




OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #16-23-OPE

**FORM UPDATES: FIA-1021P, FIA-1077A, FIA-1094X, FIA-1154A, FIA-1156
FIA-1159, HPA-20, HRA-102, M-322R, AND W-515R**

Date: March 1, 2016	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The following forms have been updated on eDocs:</p> <ul style="list-style-type: none"> • Voluntary Appointment Letter to Review Your Supplemental Nutrition Assistance Program (SNAP) Employability Status form (FIA-1021p) • Information About Special “Hercules Settlement” Payment form (FIA-1077a) • Your Mail-in Recertification/Eligibility Questionnaire form is Due February 15, 2016 form (FIA-1094x) • Important Information About the Family Services Call Center (FSCC) form (FIA-1154a) • Your Cash Assistance Grant Is Being Reduced-For Public Shelter Residents form (FIA-1156) • Important Notice About Your Public Assistance (PA) Case form (FIA-1159) • Living in Communities (LINC) III Notice form (HPA-20) • Request for an Appeal of a Reasonable Accommodation Decision form (HRA-102) • Notification of Acceptance of Medicaid for Your Newborn form (M-322r) <p>Additionally, the Social Security Administration – Consent for Release of Information form (W-515r) is now obsolete.</p> <p>Samples of the forms are attached. Center Directors must ensure that only the latest versions of forms (available on HRA eDocs) are used and that obsolete forms are removed from circulation and recycled.</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

Effective Immediately

Attachments:

- FIA-1021p** Voluntary Appointment Letter to Review Your Supplemental Nutrition Assistance Program (SNAP) Employability Status
- FIA-1077a** Information About Special “Hercules Settlement” Payment (Rev. 1/14/16)
- FIA-1094x** Your Mail-in Recertification/ Eligibility Questionnaire (Form M-327h) is Due February 15, 2016
- FIA-1154a** Important Information About the Family Services Call Center (FSCC)
- FIA-1156** Your Cash Assistance Grant Is Being Reduced-For Public Shelter Residents
- FIA-1159** Important Notice About Your Public Assistance (PA) Case
- HPA-20** Living in Communities (LINC) III Notice
- HRA-102** Request for an Appeal of a Reasonable Accommodation Decision (Rev. 12/23/15)
- M-322R** Notification of Acceptance of Medicaid for Your Newborn
- W-515R** Social Security Administration – Consent for Release of Information (Obsolete)



Date: _____
Case Number: _____
Case Name: _____
Center: _____

Voluntary Appointment Letter to Review Your Supplemental Nutrition Assistance Program (SNAP) Employability Status

According to our records, you are an Able-Bodied Adult Without Dependents (ABAWD) because you are subject to the SNAP work requirements that the federal government may require us to implement, and you are:

- 18 years of age or older, but under 50 years of age;
- Not pregnant;
- Not residing in a SNAP household that contains a child under 18 years of age;
- Physically and mentally able to work for at least 80 hours per month

We are inviting you to come in for a voluntary appointment that will allow us to determine whether you are eligible for any exemptions from federally-mandated work requirements. At this appointment we will review your employability status. If you do not wish to attend this voluntary appointment, your case status will remain **unchanged**.

When you come to this voluntary appointment, please remember to bring any documentation that addresses your ability to work at least 80 hours per month.

Appointment Date: January 9, 2016 Time: 10:00 AM
Location Name: Union Square Job Center
Address: 109 East 16th Street, 1st Floor
City: New York State: NY Zip Code: 10013

For travel information, please call the New York City Transit Authority at (718) 330-1234 or 511.

This is a voluntary appointment. No adverse actions will be taken if you do not come to this appointment.

Date: _____
Case Name: _____
Case Number: _____

INFORMATION ABOUT SPECIAL “HERCULES SETTLEMENT” PAYMENT

Due to a settlement in the Hercules v. Doar lawsuit, you are receiving a special payment of \$ _____ through your Electronic Benefit Transfer (EBT) card. This letter explains your payment. As a result of this lawsuit, the Human Resources Administration (HRA) also has reduced the number of Cash Assistance sanctions on your case record.

