



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN #23-29-OPE

### AVAILABILITY OF THE DOCUMENTATION REQUIREMENTS AND/OR ASSESSMENT FOLLOW-UP (W-113K) FORM IN THE HRA ONE VIEWER

Date: May 11, 2023	Subtopic(s): Paperless Office System, HRA One Viewer
	<p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC), Reasonable Accommodation Request (RAR) / Home Visit Needed (HVN) Center #90, and HIV/AIDS Services Administration (HASA) Center staff of the timeframe for the availability of the Documentation Requirements and/or Assessment Follow-Up (<b>W-113K</b>) form in the HRA One Viewer.</p> <p>When the Job Opportunity Specialist (JOS)/Worker indicates in the Paperless Office System (POS) that the applicant/participant is present (in-person) at a Center, the JOS/Worker can generate and print the <b>W-113K</b> form to give to the applicant/participant. The <b>W-113K</b> form will be available in the HRA One Viewer immediately. Refer to <b>Attachment A</b> (POS Screens for the W-113K Flow [In-Office]) for more information.</p> <p><b>Note:</b> The Eligibility Factors and Suggested Documentation Guide (<b>W-119D</b>) form will also be committed to the HRA One Viewer and must be provided to the applicant/participant.</p> <p>When the JOS/Worker indicates in POS that the applicant/participant is on the telephone, when generating the <b>W-113K</b> form, the form will be sent via Print-To-Mail (PTM). The <b>W-113K</b> form will be available in the HRA One Viewer after the actual mailing of the form. Refer to <b>Attachment B</b> (POS Screens for the W-113K Flow [On the Phone]) for more information.</p> <p><b>Note:</b> The Eligibility Factors and Suggested Documentation Guide (<b>W-119D</b>) form will also be committed to the HRA One Viewer and sent to the applicant/participant.</p> <p><i>Effective Immediately</i></p>

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

**Related Items:**

[CD#21-04](#)

**Attachments:**

**Attachment A** POS Screens for the W-113K Flow (In-Office)

**Attachment B** POS Screens for the W-113K Flow (On the Phone)

**W-113K** Documentation Requirements and/or Assessment Follow-Up (Rev. 04/11/22)

**W-113K (S)** Documentation Requirements and/or Assessment Follow-Up (Spanish) (Rev. 04/11/22)

**W-119D** Eligibility Factors and Suggested Documentation Guide (Rev. 11/28/22)

**W-119D (S)** Eligibility Factors and Suggested Documentation Guide (Spanish) (Rev. 11/28/22)

## POS Screens for the W-113K Flow (In-Office)

### Communication Preference Screen

Case Number: [REDACTED] Case Name: [REDACTED] Case Status: AP

Language Speak: English Language Read: English

**Communication Preferences (Trial)**

Please read the following aloud to applicants/participants who are in the office or on the phone:  
If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.

Preferred Language for speaking: English Applicant/Participant is: **In the Office**

Preferred Language for Written Notices: English

Do you prefer to go by a name other than your legal name?  Yes  No

Do you have a preferred title?  Yes  No Gender Identity

What pronoun would you like us to use for you?

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format?  Yes  No

If Yes, Select the type of format you would like

Does the applicant/participant want to use HRA's Free Interpreter Services?:  Yes  No

If YES, Which of HRA's Interpreter Services is being Used?

If No, provide reason stated by applicant/participant: Client refused interpretative services

Continue

The JOS/Worker enters in POS that the applicant/participant is in the office.

# ATTACHMENT A

## Individual Detail Screen

The screenshot shows a software application window titled "Individual Detail Screen". At the top is a menu bar with "File", "Edit", "Tools", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main area is a form with the following sections:

- Demographics:** Includes fields for Case Number, Suf, Ln, CIN, First Name, Middle, Last Name, Sex, and DOB. A dropdown menu for "Relationship" is set to "Casehead".
- SSN:** Fields for SSN, Valid, Date SSN Card Applied For (00/00/0000), Marital Status (Single/Never Ma), Country of Birth (United States), State (NY), County Of Birth (Bronx), and Birth Cert No (NYC Only).
- Ethnic/Race Affiliation:** Fields for Hispanic/Latino, Asian, Native Hawaiian/, Alaska Native, Black or African American, and White.
- Parents Information:** Fields for Residing in the household? (Yes/No), Mother's Name, and Father's Name.
- Citizen/Non-Citizen Information:** Fields for US Citizen / National, Non-Citizen Type, Non-Citizen No., Date of Status, and Qualified Non-Citizen Type and Description.
- Education:** Fields for Highest Degree Obtained, Education Level, Student ID, Individual Status (PA, MA, FS, AP, NA, NA), AFIS Referral, WMS AFIS Indicator, and Food Meals (checked).
- Identity:** Fields for Driver's License, Residency (Landlord Letter Statement from Non-Relative Landlord), and Citizenship (Birth/Hospital Certificate). Each has a "Scan" checkbox.
- Relationship:** Fields for Household Composition and Age (Birth/Hospital Certificate). Each has a "Scan" checkbox.
- Social Security No.:** Fields for Social Security No. and Social Security Card. The Social Security Card checkbox is checked.
- Other:** A field for "What is your Primary Language Spoken?".

At the bottom of the form are "Next" and "Previous" buttons.

The JOS/Worker enters in POS the individual details for the applicant/participant.

The W-113K will be populated based on which eligibility factors require documentation. In the screenshot above, the JOS/Worker is asking for proof of identity, citizenship, and age, which will be indicated on the W-113K. However, residency and Social Security Number (SSN) are indicated as being received/scanned, so they will not populate on the W-113K.

# ATTACHMENT A

## W-113K Data Entry Screen

The screenshot shows a window titled "Documentation Requirements (Form W-113K)". Below the title bar, there are three tabs: "RAU Case Documentation Transmittal (Form W153P)", "Notice of SNAP Recertification Appointment (Form W-129RR)", and "Form W113K—Documentation Requirements". The active tab is "Form W113K—Documentation Requirements".

Inside the window, there is a "Due Date:" field with a blacked-out value. Below it is the section "RETURN APPOINTMENTS FOR ADULTS". There are two rows of checkboxes:

- Row 1:  For an employability assessment,  To sign the public assistance application
- Row 2:  For an employability assessment,  To sign the public assistance application
- Row 3:  For an employability assessment

At the bottom of the window, there are "OK" and "Cancel" buttons, and a "Scroll Between Rows" button on the right side.

The JOS/Worker enters in POS the due date and checks off the appropriate fields.

