




# FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

## POLICY BULLETIN #14-125-ELI (This Policy Bulletin Replaces PB #10-111-ELI)

### REVISION TO ESTABLISHMENT OF A HOME GRANT

<p><b>Date:</b> October 31, 2014</p>	<p><b>Subtopic(s):</b> Eligibility</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revision to Original Policy Bulletin:</b></p> <p>This policy bulletin is being revised to update information concerning the role of the Red Cross in housing-related assistance due to damages incurred from a fire/disaster. The Red Cross does not provide a report to verify losses due to a fire or flood; however, the Red Cross completes Section two (2) of the Dwelling Survey Worksheet (<b>W-30FF</b>) when a household (referred by the Job Center) requests housing-related assistance due to damages incurred from a fire/disaster.</p> <p><b>Purpose:</b></p> <p>The purpose of this policy bulletin is to remind Job Center staff that a request for an establishment of a home grant (Single Issuance Code <b>60</b>) can only be granted for the purchase of necessary and essential furniture (including household furnishings, equipment and supplies) required to establish a home for persons eligible for cash assistance/emergency assistance when provisions of these items cannot otherwise be secured. The household must meet all standard eligibility requirements and any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• An individual or family temporarily housed in a hotel, motel, homeless shelter, residential program for victims of domestic violence, or other temporary accommodations to which the individual or family has been referred by the center, is being permanently re-housed in <u>unfurnished housing accommodations</u>, and <u>suitable furnished accommodations</u> are not available.</li> </ul>

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send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- An unattached individual who is discharged from an institution and is determined to be capable of maintaining an apartment in the community and suitable furnished accommodations are not available.
- An adult who is discharged from an institution and wishes to rejoin his/her family, which needs additional furniture to provide adequate shelter for him/her.
- A child is returned to his/her parents, who are in need of additional furniture to provide adequate shelter for him/her.
- It is essential that an individual or family be re-housed in order to safeguard his/her or their health, safety, and well-being. In this instance, the individual's/family's living situation is adversely affecting his/her or their physical and mental health and thus the need for the move.

In each of the five criteria listed above an individual/family is being re-housed (moving from one living situation to another).

Replacement of unusable furniture for health and safety reasons

Sometimes, an applicant/participant who has not had a change in living accommodations will request an allowance to replace existing furniture. In these instances the applicant/participant may state that the replacement of the furniture is needed in order to safeguard his/her physical and mental health.

A move into unfurnished accommodations must occur in order to issue a grant.

Even if documentation of the claim is submitted, the request for an establishment of a home grant cannot be approved since health and safety reasons in absence of a move are not sufficient to approve the grant. An establishment of a home grant for health and safety reasons can only be approved when an applicant/participant has been moved from one residence into unfurnished accommodations and suitable furnished accommodations are not available.

Loss or damage as a result of burglary, theft, vandalism, fire, flood, or other similar catastrophe

**Note:** Allowances may be made for the replacement of clothing (Single Issuance Code **46**) and furniture (Single Issuance Code **47**) for an individual or family suffering the loss or damage of such items as a result of burglary, theft, vandalism, fire, flood, or other similar catastrophe, which could not have been foreseen by the individual or family and was not under his/her or their control.

Documentation provided must be scanned and indexed into the electronic case record.

All losses due to burglary, theft, or vandalism must be reported to local law enforcement officials and be appropriately verified by local officials before replacement or repair is made. Documentation in the case record shall include the NYPD – Job Center Report/Referral (**W-451**) or a regular detailed police report.

Revised

All losses due to fire or water damage connected to extinguishing a fire must be reported to local fire department officials and verified before replacement or repair is made. The fire department report regarding such losses must be scanned and indexed into the Intra-agency correspondence folder (as the document type Fire Department Report) in the HRA One Viewer.

Revised

Refer to [PB #12-50-OPE](#).

When an individual requests housing-related assistance due to damages incurred from a fire/disaster, Form **W-30FF** must first be completed by the Job Opportunity Specialist (JOS) at the Job Center. The individual is then referred to the Red Cross which will complete Section two (2) of the form to report the damages and the reason for the damages. This form is then sent to the Homelessness Diversion Unit (HDU) as a referral to determine if emergency replacement is warranted for the household. Section three (3) of the form may be completed by HDU if Section two (2) indicates damages to clothing. Once emergency replacement is indicated, the JOS/Worker will issue an emergency grant and will complete Section four (4) of the form.

See [Worker's Guide to Codes](#) for complete information on Special Grant Codes.

The establishment of a home grant (Single Issuance Code **60**), replacement or repair of clothing (Single Issuance Code **46**) and furniture (Single Issuance Code **47**) will be issued according to the Schedule of Allowances for the Initial or Replacement Cost of Essential Household Furniture, Furnishings, Equipment, and Supplies (**W-137M**).

Documentation of the need for such issuances must be fully recorded in each case record.