IMPORTANT
You must use this money within 90 days from the date on this notice – or else it won't be available anymore. If you use other money in your EBT account in those 90 days, then you will have more time to use your Hercules special payment – 180 days from the date of this notice.

The Hercules case involved mistakes in some Cash Assistance sanction notices (also called “Notices of Intent”) sent to Safety Net Assistance (SNA) recipients in households that, for purposes of this case, included a minor child. These notices incorrectly told these recipients that they would be sanctioned for a longer period than the time that applies to a household with a minor child.

HRA’s records show that you (or someone in your household) received a notice with this incorrect information about the length of your sanction on or after March 22, 2013. Due to the fact that your household, as defined in this case, includes a minor child, your sanction could have ended sooner than the date listed in the sanction notice. Your household is receiving this special payment because of the mistake.

HRA Has Reduced The Number of Sanctions On Your Case Record

Due to the Hercules settlement, HRA has changed your employment sanction history to remove the sanction that was issued with an incorrect notice. As a result of a recent change in the law, going forward, all subsequent employment sanctions imposed in New York City will be non-durational. If you comply with employment requirements, your Cash Assistance benefits can be restored.

Questions?

To find out when your Hercules special payment was made, you may call the customer service telephone number on the back of your EBT card at **(888) 328-6399**.

If you have a question about the special payment or how your sanction history was changed, you can call Plaintiffs’ Class Counsel at **(212) 613-6595** and say you have a question about your Hercules notice.

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

INFORMACIÓN SOBRE EL PAGO ESPECIAL DEL “ACUERDO HÉRCULES”

A raíz del acuerdo en la demanda Hércules v. Doar, usted recibirá un pago especial de \$ _____ mediante su tarjeta de Transferencia Electrónica de Beneficios (EBT). Por la presente le explicamos el pago. Como resultado de esta demanda colectiva, la Administración de Recursos Humanos (HRA) también ha reducido el número de sanciones de Asistencia en Efectivo en su expediente de caso.

IMPORTANTE

Usted debe utilizar este pago dentro de 90 días de la fecha de este aviso – de lo contrario ya no estará disponible. Si utiliza otro dinero en su cuenta de EBT durante esos 90 días, dispondrá de más tiempo para utilizar su pago especial de Hércules – 180 días a partir de la fecha de este aviso.

El caso Hércules concernía errores en algunos avisos de sanciones de Asistencia en Efectivo (también denominados “Avisos de la Intención”), los cuales se enviaron a beneficiarios de Asistencia de Red de Seguridad (SNA) de los hogares que, a efectos de este caso, constaban de un niño menor de edad. Dichos avisos indicaron incorrectamente a los beneficiarios que se les iba a sancionar por un período más largo que lo que corresponde a un hogar con un niño menor de edad.

Según los archivos de la HRA, usted (u otra persona en su hogar) recibió el 22 de marzo del 2013, o posteriormente, un aviso con esta información incorrecta sobre el período de su sanción. Debido a que su hogar, tal como definido en este caso, consta de un niño menor de edad, su sanción pudo haberse terminado antes de la fecha indicada en el aviso de la sanción. Su hogar recibirá este pago especial debido a este error.

La HRA ha Reducido el Número de Sanciones en su Expediente de Caso

A raíz del acuerdo Hércules, la HRA ha cancelado la sanción de empleo impuesta por medio de un aviso incorrecto. Conforme a un cambio reciente de la ley, de ahora en adelante, toda subsiguiente sanción de empleo impuesta en la ciudad de Nueva York será sujeta a determinado paso por parte suya. Si usted cumple los requisitos de empleo, se pueden restaurar sus beneficios de Asistencia en Efectivo.

¿Alguna Pregunta?

Para averiguar cuándo se efectuó su pago especial de la demanda Hércules, usted puede llamar al número de teléfono de atención al cliente al dorso de su tarjeta de EBT al **(888) 328-6399**.