## W-113K Data Entry Screen (continued)

The screenshot shows the "PA APPOINTMENTS" section of the W-113K Data Entry Screen. It contains two columns of checkboxes:

- Column 1:  BEV- Bureau of Eligibility Verification Appointment,  DCSE-Office of Child Support Enforcement Appointment,  Skills Assessment/Job Placement (Back to Work) Vendor Appointment
- Column 2:  SACC- Substance Abuse Case Control Appointment,  WeCare- Wellness, Comprehensive Assessment Medical Provider Appointment,  ACS-Child Care Appointment

Below this section is the heading "Forms. Please return the following forms completed and signed where necessary:". There are two columns of checkboxes:

- Column 1:  M-15 Inquiry Regarding Veteran's Benefits/Allotment,  LDSS-2474 SSI Referral and Certification of Contact,  W-146W Verification of Tenant's Rent in Section 8 Housing,  W-147CC Certification of Move Statement
- Column 2:  W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance,  W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant,  W-299 Notice to Applicants and Participants Regarding Third Party...

At the bottom of the window, there are "OK" and "Cancel" buttons, and a "Scroll Between Rows" button on the right side.

# ATTACHMENT A

## W-113K Data Entry Screen (continued)

**Forms. Please return the following forms completed and signed where necessary:**

<input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment	<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact	<input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing	<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-147CC Certification of Move Statement	<input type="checkbox"/> W-451 NYPD-New York Police Department Report/Referral
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)	<input type="checkbox"/> W-700E School Attendance Verification Letter
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care	
<input type="checkbox"/> W-582 Family Care Assessment	

OK Cancel Scroll Between Rows

## Print Form Screen

Version 19.2 - Paperless Office System (Trial) - [Print Forms (Trial)]

File Edit Tools Window Help

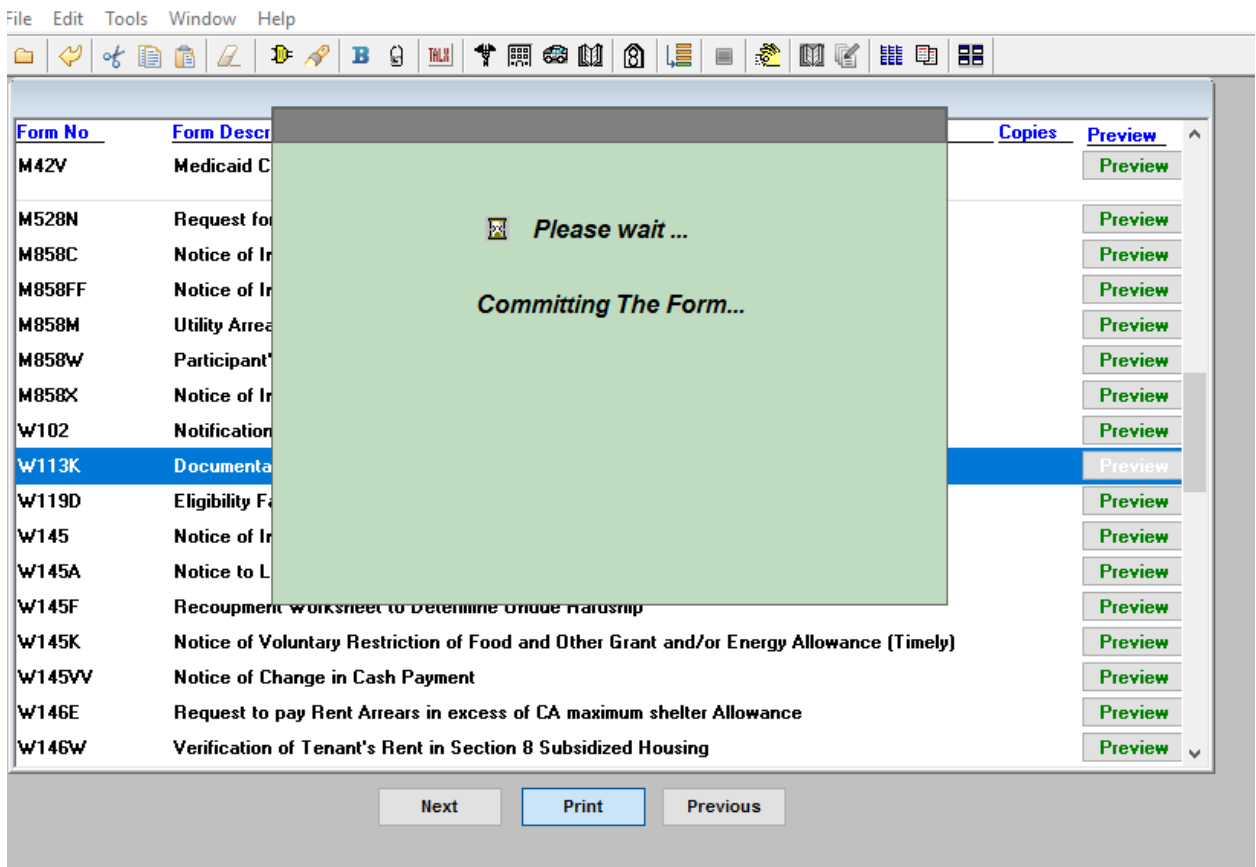
Form No	Form Description	Copies	Preview
M42V	Medicaid Choice/Managed Care Referral (Form M-42v)		Preview
M528N	Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case		Preview
M858C	Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely)		Preview
M858FF	Notice of Intent to Restrict Home Energy Allowance		Preview
M858M	Utility Arrears/Emergency Heating		Preview
M858W	Participant's Request For Restriction Of Home Energy Allowance		Preview
M858X	Notice of Intent to Recoup Utility Grant		Preview
W102	Notification to Participant of New Worker		Preview
W113K	Documentation Requirements		Preview
W119D	Eligibility Factors and Suggested Documentation Guide		Preview
W145	Notice of Intent to Restrict Shelter Allowance (Timely)		Preview
W145A	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status		Preview
W145F	Recoupment Worksheet to Determine Undue Hardship		Preview
W145K	Notice of Voluntary Restriction of Food and Other Grant and/or Energy Allowance (Timely)		Preview
W145VV	Notice of Change in Cash Payment		Preview
W146E	Request to pay Rent Arrears in excess of CA maximum shelter Allowance		Preview
W146W	Verification of Tenant's Rent in Section 8 Subsidized Housing		Preview

Next Print Previous

The JOS/Worker selects the W-113K for printing.

# ATTACHMENT A

## [The W-113K is Committed to the HRA One Viewer \(generated locally – Click Print Button\)](#)



The JOS/Worker clicks on the "Print" button.

