



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #22-88-SYS (This Policy Bulletin Replaces PB #21-59-SYS)

REVISION TO PROCESSING ONLINE SPECIAL GRANT REQUESTS

Date: December 7, 2022	Subtopic(s): POS, ACCESS HRA, Single Issuance Requests
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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

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Revisions to the Original Policy Bulletin

This policy bulletin is being revised to inform staff that:

- The Paperless Office System (POS) now has two additional Cash Assistance (CA) queues. They will be for electronic applications (e-apps) and recertifications (e-recert). They appear as **PndEvic0## EAPP** and **PndEvic0## ERct** in POS as of July 25, 2022.
- The **PndEvic0## EAPP** queue is used when an applicant/participant indicates they have a pending eviction or are in housing court on their CA E-app submitted via ACCESS HRA (AHRA). The **PndEvic0## ERct** queue is used when an applicant/participant indicates they have a pending eviction or are in housing court at time of their recertification.
- Updated ACCESS HRA and POS screenshots are provided, showing where the applicant/participant would indicate they have a pending eviction or are in housing court online, and where staff will be able to locate these priority cases in POS.
- If the AHRA Special Grant Request Summary PDF file is not immediately available after a submission when the applicant/participant is at the Center, staff should go back and check later on.

Purpose

The purpose of this policy bulletin is to inform Customer Service and Information Center (CSIC), Case Management Unit (CMU), Homelessness Diversion Unit (HDU), HIV/AIDS Services Administration (HASA), and other staff at Family Independence Administration (FIA) HRA Benefits Access Center of the expansion of AHRA to allow for the submission of certain case changes. This policy bulletin is informational for all other staff.

Refer to [PB #19-44-SYS](#)

The Human Resources Administration's (HRA) online web portal, AHRA, began offering active CA participants the opportunity to request certain special grants online or CA Electronic Special Grant (ESG) requests. CA participants with cases in **AC** status can make an online request for assistance with:

- rent arrears;
- mortgage payment arrears;
- property tax arrears;
- electricity or gas utility arrears and utility shut-off notices; or
- payment of heating or cooling fuel bills, including natural gas, oil, electricity, and coal.

CA participants with a case in **AC** status can additionally make an online request for assistance with:

- moving expenses
- security deposit/agreement
- brokers/finder's fee/voucher
- rent in advance (to secure an apartment)
- furniture and other household items
- add an adult to the case
- add a child to the case
- add a newborn to the case
- pregnancy allowance
- restaurant allowance
- replacement of clothing lost as a result of a crisis
- property repairs
- repair of essential household items

CA participants with a case in **AC** status can make an online request for certain types of case changes, which include:

- adding or removing a household member(s)
- change of address
- making changes to income
- close their case
- add or change childcare.

Refer to **Attachment B** for an example of the AHRA screens that participants may see when they start an AHRA case change request and when they submit the request.

CA participants with a case in **AC** status can additionally make an online request to Close My Case on AHRA. The Close My Case icon will be on the Case Changes & Emergency Grants launch screen in AHRA.

ACCESS HRA Special Grant Request Summary

Immediately upon submitting an AHRA CA ESG request, participants will see an AHRA Special Grant Request Summary, which includes:

- the date and time of submission;
- a confirmation number;
- a list of the type(s) of assistance requested;
- a list of the supporting documents needed;
- other needed steps or actions to take after submitting their request. Due dates for these steps or actions are also given.
- a listing of responses provided by the participant to questions in the ESG request;
- copies of statements of understanding electronically signed by the participant concerning utility guarantees, the requirement to submit supporting documents, and the truthfulness of information provided; and
- an optional voter registration application.

This summary is emailed to participants who have provided an email address and will remain available to participants as part of their AHRA account.

The AHRA Special Grant Request Summary is also auto-indexed into the HRA OneViewer so that staff can quickly view the type(s) of assistance requested, the responses to questions given by the participants, and other information concerning the CA ESG request.

Revised

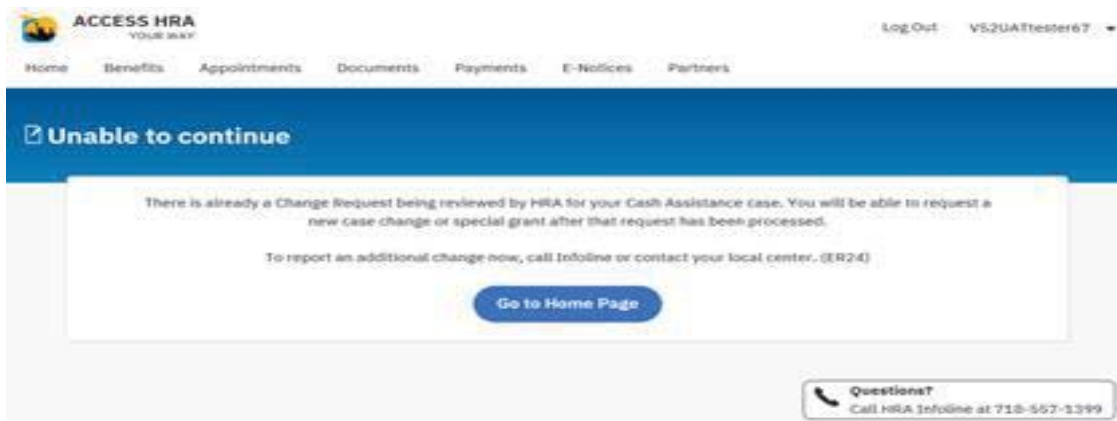
Note: If the AHRA Special Grant Request Summary PDF file is not immediately available after a submission when the applicant/participant is at the Center, staff should go back and check later on.

Refer to **Attachment A**

A sample AHRA Special Grant Request Summary is included as **Attachment A** to this procedure.

Once a CA participant submits an online request for a special grant, they will be unable to submit the same grant again, until the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) [**W-137B**] form is completed. The CA participant will receive a message that the request is currently being reviewed.

A CA participant is also unable to submit an online request for a special grant during their recertification period, or if they have a CA Change Case Data activity open. Refer to the following screenshot.



Update Contact Information

CA participants can update their contact information (residence address, mailing address, telephone number) in AHRA. The Change Address icon has been added in AHRA to initiate a request to change an individual's residence address (and will be discussed in more detail in the Change Residential Address section on page 24). Refer to the following screenshot.

Note: A participant will not be able to update their contact information if they have a pending housing arrears (rent, mortgage, property tax) grant in POS that needs to be answered.

Note: If a participant changes their address, AHRA will ask for rent and utility details.

Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant. Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.


What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.

I need to change my case:


Change case member(s)


Change address



Make changes to my income



Close my case



Add or change child care


I need financial help to:


Pay for housing costs I owe


Pay for utility bills I owe



Pay moving costs


Pay for home repairs


Pay for storage


Get a restaurant allowance


Get ready for a new baby


Recover after a crisis

For more information on how to get help paying for other expenses like child care, work-related expenses, or burial costs or if the help you need is not available above please [go to the CA FAQs page](#).

Cancel

Continue

Revised

Add or Change Child Care

Please refer to [PB #22-43-SYS](#) for more information on child care and child support requests in AHRA.

Close My Case Option

Participants with a CA case in **AC** status will have the Close My Case option on the Case Changes & Emergency Grants launch screen in AHRA.

Note: If the CA participant has a pending case change or document return in POS, this page will not be accessible, and the participant will see a message informing them that there is a pending activity already. The pending case change activity must be completed by staff in POS before the participant can submit a new request.

CA participants will be asked on AHRA to select a reason for the closing, and which programs they would like to close. Reasons for “Close My Case” may include:

- Moving or moved out of NYC, but still live in New York State
- Moving or moved out of New York State
- Receiving more income
- Requesting childcare in lieu of Cash Assistance
- Other.

These selections will be mapped to POS as a case comment.

When the participant selects the following reasons on the “Close my case” page, a case comment in POS will be created:

- Moving or moved out of NYC, but still live in New York State
- Moving or moved out of New York State.

The case comment will be created as part of the CA Case Change or Emergency Grant/Close my case request. The case comment will state “Client request case closing on ACCESS HRA due to _(reason)_ with moving date _____. The reason and moving date are populated based on answers provided on the “Close my case” page on AHRA.

When the participant selects the following reasons on the “Close my case” page, a case comment in POS will be created:

- Receiving more income
- Requesting childcare in lieu of Cash Assistance
- Other

The case comment will be created as part of the CA Case Change or Emergency Grant/Close my case request. The case comment will state “Client request case closing of __ (program) __ on ACCESS HRA due to __ (reason) __. The program and reason are populated based on answers provided on the “Close my case” page on AHRA.

For participants that select the closing reason “Receiving More Income” or “Other”, they will be shown an income summary and resources summary and will be given the option to update this case information.

- For participants that select the closing reason “Receiving More Income” and CA/HASA staff determines that the participant does not have excess income, the participant’s request to close their case will still be granted using the reason provided by the participant.

Note: If address is changed, AHRA will ask for rent and utility details.

Refer to **Attachment D** for the Close My Case screenshots.

After the case closing request is submitted, a document return appointment is shown to participants on AHRA. For most participants, documents are required only if a change in income is indicated.

Case closing requests will be placed in the existing POS queues. Case closing requests will go in the **CSIC-Other** queue unless there is another grant or case change submitted at the same time.

Note: If an emergency grant, housing, utility, add an adult, is requested at the same time as the case closing, the former requests would drive which POS queue the case goes into.

Special Grant Queues

To accommodate the AHRA expansion, HRA Benefits Access Center have Center specific queues to receive the special grant requests, in addition to the existing Utility Arrears and Housing Arrears special grant queues.

New Information

Two new electronic submission queues have been added – Pending Eviction queues **PndEvic0## EAPP** and **PndEvic0## ERct**. These queues are used when the applicant/participant indicates they have a pending eviction or are in housing court.

POS Queue Name	Queue Description	Example: Center 040
CA ESG UtilEmerg	Utility Arrears – Emergency Requests	CA ESG UtilEmerg 040
CA ESG Util Arr	Utility Arrears – Non-Emergency	CA ESG Util Arr 040
CA ESG House Arr	Housing Arrears – Non-Emergency	CA ESG House Arr 040
CA ESG HouseEmerg	Housing Arrears – Emergency	CA ESG HouseEmerg 040
CA ESG CMU	Adding an adult (and any other special grant submitted online at the same time)	CA ESG CMU 040
CA ESG CMUEmerg	Adding an adult along with an emergency request (i.e., restaurant allowance, storage arrears with an auction date, no heat or hot water, etc.)	CA ESG CMUEmerg 040
CA ESG	All other special grants (except for housing arrears or utility arrears, which have their own queues)	CA ESG 040
CA ESGEmerg	Special grants with a priority flag (except for housing arrears or utility arrears, which have their own queues)	CA ESGEmerg 040
CA Echg	Change case data such as remove case member(s), change address, make changes to income, along with a non-emergency request	CA Echg 040

Revised

CA Echg Emerg	Change case data along with an emergency request (i.e., restaurant allowance, storage arrears with an auction date, no heat or hot water, etc.)	CA Echg Emerg 040
PndEvic0## EAPP	Applicant/Participant indicates they have a pending eviction or are in housing court	PndEvic040 EAPP
PndEvic0## ERct	Applicant/Participant indicates they have a pending eviction or are in housing court at time of their recertification.	PndEvic040 ERct

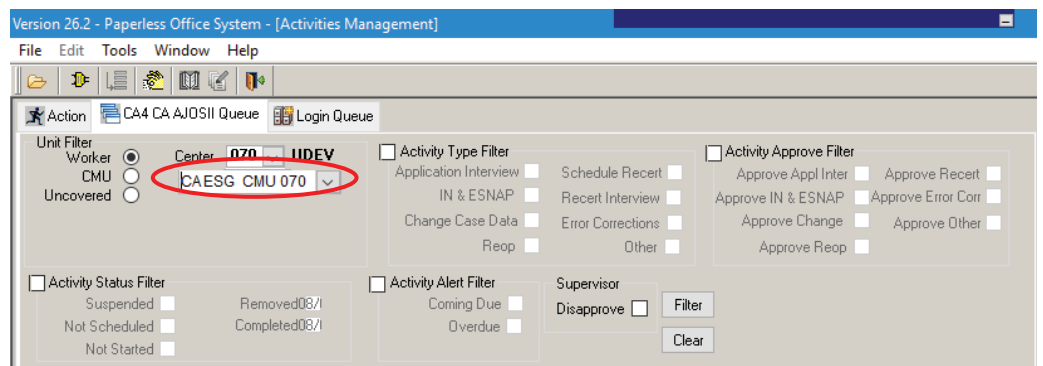
Refer to [PB #19-44-SYS](#)

Refer to the ACCESS HRA Special Grants Desk Guide (**FIA-1218**) for information on the POS Queues, how to process the Special Grants, etc.

The CSIC Associate Job Opportunity Specialist (AJOS) I Supervisor and Case Management Unit (CMU) AJOS I Supervisor must access the online special grant queues in POS to assign cases to the JOS/Worker. The AJOS II Supervisor will ensure that the cases were assigned to the JOS/Worker.

CA ESG CMU Queue in POS

A request to add an adult (aged 18 years or older) to the household only, or in addition to another special grant submitted online at the same time, will be sent to the **CA ESG CMU** queue in POS. For example, a household adding an adult to the case and submitting a storage request will be sent to the **CA ESG CMU** queue. Staff in the CMU will be processing the special grant request(s), except if a referral is needed to HDU. When adding an adult to the household, this non-emergency request will have a due date of four business days from the date of request.



CA ESG CMU Emergency Queue in POS

A request to add an adult (aged 18 years or older) to the household, along with an emergency request submitted at the same time will be sent to the **CA ESG CMUEmerg** queue in POS. An emergency request will have a same day due date as the date of request. If the emergency request was submitted after business hours, the due date will be the next business day.

The following are considered emergency requests in AHRA:

- Moving expenses – new apartment

A special grant request for moving to a new apartment (advance rent, security deposit, broker's fee) is considered an emergency request if the move in date is within five business days of submitting the special grant.

- Storage

A special grant request for storage of furniture and personal belongings is considered an emergency request if the participant indicates they have an auction date, or if they are pending eviction.

- Restaurant allowance

All special grant requests for a restaurant allowance are considered an emergency request.

- Clothing replacement

A special grant request for the replacement of clothing lost as a result of a disaster is considered an emergency request if the participant indicates the request is due to a fire, flood, or natural disaster, or if they are no longer able to stay at their current apartment.

- Property repairs

A special grant request for property repairs is considered an emergency request if the participant indicates they have no heat or hot water.

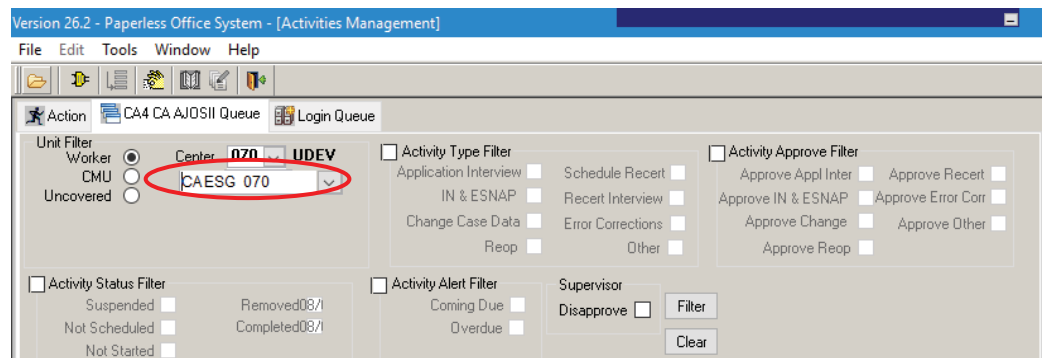
CA ESG Queue in POS

All non-emergency requests for special grants in AHRA that do not involve adding an adult or housing arrears or utility arrears, will be sent to the **CA ESG** queue. Examples include:

- pregnancy allowance
- add a child to the case
- add a newborn to the case
- property repairs
- repair of essential household items
- clothing replacement
- storage
- moving expenses (advance rent, security deposit, moving allowance, broker's fee)
- furniture and other household items.