Si usted tiene cualquier pregunta sobre el pago especial o sobre cómo se ha modificado su historial sancionatorio, puede llamar al abogado del grupo de demandantes (Plaintiffs’ Class Counsel) al **(212) 613-6595** e inquirir sobre su aviso de la demanda Hércules.

(See Reverse)



Date: _____
Case Number: _____
Case Name: _____
Center: _____

**Your Mail-in Recertification/Eligibility Questionnaire (Form M-327h)
is Due February 15, 2016**

On January 20, 2016, we sent you a Mail-in Recertification/Eligibility Questionnaire (**Form M-327h**). The due date on the questionnaire was January 31, 2016. That due date is wrong. The actual due date for the questionnaire is February 15, 2016. If we do not receive the questionnaire by February 15, 2016, we may initiate a case closing.

If you have any questions or need more information, please call the HRA Infoline at (718) 557-1399.

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Important Information About the Family Services Call Center (FSCC)

This is to inform you that the Family Services Call Center (FSCC) # 17 Queens Satellite Office will be moving to **32-20 Northern Blvd, LIC NY 11101** the weekend of January 29, 2016. The Center will open for business at this new location on Monday, February 1, 2016 at 8:30 am.

Your case will not be affected by this move.

The hours of operation will remain 8:30 AM to 5:00 PM, Monday through Friday.

The Center's new location is on the same block, at the corner of Northern Blvd and Honeywell Street. The entrance is on Honeywell Street.

The location's telephone number is **(718) 784-5919**

SAMPLE

What's New About This Change

The new location will have the following Self Service options:

- Self Service Check-in – kiosks will be available on the first floor to allow you to identify the reason you are in the center. Based on the information you enter or that we currently know about you and your appointments, the kiosks will print out a ticket to route you to the appropriate service area. This will replace the Front Door Reception you may be familiar with.
- Self Service Scanning – when you are requested to submit additional documentation to complete your application or recertification, for example, you will have the option to scan the documents yourself, instead of waiting to be seen by a Customer Service staff person.

Should you have any questions, you may reach the Center at the above-noted telephone numbers.



Date: _____
Case Number: _____
Case Name: _____
FH&C Number: _____

**Your Cash Assistance Grant Is Being Reduced-
For Public Shelter Residents**

Your Cash Assistance benefits are going to be reduced effective _____ because our records indicate that you are currently living in a public shelter which gives you meals and shelter accommodations.

The maximum Cash Assistance grant that a public shelter resident can receive is _____ twice a month. Therefore, we are reducing your Cash Assistance grant to _____ twice a month. Refer to law 18§NYCRR 352.8 for more information.

Your SNAP benefits will not be reduced and your Medicaid benefits will not change.

SAMPLE

Your Current CA Grant: _____
Your New CA Grant: _____

Your Current SNAP Grant: _____
Your New SNAP Grant: _____

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

(1) TELEPHONE: Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) WRITE: Send a copy (and keep a copy for yourself) of the entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**

(3) FAX: Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735

(4) IN PERSON: Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn, NY 11201**.

(5) ONLINE: Complete an online request form at: <http://www.otda.ny.gov/oa/h/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued. If you ask for a conference only, and not a State Fair Hearing, your benefits will not be restored to the level that they were at before this notice.

If you lose the Fair Hearing, you will have to pay back any benefits that you received, but should not have received, while you were waiting for the Fair Hearing decision. If you ask for a Fair Hearing and you do not want your benefits to be restored while you wait for the decision to be issued, you must tell the State when you call for a Fair Hearing, OR check the box below and send back this notice.

I do not want my benefits restored while I wait for the Fair Hearing decision to be issued.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



Date: _____
Case Number: _____
Case Name: _____
Center: _____

Important Notice About Your Public Assistance (PA) Case

You recently received a notice stating that your Public Assistance (PA) benefits were going to be reduced or your case closed because you failed to comply with a cash assistance work requirement. This will not happen. Your PA case **will not** close and your benefits will not be reduced.