ATTACHMENT A

The W-113K and W-119D are Committed to the HRA One Viewer

The screenshot shows the HRA OneViewer application interface. At the top left is the NYC Human Resources Administration logo. The title 'HRA OneViewer' is centered, and a welcome message for Marina Okhtenberg is on the right. Below the title bar, there are navigation tabs for 'POS' and 'WMS Client'. A filter section contains dropdown menus for Name, CaseNumber, Folder Name, Document Type, Scanned Date, PRGH, Program/Doc Class, and Entry Date, all set to 'Select All'. A 'PARIS MATCH INFORMATION' button is centered below the filters. Below this, it says 'Results 1 - 6 of 6' and 'Page Size' with a 'Set Results Per Page' button. A table displays the results with columns for Case Number, SSN, CIN, First Name, Last Name, Document Type, Pages, Scan Date, Entry Date, and an 'Select All' checkbox with a 'Properties' link.

Case Number	SSN	CIN	First Name	Last Name	Document Type	Pages	Scan Date	Entry Date	Select All	Properties
					W-119D Eligibility Factors and Suggested Documentation Guide	5			<input type="checkbox"/>	<a href="#">Properties</a>
					W-113K Documentation Required	4			<input type="checkbox"/>	<a href="#">Properties</a>



## ATTACHMENT B

### POS Screens for the W-113K Flow (On the Phone)

#### Communication Preference Screen

Language Speak: English Language Read: English

Communication Preferences (Trial)

Please read the following aloud to applicants/participants who are in the office or on the phone:  
If you need help understanding any questions or reading any forms today, you can let me know at any time and I will help you.

Preferred Language for speaking: English Applicant/Participant is: On the Phone

Preferred Language for Written Notices: English

Do you prefer to go by a name other than your legal name?  Yes  No

Do you have a preferred title?  Yes  No Gender Identity

What pronoun would you like us to use for you?

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format?  Yes  No

If Yes, Select the type of format you would like

Does the applicant/participant want to use HRA's Free Interpreter Services?:  Yes  No

If YES, Which of HRA's Interpreter Services is being Used?

If No, provide reason stated by applicant/participant: Client refused interpretative services

Continue

Ok

The JOS/Worker enters in POS that the applicant/participant is on the phone.

# ATTACHMENT B

## Individual Detail Screen

The screenshot shows a software application window titled "Individual Detail Screen". The window has a menu bar with "File", "Edit", "Tools", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main content area is a form titled "Demographics". The form is organized into several sections:

- Demographics:** Includes fields for Case Number, Suf, Ln, CIN, First Name, Middle, Last Name, Sex, DOB, and Relationship (set to "Casehead").
- SSN and Date SSN Card Applied For:** SSN is masked with black boxes. Date SSN Card Applied For is "00/00/0000".
- Marital Status, Country of Birth, State, County Of Birth, Birth Cert No (NYC Only):** Marital Status is masked. Country of Birth is "United States", State is "NY", and County Of Birth is "Bronx". Birth Cert No is masked.
- Ethnic/Race Affiliation:** Includes radio buttons for Yes, No, and Unkn for Hispanic/Latino, Asian, Native Hawaiian, Native American/Alaska Native, Black or African American, and White.
- Parents Information:** Includes radio buttons for "Residing in the household?" (Yes/No) and dropdown menus for "Mother's Name" and "Father's Name".
- Citizen/Non-Citizen Information:** Includes radio buttons for "US Citizen / National" and "Non-Citizen Type", and fields for "Non-Citizen No.", "Date of Status", and "Qualified Non-Citizen Type and Description".
- Education:** Includes dropdown menus for "Highest Degree Obtained" and "Education Level", and a field for "Student ID".
- Individual Status and AFIS Referral:** Includes radio buttons for "PA", "MA", "FS", "AP", "NA", "NA" and a checkbox for "Food Meals".
- Identity:** Includes a field for "Driver's License" with a "Scan" button and checkbox.
- Residency:** Includes a field for "Landlord Letter Statement from Non-Relative Landlord" with a "Scan" button and checkbox.
- Citizenship:** Includes a field for "Birth/Hospital Certificate" with a "Scan" button and checkbox.
- Age:** Includes a field for "Birth/Hospital Certificate" with a "Scan" button and checkbox.
- Social Security No.:** Includes a field for "Social Security Card" with a "Scan" button and checkbox.
- What is your Primary Language Spoken?:** A dropdown menu.

At the bottom of the form, there are "Next" and "Previous" buttons.

The JOS/Worker enters in POS the individual details for the applicant/participant.

The W-113K will be populated based on which eligibility factors require documentation. In the screenshot above, the JOS/Worker is asking for proof of identity, citizenship, and age, which will be indicated on the W-113K. However, residency and Social Security Number (SSN) are indicated as being received/scanned, so they will not populate on the W-113K.

# ATTACHMENT B

## W-113K Data Entry Screen

The screenshot shows a software window titled "Documentation Requirements (Form W-113K)". Below the title bar, there are three overlapping window titles: "Documentation Requirements (Form W-113K)", "RAU Case Documentation Transmittal (Form W153P)", and "Notice of SNAP Recertification Appointment (Form W-129RR)". The main content area is titled "Form W113K-Documentation Requirements". It features a "Due Date:" field with a blacked-out value. Below this is the section "RETURN APPOINTMENTS FOR ADULTS". There are two rows of checkboxes, each with two options: "For an employability assessment" and "To sign the public assistance application". The first row has both checkboxes selected. The second row has both checkboxes unselected. At the bottom of the window are "OK" and "Cancel" buttons, and a "Scroll Between Rows" button on the right side.

The JOS/Worker enters in POS the due date and checks off the appropriate fields.

## W-113K Data Entry Screen (continued)

The screenshot shows a software window titled "PA APPOINTMENTS". It contains a list of checkboxes for various appointment types: BEV- Bureau of Eligibility Verification Appointment, DCSE-Office of Child Support Enforcement Appointment, Skills Assessment/Job Placement (Back to Work) Vendor Appointment, SACC- Substance Abuse Case Control Appointment, WeCare- Wellness, Comprehensive Assessment Medical Provider Appointment, and ACS-Child Care Appointment. Below this is a section titled "Forms. Please return the following forms completed and signed where necessary:". This section contains a list of checkboxes for various forms: M-15 Inquiry Regarding Veteran's Benefits/Allotment, LDSS-2474 SSI Referral and Certification of Contact, W-146W Verification of Tenant's Rent in Section 8 Housing, W-147CC Certification of Move Statement, W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance, W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant, and W-299 Notice to Applicants and Participants Regarding Third Party. At the bottom of the window are "OK" and "Cancel" buttons, and a "Scroll Between Rows" button on the right side.

