



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #24-02-OPE

(This Policy Bulletin Replaces PB#23-29-OPE)

AVAILABILITY OF THE DOCUMENTATION REQUIREMENTS AND/OR ASSESSMENT FOLLOW-UP (W-113K), DOCUMENTATION REQUEST (W-113A), AND THE DOCUMENT REQUEST DEFERRAL (FIA-1211A) FORMS IN THE HRA ONE VIEWER

Date: January 10, 2024	Subtopic(s): Paperless Office System, HRA One Viewer
	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none"> • Inform staff that the Documentation Request Form (W-113A) will be available in the HRA One Viewer after the actual mailing of the form. • Remind staff to open the Document Request Deferral (Form FIA-1211A) data entry window in the Paperless Office System (POS) to complete the FIA-1211A form, otherwise the form will be empty. • Inform staff that the Documentation Guide for Housing Related Special Grant Requests (FIA-1211) form is an attachment to the W-113A and FIA-1211A forms. • Remind applicants/participants that failure to return the documents indicated and requested in the W-113K form will result in the case being rejected for failure to verify the relevant eligibility issue(s). <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC), Reasonable Accommodation Request (RAR) / Home Visit Needed (HVN) Center #90, Rental Assistance Unit (RAU), Homelessness Diversion Unit (HDU), and HIV/AIDS Services Administration (HASA) Center staff of the timeframe for the availability of the Documentation Requirements and/or Assessment Follow-Up form (W-113K), Documentation Request (W-113A) and Document Request Deferral (FIA-1211A) forms in the HRA One Viewer.</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

W-113K

Applicant/Participant
Present at Center

When the Job Opportunity Specialist (JOS)/Worker indicates in the Paperless Office System (POS) that the applicant/participant is present (in-person) at a Center, the JOS/Worker can generate and print the **W-113K** form to give to the applicant/participant. The **W-113K** form will be available in the HRA One Viewer immediately. Refer to **Attachment A** (POS Screens for the W-113K Flow [In-Office]) for more information.

Applicant/Participant on
the Telephone

When the JOS/Worker indicates in POS that the applicant/participant is on the telephone, when generating the **W-113K** form, the form will be sent via Print-To-Mail (PTM). The **W-113K** form will be available in the HRA One Viewer after the actual mailing of the form. Refer to **Attachment B** (POS Screens for the W-113K Flow [On the Phone]) for more information.

The Eligibility Factors and Suggested Documentation Guide (**W-119D**) form will also be committed to the HRA One Viewer and must be provided to the applicant/participant.

New Information

Note: Applicants/Participants must be informed that failure to return the documents indicated and requested in the **W-113K** form will result in the case being rejected for failure to verify the relevant eligibility issue(s).

W-113A and FIA-1211A

New Information

When the JOS/Worker indicates in POS that the applicant/participant is on the telephone or in the Center, when generating the Documentation Request Form (**W-113A**), the form will be sent via PTM. The **W-113A** form will be available in the HRA One Viewer after the actual mailing of the form. Refer to **Attachment C** (POS Screens for the W-113A Flow [On the Phone]) and **Attachment D** (POS Screens for the W-113A Flow [In-Office]) for more information.

Note: The JOS/Worker must open the Document Request Deferral (Form **FIA-1211A**) data entry window in POS to complete the **FIA-1211A** form, otherwise the form will be empty.

Note: The Documentation Guide for Housing Related Special Grant Requests (**FIA-1211**) form is an attachment to the **W-113A** and **FIA-1211A** forms.

Effective Immediately

Related Items:

[CD#21-04](#)

Attachments:

- | | |
|---------------------|--|
| Attachment A | POS Screens for the W-113K Flow (In-Office) |
| Attachment B | POS Screens for the W-113K Flow (On the Phone) |
| Attachment C | POS Screens for the W-113A Flow (On the Phone) |
| Attachment D | POS Screens for the W-113A Flow (In-Office) |
| FIA-1211 | Documentation Guide for Housing Related Special Grant (Rev. 08/15/18) |
| FIA-1211a | Document Request for Housing Related Special Grants (Rev. 09/14/18) |
| W-113A | Documentation Request (Rev. 12/04/20) |
| W-113K | Documentation Requirements and/or Assessment Follow-Up (Rev. 05/03/23) |
| W-119D | Eligibility Factors and Suggested Documentation Guide (Rev. 11/28/22) |

POS Screens for the W-113K Flow (In-Office)

Communication Preference Screen

Case Number: [REDACTED] Case Name: [REDACTED] Case Status: AP

Language Speak: English Language Read: English

Communication Preferences (Trial)

Please read the following aloud to applicants/participants who are in the office or on the phone:
If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.

Preferred Language for speaking: English Applicant/Participant is: In the Office

Preferred Language for Written Notices: English

Do you prefer to go by a name other than your legal name? Yes No

Do you have a preferred title? Yes No Gender Identity

What pronoun would you like us to use for you?

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? Yes No

If Yes, Select the type of format you would like

Does the applicant/participant want to use HRA's Free Interpreter Services?: Yes No

If YES, Which of HRA's Interpreter Services is being Used?

If No, provide reason stated by applicant/participant: Client refused interpretative services

Continue

The JOS/Worker enters in POS that the applicant/participant is in the office.

ATTACHMENT A

Individual Detail Screen

File Edit Tools Window Help

Demographics

Case Number Suf Ln CIN First Name Middle Last Name Sex DOB Relationship

SSN Valid Date SSN Card Applied For Marital Status Country of Birth State County Of Birth Birth Cert No (NYC Only)

00/00/0000 Single/Never Ma United States NY Bronx

Ethnic/Race Affiliation

Hispanic/Latino Asian Native Hawaiian/

Native American/ Alaska Native Black or African American White

Parents Information

Residing in the household? Mother's Name

Residing in the household? Father's Name

Citizen/Non-Citizen Information

US Citizen / National Non-Citizen Type Non-Citizen No. Date of Status Qualified Non-Citizen Type and Description

Education

Highest Degree Obtained Education Level Student ID Individual Status AFIS Referral

PA MA FS WMS AFIS Indicator Other Names

AP NA NA Food Meals

Identity Residency Citizenship

Driver's License Landlord Letter Statement from Non-Relative Landlord Birth/Hospital Certificate

Relationship Household Composition Age

Birth/Hospital Certificate

Social Security No. Social Security Card

What is your Primary Language Spoken?

Next Previous

The JOS/Worker enters in POS the individual details for the applicant/participant.

The **W-113K** will be populated based on which eligibility factors require documentation. In the screenshot above, the JOS/Worker is asking for proof of identity, citizenship, and age, which will be indicated on the **W-113K**. However, residency and Social Security Number (SSN) are indicated as being received/scanned, so they will not populate on the **W-113K**.

ATTACHMENT A

W-113K Data Entry Screen

Documentation Requirements (Form W-113K)
RAU Case Documentation Transmittal (Form W153P)
Notice of SNAP Recertification Appointment (Form W-129RR)

Form W113K-Documentation Requirements

Due Date: [REDACTED]

RETURN APPOINTMENTS FOR ADULTS

[REDACTED]

For an employability assessment
 To sign the public assistance application

[REDACTED]

For an employability assessment
 To sign the public assistance application

[REDACTED]

For an employability assessment

OK Cancel Scroll Between Rows

The JOS/Worker enters in POS the due date and checks off the appropriate fields.

W-113K Data Entry Screen (continued)

PA APPOINTMENTS

BEV- Bureau of Eligibility Verification Appointment
 DCSE-Office of Child Support Enforcement Appointment
 Skills Assessment/Job Placement (Back to Work) Vendor Appointment

SACC- Substance Abuse Case Control Appointment
 WeCare- Wellness, Comprehensive Assessment Medical Provider Appointment
 ACS-Child Care Appointment

Forms. Please return the following forms completed and signed where necessary:

M-15 Inquiry Regarding Veteran's Benefits/Allotment
 LDSS-2474 SSI Referral and Certification of Contact
 W-146W Verification of Tenant's Rent in Section 8 Housing
 W-147CC Certification of Move Statement

W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
 W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant
 W-299 Notice to Applicants and Participants Regarding Third Party

OK Cancel Scroll Between Rows

ATTACHMENT A

W-113K Data Entry Screen (continued)

Forms. Please return the following forms completed and signed where necessary:

<input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment	<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact	<input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing	<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-147CC Certification of Move Statement	<input type="checkbox"/> W-451 NYPD-New York Police Department Report/Referral
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)	<input type="checkbox"/> W-700E School Attendance Verification Letter
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care	
<input type="checkbox"/> W-582 Family Care Assessment	

OK Cancel Scroll Between Rows

Print Form Screen

Version 19.2 - Paperless Office System (Trial) - [Print Forms (Trial)]

