

M E M O R A N D U M
(Replaces CD #20-13)

DATE: June 09, 2020

TO: Job Center Directors, SNAP Center Directors, Regional Managers

FROM: James K. Whelan, Executive Deputy Commissioner
Office of Policy, Procedures, and Training

**SUBJECT: Telephone Application Submission Process for Job Center #90
During the COVID-19 Emergency**

The purpose of this memorandum is to discuss changes to the application submission process for individuals who are unable to use ACCESS HRA or come into one of the open Job Centers. The process will be handled through Job Center #90 during the COVID-19 Emergency through June 30, 2020. Applicants who contact the Office of Constituent Services (OCS) requesting assistance in submitting an application will be informed that they have the following options to submit an application:

- in person at one of the open Job Centers; or
- online through ACCESS HRA; or
- through the mail; or
- over the telephone if other submission methods are not viable options for the applicant; or
- a home visit, if necessary.

Note: Regardless of submission method, OCS will assess for the potential need for home visit status and the need for a referral to Center #90 through probing questions, as per their regular operating procedure. All referrals to Center #90, whether for HVN or for telephone submission, will be made in the AT-HOME system.

Prior to the scheduled appointment, Center #90 staff will call the applicant to determine what assistance the applicant needs in submitting an application and the options available to the applicant.

Applicant Agrees to Phone Interview and AHRA Submission

During the confirmation call, staff must inform the applicant that as a result of the COVID-19 pandemic, the center is able to and encourages applicants that they can do the interview over the phone if they prefer, on their scheduled date, or a mutually agreed upon rescheduled date, once a signed application is received.

Staff must remind the applicant that they should apply online through the ACCESS HRA (AHRA) online portal (www.nyc.gov/accesshra) or the mobile app. Once the electronic application is received, Center #90 staff will contact the applicant and conduct a telephone interview. After the interview, Center #90 staff must indicate that the interview was completed in the AT-HOME system by selecting “Phone Interview Complete” and indicating the date that the interview was conducted.

Note: Staff are reminded that when communicating with an applicant, even over the phone, that their communication preferences must be honored. Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or deaf/hard-of-hearing. Please refer to [PD #18-10-OPE](#), [PD #17-19-OPE](#), and [DSS-PB-2019-003](#) for detailed instructions.

Applicant Agrees to Phone Interview but Cannot Use AHRA Submission

If during the call, the applicant indicates that they cannot, or will not, use AHRA to apply online, Center #90 staff will inform the applicant that an interview may still be conducted over the telephone, and that the application will be completed by the HRA employee during the interview. Center #90 staff must inform the applicant that they will have to verbally agree to multiple parts of the application and that their verbal agreement will be considered the same as a signature on the application, and therefore conducting the interview will take longer than usual.

If the applicant agrees, Center #90 staff will inform the individual that they can complete the application and conduct the interview at that time, if both the applicant and Center #90 staff member are available. If the applicant or Center #90 staff are not able to conduct the interview at that time, the applicant can keep their scheduled date and will be contacted for their interview on that date. If the interview cannot be conducted at the time of the call, and if the applicant would prefer a different date than the one previously scheduled Center #90 staff must reschedule the appointment for a mutually agreed upon date and enter it in the AT-HOME system.

When doing the application submission over the phone, Center #90 staff must conduct the interview and read through the application in its entirety, including all scripts that are displayed in POS when they pop-up during the interview (Child/Teen Health Program Oral Script, Able Bodied Adult Without Dependent Script, General SNAP Work Requirement Script, and the non-discrimination statement).

At each point of the POS application where a signature is required, Center #90 staff must read the appropriate statement from POS and verbally ask the applicant if they understand and if they agree. If there are other adults in the household, Center #90 staff must also read the appropriate statements from POS to each of those adults and ask the other adults if they also affirm/agree with the statements. After receiving the verbal agreement from the applicant (and any other adults in the household), Center #90 staff must check the box in POS to indicate that the applicant is not present at the interview in order to proceed with the interview.

If during the interview it appears that the applicant is having difficulty understanding the questions, staff must try to rephrase the questions in a way that may be easier to understand.