On December 18, 2015, Governor Cuomo signed a law that ends durational PA employment sanctions in New York City. The law also changes the Conciliation and re-engagement process in New York City. Because the law had an immediate effective date, New York State has temporarily suspended sanctions until new rules are implemented.

It is important for you to be engaged in a work activity and take advantage of activities and services that enhance your job skills, training, education and employment prospects. You will shortly receive a call-in appointment notice to re-engage you with an HRA work activity program. At this appointment, which you must keep, you can also tell us if you have any child care or transportation issues or any physical or mental health conditions that prevent you from working.

If you have questions about this please call the **HRA Infoline** at **(718) 557-1399**.

Client Name: _____

Notice Date: _____

LIVING IN COMMUNITIES (LINC) III NOTICE

The Amount of Money You Have to Pay Towards Your Rent is Changing!

Your monthly contribution and your LINC Rental Assistance amount **is changing**.

Beginning _____, your total monthly contribution is \$ _____.

HRA will continue to pay the LINC rental assistance amount of \$ _____ towards your rent each month. This amount will not change until your next renewal.

Your monthly contribution and LINC Rental Assistance amount is changing because your Public Assistance case has closed.

If you believe you will have difficulty making these payments, you should talk to your aftercare provider.

Your monthly contribution and your LINC Rental Assistance amount are based on the following information that we have on file for your household:

Your current rent is \$ _____. There are _____ people in your home and their gross monthly income is \$ _____.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL RIGHTS
INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Right to a Review of Our Decision

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should call the Rental Assistance Call Center at (929) 221-0043. If we made a mistake, we will correct it.

If you are not satisfied with the explanation the Rental Assistance Call Center gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this decision.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call (929) 221-0043 and say that you are requesting a review conference about your eligibility for the LINC programs. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have.

If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal:

You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

Keeping your Benefits the Same:

We will not reduce your LINC rental assistance if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we **WILL** reduce your LINC rental assistance.

If you lose the hearing, you may have to pay back any rental assistance amount which HRA paid on your behalf, but should not have, while you were waiting for the decision.

If you do not want your rental assistance amount to stay the same until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to LINC Rental Assistance Appeals, 150 Greenwich Street, New York, NY 10007 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

Mail	Send a copy of ALL THREE PAGES OF THIS NOTICE , completed, to: LINC Rental Assistance Appeals 150 Greenwich Street, 36th Floor New York, NY 10007 (Please keep a copy for yourself)
Fax:	Fax a copy of ALL THREE PAGES OF THIS NOTICE to: (917) 639-0313.
Email:	Scan and E-mail ALL THREE PAGES OF THIS NOTICE to: RACC@hra.nyc.gov

I want an administrative appeal. I do not agree with the City's decision. (You may explain why you disagree below, but you do not have to provide a written explanation).

Print Name: _____ Case Number: _____
Name M.I. Last Name
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

Access to Your File and Copies of Documents

To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **(929) 221-0043** or write **HRA at LINC Rental Assistance Programs, 150 Greenwich Street, 36th Floor, New York, NY 10007**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **(929) 221-0043** or write to **LINC Rental Assistance Programs, 150 Greenwich Street, 36th Floor, New York, NY 10007**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.

Request for an Appeal of a Reasonable Accommodation Decision

INSTRUCTIONS:

To file an appeal, please submit your request for an appeal in writing within thirty (30) calendar days of the date of this notice to:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
E-mail: RARappeals@hra.nyc.gov

Appeals should be submitted in writing. You may attach any supporting medical documentation to this form. Individuals who cannot complete written forms due to physical and/or mental condition(s) may contact the Office of Constituent Services (OCS) for assistance at **(212) 331-4640**.

Section I – HRA Client Information:

Name (Please Print Clearly): _____ Case Number (If Known): _____
Social Security Number (If Known): _____ Telephone Number: _____
Mailing Address: _____
HRA Program/Service (If Known): _____ Center No. (If Known): _____

Section II – Reasonable Accommodation(s) You Wish to Appeal:

You may use this form to appeal more than one determination.

1) Please describe the reasonable accommodation(s) that were denied and the date of denial. (You may attach additional sheets, if necessary.)