# ATTACHMENT B

## W-113K Data Entry Screen (continued)

**Forms. Please return the following forms completed and signed where necessary:**

<input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment	<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact	<input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing	<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-147CC Certification of Move Statement	<input type="checkbox"/> W-451 NYPD-New York Police Department Report/Referral
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)	<input type="checkbox"/> W-700E School Attendance Verification Letter
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care	
<input type="checkbox"/> W-582 Family Care Assessment	

OK Cancel Scroll Between Rows

## Print Form Screen

Version 19.2 - Paperless Office System (Trial) - [Print Forms (Trial)]

File Edit Tools Window Help

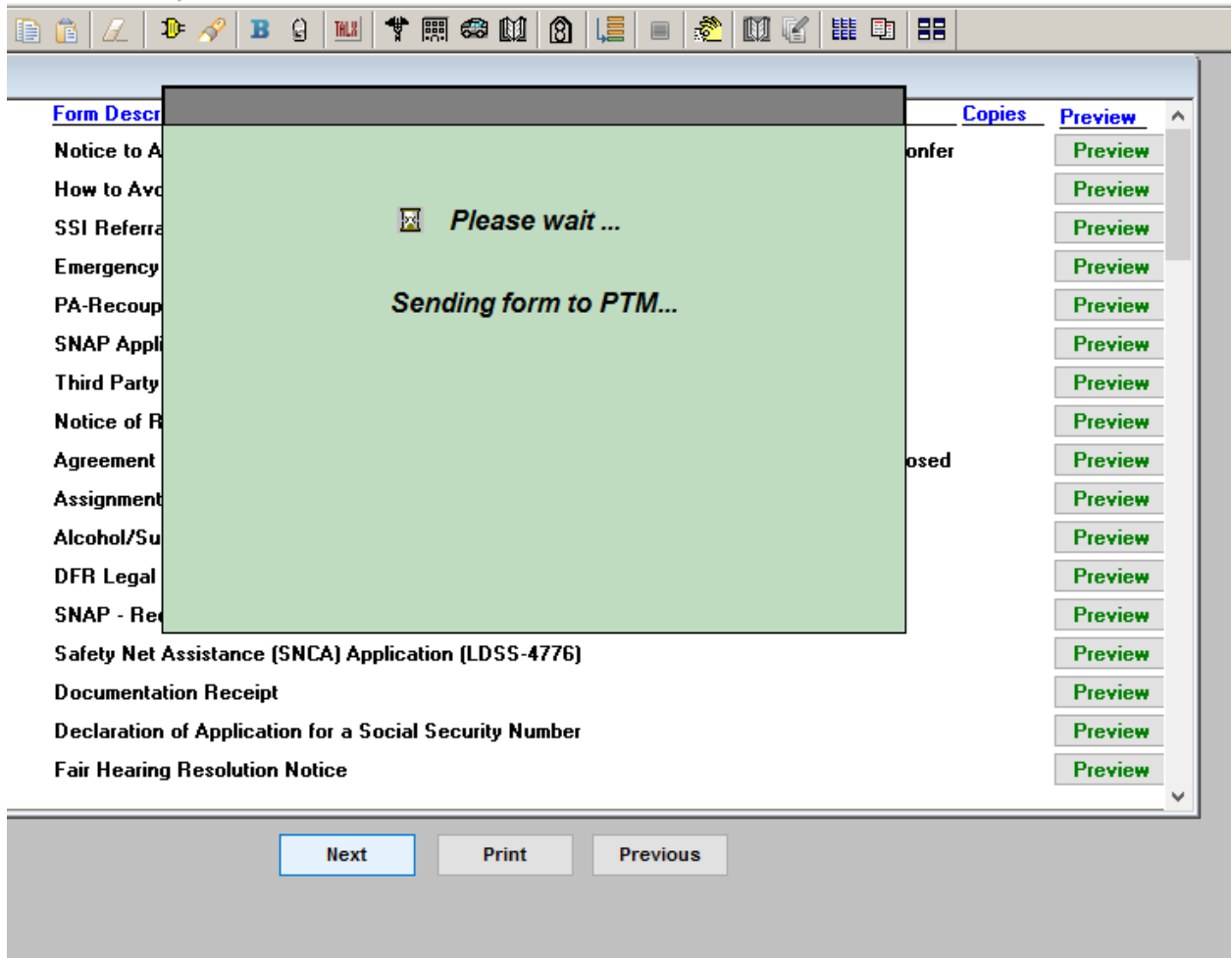
Form No	Form Description	Copies	Preview
M42V	Medicaid Choice/Managed Care Referral (Form M-42v)		Preview
M528N	Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case		Preview
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M858X	Notice of Intent to Recoup Utility Grant		Preview
W102	Notification to Participant of New Worker		Preview
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W145	Notice of Intent to Restrict Shelter Allowance (Timely)		Preview
W145A	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status		Preview
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W145K	Notice of Voluntary Restriction of Food and Other Grant and/or Energy Allowance (Timely)		Preview
W145VV	Notice of Change in Cash Payment		Preview
W146E	Request to pay Rent Arrears in excess of CA maximum shelter Allowance		Preview
W146W	Verification of Tenant's Rent in Section 8 Subsidized Housing		Preview

Next Print Previous

The JOS/Worker selects the W-113K for printing.