If any additional documentation is needed, staff must generate and send the **W-113K** to the applicant along with the completed POS Application and a business reply envelope. Center #90 staff must read through the documents required with the applicant so that they know what documents are needed and the due dates of those documents, as well as inform them about how they can submit the documents (i.e. RightFax and number, AHRA Mobile Doc Upload, home visit [if necessary] etc.). After reviewing the documents with the applicant, and informing them that documents will be mailed to them, staff must read the script provided by the NY Office of Temporary and Disability Assistance (OTDA) in **Attachment A**.

Note: For SNAP only cases, a separate script has been developed by OTDA and is attached as **Attachment B**.

In addition to the **W-113K** and the completed POS Application, Center #90 staff must also send applicants the Authorization To Repay Public Assistance Benefits From Retroactive SSI (**W-148A**) form. Applicants must sign and return the **W-148A** within 30 days. If the **W-148A** is not signed and returned by the 30th day, a case by case good cause determination must be made if the applicant had a good cause reason for not returning the signed form. Good cause could include, but is not limited to, such things as mobility issues preventing the applicant from getting to a mailbox and sheltering in place to avoid potential exposure to the Coronavirus. If there is a finding of good cause, and the applicant is otherwise eligible, the case may be processed, and a case note must be entered to indicate the finding of good cause. A signed **W-148A** must be obtained at the next time when it is safe and practicable to do so (i.e., safe for staff to collect it at a home visit, applicant exits mandatory quarantine, etc.). If there is no finding of good cause, the application for Cash Assistance must be denied with reason code **N17** (Failure to Complete Eligibility Process) as IAR is a condition of eligibility.

Note: A separate Medicaid and SNAP determination will be required as IAR is not a requirement for these programs.

To provide applicants with instructions on their next steps, the Post Telephone Application Submission Instructions (**FIA-1229**) form, has been created and must be included in the mailing to the applicant. This form informs applicants that they must return the **W-148A** with a n ink signature a "wet signature") within 30 days. The **FIA-1229** also informs the applicant that if any of the information on the POS application that was mailed to them is incorrect, or if anything needs to be added, that they can do so on that form, initial the change, and send it back.

At the end of the interview, staff must:

- enter a detailed case note indicating that the application was completed over the telephone per the COVID-19 waiver;

- include in the case note that they affirm that the applicant agreed to all signature parts of the application and the OTDA script (**Attachment A**) have been read to the applicant and received the applicant's verbal assent; and
- indicate in the AT-HOME system that the outcome was a completed telephone application by selecting "Phone Interview Complete – No APP" and noting the date that the application/interview was completed.

Note: Staff are reminded that when communicating with an applicant, even over the phone, that their communication preferences must be honored. Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or deaf/hard-of-hearing. Please refer to [PD #18-10-OPE](#), [PD #17-19-OPE](#), and [DSS-PB-2019-003](#) for detailed instructions.

Applicant Still Requires a Home Visit For Submission and Interview

During the initial confirmation call, if the applicant indicates that none of the other options are viable and a home visit is still needed, Center #90 staff must ask the following questions:

- Has anyone in the household experienced fever, cough or shortness of breath?
- In the 14 days prior to home visit, have you or anyone in the household traveled to a foreign country?
- Has anyone in the household recently had contact with a person who is suspected or confirmed to have infection with novel coronavirus (COVID-19)?

If the answer is "yes", to any of these questions, the home visit should be postponed, and the individual should be advised to seek medical attention. These incidents must be reported to the Center Director or their designee immediately. Prior to the postponed appointment date, Center #90 staff must again offer the alternatives to the home visit.

Reference:

20 GIS TA/DC 049

20 GIS TA/DC 055

Attachment A	OTDA CA/MA/SNAP Script
Attachment B	OTDA SNAP only Script
W-148A	Authorization To Repay Public Assistance Benefits From Retroactive SSI (Rev. 12/28/2017)
FIA-1229 (E)	Post Telephone Application Submission Instructions (05/21/2020)

ATTACHMENT A

PA, SNAP or MA on a PA case Application

Telephonic Signature Script

This script is based on the expectation that the applicant will complete the application by telephone, that the worker will be reading and reviewing all the information required on the LDSS 2921 (or local equivalent) with the applicant and reading to the applicant all of the notices, assignments, authorizations, consents and penalty warnings in such application and reading and reviewing the Rights and Responsibilities as contained in the Rights and Responsibilities booklet [LDSS 4148B](#).

