



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 23-22-OPE

PROCESS FOR CHILD WELFARE CASES

Date: April 4, 2023	Subtopic(s): ACS, ACCIS, Child Care
	<p>The purpose of this policy bulletin is to inform Human Resources Administration (HRA) Benefits Access Center (BAC) staff that the New York City (NYC) Administration for Children's Services (ACS) implemented a new child welfare process, which may result in applicants contacting the BACs and requesting a transfer of child care. This policy bulletin is informational for all other staff.</p> <p>Beginning January 2023, ACS started sending the Application for Determination of Child Care Eligibility (Attachment B) letter notifying families that their eligibility for child care has ended. Families coded as Priority 1 or 2 in the Automated Child Care Information System (ACCIS) must have an open ACS child welfare case with protective services, preventive services, or foster care to be eligible for Priority 1 or 2 child care. When an ACS child welfare case closes, the family is no longer eligible to receive Priority 1 or 2 child care.</p> <p>The Application for Determination of Child Care Eligibility (Attachment B) letter will direct families who may be eligible for child care assistance based on income and reason for care to apply for low-income child care assistance through ACS, or if the family has an active Cash Assistance (CA) case, to contact their BAC to discuss their eligibility for child care.</p> <p>If a family contacts the BAC referencing the Application for Determination of Child Care Eligibility (Attachment B) letter they received, BAC staff should treat this as a standard agency transfer request. BAC staff should assess the family for child care eligibility before initiating an agency transfer. Only eligible families should be transferred from ACS to HRA.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Refer to [PB #13-61-OPE](#)

Case Review and Support Unit Contact Information

BAC staff should complete the Child Care Case Agency Transfer Request (**Attachment A**) form and attach the form in an email to the ACS Case Review and Support Unit (CRSU) team members below.

Case Review and Support Unit Contact Information:

Althea.Pollard@acs.nyc.gov
Michelle.Key@acs.nyc.gov
Beverly.Strong@acs.nyc.gov.

Agency Transfer Request Steps

Agency Transfer Request Steps:

1. BAC staff completes the Child Care Case Agency Transfer Request (**Attachment A**) form and attaches the form in an email to the ACS CRSU team’s contact information:

Althea.Pollard@acs.nyc.gov
Michelle.Key@acs.nyc.gov
Beverly.Strong@acs.nyc.gov

2. ACS CRSU staff confirms the child welfare status and determines if the case can be transferred to HRA. If the child welfare case is closed, the case will be processed for an agency transfer. If the child welfare case is active, CRSU staff will communicate to HRA that childcare will remain with ACS, and a transfer will not be processed.
3. CRSU staff terminates all ACCIS enrollments, reservations, and outstanding vouchers that maintains the case in active status and prevents closure. When the agency transfer occurs, CRSU staff should remove all recertification dates, as HRA cases do not have recertification dates.

Note: ACCIS processes these terminations each Wednesday evening, after which, the case status will change to closed (CL). If the case status is already closed in ACCIS, the agency transfer can be performed immediately by staff with security 6 or higher in lieu of waiting until Thursday to perform the agency transfer function “**More-F10**”. Refer to the following screenshot.

ACCIS CASE MAINTENANCE

New-F2 View-F3 Modify-F4 Next-F5 Prior-F6 Save-F7 Delete-F8 Cancel-F9 More-F10 Child-F11 Print-F12

Help-F1 Exit-Esc PageUp PageDn **VIEW** Record 1 of 1 Screen 2 of 2

Case #: [] Last Name: [] First: [] MI: []

Budget

Num. Of Siblings Between 13 and 18 Not On File: 0 Sib 1 Birth Dt: 00/00/00 Sib 2 Birth Dt: 00/00/00

Num. Of Siblings Between 5 and 12: 0

Num. Of Siblings under 3 years of age: 0 Sib 1 Birth Dt: 00/00/00 Sib 2 Birth Dt: 00/00/00