# ATTACHMENT B

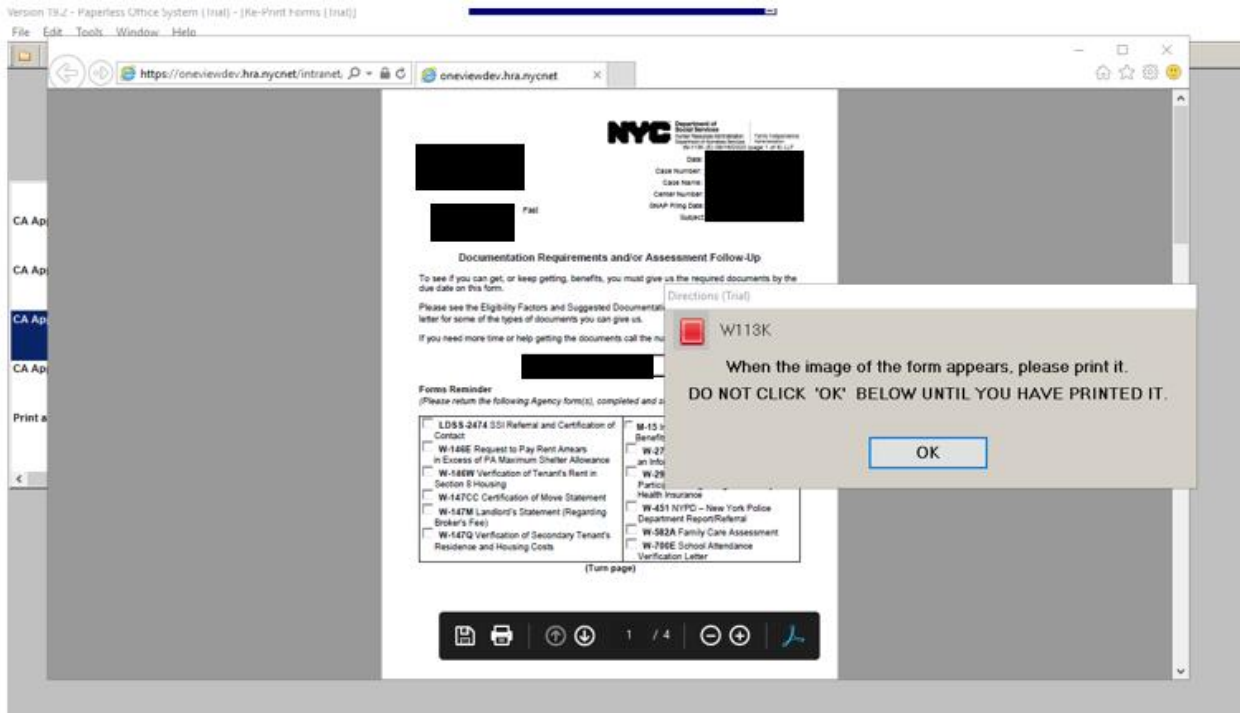
## W-113K is Printed via Print-To-Mail (PTM)



The JOS/Worker clicks on the "Next" button to generate the PTM.

## ATTACHMENT B

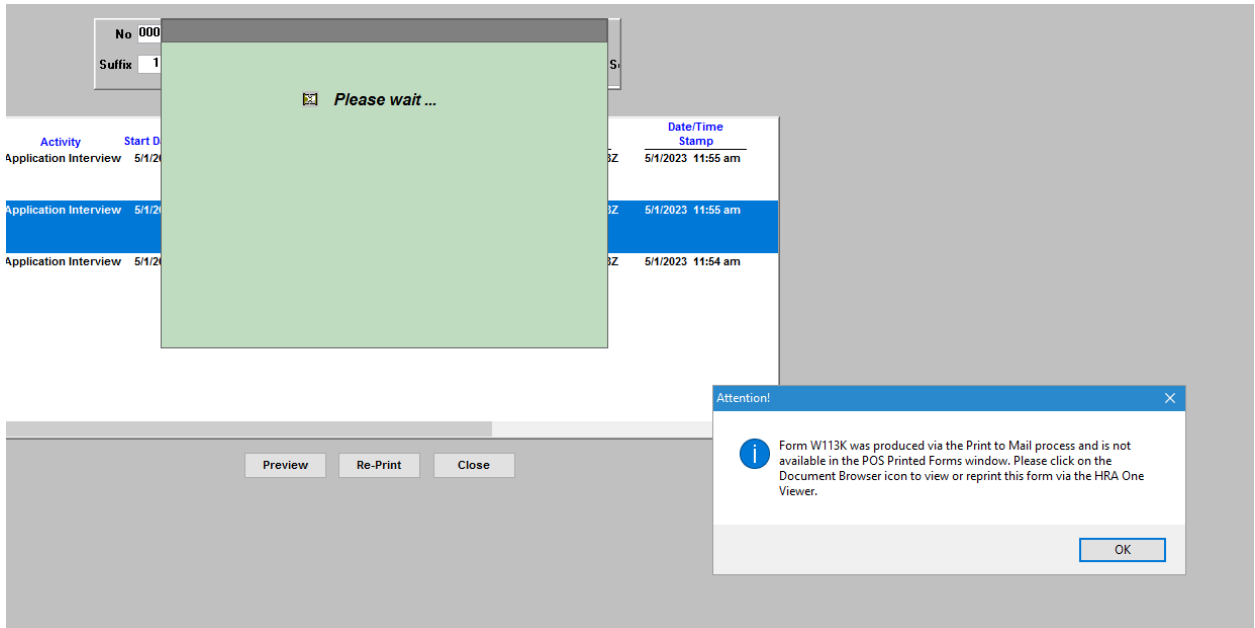
### [Tools → Printed Forms committed \(printed\) form - Message](#)



The JOS/Worker clicks on "Tools", then "Printed Forms Committed", and they will see this message.

## ATTACHMENT B

### [Tools → Printed Forms for PTM form - Message](#)



The JOS/Worker clicks on “Tools”, then “Printed Forms for PTM”, and they will see this message.



Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Center Number: \_\_\_\_\_  
 SNAP Filing Date: \_\_\_\_\_  
 Subject: \_\_\_\_\_

### Documentation Requirements and/or Assessment Follow-Up

To see if you can get, or keep getting, benefits, you must give us the required documents by the due date on this form.

Please see the Eligibility Factors and Suggested Documentation Guide (**W-119D**) sent with this letter for some of the types of documents you can give us.

If you need more time or help getting the documents call the number on page 3 of this notice.

SAMPLE

**Due Date:** \_\_\_\_\_

#### Forms Reminder

*(Please return the following Agency form(s), completed and signed where necessary.)*

- |  |  |
|--|--|
| <input type="checkbox"/> <b>LDSS-2474</b> SSI Referral and Certification of Contact<br><input type="checkbox"/> <b>W-146E</b> Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance<br><input type="checkbox"/> <b>W-146W</b> Verification of Tenant's Rent in Section 8 Housing<br><input type="checkbox"/> <b>W-147CC</b> Certification of Move Statement<br><input type="checkbox"/> <b>W-147M</b> Landlord's Statement (Regarding Broker's Fee)<br><input type="checkbox"/> <b>W-147Q</b> Verification of Secondary Tenant's Residence and Housing Costs | <input type="checkbox"/> <b>M-15</b> Inquiry Regarding Veteran's Benefits/Allotment<br><input type="checkbox"/> <b>W-274U</b> Attestation of Employment as an Informal Child Care Provider<br><input type="checkbox"/> <b>W-299</b> Notice to Applicants and Participants Regarding Third Party Health Insurance<br><input type="checkbox"/> <b>W-451</b> NYPD – New York Police Department Report/Referral<br><input type="checkbox"/> <b>W-582A</b> Family Care Assessment<br><input type="checkbox"/> <b>W-700E</b> School Attendance Verification Letter |
|--|--|

(Turn page)



### CA Appointment Reminder

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment	<input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment
<input type="checkbox"/> OCSS – Office of Child Support Services Appointment	<input type="checkbox"/> ACS – Agency for Children’s Services Appointment
<input type="checkbox"/> Career Services Vendor Appointment	
<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment	

The following household member(s) must contact HRA for the reason indicated below:

Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

SAMPLE

**Outstanding documentation** – see the **W-119D** for a list of documents that can be used to verify the Eligibility Factors listed.

