



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #09-71-ELI

### CASH ASSISTANCE BASIC ALLOWANCE INCREASE

<p><b>Date:</b> June 19, 2009</p>	<p><b>Subtopic(s):</b> Eligibility, Cash Assistance, Food Stamps</p>																
<p> This procedure can now be accessed on the FIAweb.</p>	<p>This policy bulletin is being issued to inform all staff at Job Centers of the increase in the Cash Assistance (CA) Basic Allowance. This information is informational for all others.</p> <p>Effective July 1, 2009, the CA semimonthly Basic (Preadded) Allowance will increase. The Guide to Cash Assistance Budgeting (<b>W-203K</b>) form has been updated to reflect the new Preadded Allowances for each CA household size.</p> <table border="1" data-bbox="431 1031 1474 1178"> <thead> <tr> <th>CA Family size</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>Each Additional Person</th> </tr> </thead> <tbody> <tr> <td>Amount</td> <td>\$63.00</td> <td>\$100.50</td> <td>\$134.00</td> <td>\$172.50</td> <td>\$213.00</td> <td>\$246.00</td> <td>\$33.50</td> </tr> </tbody> </table> <p>The Basic Allowance is currently used in the calculation of CA needs for the following cases:</p> <ul style="list-style-type: none"> <li>• Shelter Types <b>01, 02, 03, 06, 11, 13, 20, 23, 24, 25, 26, 27, 30, 33, 38, 39, 40, 41, and 43.</b></li> <li>• Room and Board Shelter Type <b>04.</b></li> <li>• A “Normal Grant” for Food Stamp (FS) shelter expenses for non-disabled individuals in Residential Treatment Centers (RTC) Shelter Types <b>27, 31, and 32.</b></li> <li>• Congregate Care Level 2 Shelter Type <b>43</b> for individuals who are not receiving care on the case.</li> </ul> <p>A mass rebudgeting/reauthorization (MRB) of all CA and CA/FS cases eligible for the increase will take place June 20, 2009. As a result of this increase in CA grant, the FS benefits may decrease.</p>	CA Family size	1	2	3	4	5	6	Each Additional Person	Amount	\$63.00	\$100.50	\$134.00	\$172.50	\$213.00	\$246.00	\$33.50
CA Family size	1	2	3	4	5	6	Each Additional Person										
Amount	\$63.00	\$100.50	\$134.00	\$172.50	\$213.00	\$246.00	\$33.50										

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*

All cases rebudgeted with the Basic Allowance increase will receive a notice (see **Attachment A**) informing them of the change in their grant.

After the MRB takes place, the Office of Temporary and Disability Assistance (OTDA) will provide the Family Independence Administration with a list of the excluded cases.

When the exemption report is received, the JOS/Worker must:

- calculate, save, and authorize a new budget to reflect the new CA benefit amount
- ensure that a Client Notices System (CNS) notice is generated. (Do not use M3E Indicator **A** or **T**)
- provide a supplementation of the CA grant for any underpayment that occurred as a result of the increase in the CA grant for every cycle from the 7/A/09 cycle to the effective date of the authorized budget

Households that apply before July 1, 2009 and are denied CA due to income based on current CA benefit levels must reapply for CA after July 1, 2009 to be reevaluated based on the higher CA benefit level.


Shelter Type Codes **14, 15, 16, 19, 28, 29, 34, 35, 42, and 44** will not receive the CA increase because they are in receipt of a Personal Needs Allowance (PNA) instead of the regular Basic Allowance.

**References:**

[ABEL Transmittal 09-3](#)  
HSASC RTS-6/04

**Attachments:**

<b>W-203K</b>	Guide to Cash Assistance Budgeting (Rev. 6/19/09)
<b>Attachment A</b>	Sample of the Increase in Basic Allowance Notice

 Please use Print on Demand to obtain copies of forms.



## Guide to Cash Assistance Budgeting (Effective July 1, 2009)

### Schedule of Semimonthly (S/M) Preadded Allowance (7/1/09)

CA Family Size	1	2	3	4	5	6	Each Additional Person
<b>Amount</b>	\$63.00	\$100.50	\$134.00	\$172.50	\$213.00	\$246.00	\$33.50

### Special Situations

1. Single persons residing in public shelters can receive a Cash Assistance personal needs allowance of \$22.50 semimonthly.
2. Homeless persons who refuse placement in a shelter can receive the preadded, energy and restaurant allowance.
3. For family members joining the household for limited periods (e.g., weekends) authorize \$4.00 per day, per person.
4. All participants who are billed for rent are entitled to a shelter allowance equal to the rent or the maximum shelter allowance for family size, whichever is less.
5. Persons with HIV/AIDS can receive a shelter allowance of up to \$480 per month and up to \$330 per month for each additional person on the case.