File Edit Tools Window Help

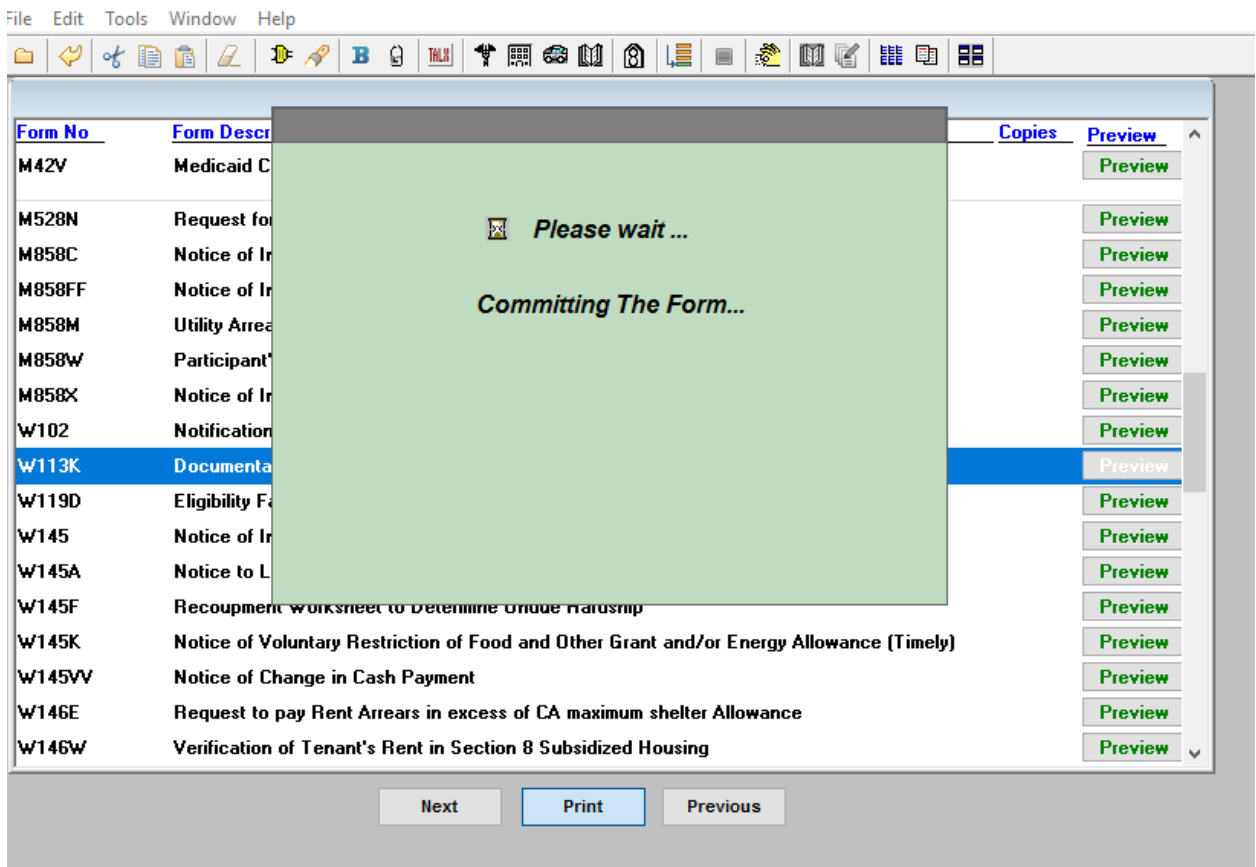
Form No	Form Description	Copies	Preview
M42V	Medicaid Choice/Managed Care Referral (Form M-42v)		Preview
M528N	Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case		Preview
M858C	Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely)		Preview
M858FF	Notice of Intent to Restrict Home Energy Allowance		Preview
M858M	Utility Arrears/Emergency Heating		Preview
M858W	Participant's Request For Restriction Of Home Energy Allowance		Preview
M858X	Notice of Intent to Recoup Utility Grant		Preview
W102	Notification to Participant of New Worker		Preview
W113K	Documentation Requirements		Preview
W119D	Eligibility Factors and Suggested Documentation Guide		Preview
W145	Notice of Intent to Restrict Shelter Allowance (Timely)		Preview
W145A	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status		Preview
W145F	Recoupment Worksheet to Determine Undue Hardship		Preview
W145K	Notice of Voluntary Restriction of Food and Other Grant and/or Energy Allowance (Timely)		Preview
W145VV	Notice of Change in Cash Payment		Preview
W146E	Request to pay Rent Arrears in excess of CA maximum shelter Allowance		Preview
W146W	Verification of Tenant's Rent in Section 8 Subsidized Housing		Preview

Next Print Previous

The JOS/Worker selects the **W-113K** for printing.

ATTACHMENT A

[The W-113K is Committed to the HRA One Viewer \(generated locally – Click Print Button\)](#)



The JOS/Worker clicks on the "Print" button.

ATTACHMENT A

The W-113K and W-119D are Committed to the HRA One Viewer

NYC
Human Resources Administration
Department of Social Services

HRA OneViewer

POS | **WMS Client**

Filter by Name:
 Filter by CaseNumber:
 Filter by Folder Name:
 Filter by Document Type:
 Filter by Scanned Date:

Filter by PRGH:
 Filter by Program/Doc Class:
 Filter by Entry Date:

PARIS MATCH INFORMATION

Results 1 - 6 of 6 Page Size: Set Results Per Page

Case Number	SSN	CIN	First Name	Last Name	Document Type	Pages	Scan Date	Entry Date	Select All	
					W-119D Eligibility Factors and Suggested Documentation Guide	5			<input type="checkbox"/>	Properties
					W-113K Documentation Required	4			<input type="checkbox"/>	Properties

ATTACHMENT B

POS Screens for the W-113K Flow (On the Phone)

Communication Preference Screen

Language Speak: English Language Read: English

Communication Preferences (Trial)

Please read the following aloud to applicants/participants who are in the office or on the phone:
If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.

Preferred Language for speaking: English Applicant/Participant is: On the Phone

Preferred Language for Written Notices: English

Do you prefer to go by a name other than your legal name? Yes No

Do you have a preferred title? Yes No Gender Identity

What pronoun would you like us to use for you?

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? Yes No

If Yes, Select the type of format you would like

Does the applicant/participant want to use HRA's Free Interpreter Services?: Yes No

If YES, Which of HRA's Interpreter Services is being Used?

If No, provide reason stated by applicant/participant: Client refused interpretative services

Continue

Ok

The JOS/Worker enters in POS that the applicant/participant is on the phone.

ATTACHMENT B

Individual Detail Screen

The screenshot shows a software application window titled "Individual Detail Screen". At the top is a menu bar with "File", "Edit", "Tools", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main area is a form with several sections:

- Demographics:** Includes fields for Case Number, Suf, Ln, CIN, First Name, Middle, Last Name, Sex, and DOB. A dropdown menu for "Relationship" is set to "Casehead".
- SSN and Date:** Fields for SSN (with a "Valid" checkbox), Date SSN Card Applied For (00/00/0000), Marital Status, Country of Birth (United States), State (NY), and County Of Birth (Bronx). A field for Birth Cert No (NYC Only) is also present.
- Ethnic/Race Affiliation:** Radio button options for Hispanic/Latino, Asian, Native Hawaiian, Native American/Alaska Native, Black or African American, and White.
- Parents Information:** Radio button options for "Residing in the household?" and dropdown menus for "Mother's Name" and "Father's Name".
- Citizen/Non-Citizen Information:** Radio button options for "US Citizen / National" and "Non-Citizen Type", with fields for "Non-Citizen No.", "Date of Status", and "Qualified Non-Citizen Type and Description".
- Education:** Fields for "Highest Degree Obtained", "Education Level", and "Student ID".
- Individual Status:** Radio button options for PA, MA, FS, AP, NA, and NA, with a "WMS AFIS Indicator" checkbox and "Other Names" field.
- Identity:** Fields for "Driver's License" and "Residency" (Landlord Letter Statement from Non-Relative Landlord), both with "Scan" checkboxes.
- Citizenship:** Field for "Birth/Hospital Certificate" with "Scan" and "Verified" checkboxes.
- Relationship:** Field for "Household Composition" with a "Scan" checkbox.
- Age:** Field for "Birth/Hospital Certificate" with "Scan" and "Verified" checkboxes.
- Social Security No.:** Field for "Social Security Card" with a "Scan" checkbox.
- Language:** A dropdown menu for "What is your Primary Language Spoken?".

At the bottom of the form are "Next" and "Previous" buttons.

The JOS/Worker enters in POS the individual details for the applicant/participant. The **W-113K** will be populated based on which eligibility factors require documentation. In the screenshot above, the JOS/Worker is asking for proof of identity, citizenship, and age, which will be indicated on the **W-113K**. However, residency and Social Security Number (SSN) are indicated as being received/scanned, so they will not populate on the **W-113K**.

ATTACHMENT B

[W-113K Data Entry Screen](#)

The screenshot shows a software window titled "Documentation Requirements (Form W-113K)". Below the title bar, there are three tabs: "RAU Case Documentation Transmittal (Form W153P)" (selected), "Notice of SNAP Recertification Appointment (Form W-129RR)", and "Form W113K-Documentation Requirements". The main content area is titled "Form W113K-Documentation Requirements" and contains a "Due Date:" field with a blacked-out value. Below this is the section "RETURN APPOINTMENTS FOR ADULTS". There are two rows of checkboxes, each with two options: "For an employability assessment" and "To sign the public assistance application". The first row has both checkboxes checked, while the second row has both unchecked. At the bottom of the window are "OK" and "Cancel" buttons, and a "Scroll Between Rows" button on the right side.

The JOS/Worker enters in POS the due date and checks off the appropriate fields.

[W-113K Data Entry Screen \(continued\)](#)

The screenshot shows a software window titled "Documentation Requirements (Form W-113K)". Below the title bar, there are three tabs: "RAU Case Documentation Transmittal (Form W153P)" (selected), "Notice of SNAP Recertification Appointment (Form W-129RR)", and "Form W113K-Documentation Requirements". The main content area is titled "Form W113K-Documentation Requirements" and contains the section "PA APPOINTMENTS". There are two columns of checkboxes with labels: "BEV- Bureau of Eligibility Verification Appointment", "DCSE-Office of Child Support Enforcement Appointment", "Skills Assessment/Job Placement (Back to Work) Vendor Appointment", "SACC- Substance Abuse Case Control Appointment", "WeCare- Wellness, Comprehensive Assessment Medical Provider Appointment", and "ACS-Child Care Appointment". Below this is the section "Forms. Please return the following forms completed and signed where necessary:". There are two columns of checkboxes with labels: "M-15 Inquiry Regarding Veteran's Benefits/Allotment", "LDSS-2474 SSI Referral and Certification of Contact", "W-146W Verification of Tenant's Rent in Section 8 Housing", "W-147CC Certification of Move Statement", "W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance", "W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant", and "W-299 Notice to Applicants and Participants Regarding Third Party". At the bottom of the window are "OK" and "Cancel" buttons, and a "Scroll Between Rows" button on the right side.

ATTACHMENT B

W-113K Data Entry Screen (continued)

Forms. Please return the following forms completed and signed where necessary:

<input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment	<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact	<input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing	<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-147CC Certification of Move Statement	<input type="checkbox"/> W-451 NYPD-New York Police Department Report/Referral
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)	<input type="checkbox"/> W-700E School Attendance Verification Letter
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care	
<input type="checkbox"/> W-582 Family Care Assessment	

OK Cancel Scroll Between Rows

Print Form Screen

Version 19.2 - Paperless Office System (Trial) - [Print Forms (Trial)]