Name	Eligibility Factor

(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](http://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

Failure to submit verification/documentation or failure to contact your HRA worker on or before the due date may make you ineligible for Cash Assistance and/or SNAP, or may cause a reduction in your Cash Assistance and/or SNAP benefits for a specific period of time.

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.

(Turn page)

## THINGS TO REMEMBER



**Pay Stubs:** for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.



**Employer Letter:** If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer must **sign and date** it.



**Landlord or Primary Tenant Letter:** must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.

SAMPLE



Fecha: \_\_\_\_\_

Número de caso: \_\_\_\_\_

Nombre del caso: \_\_\_\_\_

Número del centro: \_\_\_\_\_

Fecha de solicitud de SNAP: \_\_\_\_\_

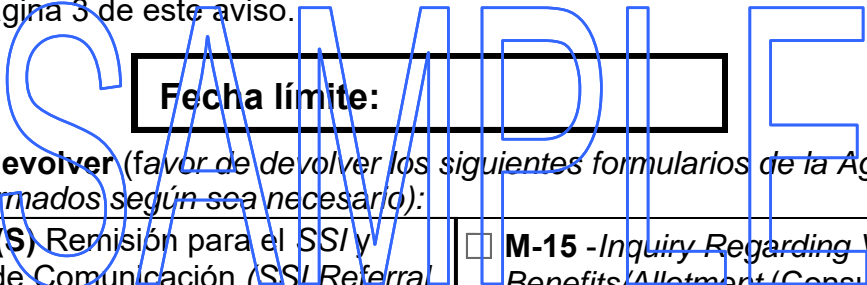
Asunto: \_\_\_\_\_

### Documentos requeridos y/o seguimiento a la evaluación

Para saber si usted puede obtener o si puede seguir obteniendo beneficios, debe proveernos los documentos requeridos antes de la fecha límite de presentación indicada en este formulario.

Para ver algunos de los documentos que puede enviarnos, favor de consultar la Guía de factores de elegibilidad y de documentación sugerida (**W-119D [S]**) que acompaña a esta carta.

Si necesita más tiempo o ayuda para conseguir los documentos, llame al número que aparece en la página 3 de este aviso.



**Fecha límite:** \_\_\_\_\_

**Formularios a devolver** (favor de devolver los siguientes formularios de la Agencia completados y firmados según sea necesario):

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>LDSS-2474 (S)</b> Remisión para el SSI y Constancia de Comunicación (SSI Referral and Certification of Contact)</li> <li><input type="checkbox"/> <b>W-146E (S)</b> Solicitud para Pagar Alquiler Atrasado en Exceso de la Asignación Máxima de Asistencia en Efectivo para Refugio (<i>Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance</i>)</li> <li><input type="checkbox"/> <b>W-146W</b> -Verification of Tenant's Rent in Section 8 Housing (Verificación del Alquiler del Inquilino, Sección 8)</li> <li><input type="checkbox"/> <b>W-147CC (S)</b> Declaración de Mudanza (<i>Certification of Move Statement</i>)</li> <li><input type="checkbox"/> <b>W-147M</b> -Landlord's Statement (Regarding Broker's Fee) (Declaración del arrendador con respecto a la comisión del agente inmobiliario)</li> <li><input type="checkbox"/> <b>W-147Q (S)</b> Verificación de residencia y costo de vivienda del inquilino secundario (<i>Verification of Secondary Tenant's Residence and Housing Costs</i>)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>M-15 -Inquiry Regarding Veteran's Benefits/Allotment</b> (Consulta sobre los beneficios/asignaciones de los Veteranos de Guerra)</li> <li><input type="checkbox"/> <b>W-274U (S)</b> Atestación de Empleo como Proveedor de Cuidado Infantil (<i>Attestation of Employment as an Informal Child Care Provider</i>)</li> <li><input type="checkbox"/> <b>W-299 (S)</b> Aviso a Solicitantes y Participantes con Respecto a Seguros de Salud de Tercera Persona (<i>Notice to Applicants and Participants Regarding Third Party Health Insurance</i>)</li> <li><input type="checkbox"/> <b>W-451</b> -NYPD – New York Police Department Report/Referral (Declaración/Referencia del Depto. de Policía de la Ciudad de Nueva York)</li> <li><input type="checkbox"/> <b>W-582A (S)</b> Evaluación de Cuidado Familiar (<i>Family Care Assessment</i>)</li> <li><input type="checkbox"/> <b>W-700E (S)</b> Divulgación de Información de Asistencia Escolar (<i>School Attendance Verification Letter</i>)</li> </ul> |
|---|--|

(Gire la hoja)

**Recordatorio de citas para la Asistencia en Efectivo (CA)**

<input type="checkbox"/> Cita con el Departamento de Verificación de Elegibilidad (BEV- <i>Bureau of Eligibility Verification</i> ) <input type="checkbox"/> Cita con la Oficina de Servicios para el Sustento de Menores (OCSS – <i>Office of Child Support Services</i> ) <input type="checkbox"/> Cita con el Proveedor de Servicios para Carreras Profesionales ( <i>Career Services Vendor</i> ) <input type="checkbox"/> Cita con un(a) Consejero(a) Acreditado(a) para el Abuso del Alcohol y Sustancias (CASAC – <i>Credentialed Alcoholism/ and Substance Abuse Counselor</i> )	<input type="checkbox"/> Cita con el Proveedor Médico de Bienestar, Evaluación Integral, Rehabilitación y Empleo ( <i>WeCARE- Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider</i> ) <input type="checkbox"/> Cita con la Administración de Servicios para Niños ( ACS – <i>Agency for Children’s Services</i> )
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Los siguientes integrantes del hogar deben contactar a la HRA por la razón siguiente:

Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en efectivo.
Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en Efectivo.
Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en Efectivo.
Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en Efectivo.

**Documentación pendiente** – para verificar los Factores de Elegibilidad enumerados, vea la guía de documentos sugeridos en el formulario **W-119D (S)**.

Nombre	Factores de Elegibilidad

(Gire la hoja)

Usted puede enviar los documentos/la 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/accessshramobile](http://www.nyc.gov/accessshramobile).