### Schedule 1

Maximum S/M Shelter Allowance with Children<sup>†</sup> (effective 11/1/03)

CA Family Size	1	2	3	4	5	6	7 or More
<b>S/M Amount</b>	\$138.50	\$141.50	\$200.00	\$225.00	\$250.50	\$262.00	\$273.00

### Schedule 2

Maximum S/M Shelter Allowance without Children

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$107.50	\$125.00	\$143.00	\$156.00	\$168.50	\$174.50	\$201.50	\$210.50

### S/M Energy Grants

CA Family Size	1	2	3	4	5	6	Each Additional Person
<b>S/M Amount</b>	\$12.55	\$19.75	\$26.50	\$34.35	\$42.35	\$48.60	\$6.25

### S/M Fuel for Heating: Other than Natural Gas Fuel Type (Oil, Kerosene, Propane) (Code 2)\*\*

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$35.00	\$35.00	\$35.00	\$36.50	\$38.50	\$41.00	\$44.00	\$46.50

### S/M Fuel for Heating: Natural Gas Fuel Type (Code 1), Coal (Code 4), Other Code (Code 9)\*\*

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$28.00	\$28.00	\$28.00	\$29.00	\$30.50	\$32.50	\$34.50	\$37.00

### S/M Fuel for Heating: Other than Natural Gas Fuel Type (Electric) (Code 3)\*\*

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$45.00	\$45.00	\$45.00	\$47.00	\$49.50	\$53.00	\$56.50	\$60.00

### Expenses Incident to Employment

Item of Expense	Allowance
Standard Semimonthly Work Reduction	\$45.00
Income Disregard	52% of net earned income

### Expenses Incident to Approved Training

Carfare	Public transportation expense
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### Schedule of Semimonthly Restaurant Allowance (Includes Sales Tax)

	Dinner	Lunch and Dinner	All Meals
Amount per Person	\$14.50	\$23.50	\$32.00
Pregnant Women, Persons under 18 Years of Age and Full-Time Students Who Will Graduate before 19th Birthday	\$32.50	\$41.50	\$50.00

### Schedule of Emergency Assistance Grants for All Cases

Daily Rate		
CA Family Size	Preadded and Energy Allowance	*Preadded, Energy and Restaurant Allowance
1	\$5.00	\$7.15
2	\$8.00	\$12.25
3	\$10.70	\$17.10
4	\$13.75	\$22.30
5	\$17.00	\$27.65
6	\$19.60	\$32.40
7	\$22.25	\$37.20
8	\$24.90	\$42.00
9	\$27.55	\$46.75
10	\$30.20	\$51.55
Each Additional Person	\$2.65	\$4.80

<sup>†</sup> Includes pregnant women

\*Add \$1.20 per individual, if entitled, to the \$ 50.00 semimonthly restaurant allowances.

\*\*Enter the appropriate code in the fuel type field on the household screen (**NSBLO2**) of the budget in the WMS.

BROOKLYN GPO  
P.O. BOX 02-9121  
BROOKLYN, NY

112029121

New York State  
Office of Temporary and  
Disability Assistance



**NOTICE OF INTENT TO CHANGE  
TA BENEFITS JULY '09/NYC**

**REASON REASON**  
**15 METROTECH CENTER**  
**BROOKLYN NY 00000000**

Case Number: **00000 F**  
Loc. Off. / Unit /  
Worker: **040**

General Telephone No. for  
Questions or Help: **(718) 557-1399**

Notice Date: (06/13/2009)

Dear PA Recipient:

This Notice is to tell you that this agency intends to CHANGE your benefits as follows:

**PUBLIC ASSISTANCE:** Beginning July 1, 2009, your public assistance benefit will go FROM 176.00 TO 183.00.

The benefit amount is the amount before recoupments or restrictions are taken.

Recoupment: If you have a recoupment in place, the same recoupment percentage will continue to be taken.