Family Size: 2 Month Gross \$: 0 Fee Possibilities \$: FT: 3 PT: 2

Suppress Fee: N Special Needs: N Enrolled: FT: 0 PT: 0

Weekly Fee \$: [] Fee Pgm/Prv: [] Fee Child: [] Fee Eff Date: 09/17/07

Funding

Reason For Care: 1 60 2 [] 3 [] Priority: 5 Effective Date: 08/29/06

Funding Streams: 1 11 Exp Dt: 00/00/00 2 [] Exp Dt: 00/00/00 3 [] Exp Dt: 00/00/00

Eligibility

Elig Ind: EL ND Cd: [] Eff Date: 06/26/07 **Case Status: CL** Status Dt: 09/20/07 Close Cd: 20

Elig Date: 06/26/07 Recert MM/YY: 06/08 FH Req Dt: 00/00/00 FH App Dt: 00/00/00 FH Disp: []

Elig Code: CC Elig Code date: 10/01/2012 Doc Code: [] Military St: []

Appointments

Reason: [] Date: 00/00/00 Time: [] Place: []

- Each Thursday, HRA staff will review cases pending an agency transfer. HRA staff with a security level of 6 or higher should proceed with the transfer. HRA staff with a lower security level should contact their CRSU liaison to request the transfer.

Note: In ACCIS, staff completing the transfer should select “**More F-10**” and Agency Transfer Function. Staff must change the reason for care (RFC) code to “**10**” (other) and funding stream code to “**29**”. The submitting agency will change to HRA, and the transfer will be complete. If CRSU is completing the agency transfer, they will notify HRA staff when completed.

Refer to the following screenshots.

ACCIS CASE MAINTENANCE

New-F2 View-F3 Modify-F4 Next-F5 Prior-F6 Save-F7 Delete-F8 Cancel-F9 **More-F10** Child-F11 Print-F12

Help-F1 Exit-Esc PageUp PageDn **VIEW** Record 1 of 1 Screen 2 of 2

Case #: [] Last Name: [] First: [] MI: []

Budget

Num. Of Siblings Between 13 and 18 Not On File: 0 Sib 1 Birth Dt: 00/00/00 Sib 2 Birth Dt: 00/00/00

Num. Of Siblings Between 5 and 12: 0

Num. Of Siblings under 3 years of age: 0 Sib 1 Birth Dt: 00/00/00 Sib 2 Birth Dt: 00/00/00

Family Size: 2 Month Gross \$: 0 Fee Possibilities \$: FT: 3 PT: 2

Suppress Fee: N Special Needs: N Enrolled: FT: 0 PT: 0

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Funding

Reason For Care: 1 60 2 [] 3 [] Priority: 5 Effective Date: 08/29/06

Funding Streams: 1 11 Exp Dt: 00/00/00 2 [] Exp Dt: 00/00/00 3 [] Exp Dt: 00/00/00

Eligibility

Elig Ind: EL ND Cd: [] Eff Date: 06/26/07 Case Status: CL Status Dt: 09/20/07 Close Cd: 20

Elig Date: 06/26/07 Recert MM/YY: 06/08 FH Req Dt: 00/00/00 FH App Dt: 00/00/00 FH Disp: []

Elig Code: CC Elig Code date: 10/01/2012 Doc Code: [] Military St: []

Appointments

Reason: [] Date: 00/00/00 Time: [] Place: []

AGENCY TRANSFER

SSN Mother: [] SSN Father: []

FUNDING

Reason For Care 1 03 2 [] 3 [] Priority 3 Effective Date 00/00/00

Funding Streams 1 29 Exp Dt 00/00/00 2 [] Exp Dt 00/00/00 3 [] Exp Dt 00/00/00

Save-F7 Cancel-F9

- HRA staff must change the reason for care to the appropriate HRA employment codes and update the funding effective dates. HRA staff will then contact the family regarding next steps.

Effective Immediately

Related Item:

[PB #13-61-OPE](#)

Attachments:

- Attachment A** Child Care Case Agency Transfer Request
- Attachment B** Application for Determination of Child Care Eligibility



CHILD CARE CASE AGENCY TRANSFER REQUEST

In order to facilitate an agency transfer request, complete the requested information below and attach an email to the designated ACS Cash Review & Support (CRSU) staff member assigned to your Benefits Access Center.