Non-emergency requests in the **CA ESG** queue will have a due date of seven calendar days from the date of request.

Note: All requests to add an adult to the household will be sent to the **CA ESG CMU** queue, or the **CA ESG CMUEmerg** queue if the additional special grant is considered an emergency request. Housing arrears (**CA ESG House Arr** and **CA ESG HouseEmerg**) and utility arrears (**CA ESG Util Arr** and **CA ESG UtilEmerg**) have their own queues.



CA ESG Emergency Queue in POS

All emergency requests for special grants in AHRA, that does not involve adding an adult or housing arrears or utility arrears, will be sent to the **CA ESGEmerg** queue. The following special grants are considered an emergency request in AHRA, based on the listed criteria:

- Moving expenses – new apartment
- A special grant request for moving to a new apartment (advance rent, security deposit, broker's fee) is considered an emergency request if the move in date is within five business days of submitting the special grant.
- Storage

A special grant request for storage of furniture and personal belongings is considered an emergency request if the participant indicates they have an auction date, or if they are pending eviction.

- Restaurant allowance
- All special grant requests for a restaurant allowance are considered an emergency request.
- Clothing replacement

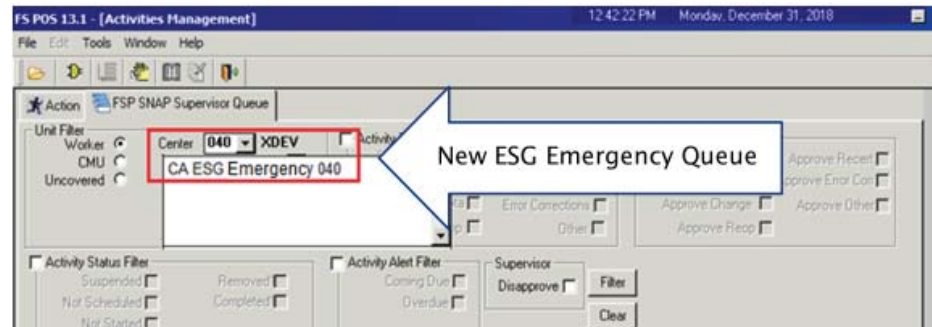
A special grant request for the replacement of clothing lost as a result of a disaster is considered an emergency request if the participant indicates the request is due to a fire, flood, or natural disaster, or if they are no longer able to stay at their current apartment.

- Property repairs

A special grant request for property repairs is considered an emergency request if the participant indicates they have no heat or hot water.

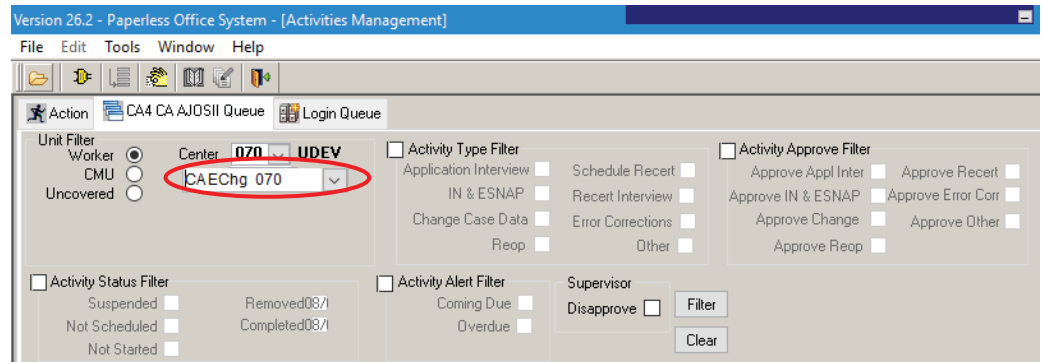
All special grant emergency requests will have a same day due date. The JOS/Worker will have to decide whether the emergency request should be approved, denied, or deferred. If the emergency request was submitted after business hours, the due date will be for the next business day.

The following screenshot shows the **CA ESGEmerg** queue in POS.



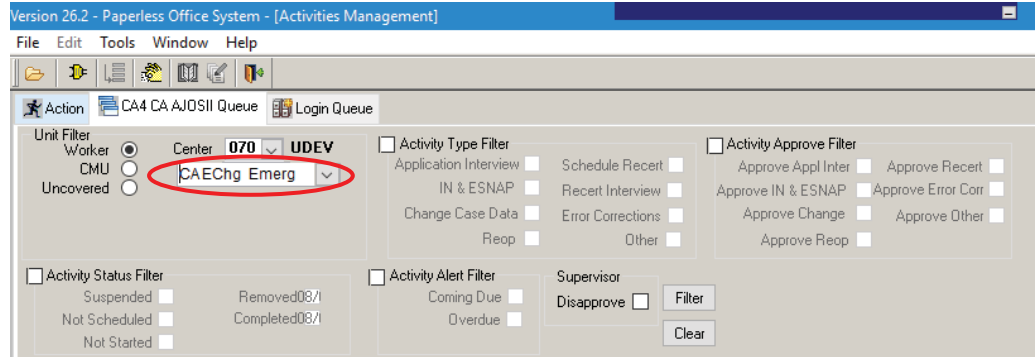
CA Echg Queue in POS

A request to remove case member(s), change residential address, or make changes to income will be sent to the **CA Echg** queue in POS. When an electronic special grant request that is categorized as CSIC-Other (i.e., storage, furniture allowance, etc.) is submitted along with an electronic case change, the request will be found in the **CA Echg** queue, if the special grant request is not an emergency. After the AHRA online submission, the participant has to return documents by the due date listed in AHRA, or the requested change(s) will not be processed.



CA Echg Emerg Queue in POS

When an electronic special grant request that is categorized as CSIC-Other (i.e., storage, furniture allowance, etc.) is submitted along with an electronic case change, the request will be found in the **CA Echg Emerg** queue, if the special grant request is an emergency. After the AHRA online submission, the participant has to return documents by the due date listed in AHRA, or the requested change(s) will not be processed.



New Information

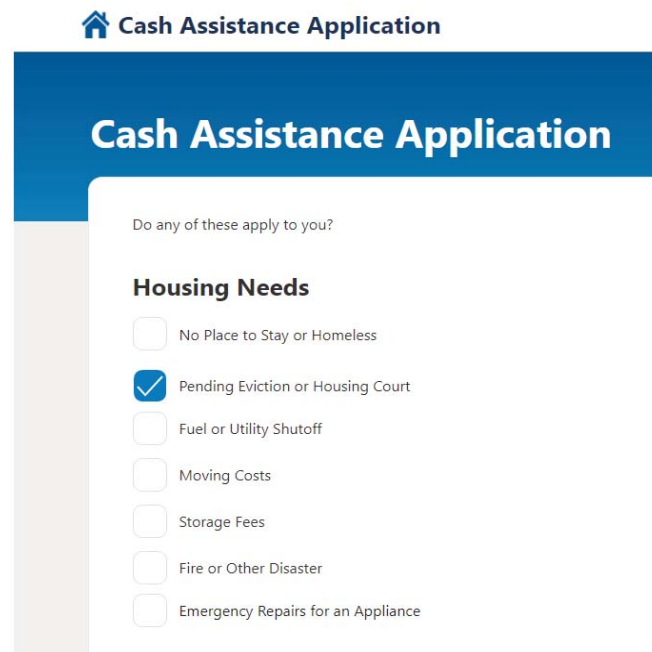
PndEvic0## EAPP Queue in POS

When the applicant submits a new application or recertification application selecting “pending eviction or housing court” as a need, it is treated as an emergency request. These types of requests can be seen under either the **PndEvic0## EAPP** or **PndEvic0## ERct** queue.

When an applicant/participant indicates on the **CA Online (Initial) Application** that they have a pending eviction or are in housing court, the request will be placed in the **PndEvic0## EAPP** queue.

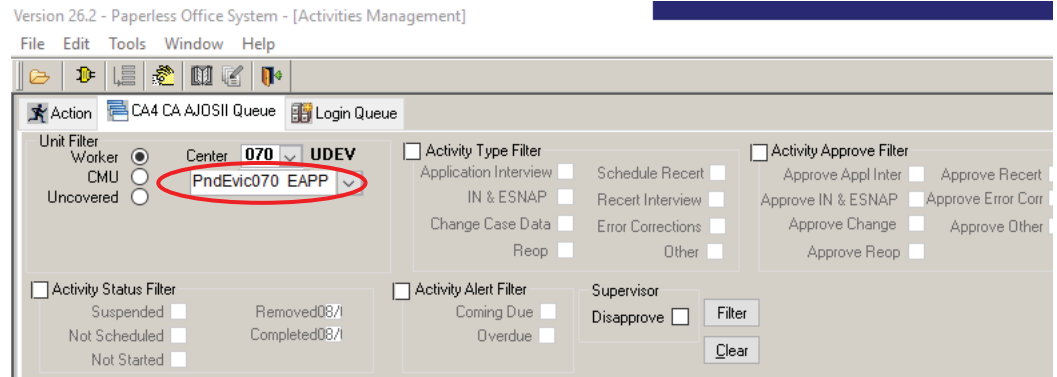
Note: The ## is referencing the Center the case belongs to (e.g., PndEvic070).

Below is the screen as it appears on AHRA.



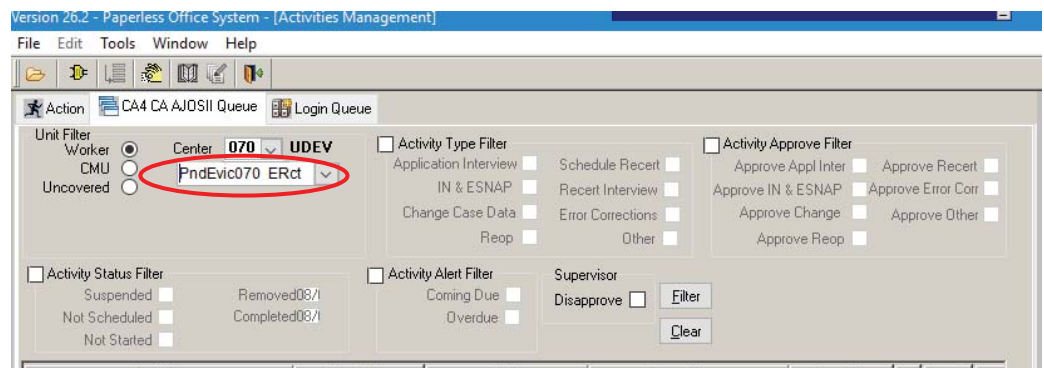
All the Pending Eviction requests in POS can be seen under the **PndEvic0## EAPP** queue.

The following screenshot shows the **PndEvic070 EAPP** queue in POS.



All Pending Eviction requests made during the Online CA Recertification can be seen under the **PndEvic0## ERct** queue.

The following screenshot shows the **PndEvic070 ERct** queue in POS.



PC Banks

CA participants can use the Personal Computer (PC) Banks at Benefits Access Centers to apply for a special grant request or to change case data. If a participant goes to the Benefits Access Center to apply for a special grant or to change case data, or to follow up regarding a request, they will be routed to HDU if it is a housing related request, routed to CMU if they want to add an adult to the case, or routed to CSIC for all other requests. It should be noted that currently, there is no self-service kiosk routing option to the PC Bank for special grant requests or to change case data. However, staff working in the self-service kiosk routing area and in the PC Bank should be aware that participants can use the PC Bank and should inform participants of that

option, and allow them to use the PC Bank should they choose to use this method.

CA Case Changes

The following pages will discuss CA case changes such as:

- Addition of adult(s) to the case
- Remove a case member
- Make changes to income
- Change residential address.

Addition of Adult(s) to the Case

AHRA was updated to add an electronic signature field for the adult added to the case. Refer to the following screenshot.

Staff can now find the ACCESS HRA CA Case Change Request Summary as a PDF in the HRA OneViewer.

If the signature of the adult added to the case is on the AHRA PDF, staff will no longer need to ask the adult newly added to the case to sign the New York State Application for Certain Benefits and Services (**LDSS-2921**) application, since they provided the electronic signature via AHRA.

If the signature of the adult added to the case is not on the AHRA PDF, the adult will need to sign the **LDSS-2921** application.

Delete & Exit

< Back

Electronic Signature and Submission

You are about to submit your request for a case change or emergency grant. After you submit this request, a summary will be saved on your ACCESS HRA account. You can see or print this summary at any time on your Benefits page.

Voter Registration

Do you need to register to vote or change your current voter registration address? A voter registration form is attached to your summary of this application, and saved in your ACCESS HRA account. Mailing instructions are included on the form.

AUTHORIZATION TO REPAY PUBLIC ASSISTANCE BENEFITS FROM RETROACTIVE SUPPLEMENTAL SECURITY INCOME

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.

Check this box if you have read and understood the rights and responsibilities.

Rights and Responsibilities

Additional information regarding your rights and responsibilities is contained in the Client Information Books (LDS44148A, LDS44148B and LDS44148C). These books can be obtained at your local district or at <http://dhs.ny.gov/nyemapplications>.

AS AN APPLICANT/RECIPIENT OF SNAP BENEFITS YOU HAVE RIGHTS:

TO HAVE AN INTERVIEW:

1) The interview must be scheduled as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.
 2) You may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one at no cost to you. You cannot be denied access to services because

Check this box if you have read and understood the rights and responsibilities.

Electronic Signature

By clicking next you are electronically signing this application in a manner that is legally equivalent to a signature by hand. The application can be signed by a responsible adult member of the household or an authorized representative, if one has been designated.

I understand that electronically signing this application may result in information about applying members of my household being submitted to the United States Citizenship and Immigration Services (USCIS) for verification of immigration status, if applicable. The use or disclosure of the information above is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of the provisions of the Temporary Assistance (TA), Food Stamp Benefits (FS), Medical Assistance (MA), Medicare Savings Program (MSP), Child Care Assistance (CC), Foster Care (FC) and Services (S) Programs.

I certify, under penalty of perjury, that everything on this application is the truth to the best of my knowledge.
 I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature is legally equivalent to a signature by hand. I further certify that I am a resident of this borough.

Today's Date

Borough

<first and last name> <DoE> Please type your initials here:

Click "Next" to **SUBMIT** this Application.

Next

The CMU AJOS I will access the **CA ESG CMU** queue and the **CA ESG CMUEmerg** queue in POS to assign cases to the JOS/Worker. The CMU AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Once a request to add an adult to the case is submitted in AHRA, an interview must be completed by the Benefits Access Center for the adult to be added to the case. This interview will currently be done by telephone and the casehead may be present for the interview. The adult added to the case will be informed of the need to complete the interview within the next four business days from the date of request. The JOS/Worker will not need to schedule the appointment for the adult.

Note: The JOS/Worker must go to POS through Case Member Addition to add the adult to the active case.

If the interview is not kept, the JOS/Worker will:

- complete the **W-137B** form to deny the request.
- reject (**RJ**) the line that is in Apply (**AP**) status.
- calculate the budget.

If the interview is kept, the JOS/Worker will:

- complete the interview in POS.
- Be sure to answer “Yes” to the question “Add a person to the case/Immigrant re-evaluation or Has anyone moved into the household in the past year”.
- review the shelter allowance and calculate the budget.