SCRIPT (must be read in its entirety):

You have had your rights and responsibilities concerning notices, assignments, authorizations and consents explained to you, **including those set forth below**. You understand what was explained to you and you were given an opportunity to ask questions about anything, including the following:

1. You have authorized the collection and use of social security numbers for each household member applying for Public Assistance (PA), Supplemental Nutritional Assistance Program (SNAP) or Medicaid (MA) on a PA case.
2. You have been read and understand the Nondiscrimination notice.
3. You have consented to any investigation to verify or confirm the information you have given in connection with your request for PA, SNAP or MA on a PA case.
4. You have authorized the New York State Department of Labor (DOL) to release any confidential information maintained by DOL for Unemployment Insurance purposes to OTDA.
5. You have agreed to the sharing of information regarding PA or SNAP to service providers for purposes of verifying eligibility and payment related to program administration provided by a State or local contractor.
6. You have agreed to inform the agency promptly of any change in address, needs, income, resources and property, able-bodied adult without dependents (ABAWD) status, household composition, pregnancy status or living arrangements.
7. You have been read and understand the information concerning the penalties for not telling the truth when applying for PA, Medicaid or SNAP.
8. You have been read and understand the requirements about accurately reporting household expenses, and you agree to report household expenses.
9. You have been informed of your ability to authorize a representative to apply for SNAP and MA benefits on a PA case for you.
10. You have been informed about your possible eligibility for the standard utility allowance.
11. You have been advised and agree to the release of medical information for the purposes read to you.

ATTACHMENT A

12. You agree, if applicable, to the release of educational records, information for the early intervention program, and the child/teen health program.
13. You have been informed of the possible reimbursement of medical expenses in the Medicaid program, and the authorization of payments in the Medicare Program.
14. You have been informed and agree that you must file any claims for health or accident insurance benefits, and to pursue any personal injury claims or any other resources to which you may be entitled, and agree to assign any such resources to the social services district to whom this application is made. In addition, you will assist in making any assigned benefits available to the social services district to whom this application is made.
15. You authorize payments owed to you or members of your household for health or accident insurance benefits to be made directly to the appropriate social services district for medical and other health services furnished while you are eligible for Medicaid.
16. You have been read and understand that as a condition of receiving PA, you may be required to execute a deed or mortgage of real property that you own, and that tax refunds and portions of lottery winnings may be taken to repay your debt for PA.
17. You authorize the Social Security Administration (SSA) to use your first Supplemental Security Income (SSI) payment to reimburse the district for Public Assistance it paid from State and local funds to you while SSA decides if you are eligible for SSI.
18. You understand that you will not be bound until the State gives notice to SSA that you and the district representative have signed an authorization. If the State does not give notice within 30 calendar days of matching your SSI record with your State record, SSA will send your retroactive SSI payment to you under SSA rules.
19. You understand that only your first payment of SSI can be used. If your first payment is larger than the amount owed to the district, SSA will send the rest to you.
20. SSA can reimburse the district in two situations: (1) It will repay the district if SSA finds you eligible, or (2) if your SSI benefits are reinstated after termination or suspension.
21. SSA will only reimburse the district for PA it paid during the time you were waiting for an SSA determination of eligibility. This is called "interim assistance." The period begins: 1) with the first month you become eligible for payment of SSI benefits, or 2) on the first day you are reinstated after your SSI was suspended or terminated. No later than 10 days after SSA reimburses the social services district, the district must send you a notice telling you the amount of interim assistance paid.
22. Under its rules, SSA may use the date you sign this authorization as the date you first become eligible for SSI. It will do this only if you apply for SSI within the next 60 days.
23. This authorization applies to any SSI application or appeal you now have pending before SSA. This authorization terminates if your SSI case is completely decided. It terminates when SSA first pays you. The State and you can also agree to terminate the authorization.