File Edit Tools Window Help

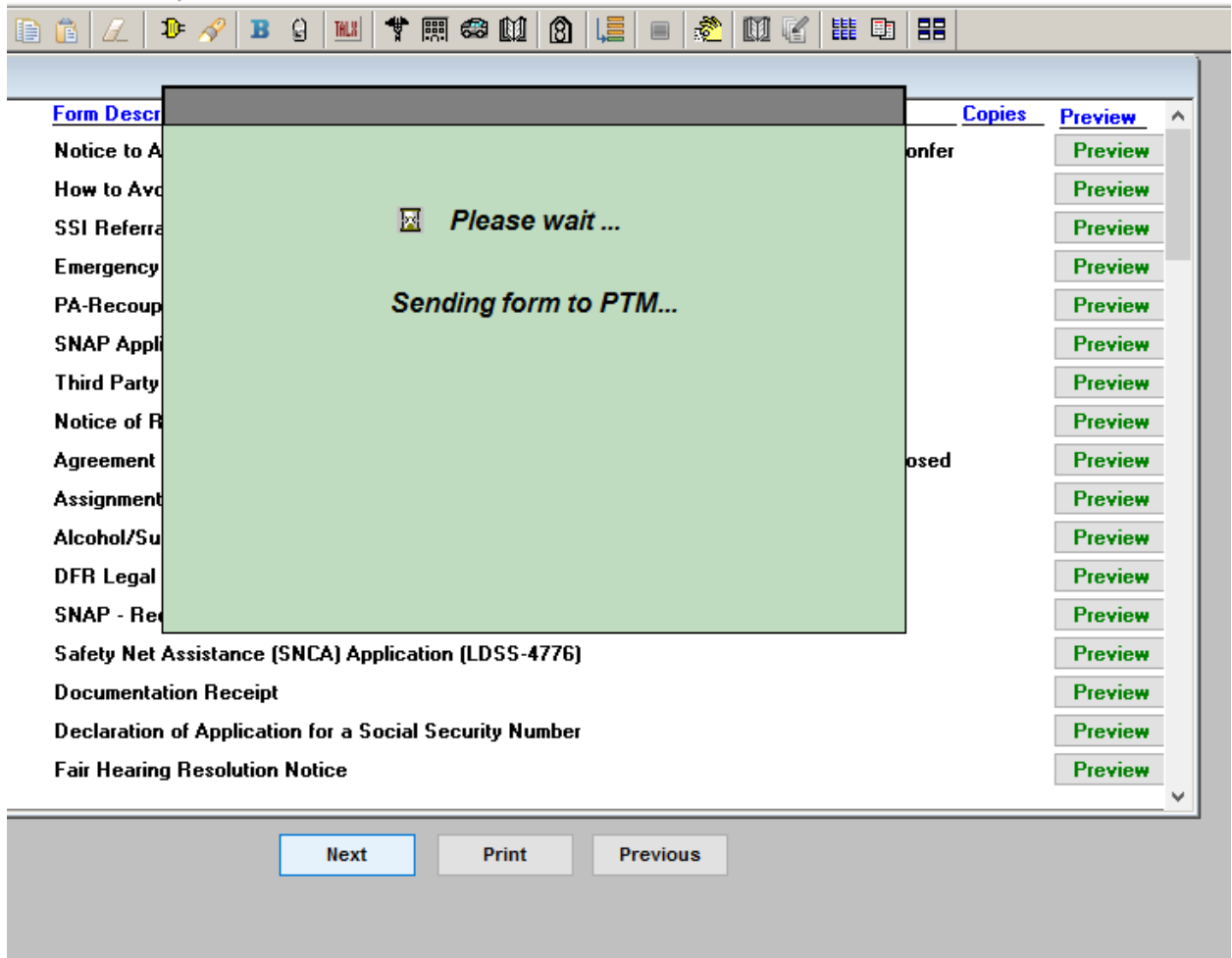
Form No	Form Description	Copies	Preview
M42V	Medicaid Choice/Managed Care Referral (Form M-42v)		Preview
M528N	Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case		Preview
M858C	Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely)		Preview
M858FF	Notice of Intent to Restrict Home Energy Allowance		Preview
M858M	Utility Arrears/Emergency Heating		Preview
M858W	Participant's Request For Restriction Of Home Energy Allowance		Preview
M858X	Notice of Intent to Recoup Utility Grant		Preview
W102	Notification to Participant of New Worker		Preview
W113K	Documentation Requirements		Preview
W119D	Eligibility Factors and Suggested Documentation Guide		Preview
W145	Notice of Intent to Restrict Shelter Allowance (Timely)		Preview
W145A	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status		Preview
W145F	Recoupment Worksheet to Determine Undue Hardship		Preview
W145K	Notice of Voluntary Restriction of Food and Other Grant and/or Energy Allowance (Timely)		Preview
W145VV	Notice of Change in Cash Payment		Preview
W146E	Request to pay Rent Arrears in excess of CA maximum shelter Allowance		Preview
W146W	Verification of Tenant's Rent in Section 8 Subsidized Housing		Preview

Next Print Previous

The JOS/Worker selects the **W-113K** for printing.

ATTACHMENT B

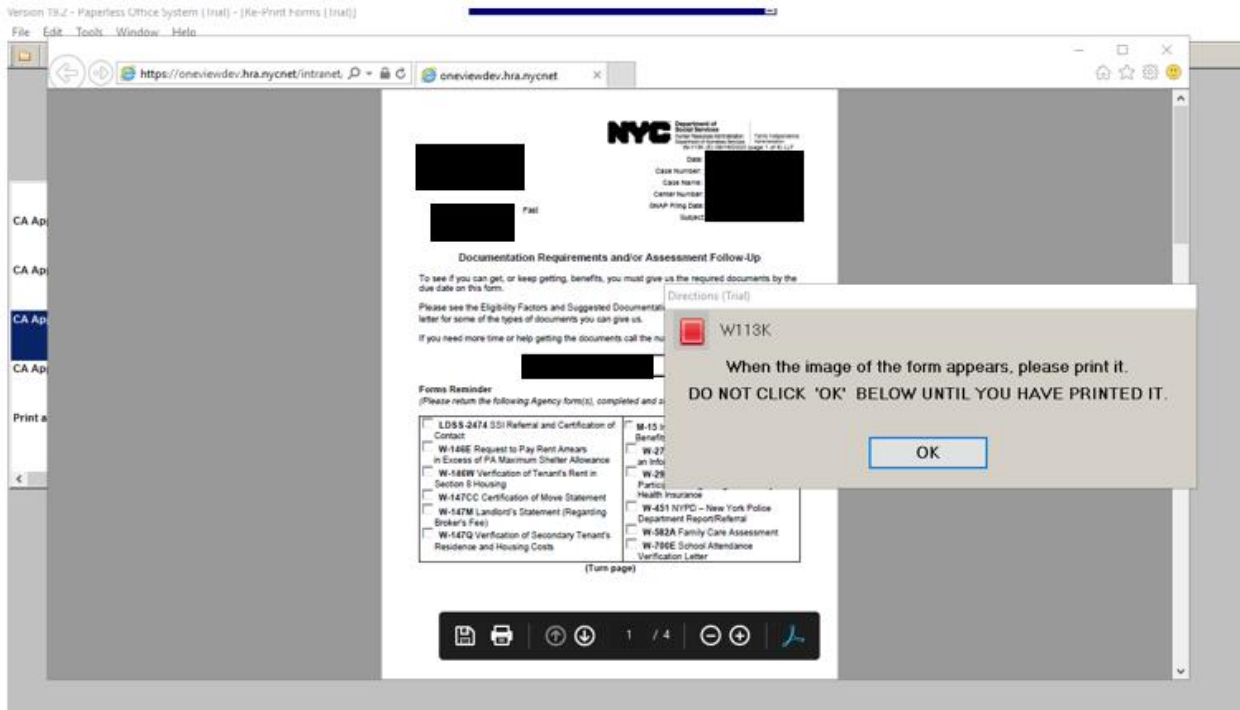
W-113K is Printed via Print-To-Mail (PTM)



The JOS/Worker clicks on the "Next" button to generate the PTM.

ATTACHMENT B

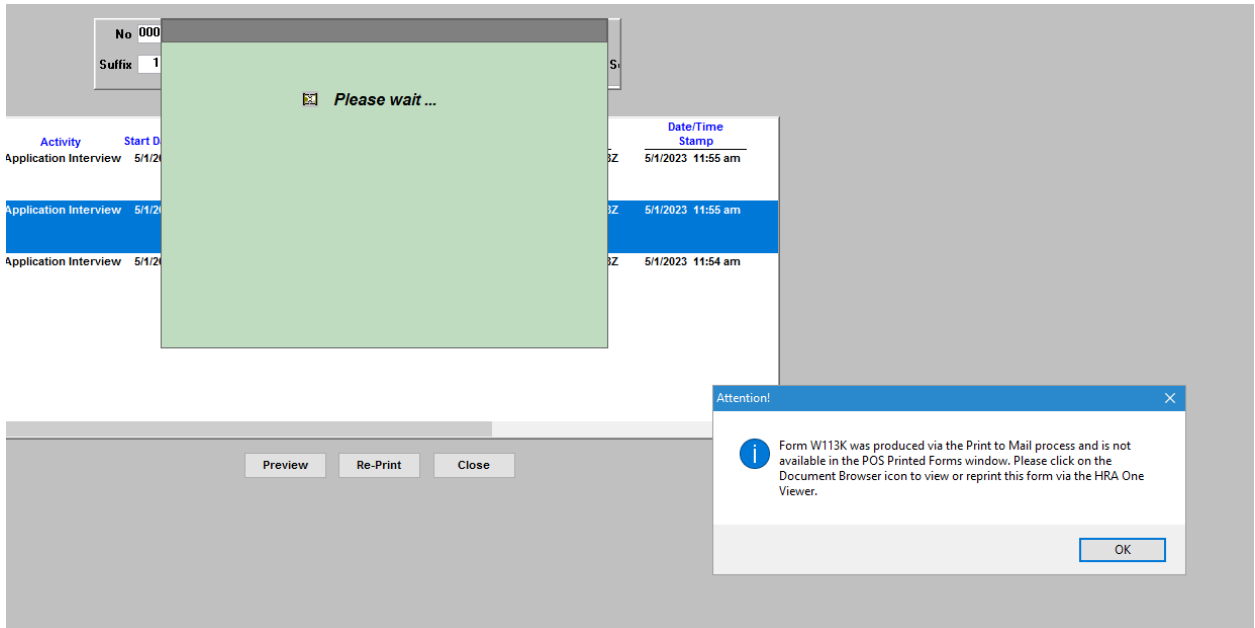
[Tools → Printed Forms committed \(printed\) form - Message](#)



The JOS/Worker clicks on “Tools”, then “Printed Forms Committed”, and they will see this message.

ATTACHMENT B

Tools → Printed Forms for PTM form - Message



The JOS/Worker clicks on “Tools”, then “Printed Forms for PTM”, and they will see this message.

POS Screens for the W-113A Flow (On the Phone)

Communication Preference Screen:

Language Speak: English Language Read: English

Communication Preferences (Trial)

Please read the following aloud to applicants/participants who are in the office or on the phone:
If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.

Preferred Language for speaking: English Applicant/Participant is: On the Phone

Preferred Language for Written Notices: English

Do you prefer to go by a name other than your legal name? Yes No

Do you have a preferred title? Yes No Gender Identity

What pronoun would you like us to use for you?

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? Yes No

If Yes, Select the type of format you would like

Does the applicant/participant want to use HRA's Free Interpreter Services?: Yes No

If YES, Which of HRA's Interpreter Services is being Used?

If No, provide reason stated by applicant/participant: Client refused interpretative services

Continue

Ok

The JOS/Worker enters in POS that the applicant/participant is on the phone.