After completing the POS interview, the JOS/Worker will complete the **Single Issuance (SI) Grant Request Tasks 2-6** screens in the **Non-Food Emergency/Grant Activity**. The JOS/Worker will continue on to **Task 7** to prepare the special request grant. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval. Once the CMU supervisor prints the **W-137B** form in POS, the participant will be able to submit another AHRA special grant request online.

Deferral of Case

If the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The Documentation Request Form (**W-113A**) will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in the Welfare Management System (WMS). The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the HRA Benefits Access Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

Staff should take steps to make collateral contact to assist the participant in submitting the required documentation before the required due date. If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** form to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Remove Case Member

Refer to [PD#19-06-ELI](#)

The CSIC AJOS I will access the **CA Echg** queue in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

The casehead is able to submit a request to remove a person from the case through AHRA Change Case Member. The AHRA screens can be used to remove a person from the case due to a temporary absence, or to remove a non-essential person who is still living in the house. In some situations, the casehead must speak to the JOS/Worker in order to remove a person from the case, such as:

- The casehead wants to remove themselves from the case.
- The casehead wants to remove a minor child from the case.
- The casehead pays child support for a minor child on the case and wants to remove the minor child.

If the casehead needs to communicate with the JOS/Worker, an interview will be conducted by the Benefits Access Center.

Note: The JOS/Worker must go to POS through **CA Change Case Data** to remove the person from the active case.

Staff can now find the ACCESS HRA CA Case Change Request Summary as a PDF in the HRA OneViewer.

If no documents are found to verify the case change submitted, the JOS/Worker must not produce the **M-3g** form. Rather, the JOS/Worker must contact the participant by telephone to submit the required documents to proceed with the request. The participant has to return documents by the due date listed in AHRA, or the requested change(s) will not be processed. A sample script is as follows:

Hello, I am calling from the City of New York Human Resources Administration (HRA). We received [participant name]'s changes to the case and need documentation to be submitted by [due date]. Documentation can be submitted using the AHRA mobile app (preferred) or at an HRA Benefits Access Center (only if necessary). A list of the documents required can be found in the AHRA confirmation information page, which identifies the documents needed.

Refer to **Attachment C** for a list of the documentation that the participant can submit.

Note: A CA Change Case Data request does not trigger the Documentation Request Form (**W-113A**).

Make Changes to Income

The CA participant can make changes to their income on AHRA, using the Make Changes to My Income icon. AHRA pulls income information from POS. Any edits or updates to the income on AHRA will be transmitted to POS for review and processing. The CA participant will need to submit proof of the requested income change using current documentation requirements. Refer to the Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (**FIA-1227**).

The CSIC AJOS I will access the **CA Echg** queue in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker will authorize a new budget, as needed. The JOS/Worker will complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval.

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

Refer to [PB #16-63-SYS](#)

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer. **Note:** If the case has unindexed documents, there is a POS edit that will alert the JOS/Worker that the case has pending unindexed documents.

Staff can now find the ACCESS HRA CA Case Change Request Summary as a PDF in the HRA OneViewer.

If no documents are found to verify the case change submitted, the JOS/Worker must not produce the **M-3g** form. Rather, the JOS/Worker must contact the participant by telephone to submit the required documents to proceed with the request. The participant must return documents by the due date listed in AHRA, or the requested change(s) will not be processed. A sample script is as follows:

Hello, I am calling from the City of New York Human Resources Administration (HRA). We received [participant name]'s changes to the case and need documentation to be submitted by [due date]. Documentation can be submitted using the AHRA mobile app (preferred) or at an HRA Benefits Access Center (only if necessary). A list of the documents required can be found in the AHRA confirmation information page, which identifies the documents needed.

Note: A CA Change Case Data request does not trigger the Documentation Request Form (**W-113A**).

If the participant submits documentation by the due date, the JOS/Worker will review the HRA OneViewer to ensure that all documentation was submitted.

Staff should take steps to make collateral contact to assist the participant in submitting the required documentation before the required due date. The JOS/Worker must enter a case comment in POS after each telephone attempt. After two unsuccessful telephone attempts, the case will be submitted for supervisory approval.

Refer to **Attachment C** for a list of the documentation that the participant can submit.

Change Residential Address

The CA participant can make a request to change their residential address on AHRA, using the Change Address icon. AHRA pulls address information from POS. Any edits or updates to the residential address on AHRA will be transmitted to POS. The CA participant will need to submit documentation for proof of address.

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

Refer to [PB #16-63-SYS](#)

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer. **Note:** If the case has unindexed documents, there is a POS edit that will alert the JOS/Worker that the case has pending unindexed documents.

Staff can now find the ACCESS HRA CA Case Change Request Summary as a PDF in the HRA OneViewer.

If no documents are found to verify the case change submitted, the JOS/Worker must not produce the **M-3g** form. Rather, the JOS/Worker must contact the participant by telephone to submit the required documents to proceed with the request. The participant has to return documents by the due date listed in AHRA, or the requested change(s) will not be processed. A sample script is as follows:

Hello, I am calling from the City of New York Human Resources Administration (HRA). We received [participant name]'s changes to the case and need documentation to be submitted by [due date]. Documentation can be submitted using the AHRA mobile app (preferred) or at a Benefits Access Center (only if necessary). A list of the documents required can be found in the AHRA confirmation information page, which identifies the documents needed.

Note: A CA Change Case Data request does not trigger the Documentation Request Form (**W-113A**).

If the participant submits documentation by the due date, the JOS/Worker will review the HRA OneViewer to ensure that all documentation was submitted.

Staff should take steps to make collateral contact to assist the participant in submitting the required documentation before the required due date. The JOS/Worker must enter a case comment in POS after each telephone attempt. After two unsuccessful telephone attempts, the case will be submitted for supervisory approval.

Refer to **Attachment C** for a list of the documentation that the participant can submit.

CA Change Case Data Scenarios

The following scenarios will describe what happens when a CA Case Change and/or Special Grant Request is submitted through AHRA. In some instances, the participant is blocked from making further changes or submitting a new Special Grant Request.

Scenario 1

- Participant submits a CA Case Change in AHRA. The next day, the participant tries to submit a Special Grant Request.

Once a CA Change Case request is submitted, the participant is blocked from submitting any further changes or making a Special Grant request until the pending changes are completed.

Scenario 2

- Participant submits a Special Grant Request in AHRA. The next day, the participant tries to submit a CA Case Change.

The participant will be blocked from submitting any further changes or making a new Special Grant Request until the pending changes are completed if the following Special Grant Requests are made:

- Add a child to the case
- Add a newborn to the case
- Add an adult to the case
- Pregnancy allowance
- Restaurant allowance

Scenario 3

- Participant submits a CA Case Change and Special Grant Request at the same time in AHRA.

The submission will appear in the Special Grant Queue. The participant will be blocked from submitting any further changes or making a new Special Grant Request until the pending changes are completed.

Special Grant Requests

The following pages will discuss CA special grant requests such as:

- Moving related special grants
- Furniture and clothing related special grants
- Home Repairs/Boiler Repair and Replacement
- Restaurant allowance special grants
- Pregnancy allowance, adding an unborn, and adding a newborn/child.

Moving Related Special Grants

Moving related special grants include advance rent, security allowance, moving allowance, and broker's fee, and require certain documentation. The following lists the documentation needed:

- advance rent
 - a statement from landlord regarding the new apartment and the amount of rent being charged.
- security allowance
 - statement from landlord regarding the security deposit amount requested.
- moving allowance
 - one moving estimate from a Licensed Moving Company.

Refer to [PB #15-86-OPE](#) and [PD #19-10-ELI](#)

Note: The requirement for three estimates of moving expenses is no longer necessary depending on the amount of the expenses and household size; refer to [PD #19-10-ELI](#). AHRA requires one moving estimate.

- broker's fee
 - statement from Licensed Broker regarding the fees being requested.

The CSIC AJOS I will access the **CA ESG** and **CA ESGEmerg** queues in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Note: A special grant request is considered an emergency request if the move in date is within five business days of submitting the special grant. These cases will fall in the **CA ESGEmerg** queue. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

Note: AHRA has five additional moving questions compared with POS. The additional moving information from AHRA will be populated into the POS comments. The JOS/Worker will need to refer to the POS comments for further moving information (ex: broker's license number).

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker will update the case information in POS with new address information and new landlord information, and authorize a new budget, as needed. The JOS/Worker must remove the old landlord information and the old rent amount. The JOS/Worker will complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval. Once the CMU supervisor prints the **W-137B** form in POS, the participant will be able to submit another AHRA special grant request online.

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

Refer to [PB #16-63-SYS](#)

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer.

Deferral of Case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents

needed. The Documentation Request Form (**W-113A**) will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in the Welfare Management System (WMS). The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the HRA Benefits Access Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

Staff should take steps to make collateral contact to assist the participant in submitting the required documentation before the required due date. If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** form to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Moving Out of State

Refer to [PD#20-04-ELI](#)

New York City may authorize a move out of state allowance to participants moving to another state or country when it is determined that the participant:

- has residence in another state or country;
- belongs in another state or country;
- has legally responsible relatives able or willing to support or aid in supporting them; or
- has friends willing to support or aid in supporting them.

When the participant is moving out of the state or out of the country, the cost of the following items may be covered by the Agency:

- transportation;
- transfer of baggage; and
- other reasonable and necessary expenses including lodging and transportation costs of an attendant, but excluding charges for the attendant's time and services.

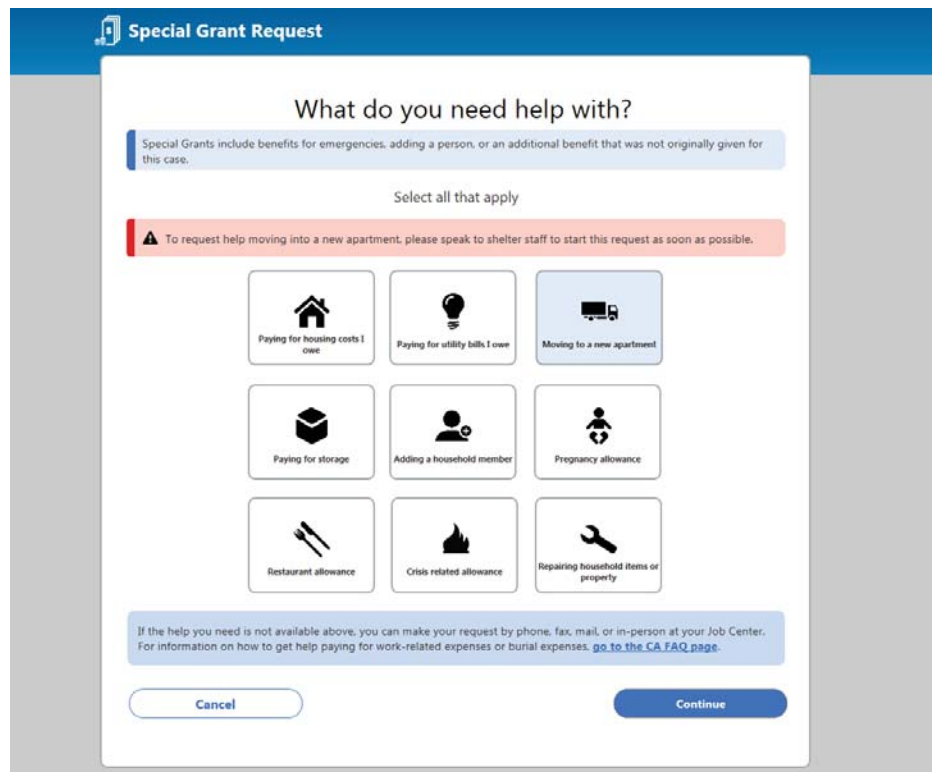
Participant comes to the Transportation Unit

When the participant comes directly to the Transportation Unit at the Michael J. Handy Veterans' Service Center to request a moving out of state allowance:

- The JOS/Worker will register the application, put the case in Single Issuance (SI)/Active (AC) status, and forward it to the Transportation Unit queue.
- The participant will be referred to the Transportation Unit staff.

Shelter Participants Leaving Shelter

Department of Homeless Services (DHS) shelter participants leaving the shelter and moving to a new apartment will be blocked from submitting a “moving to a new apartment” special grant request in AHRA. The CA ESG icon for moving to a new apartment will be grayed out in AHRA. The CA participant will get a message to speak with shelter staff regarding this request instead. Refer to the following screenshot.



Refer to [PD #19-09-ELI](#)

When the participant comes to the Benefits Access Center and states that they are moving out of New York State, they will be routed to CSIC. CSIC will then refer them to the Transportation Unit. Refer to [PD #19-09-ELI](#).

Furniture and Clothing Related Special Grants

Refer to [PB #16-22-ELI](#)

A request for the establishment of a home grant can be granted for the purchase of necessary and essential furniture (including home furnishings, equipment and supplies) required to establish a home. The household must meet the eligibility requirements and any one of the following criteria:

- an individual or family in temporary accommodations and is being permanently re-housed in unfurnished housing accommodations, and suitable furnished accommodations are not available.
- An individual who is discharged from an institution and determined capable of maintaining an apartment in the community, and suitable furnished accommodations are not available.
- An adult who is discharged from an institution and wishes to rejoin their family, which needs additional furniture to provide adequate shelter for them.
- A child is returned to their parents, who are in need of additional furniture to provide adequate shelter for them.
- It is essential that an individual or family be re-housed in order to safeguard their health, safety, and well-being.

Special grants may also be made for the replacement of furniture and clothing for an individual or family suffering the loss or damage of such items as a result of burglary, theft, vandalism, fire, flood, or similar catastrophe which could not have been foreseen by the individual or family and was not under their control.

All losses due to burglary, theft, or vandalism must be reported to local law enforcement officials and be appropriately verified by local officials before replacement or repair is made. Documentation in the case record shall include the NYPD – Job Center Report/Referral (**W-451**) form or a regular detailed police report.

All losses due to fire or water damage connected to extinguishing a fire must be reported to local fire department officials and verified before replacement or repair is made. The fire department report regarding such losses must be scanned and indexed into the Intra-agency correspondence folder (as the document type Fire Department Report) in the HRA OneViewer.

The CSIC AJOS I will access the **CA ESG** and **CA ESGEmerg** queues in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Note: A special grant request for the replacement of clothing lost as a result of a disaster is considered an emergency request if the participant indicates the request is due to a fire, flood, or natural disaster, or if they are no longer able to stay at their current apartment. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

CA participants that complete the AHRA fields/questions regarding a CA ESG request for disaster related assistance do not need to complete the Dwelling Survey Worksheet (**W-30FF**) form. The question set in AHRA can be used in lieu of the **W-30FF** form; CA participants are no longer required to submit this form.

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker will complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval. Once the CMU supervisor prints the **W-137B** form in POS, the participant will be able to submit another AHRA special grant request online.

Refer to [PB #16-63-SYS](#)

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer.

If the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the HRA Benefits Access Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Home Repairs/Boiler Repair and Replacement

Refer to [PB #07-56-ELI](#)

When a participant seeks assistance to pay for the repair or replacement of an unsafe or inoperable boiler/furnace, two estimates must be provided from vendors licensed by the New York City Department of Buildings. For repair work, the estimates must state what is wrong with the boiler/furnace, itemize repairs/cost, and warranty for parts/labor. For replacement, the estimates must detail the problem and affirm that it is beyond repair. Each estimate should include a photocopy of the front and back of the vendor's skilled trade license. If a photocopy cannot be obtained, the participant may verify the vendor's skilled trade license by contacting the Department of Buildings at (212) 566-4100 or online at www.nyc.gov/html/dob. Master Plumbers are licensed to repair and replace gas boilers; Oil Burner Installers are licensed to repair and replace oil furnaces.