Restriction: An example of a restriction is an amount taken from your benefit and paid directly to your landlord or to the electric company. No new restrictions are being imposed at this time.

Your monthly public assistance grant will change as a result of an increase in the basic allowance. The reason for this increase is that New York State has passed a Law (Chapter 57 of the Laws of 2009 amending Social Services Law 131-a) which increases the basic allowance part of your public assistance grant.

The Regulation which allows us to do this is 18 NYCRR § 352.1(a).

SEE BELOW FOR EXPLANATION OF YOUR NEW PA GRANT:

<b>SAMPLE</b>	PRE-AD	0.00	EARNED INCOME	0.00
	SHELTER	0.00	OTHER COM	0.00
	ENERGY	0.00	TOTAL COM	0.00
	ENF. EXPENSE	0.00	EARNED INCOME	0.00
	OTHER NEEDS	0.00	DISREGARD	0.00
	TOTAL NEEDS	6.10	TOTAL PA GRANT	83.00

**Food Stamps**

The reduction is a result of the increase in public assistance benefits as set forth in this notice. We count your public assistance (PA) benefit as income when we determine the amount of your food stamp benefits. When your PA income increases, your food stamps benefits decrease. Generally, a three-dollar (\$3) increase in income will result in a one-dollar (\$1) decrease in food stamp benefits. The Regulations which require us to do this are 18 NYCRR 387.10 and 387.15.

**Medical Assistance**

Your Medical Assistance benefits will continue unchanged.

The Regulation which allows us to do this is 18 NYCRR 360-3.3.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.**

**CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the front of this notice or write to us at the address on the front of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See "Keeping Your Benefits The Same" below.)

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

- (1) Telephoning: 1 -800-342-3334 (please have this notice with you when you call) OR
- (2) FAX: Sending a copy of this notice to (518) 473 -6735.
- (3) Walk-In: Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn or 330 West 34th Street, NYC.
- (4) Writing: By sending a copy of both pages of this notice completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, NY 12201. Please keep a copy for yourself
- (5) Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

I want a fair hearing. The Agency's action is wrong because \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Case Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**You have the following number of days from the date of this notice to request a fair hearing:**

**Public Assistance: 60 days**

**Food Stamps: 90 days**

**KEEPING YOUR PUBLIC ASSISTANCE BENEFITS THE SAME:** We will restore your Public Assistance benefits to the same level they were before this notice, if you ask for a fair hearing before the effective date stated in this notice. If you lose the fair hearing, you will have to pay back any Public Assistance benefits you got but should not have gotten, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want my Public Assistance benefits kept the same until the Fair Hearing decision is issued:

**KEEPING YOUR FOOD STAMP BENEFITS THE SAME:** If you request a fair hearing before (10 days from date of notice), you will continue to receive your food stamp benefits unchanged until the fair hearing decision is issued, **unless**; if, at the hearing, the hearing officer determines that you are not complaining about an incorrect computation of your benefits or that there has been a misapplication or misinterpretation of law or regulations, the hearing officer may determine that you were not entitled to have food stamp benefits continue unchanged until the fair hearing decision is issued, and order that the reduction take effect immediately.

If you asked for a fair hearing and your benefits were continued at the same level they were before this notice and you lose the fair hearing, you will owe any food stamps that you should not have received. We are required by Federal Law to recover any food stamp overpayments. We must make a claim against you for any food stamps you receive that you were not entitled to, which may be collected by reduction of future food stamp allotments, lump sum installment payments or through legal action. If you want to avoid this possibility, you can check the box below. You can also indicate over the telephone or in a letter that you do not want your food stamp benefits continued unchanged. Check the box, the action described in the box will be taken if you lose the fair hearing.

I do not want my Food Stamp benefits kept the same until the Fair Hearing decision is issued.

**WHAT TO EXPECT AT A FAIR HEARING:** The hearing officer will send you a notice that tells you when and where the fair hearing will be held.

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

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

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722 -5012, fax (718) 722 -5018 or write to HRA Division of Fair Hearings, 14 Boerum Place, Brooklyn, New York 11201.

If you want copies of documents from your case file, you should ask them ahead of time. Usually, they will be sent to you within three (3) working days of when you ask for them. If you make your request less than five (5) working days before your hearing, your case file documents may be given to you at your hearing.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.