ATTACHMENT A

24. You will be given an opportunity for a fair hearing if you disagree with a decision the district made about reimbursement.
25. You have been advised that applying for or receiving PA or title IV-E foster care operates as an assignment of rights to the State and to the social services district, and you agree to the assignment of support rights.
26. You have been read and agree to the requirements for receiving HEAP benefits.
27. You have been provided with sexual assault information.
28. You have also certified that if applying for childcare assistance, your family resources do not exceed \$1,000,000.
29. That you will receive either an LDSS-2921 application in counties outside of New York City or an Authorization To Repay Public Assistance Benefits From Retroactive SSI in New York City (W-148A) in the mail and you and all applying adults will sign and send it back to your social services district within 30 days of making this telephone application.
30. You will be given an opportunity for a fair hearing if you disagree with a decision about your eligibility, or, if you are found eligible, your household's benefit amount.

You acknowledge and understand that by verbally signing this application you are verbally agreeing that you:

- 1) have been read and understand the notices in this application;
- 2) understand and agree to the assignments, authorizations and consents in this application;
- 3) have been read and understand the penalty warnings in this application;
- 4) authorize the Social Security Administration (SSA) to reimburse the district for Public Assistance you received while SSA decided your application for SSI as described in the application that was read to you;
- 5) swear and/or affirm under the penalties of perjury that the information you have given in this application or will give to the social services district is complete and correct.

Please indicate your verbal agreement and signature by stating " I so sign". If applying for PA, the applicant, applicant's spouse and all applying adults must be on the phone and must verbally sign as set forth above.

ATTACHMENT B

SNAP-Only Application

Telephonic Signature Script

This script is based on the expectation that the applicant will complete the application by telephone, that the worker will be reading and reviewing all the information required on the [LDSS-4826](#), SNAP Application/Recertification form, with the applicant, and reading to the applicant all of the notices, assignments, authorizations, consents and penalty warnings in the application and reviewing the Rights and Responsibilities as contained in the Rights and Responsibilities booklet, [LDSS-4148B](#).

SCRIPT (must be read in its entirety):

You have had your rights and responsibilities concerning notices, assignments, authorizations and consents explained to you, **including those set forth below**. You understand what was explained to you and you were given an opportunity to ask questions about anything, including the following:

1. You have authorized the collection and use of your social security number for each household member applying for the Supplemental Nutritional Assistance Program (SNAP) and for all other programs for which the collection of social security numbers are required.
2. You have been read and understand the Nondiscrimination Statement.
3. You have consented to any investigation to verify or confirm the information you have given in connection with your request for SNAP.
4. You have authorized the New York State Department of Labor (DOL) to release any confidential information maintained by DOL for Unemployment Insurance purposes to OTDA.
5. You have agreed to the sharing of information regarding SNAP to service providers for purposes of verifying eligibility and payment related to program administration provided by a State or local contractor.
6. You have agreed to inform the agency promptly of any change in address, needs, income and property, able-bodied adult without dependents (ABAWD) status, pregnancy status or living arrangements.
7. You have been read and understand the information concerning the penalties for not telling the truth when applying for SNAP.
8. You have been read and understand the requirements about accurately reporting household expenses, and you agree to report household expenses.
9. You have been informed of your ability to authorize a representative to apply for SNAP benefits for you.
10. You have been informed about your possible eligibility for the standard utility allowance.

ATTACHMENT B

11. You have been informed of the possible reimbursement of out-of-pocket Medical expenses for members of your household who are age 60 or older, or disabled.
12. You have been advised of and agreed to the release of medical information for the purposes read to you.
13. You will be given an opportunity for a fair hearing if you disagree with a decision about your eligibility or, if you are found eligible, your household's benefit amount.
14. You have been read and agree to the requirements for receiving HEAP benefits.

You acknowledge and understand that by verbally signing this application you are verbally agreeing that you: 1) have been read and understand the notices in this application; 2) understand and agree to the assignments, authorizations and consents in this application; 3) have been read and understand the penalty warnings in this application; and, 4) swear and/or affirm under the penalties of perjury that the information you have given in this application or will give to the social services district is complete and correct. Please indicate your verbal agreement and signature by stating " I so sign".