To qualify for the special grant for boiler/furnace repair or replacement, the following criteria must be met:

- own/reside in a one-family or two-family house.
- apply for the repair/replacement of primary equipment.
- meet the Home Energy Assistance Program (HEAP) income eligibility criteria.
- own the heating equipment.
- have no liquid resources more than the \$2000/\$3000 limit per household.
- the emergency request must be referred to HEAP Central to contact the Office of Temporary and Disability Assistance (OTDA).
 - Email HEAP Central at HEAPInquiries@hra.nyc.gov.
 - Call HEAP Central at (212) 331-3141.

Note: HEAP should only be contacted during HEAP season.

The CSIC AJOS I will access the **CA ESG** and **CA ESGEmerg** queues in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Note: A special grant request for property repairs is considered an emergency request if the participant indicates they have no heat or no hot water. These cases will fall in the **CA ESGEmerg** queue. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker must:

Refer to [PB #16-63-SYS](#)

- check POS and the HRA OneViewer for any documentation that can be used to obtain the necessary clearance. The JOS/Worker should check for unindexed documents that are not yet in the HRA OneViewer by:
 - opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
 - changing the **Center ID** in the dropdown to **088**.
 - clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer.

- process the utility grant in the POS **Special Grant Activity – Task 6**, if no deferral is necessary and a clearance has been obtained.
- forward the Utility Arrears/Emergency Heating (**M-858m**) form, printed from **Task 5** in the **SI Grant Request Task List** to the HRA Benefits Access Center's designated Utility Liaison to process the clearance. The JOS/Worker can also refer the case to the Utility Liaison via the **In-Center Referral** activity in POS.

Refer to [PD #17-27-ELI](#)

Any special grant requests by a CA participant to repair a boiler or furnace will be forwarded from the JOS/Worker to the HRA Benefits Access Center Utility Liaison.

The Utility Liaison will:

- send an email to HEAP at HEAPInquiries@hra.nyc.gov,
- call HEAP Central at (212) 331-3141,
- contact the utility company to request an extension, if after 4:30 pm, and call HEAP Central the following day to get the necessary information.

HEAP Central Liaison Responsibilities

The HEAP Central Liaison will proceed as follows:

- verify the household's HEAP status or eligibility for HEAP, as necessary.
- complete the "HEAP Referral Outcome" section of the **M-858m** form to inform HRA Benefits Access Center staff of its determination.
- provide a determination for other utility grants, if determined ineligible for HEAP.
- forward the updated **M-858m** form to the HRA Benefits Access Center's designated Utility Liaison.

HRA Benefits Access Center Utility Liaison Responsibilities

The HRA Benefits Access Center Utility Liaison will:

- complete the "Utility Liaison Recommendation" section of the **M-858m** form to inform HRA Benefits Access Center staff of the determination made by HEAP Central, and provide a determination for other utility grants, if determined ineligible for HEAP.
- take any other action as necessary.
- refer the case via the **In-Center Referral** activity in POS to the CSIS JOS/Worker for processing.

Deferral of Case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for

the participant to view through AHRA. If the participant reports to the HRA Benefits Access Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Restaurant Allowance Special Grant

All special grant requests for a restaurant allowance is considered an emergency request. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

Refer to [PB#20-83-OPE](#)

A restaurant allowance is provided to participants that have lost cooking facilities stemming from a prolonged gas outage. Households claiming to be affected by a gas outage may be required to provide documentation of the outage. However, if HRA is made aware of a gas outage and the outage is apparent and widespread, documentation of the outage is not required in order to receive a restaurant allowance. However, verification of residence within the defined outage area will be required.

The JOS/Worker will verify the residence of the participant, document the loss of cooking facilities stemming from a gas outage in POS as a detailed case comment, and utilize the Restaurant Allowance Schedule SA-5. Staff are not to place the restaurant allowance on the budget in these emergency situations.

Refer to [PB #19-62-ELI](#)

A restaurant allowance is also provided to participants residing in temporary housing facilities. If the shelter or temporary housing does not provide meals three times per day, or lacks facilities to prepare meals, the participant is entitled to a restaurant allowance.

The JOS/Worker will:

- verify that the participant is residing in temporary housing.
- complete the Rent/Shelter Expense and Temporary Housing windows in POS for all active individuals.
- record the appropriate shelter type to calculate the budget.
- complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval.

Deferral of Case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the HRA Benefits Access Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Pregnancy Allowance, Adding an Unborn, and Adding a Newborn/Child

Refer to [PD #17-03-ELI](#)

Pregnancy Allowance

The participant becomes eligible for a \$25 dollar semi-monthly pregnancy allowance beginning in the fourth month of a pregnancy, or the month she verifies the pregnancy, whichever is later. The participant must provide medical documentation from a doctor with the Expected Date of Confinement (EDC) listed. The EDC is the date the baby is expected to be born.

Adding an Unborn

When there is medical documentation to verify a pregnancy in the household, the JOS/Worker must add the unborn on the budget, and enter the EDC date for the expectant mother to authorize a pregnancy allowance in POS. An unborn line can be added in POS through **Case Member Addition** for an active case.

The JOS/Worker will complete the **SI Grant Requests and Issuance Task List** window in POS.

- The Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) form will be pre-filled for participants with an active CA case, and who are making a request for a pregnancy allowance.
- POS will log in the request on the POS automated Participant Request Control Card (**W-111F**) to track these requests.
- Enter Grant Code **05** (Pregnancy Allowance) in the Grant Issuance History screen in POS, to authorize a grant for any missed benefits between the date the medical documentation was submitted, and the date the action will hit the recurring new budget.
- Forward the case to the supervisor for approval. The Supervisor will print the **W-137B** form.

The JOS/Worker will calculate and save the new budget based on the pregnancy allowance, enter the saved budget number on the POS Turn Around Document (TAD), and send to the Supervisor for approval. The JOS/Worker must also enter case comments in the electronic case record.

Adding a newborn/child

When a participant reports to the HRA Benefits Access Center to report a newborn, the JOS/Worker must review the newborn's birth certificate, social security card, and verification that the child was discharged to the mother.

The JOS/Worker will scan and index the newborn's birth certificate and/or social security card into the case record. The birth certificate includes an attestation that an Application for a Social Security Number (**SS-5**) was filed. The participant may submit a birth certificate with the "yes" box checked and a signature in place as acceptable documentation that a social security number has been applied for.

The JOS/Worker must update the case information through **CA Change Case Data** in POS. The JOS/Worker will change the unborn line to a newborn line, remove the EDC date on the mother's line, complete the **SI Grant Requests and Issuance Task List** window, and calculate and save a new budget in POS.

Deferral of Case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the HRA Benefits Access Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

New Appointments for Participants

Once a request for a special grant is submitted in AHRA, the participant may receive notification of an upcoming appointment for an interview or to return documents.

For housing related requests, an interview will be scheduled and conducted by the HRA Benefits Access Center for the participant. The JOS/Worker will not need to schedule the appointment for the participant and HDU will conduct the telephone interview. If the participant reports to the HRA Benefits Access Center for a housing related interview, they will be informed that HDU will call them to conduct a telephone interview and request any additional documents.

Requests that do not involve housing or adding an adult to the case will not require an interview. The participant will need to return the necessary documents. If the participant reports to the HRA Benefits Access Center to return the documents, they will be routed to the self-service scanners, or to CSIC General if the Center does not have self-service scanners or the participant chooses to see someone instead of scanning their documents.

ACCESS HRA
YOUR WAY

Log Out jsmith@gmail.com

Home Benefits Appointments Documents Payments E-Notices Partners Fair Fares NYC

Appointments

Be Safe, Skip the Trip: All in-person appointments have been cancelled. NO NEGATIVE CASE ACTIONS WILL BE TAKEN for missing them. [Click here for more information.](#)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
4	Today 5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Past Appointments

Upcoming Appointments

Tuesday, December 1, 2020 **This Week**

We will call you for your interview to review your request for rent you owe today or the next business day.

Clinton Hill Center
 495 Clermont Avenue
 Brooklyn, NY 11238

John Smith (1/1/1980)

Wednesday, December 2, 2020 **This Week**

We will call you for your interview to review your request to add an adult(s) to your case. Please make sure the new adult is available to interview.

Clinton Hill Center
 495 Clermont Avenue
 Brooklyn, NY 11238

Mary Smith (1/1/1980)

Thursday 10 December **DUE DATE**

CA Case Change Documents Required - return documents by this date or your requested change will not be processed.

Wednesday, December 16, 2020 **This Week**

All career service appointments are cancelled. The agency will not take any negative case actions for missing these appointments.

Clinton Hill Center
 495 Clermont Avenue
 Brooklyn, NY 11238

John Smith (1/1/1980)

Contact Us
Terms of Use
Privacy Policy

English

Effective Immediately

Related Items:

[PB #07-56-ELI](#)
[PB #15-86-OPE](#)
[PB #16-22-ELI](#)
[PB #16-63-SYS](#)
[PB #19-44-SYS](#)
[PB #19-62-ELI](#)
[PB #20-83-OPE](#)
[PD #17-03-ELI](#)
[PD #17-27-ELI](#)
[PD #19-06-ELI](#)
[PD #19-10-ELI](#)
[PD #20-04-ELI](#)

Attachments:

Attachment A	ACCESS HRA Special Grant Request Summary
Attachment B	ACCESS HRA CA Special Grant Request Screens
Attachment C	ACCESS HRA Required Documents
Attachment D	ACCESS HRA Close My Case Screens
FIA-1218 (E)	ACCESS HRA Special Grants Desk Guide (Rev. 10/10/19)
FIA-1227 (E)	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Rev. 4/6/20)
FIA-1227 (S)	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Spanish) (Rev. 4/6/20)
M-3g	Notice to Report to Center (Rev. 7/22/14)
M-3g (S)	Notice to Report to Center (Spanish) (Rev. 7/22/14)
M-858m	Utility Arrears/Emergency Heating (Rev. 2/5/13)
W-30FF	Dwelling Survey Worksheet (Rev. 1/4/17)
W-30FF (S)	Dwelling Survey Worksheet (Spanish) (Rev. 1/4/17)
W-111F	Participant Request Control Card (Rev. 9/2/11)
W-113A	Documentation Request Form (Rev. 12/4/20)
W-113A (S)	Documentation Request Form (Spanish) (Rev. 12/4/20)
W-137A	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)

- W-137A (S)** Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 3/16/20)
- W-137B** Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)
- W-137B (S)** Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 3/16/20)
- W-451** NYPD – Job Center Report/Referral (Rev. 5/7/14)



**Human Resources Administration
Case Change or Emergency Grant Request**

Head of Case:

Case Number:



1 Success! Request Submitted on 12/3/2020 at 9:05 AM
Confirmation Number: 1026333

You asked for help with the following:

- **Make changes to my income**

We sent you a confirmation email, if you gave an email address.

2 You're not done yet! You must return the documents below.


Your eligibility for assistance to meet an immediate or emergency need cannot be determined until you have provided the requested documentation.

Missing some documents? Have questions? Skip to Step 3 and a worker will help.


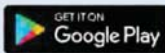
Proof Of	For	Suggested Documents
Loss of Employment Income		Letter from an employer you worked for with a signature, contact information, and the last date you worked.
Application for Unemployment Insurance Benefits (UIB)		Your application for Unemployment Insurance Benefits (UIB) showing the date you applied.

Please submit the unchecked documents as soon as you can get them. For more information see our document guide on the FAQ screen. We may ask for more documents later.

Already have some of these documents with you? UPLOAD them now. Here's how.

 **Download** the free Access HRA Mobile App
Upload your documents.

Other ways to return documents can be found here

Attachment A

3

If you have questions about the documents you must submit, call Infoline.

CALL HRA INFOLINE : 718-557-1399

Free language services are available.



Complete the 3 steps above or you may not get this benefit.

Community Organizations can also help you.

You will receive a written notice of the decision on your request by mail, and an electronic notice will be in the E-Notices section of ACCESS HRA.

Emergency Information

Is this request for assistance an emergency?	Reason for the request:
Yes	Landlord refused rent payment



Contact Information

Housing Type	Residence Address	Mailing Address	Phone Number
Rented Apartment/House		Same as Residence Address	646-558-5822 x Home



Make changes to my income

Current Employment Income

No information entered.

Removed Employment Income

Household Member	Employer	Type	End Date	Employer Address
	COSTCO	Managerial	01/02/2020	12 JAY STREET, BROOKLYN, NY 11201

Current Self-Employment Income

No information entered.

Social Security and Supplemental Security Income

No information entered.

Unemployment Income

No information entered.

Child Support Income

No information entered.

Attachment A

Money From Another Person

No information entered.

Other Income Detail

No information entered.

Attachment A

Important Information about changing your income

I understand that if there is a change in my household income and or hours worked my budget may change. I understand that I must report the change if any of these happened to me:

- New employment or employer;
- Increase or decrease in hours and wages
- Fired or Quit job
- New or stopped unearned income (such as Social Security, Supplemental Security Income [SSI], Unemployment Benefits, etc.)
- On strike

I understand that I must submit proof of the change. Proof can be things like pay stubs, letter from employer, Award Letter from Social Security, etc.

I understand that if I lost my job I may be required to file for Unemployment Insurance Benefits.

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.



I have read and understand this information.

Attachment A

Required Documents

You will need to provide documents to support your request. We may ask for more documents later.

Which documents do you have now? Check all that apply.

If you do not have all your documents now, you can submit them later. We cannot process your request until we receive ALL of your documents.



I understand that if I do not submit requested documents, HRA may deny my request.

Attachment A



E-Signature

You are about to submit your request for a case change or emergency grant. After you submit this request, a summary will be saved on your ACCESS HRA account. You can see or print this summary at any time on your Benefits page.

An electronic signature is the same as a handwritten signature. You provide it on this request by providing the information below.

Any responsible adult household member or authorized representative, if one has been designated, can sign.



I certify that the information I provided on this request is true to the best of my knowledge. I agree to submit this request online. I understand that signing this request electronically is legally equivalent to a handwritten signature.

New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere.

Send or deliver this form

Fill out the form below and send it to your county's address on the back of this form, or take this form to the office of your County Board of Elections.

Mail or deliver this form at least 25 days before the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683. 中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683. 한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오. যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

1 Qualifications

1 Are you a citizen of the U.S.? Yes No
If you answer No, you cannot register to vote.

2 Will you be 18 years of age or older on or before election day? Yes No
If you answer No, you cannot register to vote unless you will be 18 by the end of the year.

Your name

3 Last name _____ Suffix _____
First name _____ Middle Initial _____

More information
Items 5, 6 & 7 are optional

4 Birth date / / 5 Sex M F
6 Phone -- 7 Email

The address where you live

8 Address (not P.O. box) _____
Apt. Number _____ Zip code
City/Town/Village _____
New York State County _____

The address where you receive mail
Skip if same as above

9 Address or P.O. box _____
P.O. Box _____ Zip code
City/Town/Village _____

Voting history

10 Have you voted before? Yes No 11 What year?

Voting information that has changed
Skip if this has not changed or you have not voted before

12 Your name was _____
Your address was _____
Your previous state or New York State County was _____

Identification
You must make 1 selection
For questions, please refer to Verifying your identity above.

13 New York State DMV number
 Last four digits of your Social Security number x x x - x x -
 I do not have a New York State driver's license or a Social Security number.

