




# OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN # 15-117-ELI

### NEW FORMS FOR REQUESTING A CLEARANCE FROM THE OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA)

| <b>Date:</b><br>December 24, 2015   | <b>Subtopic(s):</b><br>Forms  |
|---|---|
| <p> This procedure can now be accessed on the FIAweb.</p> <p>Request for Clearance</p> | <p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance and Supplemental Nutrition Assistance Program (NCA SNAP) staff of two new forms used in requesting a clearance from the Office of Refugee and Immigrant Affairs (ORIA) to assist in determining benefit eligibility for non-citizens:</p> <ul style="list-style-type: none"> <li>• ORIA Clearance Request Form (<b>ORIA-195</b>)</li> <li>• ORIA Clearance Response Form (<b>ORIA-195a</b>)</li> </ul> <p>A clearance must be requested from ORIA using the <b>ORIA-195</b> when:</p> <ul style="list-style-type: none"> <li>• the documentation (or the results from the Systematic Alien Verification for Entitlements [<b>SAVE</b>] system) an applicant/participant submits is:             <ul style="list-style-type: none"> <li>▪ unclear, or</li> <li>▪ does not correspond with the Paperless Office System (POS) Alien Checklist, or</li> <li>▪ does not correspond directly to a non-citizen document identified on the Alien Eligibility Desk Aid (<b>LDSS-4579</b>) or Permanently Residing Under the Color of Law (<b>PRUCOL</b>) Eligibility Desk Aid (<b>W-205JJ</b>)</li> </ul> </li> <li>• prior to a case being denied for immigration status.</li> </ul> <p>The <b>ORIA-195</b> is a form that can either be printed out and completed manually or completed electronically through HRA eDocs.</p> <p>To complete the form electronically, staff must click to the left of the document where the option to fill online is presented (see screen on following page).</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

The **ORIA-195** will open as a fillable document. Staff must enter all the necessary information and click on the “Print & Review” button on the top left.

This will create the document as PDF. Staff must save the PDF document on their desktop and print it. The printed document must be scanned and indexed into the electronic case record of the applicant/participant for whom the request is being made.

Then staff must email the completed **ORIA-195** and all supporting documents to [ORIA@hra.nyc.gov](mailto:ORIA@hra.nyc.gov).

**Note:** A separate **ORIA-195** is required for each individual that a clearance is being requested for. However, a single email to [ORIA@hra.nyc.gov](mailto:ORIA@hra.nyc.gov), maybe sent for multiple individuals on the same case.

If staff cannot access the ORIA forms, a request to ORIA for clearance can be made by email or phone. Ensure that all of the information listed on the forms is included in the request to ORIA for a clearance.

**Note:** It is preferable for staff to contact ORIA by email.

Response from ORIA

Once ORIA receives the **ORIA-195** and documents, a review of the documents will be conducted to ascertain benefit eligibility for the non-citizen. If the documents provided and/or the clearance request is unclear, ORIA will reach out to the requestor for additional information.

Once a decision is ready, ORIA will respond with an email to the requestor using the **ORIA-195a**. The requestor must scan and index the **ORIA-195a** into the electronic case record.


**Note:** ORIA's determination is only related to the immigration status of the individual. All other eligibility factors must still be met in order to receive benefits.

Samples of the forms are attached.

*Effective Immediately*

**Attachments:**

- ORIA-195 (E)**      ORIA Clearance Request Form (Rev. 12/08/15)
- ORIA-195a (E)**      ORIA Clearance Response Form (Rev. 12/08/15)

 Please use Print on Demand to obtain copies of forms.

## OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA) CLEARANCE REQUEST FORM

[ORIA@HRA.NYC.GOV](mailto:ORIA@HRA.NYC.GOV) ORIA (212)-331-4550

1. This form should be used for all noncitizen/alien clearances
2. All documents (all pages, front & back) should be scanned and indexed.
3. Documents not listed should be included under Additional notes, if relevant

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

|                          |                                    |                 |                      |
|--------------------------|------------------------------------|-----------------|----------------------|
| <b>Staff Information</b> | Name of Staff (Last, first): _____ | Center #: _____ | Contact Tel #: _____ |
|--------------------------|------------------------------------|-----------------|----------------------|

|                           |   |             |                                  |
|---------------------------|---|-------------|----------------------------------|
| <b>Client Information</b> | Name of client including alias:                               | WMS case #: | Date of Birth: _____/_____/_____ |
|                           | First: _____  | _____       |                                  |
|                           | Last: _____   | USCIS #:    | Social Security Number           |
|                           | Alias if any: _____   |             |                                  |
|                           | Male <input type="checkbox"/> Female <input type="checkbox"/> |             |                                  |

|                             |  |   |  |
|-----------------------------|--|---|--|
| <b>Document Information</b> | Immigration document/Form title & number   | Category Code   | Required Additional Information  |
|                             | Permanent Resident Card (Green Card) form I-551:<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | e.g.: FX2, IR6, R8-6, CU-7, C09, CR6  | Expiration date (if any)<br><br>_____/_____/_____  |
|                             | Employment Authorization Card form I-766 or I-688B:<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | e.g.: A-09, (a)(9), C08,(c)(8),   | Category code [e.g. A05, (A)(5)]<br><br>OR<br>Provision of law (e.g. [“8 C.F.R. § 274a.12(a)(5)”]) |
|                             | USCIS Notice of Action or Notice of receipt form I-797:<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | Receipt number: Starts with : MSC, ESC LIN + 10 digits<br><br>_____   |  |
|                             | Save Clearance (515WX)<br>Requested: Yes <input type="checkbox"/> No <input type="checkbox"/><br>Scanned and indexed Yes <input type="checkbox"/> No <input type="checkbox"/><br>-----<br>SSA 40 Quarters match Yes <input type="checkbox"/> No <input type="checkbox"/> | Class of admission (COA) as well as any description of the clients immigration status indicated in SAVE:<br><br>COA (e.g. IR6, IRO CR6) _____<br><br>Date of Entry : _____<br><br>Date of Status: _____ |  |

Additional Comments:

## OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA) CLEARANCE RESPONSE FORM

[ORIA@hra.nyc.gov](mailto:ORIA@hra.nyc.gov) or 212-331-4550

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

|                     |              |  |
|---------------------|--------------|--|
| Client: Last, First | ACI<br>Code: | WMS#:<br><br>Social Security #:<br><br>Date of entry:<br><br>Date of status: |
|---------------------|--------------|--|

|   |
|---|
| Clearance Details   |
| Benefits client is qualified for:<br><input type="checkbox"/> SNAP <input type="checkbox"/> Cash <input type="checkbox"/> On-going Medicaid <input type="checkbox"/> Emergency Medicaid |
| Notes:  |

|  |
|--|
| Next Steps   |
| <input type="checkbox"/> Scan and index clearance response form into HRA Viewer  |
| <input type="checkbox"/> SAVE Request to SAVE Liaison (Form W-515X) <input type="checkbox"/> Request SAVE Result from SAVE Liaison   |
| <input type="checkbox"/> Conduct SSA 40 Quarters match check <input type="checkbox"/> Refer Client to HRA Legal Hotline 929-221-5422 |
| <input type="checkbox"/> Recall Client to provide immigration documents - scan and index all sides and page of documents             |
| <input type="checkbox"/> Supervisor submit Form W-200B to FIA Call Center to change ACI code   |
| <input type="checkbox"/> Supervisor submit Inter-agency DOS and DEC transmittal Form (MAP-648M) to SDOH                              |

|                           |           |                |
|---------------------------|-----------|----------------|
| Center Staff: Last, First | Center #: | Contact Tel #: |
|---------------------------|-----------|----------------|

|             |
|-------------|
| ORIA Staff: |
|-------------|