**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.

**El no presentar la verificación/documentación o el no contactar a su trabajador(a) de la HRA antes de, o en la fecha límite, podría convertirlo(a) en un(a) participante inelegible para recibir los beneficios de la Asistencia en Efectivo (*Cash Assistance*) y/o de *SNAP*, o podría causar una reducción en sus beneficios de Asistencia en Efectivo y/o de *SNAP* durante un tiempo específico.**

**¿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.

**(Gire la hoja)**

## PARA RECORDAR



**Talones de paga:** por cada integrante del hogar que trabaje, usted debe proporcionar los talones de paga que correspondan a las últimas 4 semanas de trabajo de cada integrante.



**Carta del empleador:** Si no recibe talones de paga, pídale a su empleador que escriba una carta declarando su paga, la frecuencia de la misma, el nombre de la compañía y el número de teléfono. Su empleador debe **firmarla y fecharla**.



**Carta del arrendador o del inquilino principal:** debe estar firmada y fechada, e incluir:

- el monto del alquiler que se le cobra;
- el monto que paga al arrendador o al inquilino principal por el servicio de calefacción/ aire acondicionado u otros servicios, si se cobra(n) por separado del alquiler;
- el número de personas que viven en su hogar y
- el nombre y número de teléfono del arrendador.

SAMPLE

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> <b>Identity</b> You must establish identity for each person listed.	<ul style="list-style-type: none"> <li>• Photo I.D.</li> <li>• Driver's license</li> <li>• U.S. passport</li> <li>• Naturalization certificate</li> <li>• Hospital/Doctor's records</li> <li>• Adoption papers</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <b>Marital Status</b> You must prove if you are married, divorced, separated or widowed (not required for the Supplemental Nutrition Assistance Program [SNAP]).	<ul style="list-style-type: none"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Department of Veterans Affairs (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship.	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable).	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> You must prove who is living with you. *At recertification only required for minors if questionable	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal records/certificate</li> <li>• Hospital records</li> <li>• Adoption papers/records</li> <li>• Naturalization certificate</li> <li>• Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Survivor's benefit records</li> <li>• Hospital records</li> <li>• VA or military records</li> <li>• Divorce papers</li> <li>• Proof of remarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Newspaper notice</li> <li>• Insurance company records</li> <li>• Institutional records</li> <li>• Agency case records and burial payment files</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Absent Parent Information</b> 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 (not required for SNAP).	<ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Tax returns</li> <li>• Social Security or VA records</li> <li>• Monetary determination letters</li> <li>• ID cards (health insurance)</li> <li>• Driver's license or registration</li> </ul>	NA
<input type="checkbox"/> <b>Social Security Number</b> For Temporary Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> 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"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> <p>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.</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**.

(Turn page)



## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Citizenship or Current Immigration Status</b> <b>Status</b> – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Non-citizens must be in a satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is <b>not</b> an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Non-citizens without an immigration status and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal certificate/records</li> <li>• Hospital records</li> <li>• U.S. passport</li> <li>• Military service records</li> <li>• Naturalization certificate</li> <li>• USCIS documentation (e.x., Green Card, Forms I-551, I-94, I-797, etc.)</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer If you have recently lost your job, you do not have to submit verification of your income from employment.	<ul style="list-style-type: none"> <li>• Current wage stubs and statements of tips</li> <li>• Pay envelopes</li> <li>• Contact with employer</li> <li>• On letterhead, rate of pay per hour, hours worked per week, first pay date, if new and employer's phone number</li> </ul>
<input type="checkbox"/> From self-employment	<ul style="list-style-type: none"> <li>• Business records</li> <li>• Tax records</li> <li>• Records and related materials concerning self-employment earnings and expenses</li> <li>• Current income tax return</li> </ul>
<input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> <li>• Current contribution check</li> <li>• Statement from roomer, boarder, tenant</li> <li>• Income tax record</li> </ul>
<input type="checkbox"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support received from the non-custodial parent.	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Statement from person paying support</li> <li>• Check stubs</li> <li>• Official correspondence from the Child Support Enforcement Unit</li> </ul>
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	<ul style="list-style-type: none"> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor (including emails)</li> <li>• Screen shots or images of benefit statement from Department of Labor (must include identifying information like your name)</li> </ul>
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> </ul>
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> <li>• Veterans Affairs official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Award certificate/letter</li> <li>• Check stub</li> </ul>
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> <li>• Statement from school (including emails and screen shots)</li> <li>• Statement from bank (including emails and screen shots)</li> <li>• Statement from agency administering grant/award letter</li> </ul>
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> <li>• Statement from bank or credit union (including emails and screen shots)</li> <li>• Statement from broker/financial institution/agent (including emails and screen shots)</li> </ul>

SAMPLE

### Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income</b> (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"> <li>Current award letter</li> <li>Current benefit check</li> <li>Official correspondence from source of income</li> <li>Contact with source of income</li> <li>Current contribution check</li> </ul> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>
<p><input type="checkbox"/> <b>Resources</b>                      (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; font-weight: bold;">             SAMPLER         </div> <ul style="list-style-type: none"> <li>Current bank records (including screen shots or electronic statements)</li> <li>Current credit card records (including screen shots or electronic statements)</li> <li>Stock/bond certificate</li> <li>Statement from financial institution</li> <li>Insurance policy</li> <li>Statement from insurance company</li> <li>Bank records</li> <li>Burial agreement</li> <li>Burial plot deed</li> <li>Refund of EITC check</li> <li>Statement from tax office</li> <li>Deed</li> <li>Statement from real estate broker</li> <li>Broker's appraisal/estimate of current value by broker</li> <li>Registration (older models)</li> <li>Title of ownership</li> <li>Appraisal of current value by dealer</li> <li>Financing data</li> <li>Statement from the source of payment</li> <li>Lump sum check</li> <li>Statement from household</li> <li>Statement from nursing home</li> <li>Household statement of current value</li> <li>Sales slips</li> <li>Insurance appraisal</li> </ul>

(Turn page)