Political party
You must make 1 selection

14 I wish to enroll in a political party
 Democratic party
 Republican party
 Conservative party
 Green party
 Working Families party
 Independence party
 Women's Equality party
 Reform party
 Other _____
 I do not wish to enroll in a political party
 No party

Affidavit: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

16 Sign
Date

Optional questions

15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

By signing below, you certify that you are:

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Date: _____ Sign: _____

Last name: _____
 First name: _____
 Middle Initial: _____ Suffix: _____
 Address: _____
 Apt. Number: _____
 City: _____
 Birth date: _____
 Sex: M F
 Height: _____ Ft. _____ In.
 Zip code: _____

(Optional) Register to donate your organs and tissues

 If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life™* Registry online at www.nyhealth.gov or provide your name and address below. You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

 **Board of Elections Borough Offices**

General Office
 32 Broadway, 7 Fl
 New York, NY 10004-1609
 Tel: 1.212.487.5300 / 1.212.487.5400
 Phone Bank: 1.866.VOTE.NYC
 E-mail: electioninfo@boe.nyc.ny.us
 Web Page: www.vote.nyc.ny.us

Borough Offices

<p>Manhattan 200 Varick Street, 10 Fl New York, NY 10014 Tel: 1.212.886.2100</p>	<p>Brooklyn 345 Adams Street, 4 Fl Brooklyn, NY 11201 Tel: 1.718.797.8800</p>	<p>Staten Island 1 Edgewater Plaza, 4 Fl Staten Island, NY 10305 Tel: 1.718.876.0079</p>
<p>Bronx 1780 Grand Concourse, 5 Fl Bronx, NY 10457 Tel: 1.718.299.9017</p>	<p>Queens 118-35 Queens Boulevard, 11th Fl Forest Hills, NY 11375 Tel: 1.718.730.6730</p>	



BOARD OF ELECTIONS
 32 BROADWAY 7 FL
 NEW YORK NY 10275-0067

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK NY



HRA CA Case Changes & Special Grant Requests

Case Changes & Emergency Grants

Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant.
Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.

What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.

I need to change my case:

Change case membership

Change address

Make changes to my income

Close my case

Add or change child care

I need financial help to:

Pay for housing costs I owe

Pay for utility bills I owe

Pay moving costs

Pay for house repairs

Pay for storage

Get a restaurant allowance

Get ready for a new baby

Recover after a crisis

Complete your CA Case Changes and/or Special Grant Requests

For participants receiving Cash Assistance benefits, ACCESS HRA will offer the ability to request case changes and/or Special Grants.

Case changes include changing residential address, changes to income, removing a case member, add or change child care, etc.

Special Grants include benefits for emergencies or an additional benefit that was not originally given for your case.

Participants will need to provide documentation supporting the request upon submission.

Special Grant Request - Next Steps




After submitting the online request, participants receive a time stamp, confirmation number, and next steps that include documents needed to process the request.

1 Success! Submitted on 8/1/2019 at 10:42AM
Confirmation Number: 7098653762

You asked for help with the following:

- Help Buying Furniture
- Add an adult (18 and over)

A confirmation email will be sent to you (if you gave us your email). Want a copy? [Click here.](#)

2 You're not done yet! You must return the documents below. 

Your eligibility for assistance to meet an immediate or emergency need cannot be determined until you have provided the requested documentation.

Missing some documents? Have questions? Skip to Step 3 and a worker will help.

Proof Of	For	Suggested Documents
		Photo I.D. or Driver's License

Upcoming Appointments

Tuesday, December 1, 2020

We will call you for your interview to review your request for rent you owe today or the next business day.

 John Smith (1/1/1980)



This Week

Clinton Hill Center
495 Clermont Avenue
Brooklyn, NY 11238

Wednesday, December 2, 2020

We will call you for your interview to review your request to add an adult(s) to your case. Please make sure the new adult is available to interview.

 Mary Smith (1/1/1980)



This Week

Clinton Hill Center
495 Clermont Avenue
Brooklyn, NY 11238

Thursday
10
December

DUE DATE

CA Case Change Documents Required - return documents by this date or your requested change will not be processed.

Documents must be returned by the due date listed, or the requested change(s) will not be processed.

ACCESS HRA Required Documents

Required Documents for Utility

Case Changes & Emergency Grants

Delete & Exit

Required Documents

You will need to provide documents to support your request. We may ask for more documents later.

Which documents do you have now? Check all that apply.

If you do not have all your documents now, you can submit them later. We cannot process your request until we receive ALL of your documents.

Proof Of	For	Suggested Documents
 Utility Bills	Jon Smith (3/3/1990)	<input type="checkbox"/> Utility bill showing amount owed, period of services and provider
 Utility Shut Off	Jon Smith (3/3/1990)	<input type="checkbox"/> Utility Shut Off Notice

I understand that if I do not submit requested documents, HRA may deny my request. **Required**

Required Documents for Back Rent

Case Changes & Emergency Grants Delete & Exit

Required Documents

You will need to provide documents to support your request. We may ask for more documents later.

Which documents do you have now? Check all that apply.

If you do not have all your documents now, you can submit them later. We cannot process your request until we receive ALL of your documents.

Proof Of	For	Suggested Documents
! Housing Amount Owed	Jon (3/3/1990)	<input type="checkbox"/> Rent payment history breakdown from the landlord <input type="checkbox"/> Court papers showing the amount you owe for your rent
! Housing Costs	Jon (3/3/1990)	<input type="checkbox"/> Current Lease <input type="checkbox"/> Statement from Non-Relative Landlord
! Risk of Eviction or Foreclosure	Jon (3/3/2018)	<input type="checkbox"/> Eviction or foreclosure court documents

Please reference the [FIA-1211 form](#) for more information about documents you need to return.

Required Documents for Storage

Case Changes & Emergency Grants



Delete & Exit

Required Documents

You will need to provide documents to support your request. We may ask for more documents later.

Which documents do you have now? Check all that apply.

If you do not have all your documents now, you can submit them later. We cannot process your request until we receive ALL of your documents.

Proof Of	For	Suggested Documents
 New Storage Estimates	Jon Smith (3/3/1990)	<input type="checkbox"/> Storage company agreement with estimated cost and move in date
 Temporary Housing for Storage	Jon Smith (3/3/1990)	<input type="checkbox"/> Proof of temporary housing or pending eviction or other emergency need for storage

I understand that if I do not submit requested documents, HRA may deny my request. **Required**

ATTACHMENT C

Required Documents for Adding an Adult

Required Documents

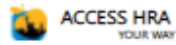
You will need to provide documents to support your request. We may ask for more documents later.

Which documents do you have now? Check all that apply.

If you do not have all your documents now, you can submit them later. We cannot process your request until we receive ALL of your documents.

Proof Of	For	Suggested Documents
! Identity	Jon (3/3/1990)	<input type="checkbox"/> Photo I.D. or Driver's License <input type="checkbox"/> U.S. passport <input type="checkbox"/> Birth Certificate
! Relationship	Jon (3/3/1990)	<input type="checkbox"/> Birth Certificate (long form) <input type="checkbox"/> Adoption papers/records <input type="checkbox"/> Court records
! Resources	Jon (3/3/2018)	<input type="checkbox"/> Current bank records or statement from a financial institution <input type="checkbox"/> Registration or title of ownership for a motor vehicle <input type="checkbox"/> Statement from the source of lump sum payment <input type="checkbox"/> Deed for a home
! Unemployment Insurance Benefits (UIB)	Jon (3/3/2018)	<input type="checkbox"/> Current Unemployment Insurance Benefits (UIB) award letter or benefits statement <input type="checkbox"/> A letter from the NYS Department of Labor verifying receipt or denial for UIB benefits

ACCESS HRA CA Close My Case



Log Out jsmith@gmail.com ▼

Home Benefits Appointments Documents Payments E-Notices Partners

Case Changes & Emergency Grants


Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant.

Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.

What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.


I need to change my case:



Change case member(s)



Change address



Make changes to my income



Close my case




Add or change child care

CA cases in **AC** status can close their CA case online.

I need financial help to:




Pay for housing costs I owe



Pay for utility bills I owe



Pay moving costs



Pay for home repairs



Pay for storage



Get a restaurant allowance



Get ready for a new baby



Recover after a crisis

The screenshot shows a web interface for closing a case. At the top left is a '< Back' link. The main heading is 'Close my case'. Below this, under 'Your Household', are two profile cards: 'Jon (1975) Age 46' and 'Jane (1977) Age 44'. A message states: 'You are requesting to close your Cash Assistance, SNAP, or Medicaid case. Once we close your case, benefits will stop for you and everyone on your case. You can still use any benefits that are on your card right now.' A required field 'Select the reason for closing your case' has a dropdown menu open with the following options: 'Moving or moved out of NYC, but still live in New York State', 'Moving or moved out of New York State', 'Receiving more income', 'Requesting child care in lieu of Cash Assistance', and 'Other'. A callout box points to the dropdown with the text: 'Participants will be asked to select a reason for the closing, and which program(s) they would like to close. These selections will be mapped to POS as a case comment.'

CA participants that select the following closing reasons will be shown an Income Summary and Resources summary, and given the option to update this case information:

- Receiving more income
- Other

Refer to the following screenshots.

Note: If the address was changed, AHRA will ask for rent and utility details.

Contact Information

We have this as the address where you live:

Rented apartment or house
1 WEST STREET 2333,
NEW YORK, NY 10001

Do you want to change your residential address? **Required**

Yes

No

We have this as your mailing address:

1 WEST STREET 2333,
NEW YORK, NY 10001

Do you want to change your mailing address? **Required**

Yes

No

We have this as your phone number:

412-224-9898 - Cell

Do you want to change your phone number? **Required**

Yes

No

Next

Case Changes & Emergency Grants

Delete & Exit

< Back

Review Income

You may be eligible to continue getting some benefits that are called transitional benefits. Please make sure your income information below is correct so we can determine if you are eligible for these benefits.

Current Employment Income



Name	Employer/Company	How Often?	
Jon (1987)	Target		Edit
Calculated Monthly Income	Start Date:		
	8/8/2014		

New Employment Income



Add New Employment...

Current Self-Employment Income



Name	Income Type	Avg Monthly Hours (Income Tax Method)	
Jon (1987) - Applying	Bakery	30	Edit
Avg Monthly Hours (3-Month Method)	Calculated Monthly Income		
N/A	\$500		

< Back

Review Resources

You may be eligible to continue getting some benefits that are called transitional benefits. Please make sure your resource information below is correct so we can determine if you are eligible for these benefits.

Current Cash / Checking Account / Savings Account



Name
John (1980)

Type
Checking Account

Approximate Value
\$450

[Edit](#)

New Cash / Checking Account / Savings Account



Add New Cash/Checking Account/Savings Account...

Current Other Resources



Name
John (1980)

Type
IRA, KEOGH, 401k, or Deferred
Compensation Account(s)

Approximate Value
\$800

[Edit](#)

New Other Resources



Add New Resource...

Next

< Back

Close my case

Important Information about Closing Your Case

I understand that by closing my Cash Assistance case, even if I am still otherwise eligible, my Cash Assistance benefits will stop. If I also requested to close my Medicaid case, my SNAP case, or both, those benefits will also stop. HRA will send me a notice in the mail telling me the date(s) when my benefits will stop. I may request a Fair Hearing if I disagree with any information on the notice. The notice will tell me how to request a Fair Hearing and by what date I will need to make that request. I may reapply for Cash Assistance or any of the other benefit programs I am requesting to close at any time.

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.

I have read and understand this information. Required

Next



ACCESS HRA Special Grants Desk Guide

POS Queue Name	Special Grant Description
CA ESG HOUSEMERG	Housing arrears emergency (evicted, eviction/marshal's notice, or in foreclosure)
CA ESG HOUS ARR	Housing arrears non-emergency
CA ESG UTILEMERG	Utility emergency (low on fuel, lights are out, have a shut off date)
CA ESG UTIL ARR	Utility arrears non-emergency
CA ESGEMERG	Emergency Special Grant requests (restaurant allowance, no heat, no hot water, displaced due to disaster, move in date is in 5 business days, pending eviction, have an auction date)
CA ESG	Special Grant requests, non-emergency
CA ESG CMUEMERG	Add an adult and an emergency special grant request
CA ESG CMU	Add an adult (standalone) or with a non-emergency request

Special Grant	Processing Steps
Adding an Adult	<ol style="list-style-type: none"> 1. Register the line in WMS using CA Case Member Addition POS activity. 2. If the adult appears at the Job Center, they will be sent to CMU directly to conduct their interview. 3. If the adult does not appear for their interview, we need to reject their line and deny the request on the W-137B.
Adding a child / newborn / unborn	<ol style="list-style-type: none"> 1. Register the line in WMS using CA Case Member Addition POS activity. 2. If all documents are submitted, process a new budget using CA Change Case Data, if not FA. 3. If documents are missing, issue a W-113A from the SI Task List. 4. Process a new budget using CA Change Case Data. An unborn can be added as soon as the EDC date is verified. The participant is eligible for a pregnancy allowance beginning in the fourth month of a pregnancy, or the month the pregnancy is verified, whichever is later.
Housing Arrears above Agency level	<ol style="list-style-type: none"> 1. Assign Non-Food Emergency Special Grant to HDU JOS/Worker to assess the rent arrears. 2. If documentation is complete, fill out the RAU packet and forward to RAU for a decision. 3. If documents are needed, indicate deferral for documentation.
Housing Arrears and other Special Grant	<ol style="list-style-type: none"> 1. Assign Non-Food Emergency Special Grant to HDU JOS/Worker to assess the rent arrears. 2. At Task 6 of the SI Task List, POS will split the grants into two activities – Non-Food Special Grant and HDU Intake. 3. Using the POS In-Center referral, forward the Non-Food Emergency Special Grant to the appropriate Job Center liaison to review the secondary request. 4. Proceed to process the HDU intake/interview as usual.

(Turn page)

W-137B Issuance

- a) Each Special Grant request receives its own **W-137B** form.
- b) Supervisors approving each activity need to print the **W-138B** form from **Task 8** of the SI Task List.
- c) In order for this form to be completed, staff need to complete **Tasks 1-7** of the SI Task List.
- d) If a **W-137B** form is not generating, please forward that case to ITS Help Desk with screenshots and the case number.

Indexing Documents

- a) Once the JOS/Worker receives a Special Grant request, check the HRA OneViewer for necessary documents.
- b) If they are not there, check Center **088**'s queue in the POS Indexing Tool to index any pending documents for that case.
- c) If documents are not pending to be indexed, continue to initiate a deferral for the documents the Agency needs to render a decision.

SAMPLE



Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

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 applying for assistance	<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 If you are married, divorced, separated, or widowed, you must submit documentation	<ul style="list-style-type: none"> • Marriage/Death certificates • Separation agreement • Divorce decree • Social Security records • Veterans Administration (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 If you are applying for assistance for yourself and others, you must verify who is living with you	<ul style="list-style-type: none"> • Statement from nonrelative landlord or primary tenant (for example a roommate) 	<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 or give us a written statement of their whereabouts/death	<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	<p>Examples of the type of information about the absent parent you may provide are:</p> <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 <p>If you do not have this documentation you may have to speak to a representative from the Office of Child Support Services at a later date</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**.

Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Social Security Number For Cash 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 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.
<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. Aliens must be in 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. Undocumented immigrants 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 • 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.	<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;"> SAMPLE </div>
<input type="checkbox"/> From self-employment	
<input type="checkbox"/> Income from rent or room/board	
<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) If you have filed an application for UIB but have not received a payment yet, you do not have to submit proof	<ul style="list-style-type: none"> • Current award certificate • Official correspondence with New York State Department of Labor • Screen shots or images of benefit statement from Department of Labor
<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 Administration 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 • Statement from bank • 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 • Statement from broker/financial institution/agent

Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

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 (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>	<div style="text-align: center; font-size: 4em; color: blue; opacity: 0.5; font-family: sans-serif; letter-spacing: 0.5em;">SAMPLE</div> <ul style="list-style-type: none"> Current bank records Current credit card records <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Stock/bond certificate Statement from financial institution <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Insurance policy Statement from insurance company <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Bank records Burial agreement Burial plot deed <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Refund of EITC check Statement from tax office <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Deed Statement from real estate broker Broker's appraisal/estimate of current value by broker <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Registration (older models) Title of ownership Appraisal of current value by dealer Financing data <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Statement from the source of payment Lump sum check <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Statement from household Statement from nursing home Household statement of current value Sales slips Insurance appraisal

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Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><input type="checkbox"/> Shelter Expenses</p> <p>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)</p> <p>You must submit proof of your shelter expenses even if you have not paid your rent</p> <p>Medical Assistance does not require documentation of shelter expenses.</p>	<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 • Non-heating utility bills • Telephone bills (or a statement from the household that the expense is incurred)
<p><input type="checkbox"/> Medical Expenses</p> <p>You only need to submit verification of your unreimbursed medical expenses if you are aged/disabled and are also applying for SNAP</p>	<ul style="list-style-type: none"> • Statement from provider of health insurance premiums • Copies of medical bills (paid and unpaid) • Medicare prescription drug card
<p><input type="checkbox"/> Health Insurance</p> <p>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this</p>	<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
<p><input type="checkbox"/> Disabled/Incapacitated/Pregnant</p> <p>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)</p>	<ul style="list-style-type: none"> • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness
<p><input type="checkbox"/> Unpaid Bills</p> <p>Please submit proof of any unpaid rent or utility bills in your name</p>	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of service and provider services and
<p><input type="checkbox"/> Other Expenses/Dependent Care Cost</p> <p>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</p>	<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

SNAP FILE

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Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Past Management (how did you support yourself before coming to apply for Cash 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 (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

Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factores de elegibilidad	Para probar este factor, proporcione: UNO de los siguientes ↓ O	DOS* de los siguientes:
<input type="checkbox"/> Identidad Debe probar la identidad de cada persona listada.	<ul style="list-style-type: none"> • Documento de identidad con foto • Licencia de conducir • Pasaporte norteamericano • Certificado de naturalización • Hospital/Archivos médicos • Documentos de adopción 	<ul style="list-style-type: none"> • Declaración de otra persona • Certificado de nacimiento/bautismo • Número de Seguro Social válido (SSN)
<input type="checkbox"/> Estado civil Si es casado, divorciado, separado o viudo debe enviar documentación	<ul style="list-style-type: none"> • Certificado de matrimonio/ defunción • Acuerdo de separación • Divorcio • Registros del Seguro Social • Registros del Departamento de Asuntos para Veteranos (VA) 	<ul style="list-style-type: none"> • Declaración del clero • Registros del censo • Aviso publicado en el diario • Declaración de otra persona
<input type="checkbox"/> Relación Si tiene algún lazo de parentesco con un niño que vive en su hogar, debe probarlo.	<ul style="list-style-type: none"> • Certificado de nacimiento (formulario de versión extensa) • Documentos de adopción/ registros • Registros de la Corte • Archivos médicos 	<ul style="list-style-type: none"> • Declaración del solicitante • Aviso del diario • Declaración del clero • Declaración de otra persona
<input type="checkbox"/> Domicilio Debe probar que vive en la dirección que haya indicado (si corresponde).	<ul style="list-style-type: none"> • Declaración del arrendador/ inquilino principal • Recibo actual de alquiler o renta • Registro de hipoteca 	<ul style="list-style-type: none"> • Declaración de otra persona • Correo actual
<input type="checkbox"/> Composición y tamaño del hogar Si esta solicitando asistencia para usted o para otras personas, debe probar quiénes viven con usted.	<ul style="list-style-type: none"> • Declaración del arrendador que no sea un pariente o del inquilino principal (por ejemplo: un compañero de cuarto). 	<ul style="list-style-type: none"> • Declaración de otra persona(s)
<input type="checkbox"/> Edad Debe probar la edad de cada persona que solicite asistencia, en el caso que sea necesario.	<ul style="list-style-type: none"> • Certificado de nacimiento • Certificado o registro de bautismo • Archivos de hospital • Documentos de adopción/ registros • Certificado de naturalización • Licencia de conducir 	<ul style="list-style-type: none"> • Fóliza de seguro • Registros del censo • Declaración de otra persona • Declaración del médico • Correspondencia oficial de la Administración del Seguro Social (SSA)
<input type="checkbox"/> Ausencia/ Muerte de padres Si el padre y/ o la madre de algún niño que vive en su hogar, no está viviendo con usted, debe probarlo o enviar una declaración escrita acerca del paradero o de la muerte de dicha persona.	<ul style="list-style-type: none"> • Certificado de defunción • Registros de los beneficios del sobreviviente • Archivos del hospital • Registros militares o de Veteranos de Guerra (VA) • Documentos de divorcio • Prueba de haberse vuelto a casar 	<ul style="list-style-type: none"> • Aviso publicado en el diario • Registros de la compañía de seguros • Registros institucionales • Registro de caso de la Agencia y documentos de pago de entierro • Declaración de otra persona
<input type="checkbox"/> Información sobre los padres ausentes Si el padre y/o la madre de algún niño que vive en su hogar no está viviendo con usted, debe proporcionar toda información disponible sobre dicha persona: nombre, dirección, número de seguro social, fecha de nacimiento y empleo.	Ejemplos de tipos de documentos sobre el padre o madre ausente que es posible presentar: <ul style="list-style-type: none"> • Talones de pago • Reembolso de impuestos • Archivos del Seguro Social o de Veteranos de Guerra (VA) • Cartas de determinación monetarias • Tarjetas de identificación (seguro de salud) • Licencia de conducir o registro Si no tiene estos documentos, es posible que deba hablar con un representante de la oficina de Sustento de Menores (<i>Child Support</i>), en una fecha posterior.	No corresponde

*Si envía una solicitud para **solamente** obtener los beneficios del programa de Asistencia de Nutrición Suplementaria (*SNAP*) o de Asistencia médica, debe proporcionar **un formulario por cada casilla de los factores de elegibilidad que esté marcada.**

(Gire la hoja)

Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<input type="checkbox"/> Número de Seguro Social Para Asistencia en Efectivo (<i>Cash Assistance</i>), beneficios de <i>SNAP</i> y Asistencia médica solamente, no debe proporcionar prueba de su número de seguro social (<i>SSN</i>), salvo que el <i>SSN</i> que usted proporcione no coincida con el número que tenemos en nuestros archivos o no pueda ser verificado por la agencia.	<ul style="list-style-type: none"> • Tarjeta del Seguro Social • Correspondencia oficial de la Administración del Seguro Social (<i>SSA</i>) Solamente no se requiere un número de seguro social para las personas que no tienen ciudadanía norteamericana y que solicitan Asistencia médica porque requieren un tratamiento de emergencia, o para las que son consideradas como Asistencia médica - solicitantes embarazadas.
<input type="checkbox"/> Ciudadanía o estado migratorio actual. Estado – Los ciudadanos norteamericanos son elegibles para la Asistencia temporal (<i>Temporary Assistance</i>), el Programa de Asistencia de Nutrición Suplementaria (<i>SNAP</i>) y la Asistencia médica. Todo extranjero debe poseer un estado migratorio satisfactorio para poder ser elegible para la Asistencia temporal, el <i>SNAP</i> y la Asistencia médica. El estado migratorio no es un factor de elegibilidad para embarazadas, ni para niños inmigrantes que soliciten el plan de seguro de salud "Salud Infantil Plus B" (<i>Child Health Plus B</i>). Los inmigrantes indocumentados y las personas que están aquí temporalmente y que no son inmigrantes, son elegibles solamente para ser tratados en caso de emergencia médica.	<ul style="list-style-type: none"> • Certificado de nacimiento • Certificado de bautismo/registro • Archivos de hospital • Pasaporte norteamericano • Archivos del servicio militar • Certificado de naturalización • Documentos de inmigración de <i>USCIS</i> • Evidencia de residencia continua en los Estados Unidos desde antes de 1/1/72
<input type="checkbox"/> Ingresos ganados <input type="checkbox"/> del empleador Si ha perdido recientemente su trabajo, no tiene que enviar verificación de sus ingresos provenientes de empleo	
<input type="checkbox"/> del trabajador por cuenta propia	
<input type="checkbox"/> Ingresos provenientes de rentas o de alojamiento con casa & comida.	<ul style="list-style-type: none"> • Talones actuales de pago de salario y Declaración de propinas • Sobres de pago • Contacto con el empleador • Carta en papel timbrado que incluya: la paga por hora, cantidad de horas trabajadas por semana, fecha de primera paga si es un empleado nuevo y número de teléfono del empleador • Si dejó de trabajar, una declaración firmada por usted, con el nombre e información de contacto de su ex empleador/ lugar de trabajo
<input type="checkbox"/> Ingresos no ganados <input type="checkbox"/> Sustento de menores (<i>Child support</i>) pagados por el padre o madre que no tiene la custodia	<ul style="list-style-type: none"> • Registro de negocio • Registro de impuestos • Registros y documentos relativos a los ingresos de su trabajo por cuenta propia y gastos • Crédito <i>EITC</i> del 2018 (o del 2019 si ya los ha presentado)
<input type="checkbox"/> Beneficios del seguro de desempleo (<i>UIB</i>). Si ha enviado una solicitud para recibir <i>UIB</i> , pero aún no ha recibido ningún pago, no tiene que proporcionar prueba.	<ul style="list-style-type: none"> • Declaración de la Corte de Familia • Declaración de la persona que paga el sustento • Talones de cheques • Correspondencia oficial de la Unidad para el Cumplimiento del sustento de menores (<i>Child Support Enforcement Unit</i>)
<input type="checkbox"/> Beneficios del Seguro Social (incluyendo <i>SSI</i>)	<ul style="list-style-type: none"> • Certificado actual de adjudicación del beneficio • Correspondencia oficial del Dept. del Trabajo del Estado de NY • Captura de pantalla del sitio web o imágenes de la declaración de beneficio del Departamento del Trabajo (<i>Department of Labor</i>)
<input type="checkbox"/> Beneficios para Veteranos de guerra (<i>VA</i>)	<ul style="list-style-type: none"> • Certificado o carta actual de adjudicación del beneficio • Cheque actual del beneficio • Correspondencia oficial de <i>SSA</i>
<input type="checkbox"/> Seguro de compensación laboral (<i>Worker's Comp.</i>)	<ul style="list-style-type: none"> • Correspondencia oficial de la Administración de Veteranos de Guerra • Certificado o carta actual de adjudicación del beneficio • Cheque actual del beneficio
<input type="checkbox"/> Becas y préstamos de educación	<ul style="list-style-type: none"> • Certificado o carta actual de adjudicación del beneficio • Talón de cheque
<input type="checkbox"/> Intereses/dividendos/regalías	<ul style="list-style-type: none"> • Declaración de la escuela • Estado de cuenta del banco • Declaración de la agencia administradora de la beca o carta de asignación • Estado de cuenta del banco o de la cooperativa de crédito • Declaración del agente intermediario/ institución financiera/ agente

(Gire la hoja)

Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<p>Ingresos no ganados (continuación)</p> <p><input type="checkbox"/> Jubilaciones privadas/annualidades</p> <hr/> <p><input type="checkbox"/> Otros ingresos no ganados</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • Carta actual de adjudicación del beneficio • Cheque actual del beneficio • Correspondencia oficial de la fuente de ingresos • Contacto con la fuente de ingresos • Cheque actual de la contribución <hr/> <hr/>
<p><input type="checkbox"/> Recursos</p> <p>No se requiere información sobre recursos solo cuando los solicitantes de Asistencia médica son: mujeres embarazadas, niños menores de 19 años y personas elegibles para el seguro de Salud Familiar Plus (<i>Family Health Plus</i>).</p>	
<p><input type="checkbox"/> Cuentas bancarias corriente, ahorro, pensión (<i>IRA</i> y <i>Keogh</i>), cooperativas de crédito</p>	<ul style="list-style-type: none"> • Estado de cuenta actual del banco • Registro actual de tarjeta de crédito
<p><input type="checkbox"/> Acciones, bonos, certificados y fondos mutuales de inversión</p>	<ul style="list-style-type: none"> • Certificado de bonos/ acciones • Declaración de la institución financiera
<p><input type="checkbox"/> Seguro de vida</p>	<ul style="list-style-type: none"> • Póliza de seguro • Declaración de la compañía de seguro
<p><input type="checkbox"/> Fideicomiso o fondo de entierro, sepultura o acuerdo de funeral</p>	<ul style="list-style-type: none"> • Estado de cuenta del banco • Acuerdo de entierro • Escritura de parcela de cementerio
<p><input type="checkbox"/> Crédito de impuestos por ingresos obtenidos o Reembolso de impuestos por ingresos obtenidos (<i>Earned Income Tax Credit, EITC</i>)</p>	<ul style="list-style-type: none"> • Cheque de reembolso de <i>EITC</i> • Declaración de la oficina de impuestos
<p><input type="checkbox"/> Bien(es) inmueble(s) distinto(s) al lugar donde vive</p>	<ul style="list-style-type: none"> • Escritura • Declaración del agente inmobiliario • Estimación del agente hipotecario/estimación o valor actual según el agente inmobiliario
<p><input type="checkbox"/> Vehículo automotor</p>	<ul style="list-style-type: none"> • Matrícula del vehículo (modelos viejos) • Título de propiedad • Estimación o valor actual según el vendedor de vehículos • Datos de financiación
<p><input type="checkbox"/> Sumas de dinero por pago único</p>	<ul style="list-style-type: none"> • Declaración de la fuente emisora de pago • Cheque de la suma de dinero por pago único
<p><input type="checkbox"/> Otros recursos</p>	<ul style="list-style-type: none"> • Declaración del hogar • Declaración del asilo de ancianos • Declaración del hogar o valor actual • Recibo de ventas • Estimación del seguro

(Gire la hoja)

Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<p><input type="checkbox"/> Gastos del albergue</p> <p>Debe probar el costo del lugar donde vive. (Es posible que deba proporcionar documentación por cada gasto relativo al albergue). Debe proporcionar prueba de los gastos de albergue aún cuando no haya pagado su alquiler. La Asistencia médica no requiere documentación de gastos de albergue.</p>	<ul style="list-style-type: none"> • Recibo actual de alquiler/renta/ registro o cuaderno de hipoteca • Registro de propiedad y archivos de impuestos de escuela • Declaración del arrendador • Facturas del agua y de la cloaca • Facturas o recibos de fastos de recolección de residuos o basura • Registros del seguro del propietario de vivienda • Facturas de gas/ Aviso de interrupción del servicio de energía • Facturas de servicios que no son de calefacción • Facturas de teléfono (o una declaración del hogar que explica que se tiene dicho gasto)
<p><input type="checkbox"/> Gastos médicos</p> <p>Solamente debe proporcionar prueba de los gastos médicos que no fueron reembolsados, si usted es una persona anciana o con discapacidades y que además solicita los beneficios de <i>SNAP</i></p>	<ul style="list-style-type: none"> • Declaración correspondiente a la prima del seguro médico o proveedor • Copias de las facturas médicas (pagas e impagas) • Tarjeta de Medicare para medicamentos recetados
<p><input type="checkbox"/> Gastos de salud</p> <p>Si usted, u otra persona que está solicitando beneficios, tiene cobertura de seguro médico (aunque sea pagada por un tercero), debe probarlo</p>	<ul style="list-style-type: none"> • Tarjeta o póliza del seguro • Declaración de cobertura por parte del proveedor • Tarjeta de Medicare • Acuerdo de separación o divorcio con orden de cobertura medica por parte de la Corte
<p><input type="checkbox"/> Discapacitado/Incapacitado/Embarazada</p> <p>Debe probar si usted o alguien que vive con usted está enfermo(a) o embarazada. (No se requiere información sobre recursos solo cuando los solicitantes de Asistencia médica son: mujeres embarazadas, menores de edad y personas elegibles para el seguro <i>Family Health Plus</i>).</p>	<ul style="list-style-type: none"> • Declaración del doctor, clínica u hospital comprobando el embarazo, fecha estimada del nacimiento del bebé • Declaración del médico o profesional • Comprobante de los beneficios de <i>SSA/SSI</i> para los no videntes y para otras discapacidades.
<p><input type="checkbox"/> Facturas impagas</p> <p>Debe presentar prueba de alquiler y de servicios públicos impagos que estén a su nombre</p>	<ul style="list-style-type: none"> • Copia de cada factura detallando la cantidad impaga, el periodo del servicio y el proveedor.
<p><input type="checkbox"/> Otros gastos/ Costo del cuidado de un dependiente</p> <p>Debe proporcionar prueba si paga: sustento que haya sido ordenado por la Corte, cuidado infantil, gastos periódicos o por servicios a domicilio para el cuidado de salud prestados por un asistente o cuidador</p>	<ul style="list-style-type: none"> • Orden de la Corte • Declaración de la guardería infantil o de otro proveedor de servicios para el cuidado infantil • Declaración del cuidador o asistente • Cheques cancelados o recibos