SI Grant Request Screens

Version 19.2 - Paperless Office System (Trial) - [SI Grant Requests and Issuance (Trial)]

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required: you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding. Status: No Action Required	NA
2.	<input checked="" type="checkbox"/> Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding. Status: Completed	GO
3.	Task Name: Requests Details Action: This Task must be completed before proceeding. Status: No Action Required	NA
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding. Status: No Action Required	NA
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding. Status: No Action Required	NA

Next Previous

Request a special grant and create the W-113A (CMU) and (HDU)

Version 19.2 - Paperless Office System (Trial) - [SPECIAL GRANTS (Trial)]

File Edit Tools Window Help

Instructions: Use the window below to record grant requests. To record a request, click "Yes" for the appropriate row in the window. Response to Question window will appear to allow you to record the details of the request. Once all requests are recorded, click the Next button to continue.

	Yes	No
Housing Related Benefits (rent in advance, moving allowance, security deposit, broker's fee, furniture allowance).	<input type="radio"/>	<input checked="" type="radio"/>
Replacement of Lost or Stolen Cash	<input checked="" type="radio"/>	<input type="radio"/>
AAA - Replace SSI Check/Stolen Cash/Mismanaged or Lost Cash	<input type="radio"/>	<input checked="" type="radio"/>
Property Equipment And Household Item Repair or Replacement.	<input type="radio"/>	<input checked="" type="radio"/>
Additional CA Special Grant Requests and Other Changes	<input type="radio"/>	<input checked="" type="radio"/>

This window allows you to record requests for lost/stolen endorsed checks or lost/stolen cash.

Case Head	Need type	Number of Checks	Date of Emergency/Incident
	<input checked="" type="checkbox"/> Lost/stolen endorsed check	1	05/01/2023
	<input checked="" type="checkbox"/> Lost/stolen currency	Amount	\$200.00
Is Amount Lost/stolen Greater than the Regular Semi-monthly Grant	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Completed Police Report Submitted	M325a Completed	Detail of Circumstances	
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
Document...	Scan	Comment...	
Statement detailing circumstances surrounding Loss	<input type="checkbox"/>		

OK Cancel

The JOS/Worker will fill out the special grant request details in order to create the **W-113A**.

ATTACHMENT C

Version 19.2 - Paperless Office System (Trial) - [Request Details Window (Trial)]

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date. Requests made on other dates will appear in separate windows. In addition, grant requests which are related to shelter arrears will appear separately from those which are not related to shelter arrears.

Date the requests were recorded in the system:

Do the requests need to be back-dated? Yes No Enter the actual date of the request:

Enter the reason for the request:

Does this applicant/client state that this is an emergency? Yes No


Describe the emergency:

Is this grant batch related to shelter arrears? Does the client need to bring back documents?

Documents for these grants will be returned to: Drop off at Reception/CSIC

Additional Allowances Requested	Emergency	HDU Request	Request Source	Fair Hearing Number	Due Date for Documents
Replace Lost/Stolen Check	<input checked="" type="radio"/> Yes <input type="radio"/> No		Client Request-By Phone	<input type="text"/>	05/17/2023
Replace Lost/Stolen Cash	<input checked="" type="radio"/> Yes <input type="radio"/> No		Client Request-By Phone	<input type="text"/>	05/17/2023

Information [X]

 POS will make a permanent record of all the requests shown in this window. Click OK to proceed.

Page 1 of 1

Version 19.2 - Paperless Office System (Trial) - [EAF/E-SNA Eligibility Determination (Trial)]

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date for which the client may be eligible to receive under EAF or E-SNA. Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually. For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Request Date:

Crisis is Due to:

Other Crisis Details:

Emergency Type:

Cause:

Qualifying child or pregnant individual in household?

Does the household have income available on the day of application? Yes No Available monthly gross income amount:

Resources available to meet needs? Yes No Total PA resources (from interview):

Emergency is result of refusal without good cause of employment or work activities/community service by employable relative or child? Yes No [View Client Infraction History](#)

Emergency is result of sudden occurrence/situation, unforeseen and beyond the individual's control? Yes No

Utility Arrears Only

Is the applicant/participant the client of record? Yes No

Is the client of record receiving CA or SSI (or additional State payments) on the date of application or request? Yes No

Grant Request	Does this Grant Represent PA Duplication?		Financially Eligible For:		Repayment Agreement Required?
	Yes	No	EAF?	E-SNA?	
Replace Lost/Stolen Cash	<input type="radio"/>	<input checked="" type="radio"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="NA"/>

Version 19.2 - Paperless Office System (Trial) - [EAF/E-SNA Eligibility Determination (Trial)]

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date for which the client may be eligible to receive under EAF or E-SNA. Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually. For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Request Date:

Crisis is Due to:

Other Crisis Details:

Emergency Type:

Cause:

Qualifying child or pregnant individual in household? No

Does the household have income available on the day of application? Yes No Available monthly gross income amount:

Resources available to meet needs? Yes No Total PA resources (from interview):

Emergency is result of refusal without good cause of employment or work activities/community service by employable relative or child? Yes No [View Client Infraction History](#)

Emergency is result of sudden occurrence/situation, unforeseen and beyond the individual's control? Yes No

Utility Arrears Only

Is the applicant/participant the client of record? Yes No

Is the client of record receiving CA or SSI (or additional State payments) on the date of application or request? Yes No

Grant Request	Does this Grant Represent PA Duplication?		Financially Eligible For:		Repayment Agreement Required?
	Yes	No	EAF?	E-SNA?	
Replace Lost/Stolen Cash	<input type="radio"/>	<input checked="" type="radio"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="NA"/>

Page 1 of 1

Version 19.2 - Paperless Office System (Trial) - [SI Grant Requests and Issuance (Trial)]

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required; you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding. Status: No Action Required	NA
2.	Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding. Status: Completed	GO
3.	Task Name: Requests Details Action: This Task must be completed before proceeding. Status: Completed	GO
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding. Status: Completed	GO
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding. Status: This Task is Next	GO

Next Previous

Print the W-113A (CMU) or the W-113A (HDU) SI Tasks

Version 19.2 - Paperless Office System (Trial) - [Print Forms for Client to Sign (Trial)]

File Edit Tools Window Help

Instructions

Listed below are a set of forms and notices that must be printed before you may proceed. Click the Print Forms button then pick up the forms from the printer when POS informs you that it has finished printing. If some of the forms require a signature from the client, you will be prompted to collect that signature after you click the Next button.

If, for any reason, one or more of the forms fails to print correctly (paper jam, toner low etc.), you can either reprint one form by clicking on the form in the list below and then click on the Reprint Selected Form button or you can reprint all the forms by clicking on the Reprint All Forms button.

If there is a request for grants under the EAF category, the EAF Eligibility Determination Worksheet will be saved in the case record.

If there is a request for rent arrears, the Repayment Worksheet for Rent Arrears will be saved in the case record.

If there is a request for utility arrears, the Repayment Worksheet for Utility Arrears will be saved in the case record.

Request Date	Forms to be Printed	
05/03/2023	W-113A(CMU)-Documentation Request(Additional Allowances)	Replacement of Lost Stolen Cash, Replacement of Lost Stolen Check
05/03/2023	W-145TT-Determination of Eligibility for Emergency Assistance to Families (EAF)	Replacement of Lost Stolen Cash

The JOS/Worker will select the forms to be printed.

ATTACHMENT C

Version 19.2 - Paperless Office System (Trial) - [Print Forms for Client to Sign (Trial)]

File Edit Tools Window Help

Request Date	
05/03/2023	W-113A(CMU) Request(Addit
05/03/2023	W-145TT-Dete for Emergency (EAF)

Please wait ...

Sending form to PTM...
Processing Forms_Combine_For_PTM function ...

ost Stolen Check


Print the E-Forms **Re-Print Selected E-Form(s)** Re-Print All E-Forms

Next Previous

Rent Arrears Question

Version 19.2 - Paperless Office System (Trial) - [Grand Parent/Step Parent/Non-Citizen (Trial), ...]

File Edit Tools Window Help

	Yes	No
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input checked="" type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent Or Shelter Expense?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have An Electricity And/Or Gas Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Pay For Air Conditioning In Your Electric Bill Separate From Your Rent Or Is There An Additional Charge In Your Rent For The Use Of Your Air Conditioner?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have Other Utilities (Water, ETC.) Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
Does Any Person, Group Or Organization Outside The Household Pay Any Of The Household Expenses?	<input type="radio"/>	<input checked="" type="radio"/>
Does Any Person Living In The Household Who Is Not Applying, Pay Any Of Your Household Expenses?		<input type="radio"/>
Are There Rent Mortgage or Tax Arrears?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have Utility/Telephone Installation Fees Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
Did the household receive HEAP payments totaling greater than \$20 in the current month or in the immediately preceding 12 months?	<input type="radio"/>	<input checked="" type="radio"/>

Spanish **Next** Previous

Rent Arrears Data Entry

<input checked="" type="radio"/> Rent Arrears	Arrears Amount	Period From	Period To	Months of Arrears	FHEPS <input type="radio"/> Yes.. <input checked="" type="radio"/> No
	\$6,000.00	01/01/2023	04/01/2023	03	
<input type="radio"/> Mortgage Arrears	Hold Over <input type="checkbox"/>	Post Eviction <input type="checkbox"/>	Marshal's Notice <input type="checkbox"/>		
	Arrears Amount	Period From	Period To	Months of Arrears	
	\$0.00	00/00/0000	00/00/0000		
	Foreclosure <input type="checkbox"/>	Reverse Mortgage <input type="checkbox"/>			
	Property Tax Arrears Amount	Property Tax Period From	Property Tax Period To	Property Tax Months of Arrears	
	\$0.00	00/00/0000	00/00/0000		
Property Tax Arrears <input type="checkbox"/>	Tax Liens <input type="checkbox"/>				
<input type="checkbox"/> Amortization of mortgage on applicant/recipient-owned property	Amount	\$0.00			
<input type="checkbox"/> Carrying charges on applicant/recipient-owned property	Amount	\$0.00			
Document... <input type="checkbox"/> Letter Seeking contribution for Rent Arrears				Comment...	

Version 19.2 - Paperless Office System (Trial) - [Request Details Window (Trial)]

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date. Requests made on other dates will appear in separate windows. In addition, grant requests which are related to shelter areas will appear separately from those which are not related to shelter areas.

