



FAMILY INDEPENDENCE ADMINISTRATION


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Office of Procedures

POLICY BULLETIN #15-14-OPE

INTRODUCTION OF NEW NOTICE:

“DO YOU HAVE A MEDICAL, MENTAL HEALTH, OR LEARNING PROBLEM THAT MAKES IT HARD FOR YOU TO MEET HRA REQUIREMENTS?” (HRA-102C)

Date:	Subtopic(s):
<p>February 27, 2015</p> <p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to PD #12-30-OPE for ADA and Reasonable Accommodation information.</p>	<p>Reasonable Accommodation</p> <p>The purpose of this policy bulletin is to inform all Job Center staff that a new insert notice, the “Do You Have A Medical, Mental Health, Or Learning Problem That Makes It Hard For You To Meet HRA Requirements?” (HRA-102c) has been developed and is included in the mailing of certain notices.</p> <p>The HRA-102c has been created to give the participant the opportunity to request a reasonable accommodation.</p> <p>If a participant reports to the Job Center with this notice, the JOS/Worker must accept the notice and initiate the reasonable accommodation.</p> <p>The HRA-102c provides participants with options on how to request a reasonable accommodation:</p> <ul style="list-style-type: none"> • Call (212) 331-4640 to ask for a reasonable accommodation • Report to the Job Center and make the request • Complete the form and submit it to HRA by <ul style="list-style-type: none"> ▪ Fax: (212) 331-5998, ▪ Email: ConstituentAffairs@hra.nyc.gov, or ▪ Mail: HRA – Office of Constituent Services 150 Greenwich Street, 31st Floor, New York NY 10007.

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


This information will be populated on the HRA-102c when the notice is generated for the following forms:

- Notice of Recertification Appointment (**W-908T**).
- Important Information About Your Case Notice of Missed Cash Assistance Appointment (**FIA-1124**).

This went into effect on February 18, 2015.

As of February 23, 2015, the **HRA-102c** is now included as an insert in mailings generated from the New York City Work Accountability and You (NYCWAY) to participants.

Attachment:

 Please use Print on Demand to obtain copies of forms.

HRA-102c

Do You Have A Medical, Mental Health, Or Learning Problem That Makes It Hard For You To Meet HRA Requirements?

Do You Have A Medical, Mental Health, Or Learning Problem That Makes It Hard For You To Meet HRA Requirements?

If you do, you can ask for help from HRA! This kind of help is called a "Reasonable Accommodation."

To Request A Reasonable Accommodation

1. Call _____ to ask for a Reasonable Accommodation; OR
2. Ask at your Center; OR
3. Complete this form below and submit it to HRA by fax, email or mail. To submit this form to HRA:

by **Fax**, send to: _____
by **Email**, send to: ConstituentAffairs@hra.nyc.gov
by **Mail**, send to: **HRA - Office of Constituent Services**

Do I need medical papers before I can ask for help?

No. HRA may later ask for medical papers – but you can start the request process without any.

What happens after I ask for Disability Help/Reasonable Accommodation?

HRA will contact you. You can also call _____ to check on the status of your request.

Fill out below for Reasonable Accommodation

Date: _____ HRA Center: _____

Case Number: _____ Phone Number: _____

Name: _____

- | | |
|---|---|
| <input type="checkbox"/> Home Visit Needed/Homebound
I need HRA to come to my home for appointments. | <input type="checkbox"/> Appointments at Certain Times or Days of Week
(Example: No rush hour appointments) |
| <input type="checkbox"/> Help to Apply for Access-A-Ride And No In-Office Appointments While I apply for Access-A-Ride Service | <input type="checkbox"/> Appointments at Times When Family or Friend Can Come With Me. |
| <input type="checkbox"/> Help Reading/Filling Out Forms | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Assistance for Blind/Visually Impaired | <input type="checkbox"/> Limited Waiting Times at Appointments |
| <input type="checkbox"/> Change my HRA Center
Because of my disabilities, I need to be moved to/stay at Center _____. | <input type="checkbox"/> Other: (any other help not listed above)

_____ |

I requested Home Visit Needed/Homebound status. Was my request approved?

If you have a question about your status, call _____ for an update on your request.

¿Padece Usted de un Problema Médico, Psiquiátrico, o de Aprendizaje Que le Dificulta Reunir los Requisitos de la HRA?

¡En caso afirmativo, usted puede solicitar ayuda de la HRA!
Este tipo de ayuda se denomina "Arreglo Razonable."

Para Solicitar un Arreglo Razonable

1. Llame al _____ para pedir un Arreglo Razonable; **O**
2. Pregunte en su Centro; **O**
3. Llene este formulario más abajo y presénteselo a la HRA por fax, correo electrónico o correo postal. Para presentar este formulario a la HRA:

por **Fax**, envíelo a: _____

por **Correo Electrónico**, envíelo a: ConstituentAffairs@hra.nyc.gov

por **Correo Postal** envíelo a: **HRA - Office of Constituent Services**

¿Necesito documentación médica antes de solicitar ayuda?

No. La HRA puede solicitar documentación médica posteriormente – pero usted puede iniciar el trámite sin documentación.

¿Qué sucede tras yo solicitar Ayuda para Incapacitados/Arreglo Razonable?

La HRA se comunicará con usted. Además, usted puede llamar al _____ para verificar el estado de su petición.

Llene más abajo para Arreglo Razonable

Fecha: _____ Centro de Trabajo: _____

Número del Caso: _____ Número de Teléfono: _____

Nombre: _____

Necesidad de Visita al Hogar/Confinamiento al Hogar

Necesito que la HRA venga a las citas en mi hogar.

Citas a Ciertas Horas o Días a la Semana

(Ejemplo: No se aceptan citas durante horas pico)

Ayuda para Solicitar Access-A-Ride y no se aceptan Citas en las Oficinas Mientras yo esté solicitando el Servicio de Access-A-Ride.

Citas Durante Horas en que Familiares o Amigos Puedan Venir Conmigo.

Ayuda para Leer/Llenar Formularios

Intérprete de Lenguaje de Señas

Ayuda para los Ciegos/Impedidos de la Vista

Tiempo de Espera Limitado para las Citas

Cambio de mi Centro de HRA

Otro caso: (cualquier otra ayuda no listada más arriba)

Debido a mis incapacidades, necesito que se me traslade/permanecer en el Centro
_____.

Solicité el estado de Necesidad de Visitas/Confinamiento al Hogar. ¿Se aprobó mi solicitud?

Si usted tiene cualquier pregunta sobre su estado, llame al _____
para más información sobre su petición.