(Gire la hoja)

Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<input type="checkbox"/> Gestión pasada (cómo se mantenía a sí mismo antes de solicitar la Asistencia en Efectivo [<i>Cash Assistance</i>]) <input type="checkbox"/> Ingresos ganados	<ul style="list-style-type: none"> • Carta del empleador especificando la fecha de empleo, cantidad ganada y razón (es) por haber dejado el trabajo. • Si su último empleador está cerrado o ya no existe, favor de proporcionar la última dirección conocida del empleador y su número de teléfono. Debe firmar y fechar la declaración para nuestros archivos .
<input type="checkbox"/> Otro (Para Asistencia en Efectivo solamente)	<p>Si usted no estaba manteniéndose a sí mismo gracias a su empleo/ ingresos ganados, favor de proporcionar prueba de cómo se mantenía a sí mismo. Por ejemplo:</p> <ul style="list-style-type: none"> • Estado de cuenta del banco/ libreta bancaria • Verificación de beneficios que terminaron (compensación del trabajador, discapacidad, Seguro Social, <i>UIB</i>, etc (<i>workers' compensation, disability, Social Security, UIB</i>, etc.) • Declaración de la persona(s) que le proporcionó sustento.
<input type="checkbox"/> Beneficios potenciales	<p>Declaración de la persona(s) que le proporcionó sustento.</p> <ul style="list-style-type: none"> • Si usted o alguna persona de su hogar ha solicitado beneficios de las siguientes fuentes, y se les han sido otorgados o no, traer la carta de adjudicación, cheque u otra correspondencia: Seguro Social, pagos de la Corte, <i>SSI</i>, beneficios de Veteranos de Guerra, compensación del trabajador, beneficios de uniones o sindicatos, pensión, asignación militar, pensión del trabajador ferroviario, discapacidad de <i>NYS</i> u otra fuente.
<input type="checkbox"/> Otro	

SAMPLE

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

Notice to Report to Center

Please report to:

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____
On: Appointment Date: _____ Time: _____ Telephone: _____

SAMPLE

To discuss:

Other:

If any required documentation is listed below, it must be brought into the center **with this letter**.

Required documentation:

If you have any questions or are unable to keep this appointment, please call the telephone number above.
You must contact us prior to your reporting time to arrange a new appointment.

This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may make you ineligible for public assistance or may reduce your benefits for a specific period of time.

This is a nonmandatory eligibility appointment.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número de Teléfono: _____
Centro: _____

Aviso de Presentarse al Centro

Favor de presentarse a:

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

El: _____ Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Para tratar:

Otro:

Si se indica alguna documentación necesaria más abajo, usted tiene que traerla al centro **con esta carta**.

Documentación necesaria:

Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. **Usted tiene que comunicarse con nosotros antes de la hora programada para fijar una nueva cita.**

Ésta es una cita obligatoria de elegibilidad. El incumplimiento de esta cita o el no comunicarse con nosotros puede hacerle inelegible para asistencia pública o puede que se le reduzcan sus beneficios por un período de tiempo específico.

Ésta es una cita de elegibilidad no obligatoria.

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

UTILITY ARREARS/EMERGENCY HEATING

APPLICANT/PARTICIPANT INFORMATION

Case Name: _____ Case Number: _____ Caseload: _____
Social Security Number: _____ Telephone Number: _____
Address: _____ Program Type (check one):
_____ CA NCA SNAP SSI
City: _____ State: _____ Zip: _____

UTILITY ARREARS

Utility Company: _____ Account Number: _____
Name on Account: _____ Service is: On Off Date: _____
HEAP payment received? Yes No Utility guarantee/restriction in effect – code:* _____
Is the utility service required to provide heat or operate heating equipment? Yes No
Additional Information: _____

JOS/Worker's Signature Date

EMERGENCY HEATING

Type of Heating Equipment: Boiler/Furnace Other: _____
 Oil: Vendor's Name: _____ Account Number: _____
HEAP payment received? Yes, amount: \$ _____
 No Pending: HEAP Application Date: _____
Emergency HEAP payment received? Yes, amount: \$ _____
 No Pending: HEAP Application Date: _____
Resource Amount Available: _____ **Other Household Income:†** _____

Does the applicant/participant own the home? Yes No
Is the applicant/participant the tenant of record? Yes No

* Enter code from Element 044 of the TAD

† Verification required

EMERGENCY HEATING (continued)

Vendor Status (check one) (Refer to Participating Vendor List):

- Participating Vendor Non-Participation Vendor

Non-Participating Vendor Payment Plan Type (check the type of plan in which the applicant/participant is currently enrolled.)

- Pre-Payment Purchase Plan Price Per Gallon Capped or Locked in Plan Monthly Budget Plan
 Annual Service Contract Plan Other Type of Contract Plan

If applicant/participant is **NOT ENROLLED** in a Price Protection Plan, Budget Plan or Service Contract with a Non-Participating Vendor, ask the applicant/participant to switch to a participating vendor.

Is the applicant/participant willing to select a new vendor? Yes No If Yes, complete vendor information below:

New Vendor Name: _____ Old Vendor Name: _____
 Address: _____ Address: _____
 Telephone Number: _____ Telephone Number: _____

Additional Information: _____

Worker's Signature _____

Date _____

UTILITY LIAISON RECOMMENDATION
(Breakdown)

Amount	From	To
\$		
\$		
\$		
\$		

Service is: On Off Date of termination: _____
 Turn-off notice: Yes No Heating Heat-Related

If applicant/participant has a payment plan with a non-participating vendor, obtain verification from vendor and indicate how plan was verified:

If applicant/participant has chosen a participating vendor, obtain verification that the new vendor will accept the applicant/participant as a customer.

Refer applicant/participant to HEAP Central? Yes Application initiated on _____ No
 (date)

***If yes**, do not request an extension from the utility company; an extension will be obtained at HEAP Central. If the emergency is imminent, obtain the extension and notify HEAP Central. If **no**, provide reason and additional information.

UTILITY LIAISON RECOMMENDATION (continued)

Extension Granted at Center: Yes Expiration date: _____
Reason Requested: _____

No Reason: _____

PAYMENT RECOMMENDED: Code: _____ Amount: \$ _____ Period Covered: _____
Abeyance amount: \$ _____ Forms/letters required: _____

HEATING EQUIPMENT: Replacement amount: \$ _____ Repair Amount: \$ _____

Additional Information: _____

UTILITY LIAISON INFORMATION

Name: _____ Telephone No: _____
Fax No: _____ E-mail Address: _____

Group Supervisor's Name: _____

Group Supervisor's Telephone No: _____

Group Supervisor's E-mail Address: _____

Utility Liaison's Signature _____ Date _____

HEAP REFERRAL OUTCOME

Date HC Sent to Job Center: _____ Time: _____
(HEAP comp. sys. populates in real time) (HEAP comp. sys. populates in real time)

Regular Approved: _____

Primary (Heating) Emergency Approved: _____

Heat-Related Emergency Approved: _____

Regular HEAP Case Pended: Reason: _____

Case Denied: Reason: _____

SUPERVISORY REVIEW

Applicant/participant eligible for HEAP? Yes If Yes, amount: _____ Code: _____

No **If No, is a payment authorized by Center?**

Yes No

Is verification of HEAP evaluation in the case record? Yes No

Additional Information: _____

Supervisor's Signature _____

E-Mail Address _____

Date _____

MANAGERIAL REVIEW

- Evidence of emergency HEAP evaluation in case record* Case action correct
- Issuance code is correct

REMINDER

***DO NOT** provide authorization for payment of a heat-related emergency unless there is verification that the household was **first** evaluated and has been determined **ineligible** for emergency HEAP benefits.

Approved

Signature of Assistant to the Deputy Director

Date

- Not Approved** (HEAP evaluation required) **Not Approved** – Inappropriate issuance code

Signature of Assistant to the Deputy Director

Date

SAMPLE

Dwelling Survey Worksheet

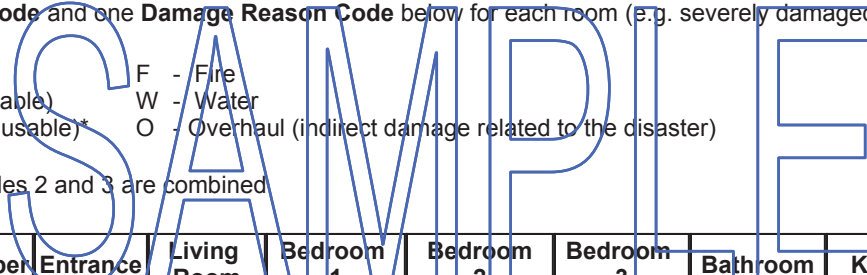
SECTION 1 – Case Information (To be completed by JOS/Worker)

Case Name:	Category:	Case Number:	Suffix:	Job Center:
Address: _____ <small>Address Line 1 Apartment No. City State Zip Code</small>				
<input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished		Was the Red Cross included: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Rooms _____		Household Relocated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Renters Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, was a claim filed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord: _____		Telephone Number: _____		
Landlord Address: _____ <small>Address Line 1 City State Zip Code</small>				

SECTION 2 – Dwelling Survey (To be completed by applicant/participant)

Enter one **Damage Code** and one **Damage Reason Code** below for each room (e.g. severely damaged by fire - 2F):

- 0 - No damage
 - 1 - Minor damage (usable)
 - 2 - Major damage (unusable)*
 - 3 - Destroyed
 - *For CA purpose, codes 2 and 3 are combined
- F - Fire
 - W - Water
 - O - Overhaul (indirect damage related to the disaster)



Items	Number	Entrance	Living Room	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom	Kitchen	Other Room
Bed									
Tables									
Couch									
Chairs									
Utensils									
Food									
Refrigerator/Range*									

*Only if not provided by landlord.

Check appropriate box(es) for apartment condition:

- Apparently Vacant
 No Heat
 No Hot Water
 No Gas
 No Electricity
 Habitable
 Uninhabitable

I _____ hereby certify that the information on this form is both accurate and truthful.
name

Applicant/Participant Signature Date

Section 3 – Clothing Report – (complete this section if damage to clothing occurred)

Bedroom		Occupants		Age Groups			Replacement Indicated
List Number	First Name	Last Name	0-5	6-11	12-Adult		
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	

SAMPLE

Section 4 – Action Taken by Job Center

Special Grant	Type of Payment (check <input checked="" type="checkbox"/> one)		Allowance (Specify)	Amount
	SR	"E" Check		

Comments:

 Job Opportunity Specialist (JOS) Name

 Date

 Assistant Deputy Director Signature

 Date

 Deputy Director/Director Signature

 Date

Hoja de Cálculo para la Encuesta de Vivienda

SECCIÓN 1 – Información del Caso (La llena el JOS/Trabajador)

Nombre del Caso:	Categoría:	Número del Caso:	Sufijo:	Centro de Trabajo:
Dirección: _____				
Dirección	Núm. de Apto	Ciudad	Estado	Código Postal
<input type="checkbox"/> Amueblado <input type="checkbox"/> No Amueblado		Se ha incluido la Cruz Roja: <input type="checkbox"/> Sí <input type="checkbox"/> No		
Núm. de Cuartos _____		Se ha mudado: <input type="checkbox"/> Sí <input type="checkbox"/> No		
Seguro de Arrendador: <input type="checkbox"/> Sí <input type="checkbox"/> No		En caso afirmativo, se ha presentado una reclamación: <input type="checkbox"/> Sí <input type="checkbox"/> No		
Casero: _____		Número de Teléfono: _____		
Dirección del Casero: _____				
Dirección	Ciudad	Estado	Código Postal	

SECCIÓN 2 – Encuesta de Domicilio (La llena el solicitante/participante)

Ingrese a continuación un **Código de Daño** y un **Código del Motivo de Daño** para cada (p.ej. severamente dañado por incendio- 2F):

- 0 - Ningún daño F - Incendio
 1 - Daño menor (utilizable) W - Agua
 2 - Daño mayor (inutilizable)* O - Renovación (daño indirecto relacionado con el desastre)
 3 - Destruído
- *A efectos de CA, los códigos 2 y 3 están combinados

Artículos	Número	Entrada	Sala de Estar	Dormitorio 1	Dormitorio 2	Dormitorio 3	Baño	Cocina	Otra Sala
Cama									
Mesas									
Sofá									
Sillas									
Utensilios									
Comida									
Nevera/ Estufa*									

*Sólo si no proveído por el casero.

Marque la(s) casilla(s) correspondiente(s) para la condición del apartamento:

- Al parecer desocupado Ninguna calefacción Ningún agua caliente Ningún gas Ninguna electricidad
 Habitable No habitable

Yo _____ por el presente doy fe de que la información en este formulario es verídica y exacta.
 nombre

 Firma del Solicitante/Participante

 Fecha

Sección 3 – Reporte de Vestimenta – (Llene esta sección en caso de que se haya dañado la ropa)

Dormitorio	Ocupantes		Grupos de edad			Sustituto Indicado
	Número de Lista	Nombre	Apellido	0-5	6-11	
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No

Sección 4 – Medida tomada por el Centro de Trabajo

Concesión Especial	Tipo de Pago (Marque <input checked="" type="checkbox"/> una.)		Asignación (En concreto)	Cantidad
	SR	Cheque electrónico		

Comentarios:

 Nombre del Especialista de Oportunidad de Trabajo (JOS)

 Fecha

 Firma del Subdirector Adjunto

 Fecha

 Firma del Director Adjunto

 Fecha

Participant Request Control Card

Job Center No. _____ Group _____ Month _____ Year _____ Page _____ of _____

1	2	3	4	5	6	7	Participant Request			Action Taken		13	14	15
							8	9	10	11	12			
Request Date	No. of Ext. Days	Participant's Name	Case Number	Case-Load	H/H Add.	Other Add. Allow (Specify)	Shelter	Emergencies Utility	Other (spec)	Approved	Denied	Sign Off Date	Req. Iss. Date	Act. Iss. Date
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

SAMPLE

Group Total _____ Job Center Total _____



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.



Fecha: _____

Número de caso: _____

Nombre del caso: _____

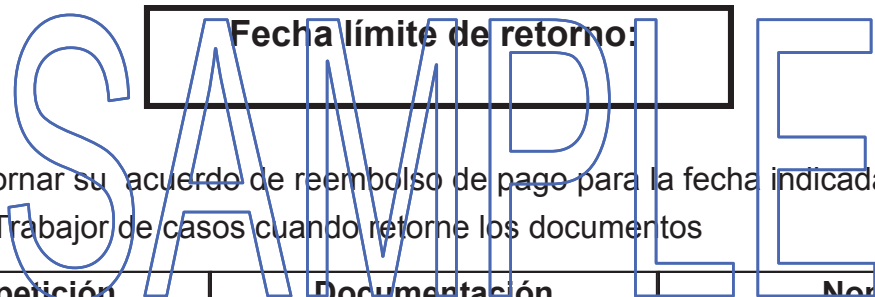
Número del centro: _____

Formulario de petición de documentación

(Retornar este documento para subsidio especial)

Favor de enviar los documentos listados a continuación.