Date the requests were recorded in the system: 05/03/2023

Do the requests need to be back-dated? Yes No Enter the actual date of the request: _____

Enter the reason for the request: rent arrears

Does this applicant/client state that this is an emergency? Yes No

Describe the emergency: _____

Is this grant batch related to shelter areas? Yes Does the client need to bring back documents? Yes

Documents for these grants will be returned to: _____ Drop off at Reception/CSIC

Additional Allowances Requested	Emergency	HDU Request	Request Source	Fair Hearing Number	Due Date for Documents
Back Rent or Carrying Charges	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>	Client Request-By Phone	_____	05/17/2023

Next Previous

Page 2 of 2

Current Activity :CA Application Interview

Version 19.2 - Paperless Office System (Trial) - [Print Forms for Client to Sign (Trial)]

File Edit Tools Window Help

Instructions

Listed below are a set of forms and notices that must be printed before you may proceed. Click the Print Forms button then pick up the forms from the printer when POS informs you that it has finished printing. If some of the forms require a signature from the client, you will be prompted to collect that signature after you click the Next button.

If, for any reason, one or more of the forms fails to print correctly [paper jam, toner low etc.], you can either reprint one form by clicking on the form in the list below and then click on the Reprint Selected Form button or you can reprint all the forms by clicking on the Reprint All Forms button.

If there is a request for grants under the EAF category, the EAF Eligibility Determination Worksheet will be saved in the case record.

If there is a request for rent arrears, the Repayment Worksheet for Rent Arrears will be saved in the case record.

If there is a request for utility arrears, the Repayment Worksheet for Utility Arrears will be saved in the case record.

Request Date	Forms to be Printed	
05/03/2023	W-113A(HDU)-Documentation Request(Additional Allowances)	Back Rent or Carrying Charges
05/03/2023	W-145TT-Determination of Eligibility for Emergency Assistance to Families (EAF)	Rent in Advance (to secure an Apartment)

Current Activity :CA Application Interview

Document Deferral (FIA-1211A) Data Entry for (CMU)

The Worker will need to open the data entry window to complete the **FIA-1211A** form, otherwise the form will be empty.

	Yes	No
School Verification Letter (Form W-700E)	<input type="radio"/>	<input checked="" type="radio"/>
Request for Contact on a SNAP Application(Form DSS4753)	<input type="radio"/>	<input checked="" type="radio"/>
Systematic Alien Verification for Entitlement (SAVE) Referral (Form W-515X)		<input type="radio"/>
SNAP History Sheet for Center F61 (Form W-25M)	<input type="radio"/>	<input checked="" type="radio"/>
Documentation Requirements (Form W-113K)	<input checked="" type="radio"/>	<input type="radio"/>
RAU Case Documentation Transmittal(Form W153P)	<input type="radio"/>	<input checked="" type="radio"/>
Notice of SNAP Recertification Appointment (Form W-129RR)	<input type="radio"/>	<input checked="" type="radio"/>
HRA School/Training Enrollment Letter (from HRA-154)	<input type="radio"/>	<input checked="" type="radio"/>
Family Care Assessment (Form W-582A)	<input type="radio"/>	<input checked="" type="radio"/>
Declaration of Application for a Social Security Number (Form EXP-83H)	<input type="radio"/>	<input checked="" type="radio"/>
Request for Birth or Death Verification from New York City Department of Health (Form W701)	<input type="radio"/>	<input type="radio"/>
Medicaid Choice/Managed Care Referral (Form M-42v)	<input type="radio"/>	<input type="radio"/>
Document Request Deferral (Form FIA-1211A)	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Safety Net Assistance (SNCA) Application (LDSS-4776)	<input type="radio"/>	<input checked="" type="radio"/>

Spanish Next Previous

Yes No ^

School Verification Letter (Form W-700E)

Instructions: This Documentation Deferral window lists the names of **all active adult household members over 18 years of age**. If there is someone residing in your household over 18 that does not appear on this list, select 'Other Person Not Listed', then enter the name in the 'Other Name' field. Once you have selected from the 'who' list box, you should select all of the documents needed for the name you selected only. If you have more than one selection for a request type, you can make multiple selections per each request type group. Hold the 'Ctrl' button down on your keyboard and left click with your mouse). If you need to make additional request for the next household member, please use the 'scroll bar' to view the next available row so that you can fill their request information separately.

Defferal Due Date

Who Other Name

<input checked="" type="checkbox"/>	Request Type	<input checked="" type="checkbox"/>	Select Documentation For		
<input type="checkbox"/>	Mortgage Payments/Arrears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Proof of What You Owe for Housing	<input type="checkbox"/> Proof of What You Pay for Housing	<input type="checkbox"/> Proof You Are At Risk of Eviction or Foreclosure
<input type="checkbox"/>	Property Tax Payments/Arrears	<input type="checkbox"/>	<input type="checkbox"/> Proof You Will Be Allowed By Law To Stay In Your Current Housing	<input type="checkbox"/> Proof You Will Be Able to Pay for Your Housing in the Future	<input type="checkbox"/> Proof of Why You Could Not Pay for Your Housing
<input checked="" type="checkbox"/>	Rent Supplement/Arrears	<input type="checkbox"/>	<input type="checkbox"/> Proof of Any Help You Have Received to Pay for Your Housing Arrears		

Rectangular Snip

Scroll Between Rows

OK Cancel

Print Form Screen and message that the form is sent via Print-to-Mail (PTM)

The screenshot shows a software window titled "Version 19.2 - Paperless Office System (Trial) - [Print Forms (Trial)]". The window has a menu bar with "File", "Edit", "Tools", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main area contains a table of forms with columns for "Form No", "Form Description", "Copies", and "Preview". A message dialog box is overlaid on the table, displaying an information icon and the text: "The FIA-1211a 'Document Request for Housing Related Special Grants' and FIA-1211 'Documentation Guide for Housing Related Special Grants' will be mailed via PTM". The dialog box has an "OK" button. At the bottom of the window are three buttons: "Next", "Print", and "Previous".

Form No	Form Description	Copies	Preview
DSS4753	SNAP - Request for Contact/Missed Interview		Preview
DSS4776	Safety Net Assistance (SNCA) Application (LDSS-4776)		Preview
EXP_76R	Documentation Receipt		Preview
EXP83H	Declaration of Application for a Social Security Number		Preview
FHA1	Fair Hearing Resolution Notice		Preview
FIA1102	FIA-1102 Scanning and Attention		review
FIA1125E	FIA-1125E Request for		review
FIA1148	An HRA Representative		review
FIA1148A	Notice of Missed Cash		review
FIA1167	FIA-1167 Cash Assistan		review
FIA1191L	FIA-1191L(E)Important I		review
FIA1211	Documentation Guide fo		review
FIA1211A	Document Request for Housing Related Special Grants		Preview
HRA146A	Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Applicatic		Preview
HRA1460	Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral		Preview
HRA154	HRA School/Training Enrollment Letter		Preview
M15	Inquiry Regarding Veterans' Benefits and Servicemen's Allotments		Preview

ATTACHMENT C

Version 19.2 - Paperless Office System (Trial) - [Re-Print Forms (Trial)]

File Edit Tools Window Help

No. Case Name CIN
Suffix 1 Casehead Name SSN

Activity	Start Date	End Date	Employee	Form	No. Copies Printed	CIN	Date/Time Stamp
CA Application Interview	5/1/2023				2		5/3/2023 9:28 am
CA Application Interview	5/1/2023				1		5/3/2023 9:27 am
CA Application Interview	5/1/2023				1		5/3/2023 9:27 am
CA Application Interview	5/1/2023	5/1/2023			1		5/1/2023 10:14 am
CA Application Interview	5/1/2023	5/1/2023			1		

Preview Re-Print Close

Attention! This form was produced via the Print to Mail process and is not available in the POS Printed Forms window. Please click on the Document Browser icon to view or reprint this form via the HRA One Viewer. OK

POS Screens for the W-113A Flow (In-Office)

Communication Preference Screen:

The screenshot shows a software interface titled "Client Service Screen (Trial)". At the top, there are fields for "Case Number:", "Case Name:", and "Case Status: AC". Below these are "Language Speak: English" and "Language Read: English". A modal dialog box titled "Communication Preferences (Trial)" is open in the center. It contains the following text and fields:

Please read the following aloud to applicants/participants who are in the office or on the phone:
If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.

Preferred Language for speaking: English (dropdown) Applicant/Participant is: In the Office (dropdown)

Preferred Language for Written Notices: English (dropdown)

Do you prefer to go by a name other than your legal name? Yes No [text field]

Do you have a preferred title? Yes No [text field] Gender Identity [dropdown]

What pronoun would you like us to use for you? [dropdown]

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? Yes No

If Yes, Select the type of format you would like [dropdown]

Does the applicant/participant want to use HRA's Free Interpreter Services?: Yes No

If YES, Which of HRA's Interpreter Services is being Used? [dropdown]

If No, provide reason stated by applicant/participant: Client refused interpretative services (dropdown)

Buttons: Continue, Ok

The JOS/Worker enters in POS that the applicant/participant is in the office.

SI Grant Request Screens

ersion 19.2 - Paperless Office System (Trial) - [SI Grant Requests and Issuance (Trial)]

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required: you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding. Status: No Action Required	NA
2.	<input checked="" type="checkbox"/> Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding. Status: Completed	GO
3.	Task Name: Requests Details Action: This Task must be completed before proceeding. Status: No Action Required	NA
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding. Status: No Action Required	NA
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding. Status: No Action Required	NA

Next **Previous**

Request a special grant and create the W-113A (CMU) and (HDU)

Version 19.2 - Paperless Office System (Final) - [SPECIAL GRANTS (Final)]

File Edit Tools Window Help

Instructions: Use the window below to record grant requests. To record a request, click "Yes" for the appropriate row in the window. Response to Question window will appear to allow you to record the details of the request. Once all requests are recorded, click the Next button to continue.

	Yes	No
Housing Related Benefits (rent in advance, moving allowance, security deposit, broker's fee, furniture allowance).	<input type="radio"/>	<input checked="" type="radio"/>
Replacement of Lost or Stolen Cash	<input checked="" type="radio"/>	<input type="radio"/>
CAA - Replace SSI Check/Stolen Cash/Mismanaged or Lost Cash	<input type="radio"/>	<input checked="" type="radio"/>
Property Equipment And Household Item Repair or Replacement.	<input type="radio"/>	<input checked="" type="radio"/>
Additional CA Special Grant Requests and Other Changes	<input type="radio"/>	<input checked="" type="radio"/>

This window allows you to record requests for lost/stolen endorsed checks or lost/stolen cash.

Case Head	Need type	Number of Checks	Date of Emergency/Incident
	<input checked="" type="checkbox"/> Lost/stolen endorsed check	1	05/01/2023
	<input checked="" type="checkbox"/> Lost/stolen currency	Amount \$200.00	

Is Amount Lost/stolen Greater than the Regular Semi-monthly Grant Yes No

Completed Police Report Submitted Yes No

M325a Completed Yes No

Detail of Circumstances

Document... Scan... Comment...

