



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-11-OPE *(This Policy Bulletin Replaces PB #09-03-OPE)*

SOCIAL SECURITY BENEFITS PROJECT

<p>Date: January 30, 2009</p>	<p>Subtopic(s): Eligibility</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revision to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to inform staff that the telephone number on form EXP-85C has been changed to (212) 835-7454.</p> <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform staff that effective February 2009, the SENIORWORKS Center (#84) is implementing a citywide project to call-in individuals on Cash Assistance (CA) who are 62 years of age or older who have not filed an application for Social Security benefits. Participants who are homebound will be exempt from this call-in project.</p> <p>A new Appointment Notice (EXP-85C) has been created for this project and will be sent out by Management Information System (MIS). The notice informs participants that the reason for the call-in appointment is to discuss Social Security benefits. This is a mandatory eligibility appointment and participants who fail to report (FTR) to the appointment without good cause are subject to a full case closing.</p> <p>If the participant calls or reports to the Job Center with questions regarding this appointment notice, he/she should be instructed to call the telephone number provided in the notice.</p> <p>A sample of the revised EXP-85C is attached.</p> <p><i>Effective Immediately</i></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*

🖨 Please use Print on Demand to obtain copies of forms.

Attachments:

EXP-85C

Appointment Notice (Rev. 1/30/09)

EXP-85C (S)

Appointment Notice (Spanish) (Rev. 1/30/09)

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
Action Code: _____

Appointment Notice

Our records reflect that you are 62 years of age or older, and that you have not filed for Social Security Benefits.

The SENIORWORKS Center works collaboratively with the Social Security Administration, community based organizations, and other entities to assist older New Yorkers on Cash Assistance obtain all the benefits and services to which they may be entitled.

We are requesting that you come to SENIORWORKS to discuss Social Security, and other benefits/services that may assist you in becoming self-sufficient and improve the quality of your life.

Your appointment has been scheduled for:

Appointment Date: _____ Time: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

Please bring copies of any correspondence that would assist us to better understand your issues, so that we can help you overcome any barriers you may have that are preventing you from obtaining a better quality of life. If you have applied for Social Security benefits, please bring proof that you have done so. If you are working, please bring copies of your latest pay stubs.

This is a mandatory eligibility appointment. If you have any questions or are unable to keep this appointment, please contact us at (212) 835-7454 prior to your appointment date.

FAILURE TO REPORT MAY RESULT IN A REDUCTION OR LOSS OF YOUR CASH ASSISTANCE BENEFITS.

Fecha del Aviso: _____
Número de Caso: _____
Nombre de Caso: _____
Centro: _____
Unidad de Casos: _____
Código de Acción: _____

Aviso de Cita

Según nuestros archivos, usted tiene 62 años de edad o más, y no ha solicitado Beneficios de Seguro Social.

El Centro de SENIORWORKS trabaja con la Administración de Seguro Social, organizaciones comunitarias y otras entidades para asistir a esos neoyorquinos mayores de edad que reciben asistencia en efectivo a obtener beneficios y servicios a los cuales pueden tener derecho.

Le pedimos que venga a SENIORWORKS para platicar sobre el Seguro Social y otros beneficios/servicios que pueden ayudarle lograr a la autosuficiencia y mejorar la calidad de su vida.

Su cita esta programada para:

Fecha de la Cita: _____ Hora: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

Favor de traer copias de cualquier correspondencia que nos pueda ayudar a comprender mejor su situación. Para que podamos ayudarle a superar esos obstáculos que le estén impidiendo obtener una vida mejor. Si usted solicitó beneficios de Seguro Social, favor de traer prueba de que usted ya solicitó. Si usted está trabajando, favor de traer copias de sus más recientes talones de paga.

Esta cita de elegibilidad es obligatoria. Si tiene cualquier pregunta o si no puede cumplir esta cita, favor de llamar al (212) 835-7454 antes de la fecha de su cita.

EL NO PRESENTARSE COMO DEBIDO PUEDE RESULTAR EN UNA REDUCCIÓN O PÉRDIDA DE SUS BENEFICIOS DE ASISTENCIA EN EFECTIVO.