




# FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

## POLICY BULLETIN #14-100-OPE

### STORAGE FEE NOTICES

<p><b>Date:</b> September 23, 2014</p>	<p><b>Subtopic(s):</b> Storage Fees</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform staff of the storage fee notices associated with the new automated process for the payment of storage fees on behalf of individuals/families that reside in Department of Homeless Services (DHS) shelters.</p> <p>Effective October 1, 2014, the Agency will implement the automated process to systematically pay storage fees (Issuance Code <b>21</b>) to storage vendors for households as long as the household resides in a DHS shelter.</p> <p>Management Information Systems (MIS) will conduct a file match with DHS to identify individuals or families who reside in participating homeless shelters. Once those households have been identified, MIS will pass a file to the Welfare Management System (WMS) on a monthly basis for the storage fees to be automatically paid to the storage vendor.</p> <p>The unique authorization number associated with the automated storage fee payment is <b>335013</b>.</p> <p>The following notices have been created and will be systematically sent to the appropriate parties:</p> <ul style="list-style-type: none"> <li>• Notice to Household of Storage Fee Payment to Vendor (<b>FIA-1127</b>) – this notice informs the household that the agency has agreed to pay the storage fee payment on their behalf as long as they reside in a DHS shelter.</li> <li>• Notice to Household of Storage Fee Payment Termination (<b>FIA-1127a</b>) – this notice informs the household that their storage fee payment is being terminated because they no longer reside in a DHS shelter.</li> </ul>

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 Vendor of Storage Fee Payment (**FIA-1127b**) – this notice informs the storage vendor that the agency will pay the storage fee on behalf of the household. This is *not* a monthly notice and will be sent once (at the beginning of the payment arrangement).
- Notice to Vendor of Storage Fee Payment Termination (**FIA-1127c**) – this notice informs the storage vendor that the agency will no longer pay the storage fee on behalf of the household.

*Effective October 1, 2014*

**Related Item:**

[PB #14-23-OPE](#)      Payments to Applicants/Participants for Storage of Furniture and Personal Belongings

**Attachments:**

<b>FIA – 1127</b>	Notice to Household of Storage Fee Payment to Vendor (9/23/14)
<b>FIA – 1127 (S)</b>	Notice to Household of Storage Fee Payment to Vendor (Spanish) (9/23/14)
<b>FIA – 1127a</b>	Notice to Household of Storage Fee Payment Termination (9/23/14)
<b>FIA – 1127a (S)</b>	Notice to Household of Storage Fee Payment Termination (Spanish) (9/23/14)
<b>FIA – 1127b</b>	Notice to Vendor of Storage Fee Payment (9/23/14)
<b>FIA – 1127c</b>	Notice to Vendor of Storage Fee Payment Termination (9/23/14)

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

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Notice to Household of Storage Fee Payment to Vendor

Dear \_\_\_\_\_:

We are notifying you that the agency has agreed to pay your storage fee of \$ \_\_\_\_\_  
beginning \_\_\_\_/\_\_\_\_/\_\_\_\_. This payment is being made to:

Vendor's Name \_\_\_\_\_  
Vendor's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SAMPLE**

The account number assigned to you by the \_\_\_\_\_  
facility is \_\_\_\_\_.

This payment will continue to be made as long as you reside in a Department of Homeless Services (DHS) shelter.

Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Centro: \_\_\_\_\_

### Aviso al Hogar de Pago al Contratista de la Cuota de Almacenaje

Estimado(a) \_\_\_\_\_:

Por el presente le informamos que la agencia ha convenido en pagar su cuota de almacenaje de \$ \_\_\_\_\_ a partir del \_\_\_\_/\_\_\_\_/\_\_\_\_. Este pago se efectúa a nombre de:

Nombre del Contratista: \_\_\_\_\_

Dirección del Contratista: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

El número de cuenta que le ha asignado el local de \_\_\_\_\_ es \_\_\_\_\_.

Este pago seguirá efectuándose siempre que usted resida en el refugio del Departamento de Servicios para las Personas sin Hogar (DHS).

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Center: \_\_\_\_\_

### Notice to Household of Storage Fee Payment Termination

Dear \_\_\_\_\_:

We are notifying you that as of \_\_\_\_/\_\_\_\_/\_\_\_\_, the agency has stopped payment of your storage fee under account number \_\_\_\_\_ to the \_\_\_\_\_ facility at \_\_\_\_\_

because the Agency has received information that you no longer reside in a Department of Homeless Services (DHS) shelter. If you still need help to pay your storage fee, please go to your local job center to request assistance.

SAMPLE

Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Centro: \_\_\_\_\_

### **Aviso al Hogar de Terminación de Pago de la Cuota de Almacenaje**

Estimado(a) \_\_\_\_\_:

Por el presente le notificamos que a partir del \_\_\_\_/\_\_\_\_/\_\_\_\_, la agencia ha dejado de pagar su cuota de almacenaje bajo el número de cuenta \_\_\_\_\_ al local de

\_\_\_\_\_ en el \_\_\_\_\_  
debido a que la Agencia ha recibido información que usted ya no reside en el refugio del Departamento de Servicios para las Personas sin Hogar (DHS). Si usted aún necesita ayuda para pagar su cuota de almacenaje, favor de presentarse a su centro local de trabajo para solicitar asistencia.

SAMPLE

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Center: \_\_\_\_\_

### Notice to Vendor of Storage Fee Payment

To \_\_\_\_\_:

We are notifying you that as of \_\_\_\_/\_\_\_\_/\_\_\_\_, the agency will pay the storage fee of \$\_\_\_\_\_

on behalf of \_\_\_\_\_ under account number

\_\_\_\_\_ until further notice.

SAMPLE

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Center: \_\_\_\_\_

### Notice to Vendor of Storage Fee Payment Termination

To \_\_\_\_\_:

We are notifying you that as of \_\_\_\_/\_\_\_\_/\_\_\_\_, the agency will no longer pay the storage fee on behalf of \_\_\_\_\_ under account number \_\_\_\_\_.

SAMPLE