Statement detailing circumstances surrounding Loss Theft

OK Cancel

The JOS/Worker will fill out the special grant request details in order to create the **W-113A**.

Version 19.2 - Paperless Office System (Trial) - [Request Details Window (Trial)]

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date. Requests made on other dates will appear in separate windows. In addition, grant requests which are related to shelter arrears will appear separately from those which are not related to shelter arrears.

Date the requests were recorded in the system:

Do the requests need to be back-dated? Yes No Enter the actual date of the request:

Enter the reason for the request:

Does this applicant/client state that this is an emergency? Yes No

Describe the emergency:

Is this grant batch related to shelter arrears? Does the client need to bring back documents?

Additional Allowances Requested	Emergency	HDU Request	Request Source	Fair Hearing Number	Due Date for Documents
Rent in Advance (to secure an Apartment)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>	Client Request-In Person	<input type="text"/>	00/00/0000
Replace Lost/Stolen Cash	<input checked="" type="radio"/> Yes <input type="radio"/> No		Client Request-In Person	<input type="text"/>	00/00/0000

Version 19.2 - Paperless Office System (Trial) - [EAF/E-SNA Eligibility Determination (Trial)]

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date for which the client may be eligible to receive under EAF or E-SNA. Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually. For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Request Date:

Crisis is Due to:

Other Crisis Details:

Emergency Type:

Cause:

Qualifying child or pregnant individual in household?

Does the household have income available on the day of application? Yes No Available monthly gross income amount:

Resources available to meet needs? Yes No Total PA resources (from interview):

Emergency is result of refusal without good cause of employment or work activities/community service by employable relative or child? Yes No [View Client Infraction History](#)

Emergency is result of sudden occurrence/situation, unforeseen and beyond the individual's control? Yes No

Utility Arrears Only

Is the applicant/participant the client of record? Yes No

Is the client of record receiving CA or SSI (or additional State payments) on the date of application or request? Yes No

Grant Request	Does this Grant Represent PA Duplication?		Financially Eligible For:		Repayment Agreement Required?
	Yes	No	EAF?	E-SNA?	
Replace Lost/Stolen Cash	<input type="radio"/>	<input checked="" type="radio"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="NA"/>

Version 19.2 - Paperless Office System (Trial) - [SI Grant Requests and Issuance (Trial)]

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required; you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding. Status: No Action Required	NA
2.	Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding. Status: Completed	GO
3.	Task Name: Requests Details Action: This Task must be completed before proceeding. Status: Completed	GO
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding. Status: Completed	GO
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding. Status: This Task is Next	GO

Next Previous

[Print the W-113A \(CMU\) or the W-113A \(HDU\) SI Tasks](#)

The JOS/Worker will select the forms to be printed.

Version 19.2 - Paperless Office System (Trial) - [Print Forms for Client to Sign (Trial)]

File Edit Tools Window Help

Instructions

Listed below are a set of forms and notices that must be printed before you may proceed. Click the Print Forms button then pick up the forms from the printer when PDS informs you that it has finished printing. If some of the forms require a signature from the client, you will be prompted to collect that signature after you click the Next button.

If, for any reason, one or more of the forms fails to print correctly (paper jam, toner low etc.), you can either reprint one form by clicking on the form in the list below and then click on the Reprint Selected Form button or you can reprint all the forms by clicking on the Reprint All Forms button.

If there is a request for grants under the EAF category, the EAF Eligibility Determination Worksheet will be saved in the case record.

If there is a request for rent arrears, the Repayment Worksheet for Rent Arrears will be saved in the case record.

If there is a request for utility arrears, the Repayment Worksheet for Utility Arrears will be saved in the case record.

Request Date	Forms to be Printed	
05/03/2023	W-113A(CMU)-Documentation Request(Additional Allowances)	Replacement of Lost Stolen Cash, Replacement of Lost Stolen Check
05/03/2023	W-145TT-Determination of Eligibility for Emergency Assistance to Families (EAF)	Replacement of Lost Stolen Cash

[FIA-1211A is committed to the HRA One Viewer](#)

The Worker will need to open the data entry window to complete the **FIA-1211A** form, otherwise the form will be empty.

	Yes	No
School Verification Letter (Form W-700E)	<input type="radio"/>	<input checked="" type="radio"/>
Request for Contact on a SNAP Application(Form DSS4753)	<input type="radio"/>	<input checked="" type="radio"/>
Systematic Alien Verification for Entitlement (SAVE) Referral (Form W-515X)	<input checked="" type="radio"/>	<input type="radio"/>
SNAP History Sheet for Center F61 (Form W-25M)	<input type="radio"/>	<input checked="" type="radio"/>
Documentation Requirements (Form W-113K)	<input checked="" type="radio"/>	<input type="radio"/>
RAU Case Documentation Transmittal(Form W153P)	<input type="radio"/>	<input checked="" type="radio"/>
Notice of SNAP Recertification Appointment (Form W-129RR)	<input type="radio"/>	<input checked="" type="radio"/>
HRA School/Training Enrollment Letter (from HRA-154)	<input type="radio"/>	<input checked="" type="radio"/>
Family Care Assessment (Form W-582A)	<input type="radio"/>	<input checked="" type="radio"/>
Declaration of Application for a Social Security Number (Form EXP-83H)	<input type="radio"/>	<input checked="" type="radio"/>
Request for Birth or Death Verification from New York City Department of Health (Form W701)	<input type="radio"/>	<input type="radio"/>
Medicaid Choice/Managed Care Referral (Form M-42v)	<input type="radio"/>	<input type="radio"/>
Document Request Deferral (Form FIA-1211A)	<input checked="" type="radio"/>	<input type="radio"/>
Safety Net Assistance (SNCA) Application (LDSS-4776)	<input type="radio"/>	<input checked="" type="radio"/>

Spanish Next Previous

ersion 19.2 - Paperless Office System (Trial) - [Form Data-Entry (Trial)]

File Edit Tools Window Help

Yes No ^

School Verification Letter (Form W-700E)

Instructions: This Documentation Deferral window lists the names of **all active adult household members over 18 years of age**. If there is someone residing in your household over 18 that does not appear on this list, select 'Other Person Not Listed', then enter the name in the 'Other Name' field. Once you have selected from the 'who' list box, you should select all of the documents needed for the name you selected only. If you have more than one selection for a request type, you can make multiple selections per each request type group. Hold the 'Ctrl' button down on your keyboard and left click with your mouse). If you need to make additional request for the next household member. Please use the 'scroll bar' to view the next available row so that you can fill their request information separately.

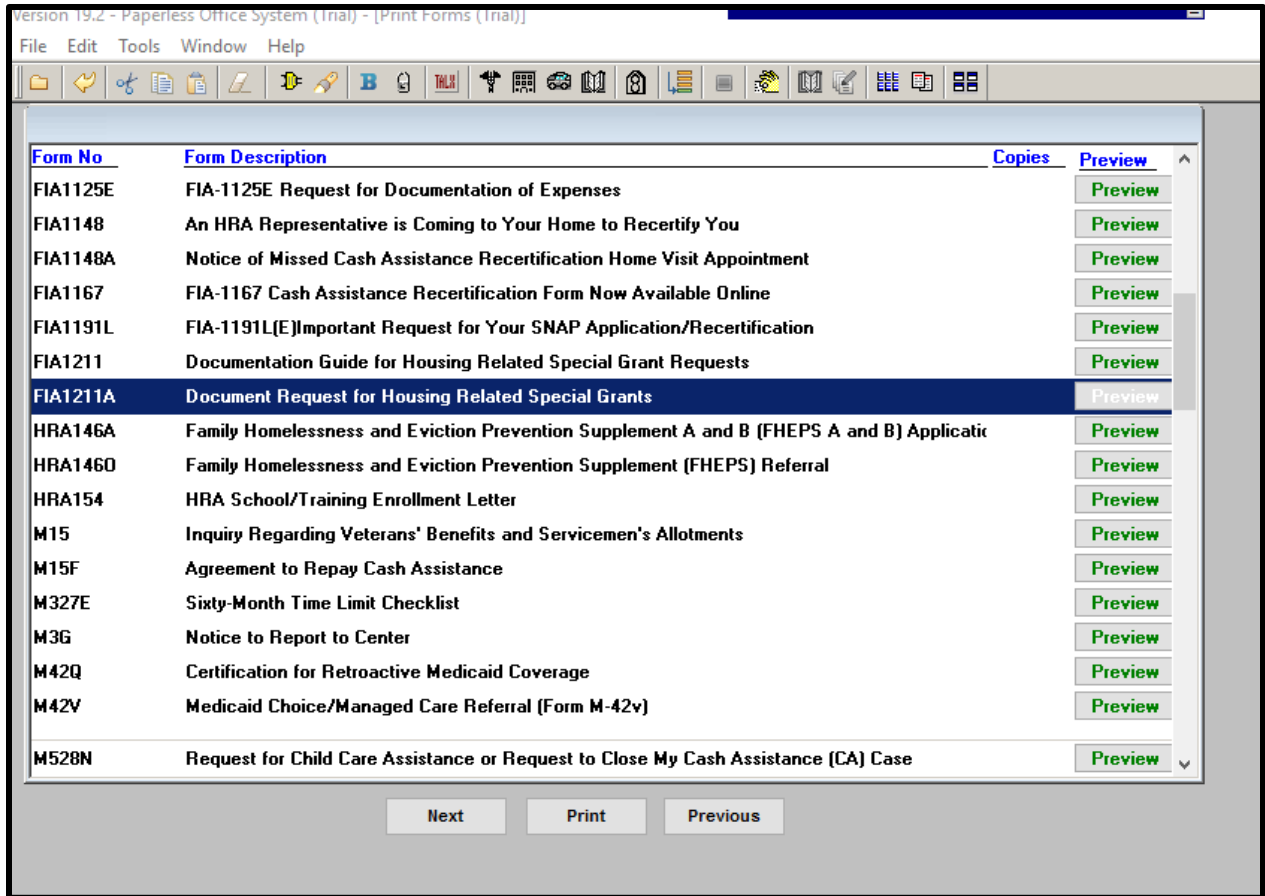
Defferal Due Date

Who Other Name

<input checked="" type="checkbox"/>	Request Type	<input checked="" type="checkbox"/>	Select Documentation For				
<input type="checkbox"/>	Mortgage Payments/Arrears	<input checked="" type="checkbox"/>	Proof of What You Owe for Housing	<input checked="" type="checkbox"/>	Proof of What You Pay for Housing	<input type="checkbox"/>	Proof You Are At Risk of Eviction or Foreclosure
<input type="checkbox"/>	Property Tax Payments/Arrears	<input type="checkbox"/>	Proof You Will Be Allowed By Law To Stay In Your Current Housing	<input type="checkbox"/>	Proof You Will Be Able to Pay for Your Housing in the Future	<input checked="" type="checkbox"/>	Proof of Why You Could Not Pay for Your Housing
<input checked="" type="checkbox"/>	Rent Supplement/Arrears	<input type="checkbox"/>	Proof of Any Help You Have Received to Pay for Your Housing Arrears				

Scroll Between Rows

ATTACHMENT D



The JOS/Worker must click on the Print button.