Fecha límite de retorno:



- Favor de retornar su acuerdo de reembolso de pago para la fecha indicada arriba.
- Debe ver al Trabajador de casos cuando retorne los documentos

Tipo de petición	Documentación	Nombre

Si por alguna razón no puede cumplir con la fecha límite de retorno acordada, debe contactar a la **HRA** antes de dicha fecha. Si no cumple con enviar los documentos listados arriba, es posible que su petición para una asignación adicional sea denegada.

(Gire la hoja)

Usted puede enviar los documentos/ información por uno de los siguientes medios:



CARGÁNDOLOS POR INTERNET (*¡la forma más fácil!*) — use nuestra aplicación móvil de *ACCESS HRA* en su celular o en su tableta; entre a la página web: www.nyc.gov/accesshramobile



EN PERSONA — lleve las copias de los documentos a su Centro.



FAX — envíe los documentos al _____



POR CORREO POSTAL, enviando las copias en el sobre proporcionado.



LLAME AL _____ si necesita más tiempo o ayuda para conseguir los documentos.

SAMPLE

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad? ¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la *HRA* debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la *HRA*. La ley le da derecho a pedir este tipo de ayuda.



Date: _____

Case Name: _____

Case Number: _____

Caseload: _____

Center: _____

Worker Telephone No.: _____

FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

Remember:

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

SAMPLE

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

(Turn page)

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the:
Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, NY 11101
Telephone: 718-473-8310 | |

- Expenses related to moving:**
- | | |
|--------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Furniture and other household items |
| <input type="checkbox"/> Security deposit/agreement | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher | |

New Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

When did you move? _____ New rent: \$ _____

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

(Turn page)

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing
- Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items
- Child care allowance within approved limits, if needed
- Necessary public transportation
- Other work activity-related supportive services:

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- New Baby**
- Child entered home**
- Child under 18 years of age** (whose immigrant status has changed since my last application/recertification)
- Spouse/Adult living with me** who has not previously applied (this person must complete an application to receive assistance)
- Spouse** who previously applied and was denied because of immigration status and his/her status has changed now
- Myself/Adult payee to the case**
- Other** _____
- Other** _____

Name: _____

Date moved in/returned: _____

Date of Birth: _____

Social Security Number (if known): _____

Name: _____

Date moved in/returned: _____

Date of Birth: _____

Social Security Number (if known): _____

Participant's Signature

Date of Request

Time of Request

AM PM

Worker's Name

Date



Fecha: _____
Nombre del caso: _____
Número de caso: _____
Unidad de casos: _____
Centro: _____
Tel. del trabajador(a): _____
Teléfono de FH&C: _____

**Petición para la Asistencia de Emergencia, asignaciones adicionales,
o para añadir una persona al caso de Asistencia en Efectivo
(solo para participantes)**

Favor de completar este formulario si necesita asistencia de emergencia, asignaciones adicionales o para añadir una persona al caso.

Recuerde:

- (1) Se le podría pedir prueba de los datos que usted proporcione. Si tiene problemas para obtener las pruebas, su trabajador debe ayudarlo.
- (2) Podría tener que reunirse con su trabajador de casos. En tal caso, se le programará una cita.

SAMPLE

SECCIÓN I: ASISTENCIA DE EMERGENCIA

Solicito el siguiente tipo de asistencia de emergencia:

La razón por la que necesito la asistencia de emergencia es:

(Gire la hoja)

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECCIÓN II: ASIGNACIONES ADICIONALES

Solicito la(s) siguiente(s) asignación(es) por necesidad especial:

- Alquiler atrasado
- Reparación de artículos del hogar de primera necesidad
- Hipoteca y/o impuestos atrasados
- Asignación para embarazo
- Asignación para restaurante porque no puedo preparar comidas donde vivo
- Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en esta dirección:
- Asignación adicional para combustible
- Reparaciones a la propiedad
- Reemplazo de ropa perdida debido a desastres, tal como falta de albergue o incendio
- Otras asignaciones:

Office of Burial Services
 33-28 Northern Boulevard, 3rd Floor
 Long Island City, NY 11101
 Teléfono: 718-473-8310

SAMPLE

- Gastos relacionados con la mudanza:**
 - Gastos de mudanza
 - Depósito/acuerdo de garantía
 - Comisión del agente inmobiliario o del intermediario/vale de pago (*voucher*)
 - Muebles y otros artículos del hogar
 - Almacenamiento de muebles y artículos personales

Nueva dirección: _____
 (incluya el número de apartamento)

 Ciudad Estado Código postal

¿Cuándo se mudó? _____ Nuevo alquiler: \$ _____

Nombre del arrendador: _____

Nombre del inquilino principal: _____

Dirección: _____
 (incluya el número de apartamento)

 Ciudad Estado Código postal

(Gire la hoja)

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Solicito los siguientes servicios de apoyo para:

- Vestimenta para los participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en circunstancias excepcionales, tales como la falta de vivienda o incendio reciente y falta de vestimenta adecuada.
- Actividad/participación relacionada con obtener alguna licencia, uniformes o alguna tarifa de bienes duraderos, dentro de los límites aprobados, a la hora de presentar documentación que compruebe la necesidad de dichos artículos.
- Asignación para cuidado infantil dentro de los límites aprobados, de ser necesario.
- Transporte público necesario
- Otros servicios de apoyo relacionados con actividades de trabajo:

Se proporcionarán los servicios necesarios cuando usted inicie alguna actividad de trabajo. Si se produce algún cambio en sus necesidades o si no está recibiendo algún servicio necesario, debería solicitar una asignación adicional.

SECCIÓN IV: AÑADIR UNA PERSONA AL CASO

Usted puede presentar este formulario a su trabajador de casos aunque no tenga toda la información necesaria.

Deseo añadir la(s) siguiente(s) persona(s) a mi caso de Asistencia en Efectivo:

- recién nacido
- un menor que se ha integrado al hogar
- un niño menor de 18 años (cuyo estado migratorio ha cambiado desde mi última solicitud/recertificación)
- un cónyuge/ adulto que vive conmigo quien no haya presentado solicitud anteriormente (para poder recibir asistencia dicha persona debe completar una solicitud).
- un cónyuge quien anteriormente haya presentado solicitud y haya sido rechazado por su estado migratorio, pero dicho estado ya ha cambiado.
- A mí mismo/adulto beneficiario del caso
- Otra persona _____
- Otra persona _____

Nombre: _____
Fecha de mudanza/regreso: _____
Fecha de nacimiento: _____
Número de Seguro Social (de saberlo): _____

Nombre: _____
Fecha de mudanza/regreso: _____
Fecha de nacimiento: _____
Número de Seguro Social (de saberlo): _____

Firma del/de la participante _____
Fecha de la petición _____
Hora de la petición AM PM

Worker's Name [Nombre del trabajador(a)] _____
Date [Fecha]



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

Worker Telephone No.: _____

FH&C Telephone No.: _____

Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On _____, you requested Emergency Assistance
(Date) Additional allowance for:

SAMPLE

Your request for _____ has been accepted. You will receive:

- One payment in the amount of \$ _____ .
- Period covered, if applicable: _____ .

How we will pay:

- | | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Broker's or finder's fee/voucher paid to broker/finder | <input type="checkbox"/> You must pick up check at your Job Center | <input type="checkbox"/> Check mailed to your home |
| <input type="checkbox"/> We will add it to your regular Cash Assistance grant which you can get through the EBT system | <input type="checkbox"/> Security deposit/agreement/voucher paid/provided to landlord | <input type="checkbox"/> Check sent directly to landlord/vendor |

Other action: _____

You will receive a second notice informing you as to how your ongoing benefits will be affected.

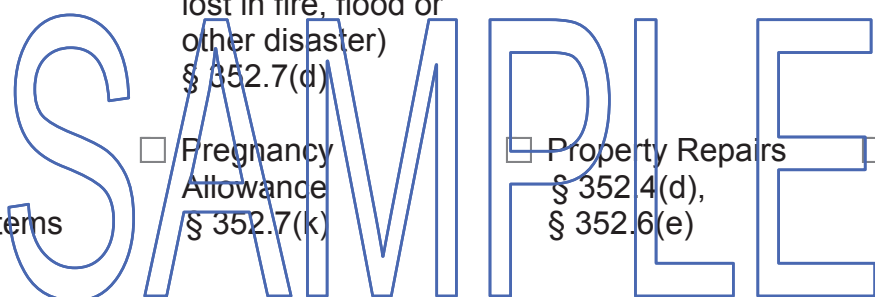
(Turn page)

On _____, you were referred to the Office of Burial Services at 33-28 Northern Boulevard, 3rd Floor, Long Island City, NY 11101, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- | | | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Addition to Household § 352.30 | <input type="checkbox"/> Additional Allowance for Fuel § 352.5 | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7 (g) | <input type="checkbox"/> Back Rent § 352.7 (g) |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a) | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a) | <input type="checkbox"/> Moving Expenses § 352.6(a) |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b) | <input type="checkbox"/> Pregnancy Allowance § 352.7(k) | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e) | <input type="checkbox"/> Rent Security Deposit/ Agreement § 352.6(a) |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | <input type="checkbox"/> Restaurant Allowance § 352.7(c) | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |



Other (specify):

JOS/Worker's Name

Date

Supervisor's Name

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.

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

SAMPLE

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

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

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

(5) **ONLINE:** Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

(Turn page)

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

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

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

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

AVAILABILITY OF POLICY MATERIALS: The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email CRO@hra.nyc.gov or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

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

(Turn page)

FAIR HEARING REQUEST

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

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SAMPLE



Fecha: _____
 Número de caso: _____
 Nombre del caso: _____
 Centro: _____
 Unidad de casos: _____
 Teléfono del trabajador: _____
 Teléfono para programar conferencias FH&C: _____

Medida tomada en cuanto a su Petición para la Asistencia de Emergencia, las asignaciones adicionales o para añadir a personas al caso de Asistencia en Efectivo (solo para participantes)

A continuación, se ofrece la explicación (junto a la casilla marcada con) sobre la decisión de la Agencia en cuanto a su(s) programa(s) de beneficio(s).

Este aviso solo se aplica a su petición para recibir una asignación adicional, con el fin de satisfacer una necesidad especial, de cambiar a algún subsidio o alguna solicitud para la asistencia de emergencia. Si se niega la petición para recibir asistencia adicional, su caso continuo de Asistencia en Efectivo no se verá afectado.

El día _____, usted pidió: Asistencia de emergencia
 (Fecha) Asignación adicional para:

- Su petición para _____ **ha sido aceptada. Usted recibirá:**
 Un pago de \$ _____ .
 Plazo de tiempo cubierto, si corresponde: _____ .

Cómo se hará el pago:

- | | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Por vale/comisión, a nombre del agente inmobiliario o del intermediario | <input type="checkbox"/> Por cheque, a ser recogido en su centro de trabajo | <input type="checkbox"/> Por cheque, enviado a su vivienda |
| <input type="checkbox"/> Por medio del sistema de la tarjeta EBT, añadido a su Asistencia en Efectivo normal | <input type="checkbox"/> Por medio del depósito de seguridad/contrato/vale de pago/ entregado al arrendador | <input type="checkbox"/> Por cheque, enviado directamente al arrendador/ representante |

Otra medida:

- Usted recibirá un segundo aviso informándole cómo se verán afectados sus beneficios continuos.

(Gire la hoja)

El día _____, usted fue referido para que solicitara la asignación para entierros en la Oficina de Servicios para Entierros (Office of Burial Services), ubicada en el 33-28 Northern Boulevard, 3rd Floor (3er piso), Long Island City, NY 11101, teléfono (718) 473-8310.

Su petición para _____ ha sido rechazada porque:

La(s) ley(es) y/o el reglamento que nos permite hacer esto es el artículo 18 NYCRR (favor de ver a continuación las secciones (§) del reglamento que aplican):

Adición al hogar § 352.30 Asignación adicional para combustible § 352.5 Hipoteca y/o impuestos atrasados § 352.7 (g) Alquiler atrasado § 352.7 (g)

Comisión del agente inmobiliario o del intermediario/vale de pago § 352.6(a) Pérdida por catastrófe (reemplazo de ropa y muebles destruidos por fuego, inundación u otro tipo de desastre) § 352.7(d) Muebles y otros artículos del hogar § 352.7(a) Gastos de mudanza § 352.6(a)

Reparación de artículos esenciales para el hogar § 352.7(b) Asignación para el embarazo § 352.7(k) Reparaciones a la propiedad § 352.4 (d), § 352.6(e) Depósito de seguridad/ contrato de alquiler § 352.6(a)

Actividad de trabajo relacionada a los Servicios de Apoyo § 385.4 Asignación para restaurantes § 352.7(c) Asignación quincenal de combustible para calefacción § 352.5(b) Almacenamiento de muebles y artículos personales § 352.6(f)

Otro (especifique):

Nombre del trabajador(a)/JOS

Fecha

Nombre del supervisor(a)

Fecha

(Gire la hoja)

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?

¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN ADJUNTA A ESTE AVISO SOBRE
CONFERENCIAS Y DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER
CÓMO APELAR ESTA DECISIÓN.**

SAMPLE

(Gire la hoja)

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo solicitar una Audiencia Imparcial: Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)
- (2) POR ESCRITO:** Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**
- (3) FAX:** Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga consigo una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:
14 Boerum Place, Brooklyn, NY 11201.
- (5) POR INTERNET:** Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

(Gire la hoja)

Qué puede esperar de la Audiencia imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera errónea nuestra decisión. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, tal como un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

(Gire la hoja)

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia imparcial. La decisión de la Agencia es errónea porque:

Nombre en
letra de
molde: _____

Número de caso: _____

Nombre

Inicial
2do
nombre

Apellido

Dirección: _____

Teléfono: _____

Ciudad: _____

Estado: _____

Código
postal: _____

Firma: _____

Fecha: _____

SAMPLE

NYPD – Job Center Report/Referral

Part 1 – To be filled in by referring agency

Date:

To:	From:
Complainant's Name:	Case Number (if applicable):
Complainant's Address:	Apt. No./Fl.:
Check <input checked="" type="checkbox"/> One: <input type="checkbox"/> CA/SNAP Participant <input type="checkbox"/> SSI Participant <input type="checkbox"/> Applicant	

Part II – For Job Center use only

Incident to be reported:			
Type of check:	Check No.:	Amount \$	(if applicable)
Action required:			
Worker's Signature:			Date:

Part III – For police use only

SAMPLE

The above-named complainant reported the following incident (check one below) to the _____ today.			
		Precinct No. _____	
The incident occurred on _____	at _____		
Date	Place/Address		
The complaint has been recorded under _____ by _____			
UF 61 No.	Police Official	Shield Number	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Rape	<input type="checkbox"/> Mugging	
<input type="checkbox"/> Physical abuse (battered woman)	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other (specify) _____	
The following items(s) were reported as lost/stolen or destroyed. Check <input checked="" type="checkbox"/> appropriate box(es).			
Cash Assistance check	<input type="checkbox"/> lost <input type="checkbox"/> stolen	Check No's., if known _____	
SSI check	<input type="checkbox"/> lost <input type="checkbox"/> stolen	_____	
Other check (specify) _____	<input type="checkbox"/> lost <input type="checkbox"/> stolen	Amount: \$ _____	
Cash	<input type="checkbox"/> lost <input type="checkbox"/> stolen		
Property (specify) _____	<input type="checkbox"/> lost <input type="checkbox"/> stolen <input type="checkbox"/> destroyed		
Police Official's Signature			Date
Applicant/Participant's Signature			Date

- Instructions**
1. Take the original and duplicate copies to the Police Precinct.
 2. Return the completed and signed original to the Job Center.