*Effective Immediately*

**References:**

18NYCRR 352.7 (a)

[Temporary Assistance Source Book](#), Chapter 16, page 285

**Related Item:**

[PB #12-50-OPE](#)

**Attachments:**

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

**W-137M**

Schedule of Allowances for the Initial or Replacement Cost of Essential Household Furniture, Furnishings, Equipment, and Supplies (9/1/10)

**W-30FF**

Dwelling Survey Worksheet (Rev. 7/2/12)

**W-451**

NYPD – Job Center Report/Referral (Rev. 5/7/14)

### 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"> <li>• With a single bed</li> <li>• With two single beds</li> <li>• With a double bed</li> </ul>	\$145 \$205 \$184	
Kitchen (excluding appliances) <ul style="list-style-type: none"> <li>• Range</li> <li>• Refrigerator</li> </ul>	\$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"> <li>• Cabinet for linens</li> <li>• Stove for heating</li> </ul>	\$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).

### Dwelling Survey Worksheet

#### SECTION 1 – Case Information

Case Name: _____	Category: _____	Case Number: _____	Suffix: _____	Job Center: _____
Address: _____				
Address Line 1 _____	Apartment No. _____	City _____	State _____	Zip Code _____
Number of Rooms _____	<input type="checkbox"/> Furnished	<input type="checkbox"/> Unfurnished	Date Referred to Red Cross C.H.U.: _____	
Service Section Worker: _____				
Landlord: _____		Telephone Number: _____		
Landlord Address: _____				
Address Line 1 _____	City _____	State _____	Zip Code _____	

#### SECTION 2 – Dwelling Survey (To be completed by Red Cross C.H.U.)

Enter one C.H.U. **Damage Code** and one **Damage Reason Code** below for each room (e.g. severely damaged by fire - 2F):

- 0 - No damage
- 1 - Minor damage (usable)
- 2 - Major damage (unusable)\*
- 3 - Destroyed
- F - Fire
- W - Water
- O - Overhaul (indirect damage related to the disaster)

\*For PA purpose, C.H.U. codes 2 and 3 are combined

Items	Number	Entrance	Living Room	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom	Kitchen	Other Room
Door									
Floor									
Wall									
Ceiling									
Window									
Curtain									
Light Fixtures									
Bed									
Tables									
Couch									
Chairs									
Utensils									
Foodstuffs									
Refrigerator									
Furnishings									
Clothing									

Check  appropriate box(es) for apartment condition:

- Apparently Vacant  
  No Heat  
  No Hot Water  
  No Gas  
  No Electricity  
  Habitable  
  Uninhabitable

**Section 3 – Clothing Report – (complete this section if C.H.U. dwelling survey indicates damage to clothing)**

Bedroom		Occupants		Age Groups			Replacement Indicated
List Number	First Name	Last Name	0-5	6-11	12-Adult		
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	

SAMPLE

**Section 4 – Action Taken by Job Center**

Special Grant	Type of Payment (check <input checked="" type="checkbox"/> one)		Allowance (Specify)	Amount
	SR	"E" Check		

Comments:

\_\_\_\_\_  
Job Opportunity Specialist (JOS) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Assessment/Case Management Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Deputy Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Director/Director Signature

\_\_\_\_\_  
Date

## NYPD – Job Center Report/Referral

**Part I – To be filled in by referring agency**

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

To:	From:
Complainant's Name:	Case Number (if applicable):
Complainant's Address:	Apt. No./Fl.:
Check <input checked="" type="checkbox"/> One: <input type="checkbox"/> CA/SNAP Participant <input type="checkbox"/> SSI Participant <input type="checkbox"/> Applicant	

**Part II – For Job Center use only**

Incident to be reported:			
Type of check:	Check No.:	Amount \$	(if applicable)
Action required:			
Worker's Signature:			Date:

**Part III – For police use only**

SAMPLE

The above-named complainant reported the following incident (check one below) to the _____ today.			
		Precinct No. _____	
The incident occurred on _____ at _____			
Date		Place/Address	
The complaint has been recorded under _____ by _____			
UF 61 No. _____		Police Official _____	Shield Number _____
<input type="checkbox"/> Burglary	<input type="checkbox"/> Rape	<input type="checkbox"/> Mugging	
<input type="checkbox"/> Physical abuse (battered woman)	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other (specify) _____	
The following items(s) were reported as lost/stolen or destroyed. Check <input checked="" type="checkbox"/> appropriate box(es).			
Cash Assistance check	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	Check No's., if known _____
SSI check	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Other check (specify) _____	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	Amount: \$ _____
Cash	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Property (specify) _____	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	<input type="checkbox"/> destroyed
Police Official's Signature			Date
Applicant/Participant's Signature			Date

- Instructions**
1. Take the original and duplicate copies to the Police Precinct.
  2. Return the completed and signed original to the Job Center.