



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #15-44-OPE

REVISION TO THE RESPONSE NEEDED FOR SPECIAL *LOVELY H.* SETTLEMENT PAYMENT (FIA-1128A) FORM

Date: April 28, 2015	Subtopic(s): Forms
<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 staff that the language on the Response Needed for Special <i>Lovely H.</i> Settlement Payment (FIA-1128a) form has been revised.</p> <p>Samples of the revised forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>FIA-1128a Response Needed for Special <i>Lovely H.</i> Settlement Payment (Rev.4/28/15)</p> <p>FIA-1128a (S) Response Needed for Special <i>Lovely H.</i> Settlement Payment (Spanish) (Rev.4/28/15)</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

Date: _____
 Case Name: _____
 Case Number: _____

Response Needed for Special *Lovely H.* Settlement Payment

Because of a settlement in the *Lovely H. v. Eggleston* lawsuit, you are eligible to receive a special one-time payment of \$_____.

To receive this payment, you must confirm your current mailing address. Please detach and fill out the address form at the bottom of this page and return it to HRA in the included postage-paid envelope.

The *Lovely H.* case involved the referral of some public assistance recipients who may have had medical or mental health conditions to appointments at WeCARE hub centers in 2004-2006. Those whose cases were closed or sanctioned because of appointments missed at those hub centers are being provided with benefit payments for the periods when benefits were lost. HRA will provide more information on the payment once you have confirmed your current address.

SAMPLE

IMPORTANT
 You must respond within 60 days from the date of this letter to receive your payment.

Questions?

If you have a question about the special payment, you can call Plaintiffs' Class Counsel at **(844) 816-1816** and say you have a question about your *Lovely H.* notice.

If you get Supplemental Security Income (SSI), receiving this cash payment may affect your eligibility for SSI. If you are concerned about how this payment could affect your SSI, call the Legal Aid Society at **(844) 816-1816** and say "I have an SSI question."

Date: _____

Lovely H. Settlement Payment Address Confirmation

 Last Name First Name Middle Initial

 Case Number Social Security Number Telephone Number

 Street Number Street State Zip Code

 Signature Date

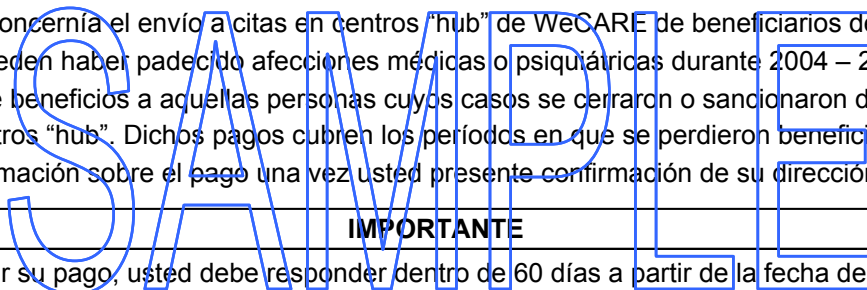
Fecha: _____
 Nombre del Caso: _____
 Número del Caso: _____

Respuesta Necesaria para el Pago Especial del Acuerdo de *Lovely H.*

A raíz del acuerdo de la demanda *Lovely H. v. Eggleston*, usted es elegible para recibir un pago único especial de \$_____.

Para recibir este pago, usted debe presentar verificación de su dirección postal actual. Favor de zafar y llenar el formulario de dirección en la parte inferior de este formulario, y devolverlo a la HRA en el sobre adjunto con franqueo prepagado.

El caso *Lovely H.* concernía el envío a citas en centros "hub" de WeCARE de beneficiarios de asistencia pública quienes pueden haber padecido afecciones médicas o psiquiátricas durante 2004 – 2006. Se les facilitarán pagos de beneficios a aquellas personas cuyos casos se cerraron o sancionaron debido a las citas faltadas en los centros "hub". Dichos pagos cubren los períodos en que se perdieron beneficios. La HRA proveerá más información sobre el pago una vez usted presente confirmación de su dirección actual.



IMPORTANTE

Para recibir su pago, usted debe responder dentro de 60 días a partir de la fecha de esta carta.

¿Tiene preguntas?

Si usted tiene preguntas sobre el pago especial, puede llamar al abogado del grupo de demandantes al **(844) 816-1816**, y solicitar información sobre su aviso de *Lovely H.*

Si usted recibe Ingreso de Seguridad Suplemental (SSI), este pago en efectivo puede afectar su elegibilidad para SSI. Si a usted le preocupa cómo este pago podría afectar su SSI, llame la Sociedad de Ayuda Legal al **(844) 816-1816** y diga "Tengo una pregunta relacionada con SSI".

Fecha: _____

Verificación de Dirección para el Pago del Acuerdo de *Lovely H.*

Apellido	Nombre	Inicial
Número del Caso	Número de Seguro Social	Número de Teléfono
Número del Edificio	Calle	Estado Código Postal
Firma	Fecha	