ATTACHMENT D

Version 19.2 - Paperless Office System (trial) - [Re-Print Forms (trial)]

File Edit Tools Window Help

No 0 : Case Name : CIN :
 Suffix 1 Casehead Name : SSN :

Activity	Start Date	End Date	Employee	Form	No. Copies Printed	CIN	Date/Time Stamp
CA Application Interview	5/1/2023			fia1211a)fia1211a	1		5/15/2023 10:39 am
CA Application Interview	5/1/2023			fia1211)fia1211	1		5/15/2023 10:39 am
CA Application Interview	5/1/2023			fia1211a)fia1211a	1		5/15/2023 10:38 am
CA Application Interview	5/1/2023			fia1211)fia1211	1		5/15/2023 10:38 am
CA Application Interview	5/1/2023			fia1211a)fia1211a	1		5/15/2023 10:38 am

Preview Re-Print Close



Documentation Guide for Housing Related Special Grant Requests

This guide gives you examples of some of the types of documents you can use to prove information needed to make a decision on your request. Other documents may also be used, even if not on the list. We will let you know if we need more documents.

Some of the suggested documents can be used as proof for more than one item. For example, a current lease can be used to prove your housing cost and legal occupancy in the future.

If you need help getting the proof we are asking for, please tell your worker. We may be able to help.

Box	Documentation for	Suggested Documents	Helpful Hints
1	Amount Owed Proves how much money you owe.	<ul style="list-style-type: none"> • Rental History Breakdown from Landlord • Court documents indicating arrears amount • NYCHA Rent Statement or Letter from Housing Manager • Mortgage Statement • Liens lawsuits or Other Pending Claims • Tax Bill 	May be found in court stipulation or judgment (agreement signed in court).
2	Your Housing Cost Shows that you pay for your housing and how much you pay each month.	<ul style="list-style-type: none"> • Current Lease • Current Rent Receipt • Letter from Landlord • Statement from Non-Relative Landlord • Title to Property • Home Insurance Policy • Property Tax Statement • Tax Bill showing ownership of house • Court documents listing primary tenant • W-147 Letter to Landlord-Request for Residence Verification 	If your name is not on the lease or mortgage, you must still prove that you are responsible for paying your housing cost.

Box	Documentation for	Suggested Documents	Helpful Hints
2	<p>Your Housing Cost <i>(continued)</i></p>	<ul style="list-style-type: none"> • W-147Q Statement from Primary Tenant & Proof of Legal Tenancy • W-146W Section 8 Verification • Housing Court or NYCHA papers showing that you are responsible for paying a housing cost • Division of Housing and Community Renewal (DHCR) Annual Registration Statement 	
3	<p>Risk of Eviction or Foreclosure</p> <p>Shows that you need help to keep your housing.</p>	<ul style="list-style-type: none"> • Landlord breakdown showing rent arrears • Landlord Notice or Rent Demand • Letter from Landlord threatening eviction • Court-ordered Stipulation with LT or Index Number (rent arrears) • Notice of Petition (rent arrears) • Marshal's Notice of Eviction • Order to Show Cause (rent arrears) • Eviction or foreclosure court documents 	<p>Always give us court documents if you have them. These documents are often mailed to you or given to you in court.</p> <p>If you get court documents, it is important to follow the instructions given. Ask someone for help if you don't understand what to do.</p>
4	<p>Legal Occupancy in the Future</p> <p>Shows that you are legally allowed to live in the apartment, room, or other approved living arrangement.</p>	<ul style="list-style-type: none"> • W-147Q Statement from Primary Tenant & Proof of Legal Tenancy • Court documents showing right to legal occupancy in the future • Other documents to prove right to legal occupancy 	

SAMPLE

Box	Documentation for	Suggested Documents	Helpful Hints
4	<p>Legal Occupancy in the Future <i>(continued)</i></p>	<ul style="list-style-type: none"> • W-146W Section 8 Verification • Current Lease (or expired rent stabilized lease) • Letter from Landlord • Statement from Non-Relative Landlord • Title to Property • Home Insurance Policy • Property Tax Statement • Tax Bill showing ownership of house • W-147 Letter to Landlord-Request for Residence Verification • Division of Housing and Community Renewal (DHCR) Annual Registration Statement 	
5	<p>Future Ability to Pay</p> <p>Shows how you can pay your housing cost each month going forward.</p>	<ul style="list-style-type: none"> • Pay stubs and Statement of Tips from the last 30 days • W-146E Excess Rent & Third Party Proof of Income • Third Party Proof of Income/Pay Stubs for the last 30 days • Subsidy verification (Section 8/NYCHA) • Proof of SSA or SSI benefits for disability or blindness • Current Award Certificate or letter showing other income • Income Tax records • Job Letter • Statement from an Employer • Records or related materials concerning self-employment earnings and expenses 	<p>If another person or an organization will help with some or all of your housing cost, you must show that they can afford to give you money towards your housing cost and how much they can give you each month.</p>

(Turn page)

Box	Documentation for	Suggested Documents	Helpful Hints
<p>5</p>	<p>Future Ability to Pay <i>(continued)</i></p>	<ul style="list-style-type: none"> • Statement from Financial Institution Lender • Statement from a Secondary Tenant, Boarder or Lodger • Official correspondence, document, or statement from a source of Other Income • Retirement or Pension Benefit Letter • Documentation of SCRIE or DRIE in effect to freeze rent level • Documentation of SCRIE or DRIE pending application • Other Acceptable Document detailing housing related benefits • Documentation of Additional Expenses (such as utility bills, child care expenses, other receipts) • Documentation of other income or contributions • Court order for child support, spousal support, or maintenance 	
<p>6</p>	<p>Unforeseen or Special Circumstances</p> <p>Shows why you could not pay your housing cost.</p>	<ul style="list-style-type: none"> • Statement or document explaining a loss of income for the household • Loss of Third Party Assistance • Statement from Funeral Director/Funeral Bill • Medical Bills • Statement detailing circumstances surrounding Loss or Theft • Statement or Referral from Red Cross • Insurance Company Statement • Care Required by Sick or Disabled Household Member • Doctor's records • Doctor's statement 	<p>An advocate letter or personal statement can help explain your situation.</p>

SAMPLE

(Turn page)

Box	Documentation for	Suggested Documents	Helpful Hints
6	Unforeseen or Special Circumstances <i>(continued)</i>	<ul style="list-style-type: none"> • Documentation of Additional Expenses (such as utility bills, childcare expenses, other receipts) 	
7	Contributions to Help Pay Arrears Shows us the efforts you have made to get help paying the arrears.	<ul style="list-style-type: none"> • Copy of money order for contribution toward rent arrears • Nonprofit Organization official letterhead stating contribution toward arrears • Proof of contributions toward arrears • Letter Seeking contribution for Arrears 	If you show that you, another person, or an organization can pay some of the amount owed, it may help us to make a decision.

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Worker Name: _____

Worker Telephone: _____

Document Request for Housing Related Special Grants

You asked for the housing related special grant(s) checked off below:


- Mortgage Payments/Arrears
- Property Tax Payments/Arrears
- Rent Supplement/Arrears
- Other Request: _____



You did not give us all of the proof that we need to make a decision. Please submit documents for the checked items on **pages 2 and 3** by:


Due Date: _____

SAMPLE

You can submit your documents using any option checked below:

-  **IN PERSON:** _____

-  **ACCESS HRA mobile app:** Download **NYC ACCESS HRA** on iOS or Android devices.
-  **FAX:** _____

-  **MAIL:** _____

If you are unable to submit the requested documents, you must call the Worker at the number above before _____. If you do not submit the documents, we may deny your request for a special grant.

(Turn page)

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Amount Owed	<ul style="list-style-type: none"> ● Rental History Breakdown from Landlord ● Court documents indicating arrears amount ● NYCHA Rent Statement or Letter from Housing Manager ● Mortgage Statement
<input type="checkbox"/> Your Housing Cost	<ul style="list-style-type: none"> ● Current Lease ● Current Rent Receipt ● Letter from Landlord ● Statement from Non-Relative Landlord
<input type="checkbox"/> Risk of Eviction or Foreclosure	<ul style="list-style-type: none"> ● Landlord breakdown showing rent arrears ● Landlord Notice or Rent Demand ● Letter from Landlord threatening eviction ● Court-ordered Stipulation with LT or Index Number (rent arrears)
<input type="checkbox"/> Legal Occupancy in the Future	<ul style="list-style-type: none"> ● W-147Q Statement from Primary Tenant & Proof of Legal Tenancy ● Court documents showing right to legal occupancy in the future ● Other documents to prove right to legal occupancy ● W-146W Section 8 Verification
<input type="checkbox"/> Future Ability to Pay	<ul style="list-style-type: none"> ● Pay stubs and Statement of Tips from the last 30 days ● W-146E Excess Rent & Third Party Proof of Income ● Third Party Proof of Income/Pay Stubs for the last 30 days ● Subsidy verification (Section 8/NYCHA)

SAMPLE

(Turn page)

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Unforeseen or Special Circumstances	<ul style="list-style-type: none"> ● Statement or document explaining a loss of income for the household ● Loss of Third Party Assistance ● Statement from Funeral Director/Funeral Bill ● Medical Bills
<input type="checkbox"/> Contributions to Help Pay Arrears	<ul style="list-style-type: none"> ● Copy of money order for contribution toward rent arrears ● Nonprofit Organization official letterhead stating contribution toward arrears ● Proof of contributions toward arrears ● Letter Seeking contribution for Arrears

SAMPLE

Applicant/Participant Signature
 Date

Applicant/Participant Telephone Number

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Date: _____

Case Number: _____

Case Name: _____

Center Number: _____

Documentation Request Form (Return Document for Special Grant)

Please submit the documents listed below.

Due Date:

SAMPLE

- Please return your repayment agreement by the date above.
- Must see Worker upon return

Request Type	Documentation	Name

If for any reason you are unable to meet the agreed-upon due date, you must contact HRA before the due date. Failure to submit the above documents may result in the denial of your request for an additional allowance.

(Turn page)

You may submit any required documents/information by:



UPLOAD (*easiest!*) — use your mobile phone or tablet with our ACCESS HRA mobile app at: www.nyc.gov/accesshramobile



IN PERSON — bring copies of the documents to your Center



FAX — send documents to _____



MAIL copies using envelope provided



CALL _____ if you need help getting documents or more time to get documents

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Date: _____
 Case Number: _____
 Case Name: _____
 Center Number: _____
 SNAP Filing Date: _____
 Subject: _____

Documentation Requirements and/or Assessment Follow-Up

To see if you can get, or keep getting, benefits, you must give us the required documents by the due date on this form.