Authorization To Repay Public Assistance Benefits From Retroactive SSI

I authorize the Commissioner of the Social Security Administration (SSA) to use my first payment of Supplemental Security Income (SSI) [i.e. my retroactive SSI payment] to reimburse the local Social Services District (SSD) for Public Assistance (PA) the SSD pays me from State or local funds while SSA decides if I am eligible for SSI. SSA will not reimburse the SSD for PA that was paid using any federal funds.

I will be bound by this authorization only if the State gives notice to SSA that I and an SSD representative have signed it. The State must give notice within 30 calendar days of matching my SSI record with my State record. SSA will not accept it after 30 calendar days. Instead, SSA will send me my retroactive SSI payment under SSA rules.

Only my first payment of SSI can be used. If my first payment is larger than the amount owed to the SSD, SSA will send the rest to me under its rules.

SSA can reimburse the SSD in two situations:

- (1) It will repay the SSD if I apply for SSI and SSA finds me eligible.
- (2) It will repay the SSD if my SSI benefits are reinstated after termination or suspension.

SSA will only reimburse the SSD for PA it paid me during the time I am waiting for an SSA determination of eligibility. This is called "interim assistance". The period begins (1) with the first month I become eligible for payment of SSI benefits, or (2) on the first day I am reinstated after my SSI was suspended or terminated. The period includes the month SSI payments actually begin. If the SSD cannot stop my last PA payment, the period ends the next month.

No later than 10 days after SSA reimburses the SSD, the SSD must send me a notice telling me the amount of interim assistance paid. The notice will also tell me that SSA will send me a letter telling me how any remaining SSI money owed to me will be sent by SSA and, that if I do not agree with a state decision, how I can appeal the decision to the state.

Under its rules, SSA may use the date I sign this authorization as the date I first become eligible for SSI. It will do this only if I apply for SSI within the next 60 days.

(Turn page)

This authorization applies to any SSI application or appeal I now have pending before SSA.

This authorization terminates if my SSI case is completely decided. It terminates when SSA first pays me. The State and I can also agree to terminate the authorization. I must sign a new authorization consistent with NYS rules if I reapply for SSI after this authorization terminates, or if I file a new SSI claim while I have an SSI application or appeal pending.

I will be given an opportunity for a fair hearing if I disagree with a decision the SSD made about reimbursement.

I received a copy of the pamphlet called "What You Should Know About Social Services Programs." I understand what it says about interim assistance.

I swear (or) affirm that the information I have given or will give to the SSD is true and correct.

Name (please print)	SAMPLE	
Signature	SAMPLE	Date
Spouse or Authorized Representative Signature	Date	

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: _____

POST TELEPHONE APPLICATION SUBMISSION INSTRUCTIONS

Thank you for submitting your application over the phone. But you aren't done yet!

Included with this letter are three very important documents that we discussed with you over the phone:

- Authorization To Repay Public Assistance Benefits (W-148A)
- Documentation Requirements and/or Assessment Follow-Up (W-113K)
- Paper copy of the application interview completed over the phone (LDSS-2921)

Each of these documents requires your review and may also require an action from you.

■ W-148A

You must read and sign this form in ink (a "wet" signature). This form must be returned within 30 days. If the signed form is not returned and you don't have a good cause reason why it is not, you may not be eligible for Cash Assistance benefits.

■ W-113K

This form tells you what documents we still need from you to see if you are eligible for benefits. You must return these documents within 10 days. If you do not send us the documents you may not be eligible for Cash Assistance or possibly Supplemental Nutrition Assistance Program (SNAP) benefits.

■ LDSS-2921

This is a paper copy of the application interview you had over the telephone. Please review it to see if there are any errors or if anything was left out. Please make any changes that are needed and put your initials next to the change.

(Turn Page)

You can send these forms back to us using any of the following methods:



E-Mail: ctr90hvnrequests@hra.nyc.gov



Fax: **917-639-0433**



Mail: HRA Homebound Center 90
109 East 16th Street
New York, NY 10003



ACCESS HRA's Mobile App: Go to www.nyc.gov/hradocs on your mobile device. Or, you can get the mobile app for free in the Apple App Store or the Google Play Store.

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.

SAMPLE