STAFF INFORMATION

Date _____

HRA Staff's Name: _____

Benefits Access Center/Program Name: _____

HRA Staff Office Number: _____

CASE TRANSFER INFORMATION

Case Name: _____

ACCIS Case # _____

****ACS cases with priority 1 or 2 will be verified prior to transfer and in some instances, will remain with ACS for child care. ACS staff will inform HRA if case needs to remain the responsibility of ACS for all child care enrollments, however parent can be assigned to an activity.**

Current Status in ACCIS (place an "x" next to the case status below):

- | | |
|-----------------------------------|--------------------------------|
| _____ Case is ACS (ACD) Active | _____ Case is ACS (ACD) Closed |
| _____ Case is ACS (ACD) Suspended | _____ Transitional Code Change |
| _____ Other Case Status | |

CHILD INFORMATION (list children - use additional sheet if necessary)

- Child's Name:
- Child's Name:
- Child's Name:
- Child's Name:
- Child's Name:

Briefly describe request if not listed above:

OUTCOME (to be completed by CRSU UNIT)

Completed By: _____ Date: Completed: _____

The City of New York
Administration for Children's Services
Division of Child and Family Well-Being
66 John Street, 7th Floor
New York, New York 10038



NAME
ADDRESS LINE1
ADDRESS LINE 2

Date:
Case #:

IMPORTANT: APPLICATION FOR DETERMINATION OF CHILD CARE ELIGIBILITY

The following children in your family have been receiving child care assistance as part of your ACS protective or preventive services or foster care case. We understand that your protective or preventive services or foster care case has closed. Based on the change in your child welfare status, **your eligibility for child care assistance will end on DATE [+90 DAYS FROM LETTER DATE].**

<u>Sfx</u>	<u>Child Name</u>
«Child1_»	«Child1_fname» «Child1_Lname»
«Child2_»	«Child2_fname» «Child2_Lname»
«Child3_»	«Child3_fname» «Child3_Lname»

However, you may have options for continuing child care assistance, if you are determined eligible for benefits which may be provided by HRA or ACS.

If you receive HRA cash assistance: Contact your Benefits Access Center and ask to maintain your child care assistance through your HRA case. If you are employed or engaged in work-related activities (required or voluntary), including school, you may be eligible to continue your assistance.

If you do not receive cash assistance: You are invited to apply for low-income child care assistance by completing and submitting the enclosed application and required documentation. Your eligibility for child care assistance must be determined, as required by state law and regulations. To be eligible for child care assistance, you must meet two eligibility criteria:

- You must have one of the below qualifying reasons for assistance, which include:
 - Working a minimum of 10 hours per week at minimum wage or above,
 - Participating in an approved educational/vocational training activity,
 - Looking for Work,
 - Experiencing Homelessness (this could include living in temporary housing, such as with friends or relatives),
 - Attending services in response to domestic violence, or
 - Attending a 4-year college.
- Your monthly household income must be at or below the monthly eligibility cap, as detailed below.

Family Size	Eligibility Cap	Family Size	Eligibility Cap
2	\$4,578	8	\$10,261
3	\$5,758	9	\$10,484
4	\$6,938	10	\$10,707
5	\$8,118	11	\$10,930
6	\$9,298	12	\$11,153
7	\$10,038	13	\$11,376

Attachment B



For ACS to assess eligibility, you must complete the Application for Child Care Assistance (CFWB-012) and submit it with required documentation to verify family size, residency, income, and reason for care. Once submitted, ACS will review this information in order to determine if you are eligible for low-income child care assistance. We have enclosed the application, along with instructions and a new application checklist, which will provide you with the types of required documents that you will need to submit.

Applications must be completed and returned by DATE [+60 DAYS FROM LETTER DATE] to ensure that, if determined eligible, you do not experience a disruption in child care assistance:

NYC Children – EDU
PO Box 40
Maplewood, NJ 07040

All documents should be sent by US Postal Service. **Documents cannot be sent by Fedex or UPS to a PO Box.**

Please include a copy of this letter with your signature at the bottom along with the application to ensure quick processing.

Failure to submit an application by the date above or a determination of ineligibility for child care assistance will result in the termination of your child care on DATE [+90 DAYS FROM LETTER DATE].

If you have questions about the application, please call the ACS Child Care Call Center at 212-835-7610.

Parent/Caretaker Signature: _____