SAMPLE

2) Please tell us why you think HRA's decision was wrong: _____

3) Were you offered an alternative accommodation? If so, explain here: _____

If you were offered an alternative accommodation, please indicate by checking the appropriate box below, whether you will accept that alternative accommodation.

- Yes, I will accept the alternative accommodation.
- No, I will not accept the alternative accommodation. Please explain why: _____

HRA Applicant/Participant Signature: _____ Date: _____

-or-

Authorized Representative Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant/Participant: _____

For internal use only: Completed by Office of Constituent Services: _____ Date: _____

Date: _____
Case Number: _____
Case Name: _____

Notification of Acceptance of Medicaid for Your Newborn

This is to notify you that your newborn has been accepted for **Medicaid only**. To receive Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) for your newborn child, you must report to your Job Center within 30 days of receipt of this notice. On the date that you come in, bring the following:

1. Verification of the child's birth (for example, a birth certificate).
2. Verification that the child will be discharged to you or is residing with you.
3. Verification that you have applied for a Social Security number for your child or a Social Security card if you have already received a number for your child.
4. If you are not married to the father of your child or if you are not living with the father of your child, you must provide information regarding his present circumstances, such as his address, current employment, and his Social Security number.

Failure to appear with the above-listed documentation at the Job Center within 30 days of receipt of this notice may result in the closing of your Cash Assistance case. Your Medicaid case will remain unchanged.

If you have questions regarding this notice, please telephone your Worker at the Job Center.

Failure to comply with the requirement to report any changes in the household does not affect Medicaid eligibility for children through the month of their first birthday and pregnant women up to two months past the month of delivery.

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

Aviso de Aceptación de Medicaid para su Recién Nacido

Por el presente le informamos que su recién nacido ha sido aceptado para **Medicaid solamente**. Para recibir Asistencia en Efectivo y Programa de Asistencia de Nutrición Suplementaria (SNAP) para su recién nacido, usted debe presentarse a su Centro de Trabajo dentro de 30 días de haber recibido este aviso. El día que se presente, traiga con usted lo siguiente:

1. Comprobante del nacimiento del niño (por ejemplo, un certificado de nacimiento).
2. Comprobante de que el niño le será entregado a usted o que está viviendo con usted.
3. Comprobante de que usted ha solicitado un número de Seguro Social para su niño o la tarjeta de Seguro Social si ya recibió un número para su niño.
4. Si no está casada con el padre de su niño o si no está viviendo con él, debe proporcionar información acerca de sus circunstancias actuales, como su dirección, su empleo actual y su número de Seguro Social.

El no presentarse a su Centro de Trabajo con la documentación indicada arriba, dentro de 30 días de haber recibido este aviso, puede resultar en la terminación de su caso de Asistencia en Efectivo. Su caso de Medicaid permanecerá sin cambios.

Si tiene preguntas relacionadas con este aviso, por favor llame a su Trabajador de su Centro de Trabajo.

El incumplimiento del requisito de reportar cualquier cambio en su hogar, no afecta la elegibilidad para Medicaid para los niños durante el mes de su primer cumpleaños y para las mujeres embarazadas hasta dos meses después de la fecha de parto.

NOTA: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

(See Reverse)

Social Security Administration - Consent for Release of Information

Date: _____

To: **Social Security Administration**

From: ISC/FSC _____ # _____

Address: _____

Worker's Name: _____

Re: _____		
Name	Date of Birth	Soc Sec Number

I authorize the Social Security Administration to release information or records about me to the Department of Social Services indicated above.

I want this information released because it is needed to document qualifying quarters to establish eligibility to participate in the food stamp program.

Please release the following information

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security income payment amount
- Information about benefits/payments I received from _____ to _____
- Information about my Medicare claim/coverage from _____ to _____

Specify: _____

- Medical records
- Records from my file (specify) _____

All quarters information 1937 to present

I am the individual to whom the information applies or that person's parent, (if a minor), or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(If signed by mark, show signatures, names and addresses of two people)

Date: _____ Relationship: _____