos se conocerá como el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda mención de Cupones para Alimentos se referirá a SNAP.

¹ Al firmar el I-864 su patrocinador acordó brindarle el apoyo económico necesario para que su ingreso sea por lo menos 125% del Nivel Federal de Pobreza. Si su patrocinador está en servicio activo en las Fuerzas Armadas de E.E.U.U. y él/ella es su cónyuge o padre/madre (si usted es menor de 21 años y soltero[a]), él/ella debe brindarle apoyo económico para que su ingreso sea por lo menos 100% del Nivel de Federal de Pobreza.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers Caring for Children	Attachment A****	State
2	Revised Assignment of Support Rights Language for LDSS 2921	Attachment 1****	State
3	Statewide Common Application	LDSS-2921*	State
4	Food Stamp Change Report Form	LDSS-3151*	State
5	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A*	State
6	New York State What You Should Know About Social Services Programs	LDSS-4148B*	State
7	New York State What You Should Know If You Have An Emergency	LDSS-4148C*	State
8	Notice Of Responsibilities And Rights For Support	LDSS-4279**	State
9	Domestic Violence Screening Form	LDSS-4583*	State
10	Domestic Violence Palm Card	LDSS-4583A**	State
11	DFR Legal Residence Statement	LDSS-473B	State
12	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
13	It's Tax Time. Go Get Your Refund!	Palm Card*	DCA
14	New York State How To Complete The Temporary Assistance (TA) - Medical Assistance (MA) - Medical Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC) Application	PUB-1301*	State
15	How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits	PUB-4596*	State
16	Keep the Heat On With HEAP Pamphlet	PUB-4735	State
17	Helping Hands For People In Need	PUB-4916*	State
18	Notice to All Applicants	EXP-75Q***	FIA
19	Notice to Non-Citizens Who Entered the United States or Had Their Status Changed Via Sponsorship	FIA-1068*	FIA
20	I Speak Card (Instructional)	HRA-101**** (FIA-1043)	FIA
21	Absent Parent Questionnaire	M-384k*	FIA
22	Your Interview with the Office of Child Support Enforcement	M-384t*	FIA

*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

**Available in English and Spanish only.

***Multiple languages are contained on one form.

****Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
23	Child Care Guarantee Informational	M-528m**	FIA
24	Attention: Applicants/Participants	W-116U*	FIA
25	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E*	FIA
26	Services for Victims of Sexual Assault	W-131**	FIA
27	Cash Assistance Additional Allowances	W-137C*	FIA
28	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
29	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A**	FIA
30	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
31	Notice to Applicants and Participants Regarding Third-Party Health Insurance	W-290*	FIA
32	What To Do If You Have Been Sexually Assaulted	BRC-100B**	Mayor's Office
33	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M**	BFI
34	Guide to Work Supports	BRC-504**	FIA
35	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
36	Eligibility Verification Review Questionnaire	W-532T*	FIA
37	Cash Assistance & Child Support	W-549D**	OCSE
38	Child Care Fact Sheet and Planner	CS-574EE**	ACS
39	Language Questionnaire	W-680FF*	FIA
40	Are You Disabled?	W-681A*	FIA
41	Notice to Applicants/Participants	W-904DD*	FIA
42	Essential Persons	W-912KK**	FIA
43	List of Participating Clinics and Hospitals	MAP-58k***	FIA
44	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
45	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096*	MAP
46	Your Guide To Public Health and Eligibility	MAP-2020N	MAP

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