Please see the Eligibility Factors and Suggested Documentation Guide (**W-119D**) sent with this letter for some of the types of documents you can give us.

If you need more time or help getting the documents call the number on page 3 of this notice.

SAMPLE

Due Date: _____

Forms Reminder

(Please return the following Agency form(s), completed and signed where necessary.)

- | | |
|--|--|
| <input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact
<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing
<input type="checkbox"/> W-147CC Certification of Move Statement
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)
<input type="checkbox"/> W-147Q Verification of Secondary Tenant's Residence and Housing Costs | <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care Provider
<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral
<input type="checkbox"/> W-582A Family Care Assessment
<input type="checkbox"/> W-700E School Attendance Verification Letter |
|--|--|

(Turn page)

You may submit any required documents/information by:



UPLOAD (*easiest!*) — use your mobile phone or tablet with our ACCESS HRA mobile app at: www.nyc.gov/accesshramobile



IN PERSON — bring copies of the documents to your Center



FAX — send documents to _____



MAIL copies using envelope provided



CALL _____ if you need help getting documents or more time to get documents

Failure to submit verification/documentation or failure to contact your HRA worker on or before the due date may make you ineligible for Cash Assistance and/or SNAP, or may cause a reduction in your Cash Assistance and/or SNAP benefits for a specific period of time.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn page)

THINGS TO REMEMBER



Pay Stubs: for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.



Employer Letter: If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer must **sign and date** it.



Landlord or Primary Tenant Letter: must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.

SAMPLE

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> Identity You must establish identity for each person listed.	<ul style="list-style-type: none"> • Photo I.D. • Driver's license • U.S. passport • Naturalization certificate • Hospital/Doctor's records • Adoption papers 	<ul style="list-style-type: none"> • Statement from another person • Birth/baptismal certificate • Validated Social Security Number (SSN)
<input type="checkbox"/> Marital Status You must prove if you are married, divorced, separated or widowed (not required for the Supplemental Nutrition Assistance Program [SNAP]).	<ul style="list-style-type: none"> • Marriage/Death certificates • Separation agreement • Divorce decree • Social Security records • Department of Veterans Affairs (VA) records 	<ul style="list-style-type: none"> • Statement from clergy • Census records • Newspaper notice • Statement from another person
<input type="checkbox"/> Relationship If you are related to a child in the household, you must prove the relationship.	<ul style="list-style-type: none"> • Birth certificate (long form) • Adoption papers/records • Court records • Medical records 	<ul style="list-style-type: none"> • Applicant's statement • Newspaper notice • Statement from clergy • Statement from another person
<input type="checkbox"/> Residence You must verify your place of residence (if applicable).	<ul style="list-style-type: none"> • Statement from landlord/primary tenant • Current rent receipt or lease • Mortgage records 	<ul style="list-style-type: none"> • Statement from another person • Current mail
<input type="checkbox"/> Household Composition/Size You must prove who is living with you. *At recertification only required for minors if questionable	<ul style="list-style-type: none"> • Statement from nonrelative landlord 	<ul style="list-style-type: none"> • Statements from other persons
<input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate.	<ul style="list-style-type: none"> • Birth certificate • Baptismal records/certificate • Hospital records • Adoption papers/records • Naturalization certificate • Driver's license 	<ul style="list-style-type: none"> • Insurance policy • Census records • Statement from another person • Physician statement • Official correspondence from Social Security Administration (SSA)
<input type="checkbox"/> Absence/Death of Parent(s) If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).	<ul style="list-style-type: none"> • Death certificate • Survivor's benefit records • Hospital records • VA or military records • Divorce papers • Proof of remarriage 	<ul style="list-style-type: none"> • Newspaper notice • Insurance company records • Institutional records • Agency case records and burial payment files • Statement from another person
<input type="checkbox"/> Absent Parent Information If the parent(s) of any child in your home is not living with you, you must provide information you have about the individual's: name, address, SSN, birth date, and employment (not required for SNAP).	<ul style="list-style-type: none"> • Pay stubs • Tax returns • Social Security or VA records • Monetary determination letters • ID cards (health insurance) • Driver's license or registration 	NA
<input type="checkbox"/> Social Security Number For Temporary Assistance, SNAP Benefits and Medical Assistance only , you do not have to provide proof of your SSN unless the SSN you give does not match the SSA's records or cannot be verified by the Agency.	<ul style="list-style-type: none"> • Social Security card • Official correspondence from SSA <p>A Social Security number is not required for non-citizens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance – only applicants who are pregnant.</p>	NA

*If you are applying for Supplementary Nutrition Assistance Program (SNAP) benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.

(Turn page)

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Citizenship or Current Immigration Status Status – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Non-citizens must be in a satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Non-citizens without an immigration status and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> • Birth certificate • Baptismal certificate/records • Hospital records • U.S. passport • Military service records • Naturalization certificate • USCIS documentation (e.x., Green Card, Forms I-551, I-94, I-797, etc.) • Evidence of continuous U.S. residence since prior to 1/1/72
<input type="checkbox"/> Earned Income <input type="checkbox"/> From employer If you have recently lost your job, you do not have to submit verification of your income from employment.	<ul style="list-style-type: none"> • Current wage stubs and statements of tips • Pay envelopes • Contact with employer • On letterhead, rate of pay per hour, hours worked per week, first pay date, if new and employer's phone number
<input type="checkbox"/> From self-employment	<ul style="list-style-type: none"> • Business records • Tax records • Records and related materials concerning self-employment earnings and expenses • Current income tax return
<input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> • Current contribution check • Statement from roomer, boarder, tenant • Income tax record
<input type="checkbox"/> Unearned Income <input type="checkbox"/> Child Support received from the non-custodial parent.	<ul style="list-style-type: none"> • Statement from Family Court • Statement from person paying support • Check stubs • Official correspondence from the Child Support Enforcement Unit
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	<ul style="list-style-type: none"> • Current award certificate • Official correspondence with New York State Department of Labor (including emails) • Screen shots or images of benefit statement from Department of Labor (must include identifying information like your name)
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> • Current award certificate/letter • Current benefit check • Official correspondence from SSA
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> • Veterans Affairs official correspondence • Current award certificate/letter • Current benefit check
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> • Award certificate/letter • Check stub
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> • Statement from school (including emails and screen shots) • Statement from bank (including emails and screen shots) • Statement from agency administering grant/award letter
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> • Statement from bank or credit union (including emails and screen shots) • Statement from broker/financial institution/agent (including emails and screen shots)

SAMPLE

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<p>Unearned Income (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> Current award letter Current benefit check Official correspondence from source of income Contact with source of income Current contribution check <hr style="border-top: 1px dashed black;"/> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Resources</p> <p>(For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19, and persons eligible for Family Health Plus.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Life insurance</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Burial trust or fund, burial plot, or funeral agreement</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Real estate other than residence</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Motor vehicle</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Lump sum payment</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other resources</p>	<ul style="list-style-type: none"> Current bank records (including screen shots or electronic statements) Current credit card records (including screen shots or electronic statements) Stock/bond certificate Statement from financial institution Insurance policy Statement from insurance company Bank records Burial agreement Burial plot deed Refund of EITC check Statement from tax office Deed Statement from real estate broker Broker's appraisal/estimate of current value by broker Registration (older models) Title of ownership Appraisal of current value by dealer Financing data Statement from the source of payment Lump sum check Statement from household Statement from nursing home Household statement of current value Sales slips Insurance appraisal

(Turn page)

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Shelter Expenses You must prove how much it costs you to live where you do. (You may need to provide separate documentation for each item of shelter expense.) You must submit proof of your shelter expenses, if you have any, even if you have not paid your rent Medical Assistance does not require documentation of shelter expenses.	<ul style="list-style-type: none"> • Current rent receipt/lease/mortgage book/records • Property and school tax records • Landlord statement • Sewer and water bills • Garbage/trash collection bills or receipts • Homeowner's insurance records • Fuel bills/shut-off notice • Nonheating utility bills • Telephone bills (or a statement from the household that the expense is incurred)
<input type="checkbox"/> Medical Expenses For SNAP, for aged/disabled individuals only	<ul style="list-style-type: none"> • Statement from provider of health insurance premiums • Copies of medical bills (paid and unpaid) • Medicare prescription drug card • Other proof of medical expenses that are not reimbursed (e.x., receipts from drug store, proof of payment for hearing aide, etc.)
<input type="checkbox"/> Health Insurance If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	<ul style="list-style-type: none"> • Insurance policy/card • Statement from provider of coverage • Medicare card • Separation or divorce agreement with court-ordered health coverage
<input type="checkbox"/> Disability/Incapacitation/Pregnancy If you or anyone living with you is sick or pregnant, you must provide proof. (For MA only, resource information is not requested from pregnant women, children, and persons eligible for Family Health Plus).	<ul style="list-style-type: none"> • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth (a sonogram is not acceptable proof) • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness
<input type="checkbox"/> Unpaid Bills Rent, utility	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of services, and provider of services
<input type="checkbox"/> Referral <input type="checkbox"/> Drug/alcohol treatment program <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Employment service	<ul style="list-style-type: none"> • Statement from provider of treatment • Statement from employment service
<input type="checkbox"/> Other Expenses/Dependent Care Cost You must provide proof if you pay court-ordered support, child care, recurring loans, or for the services of a home health aide or attendant.	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Canceled checks or receipts
<input type="checkbox"/> School Attendance You must prove who is in school.	<ul style="list-style-type: none"> • School records (current report card) • Statement from school or higher education institution • Other proof of school attendance

SAMPLE

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Past Management (For Safety Net Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> • Letter from employer giving dates of employment, amount earned and reason(s) for leaving • If your most recent employer is closed or no longer in business, please give us the employer's last known address and telephone number. You must sign the statement and date it for our records.
<input type="checkbox"/> Other (For cash assistance only)	If you were not supporting yourself from employment/earned income, please bring verification of how you were able to support yourself in the past such as: <ul style="list-style-type: none"> • Bankbook/bank statement • Verification of expiration of benefits, including emails and screen shots (workers' compensation, disability, Social Security, UIB, etc.) • Statement from person(s) who provided support
<input type="checkbox"/> Potential Benefits	Statement from person(s) who provided support <ul style="list-style-type: none"> • If you or anyone in the household has applied for and been denied or has been accepted for benefits from any of the following sources, bring the award letter, check or other correspondence: Social Security, court payments, SSI, veteran's benefits, workers' compensation, union benefits, pension, military allotment, railroad retirement, NYS disability or other source
<input type="checkbox"/> Other	

SAMPLE