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Shelter Expenses</b> You must prove how much it costs you to live where you do. (You may need to provide separate documentation for <b>each</b> item of shelter expense.) You must submit proof of your shelter expenses, if you have any, even if you have not paid your rent  <b>Medical Assistance does not require documentation of shelter expenses.</b>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Nonheating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<input type="checkbox"/> <b>Medical Expenses</b> <b>For SNAP, for aged/disabled individuals only</b>	<ul style="list-style-type: none"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> <li>• Other proof of medical expenses that are not reimbursed (e.x., receipts from drug store, proof of payment for hearing aide, etc.)</li> </ul>
<input type="checkbox"/> <b>Health Insurance</b> If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	<ul style="list-style-type: none"> <li>• Insurance policy/card</li> <li>• Statement from provider of coverage</li> <li>• Medicare card</li> <li>• Separation or divorce agreement with court-ordered health coverage</li> </ul>
<input type="checkbox"/> <b>Disability/Incapacitation/Pregnancy</b> 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).	<ul style="list-style-type: none"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth (a sonogram is not acceptable proof)</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<input type="checkbox"/> <b>Unpaid Bills</b> Rent, utility	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of services, and provider of services</li> </ul>
<input type="checkbox"/> <b>Referral</b> <input type="checkbox"/> Drug/alcohol treatment program <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Employment service	<ul style="list-style-type: none"> <li>• Statement from provider of treatment</li> <li>• Statement from employment service</li> </ul>
<input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b> You must provide proof if you <b>pay</b> court-ordered support, child care, recurring loans, or for the services of a home health aide or attendant.	<ul style="list-style-type: none"> <li>• Court order</li> <li>• Statement from day care center or other child care provider</li> <li>• Statement from aide or attendant</li> <li>• Canceled checks or receipts</li> </ul>
<input type="checkbox"/> <b>School Attendance</b> You must prove who is in school.	<ul style="list-style-type: none"> <li>• School records (current report card)</li> <li>• Statement from school or higher education institution</li> <li>• Other proof of school attendance</li> </ul>

SAMPLE

### Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Past Management</b> (For Safety Net Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> <li>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> <li>• 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.</li> </ul>
<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"> <li>• Bankbook/bank statement</li> <li>• Verification of expiration of benefits, including emails and screen shots (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>• Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	Statement from person(s) who provided support <ul style="list-style-type: none"> <li>• 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</li> </ul>
<input type="checkbox"/> <b>Other</b>	

SAMPLE

## Guía de factores de elegibilidad y documentación sugerida

Factor de elegibilidad	Para probar este factor, provea: UNO de los siguientes ↓ O	DOS* de los siguientes:
<input type="checkbox"/> <b>Identidad</b> Usted debe establecer la identidad de cada persona que aparece en la lista.	<ul style="list-style-type: none"> <li>• Identificación con foto</li> <li>• Licencia de conducir</li> <li>• Pasaporte de EE.UU.</li> <li>• Certificado de naturalización</li> <li>• Registros de hospital/médicos</li> <li>• Documentos de adopción</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de otra persona</li> <li>• Acta de nacimiento/bautismo</li> <li>• Número de Seguro Social validado</li> </ul>
<input type="checkbox"/> <b>Estado Civil</b> Usted debe probar si es casado(a), divorciado(a), separado(a), o viudo(a) (esto no es requerido para el Programa de Asistencia de Nutrición Suplementaria [SNAP])	<ul style="list-style-type: none"> <li>• Acta de defunción/matrimonio</li> <li>• Acuerdo de separación</li> <li>• Sentencia de divorcio</li> <li>• Registros de Seguro Social</li> <li>• Registros del Departamento para Asuntos de Veteranos de Guerra (VA)</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de algún clérigo</li> <li>• Registros del censo</li> <li>• Anuncio en el periódico</li> <li>• Declaración de otra persona</li> </ul>
<input type="checkbox"/> <b>Parentesco</b> Si usted es familiar de un niño(a) en el hogar, debe probar el parentesco.	<ul style="list-style-type: none"> <li>• Acta de nacimiento (versión completa)</li> <li>• Documentos/registros de adopción</li> <li>• Actas judiciales</li> <li>• Registros médicos</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración del solicitante</li> <li>• Anuncio en el periódico</li> <li>• Declaración de un clérigo</li> <li>• Declaración de otra persona</li> </ul>
<input type="checkbox"/> <b>Domicilio</b> Usted de probar que vive en su domicilio (si corresponde).	<ul style="list-style-type: none"> <li>• Declaración del arrendador/inquilino principal</li> <li>• Comprobante actual del pago de alquiler o el contrato del mismo</li> <li>• Registros de hipoteca</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de otra persona</li> <li>• Correspondencia actual</li> </ul>
<input type="checkbox"/> <b>Composición del hogar/número de integrantes</b> Usted debe probar quién vive con usted. *A la hora de recertificar, solo se requiere para menores, si hay preguntas al respecto	<ul style="list-style-type: none"> <li>• Declaración del arrendador que no es pariente</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de otras personas</li> </ul>
<input type="checkbox"/> <b>Edad</b> Usted debe probar la edad de cada persona que solicita asistencia, si corresponde.	<ul style="list-style-type: none"> <li>• Acta de nacimiento</li> <li>• Certificado/documentos de bautismo</li> <li>• Registros de hospital</li> <li>• Documentos/registros de adopción</li> <li>• Certificado de naturalización</li> <li>• Licencia de conducir</li> </ul>	<ul style="list-style-type: none"> <li>• Póliza de seguro</li> <li>• Registros del censo</li> <li>• Declaración de otra persona</li> <li>• Declaración de médico</li> <li>• Correspondencia oficial de la Administración del Seguro Social (Social Security Administration, SSA)</li> </ul>
<input type="checkbox"/> <b>Padre/Madre ausente/fallecido(a)</b> Si hay algún niño(a) viviendo en el hogar, usted debe probar que el padre, la madre, o ambos, no viven con usted (esto no es requerido para SNAP).	<ul style="list-style-type: none"> <li>• Acta de defunción</li> <li>• Registros de beneficios de sobrevivientes</li> <li>• Registros de hospital</li> <li>• Registros militares o del Dept. para Asuntos de Veteranos de Guerra (VA)</li> <li>• Documentos de divorcio</li> <li>• Prueba de un nuevo matrimonio</li> </ul>	<ul style="list-style-type: none"> <li>• Anuncio en el periódico</li> <li>• Registros de la compañía de seguros</li> <li>• Registros institucionales</li> <li>• Registros de caso de una Agencia y de pagos de entierro</li> <li>• Declaración de otra persona</li> </ul>
<input type="checkbox"/> <b>Información sobre el padre/la madre Ausente</b> Si el padre o la madre de algún niño(a) en su hogar no vive con usted, deberá proporcionar la información que tenga sobre la persona: nombre, dirección, número de Seguro Social, fecha de nacimiento, empleo (esto no es requerido para SNAP).	<ul style="list-style-type: none"> <li>• Talones de paga</li> <li>• Declaración de impuestos</li> <li>• Documentos de Seguro Social o del Dept. para Asuntos de Veteranos de Guerra (VA)</li> <li>• Cartas de determinación monetaria</li> <li>• Tarjetas de identificación (seguro médico)</li> <li>• Licencia de conducir o matrícula</li> </ul>	No corresponde
<input type="checkbox"/> <b>Número de Seguro Social</b> Solo para la Asistencia Temporal, SNAP y la Asistencia Médica: usted <b>no</b> tiene que proporcionar prueba de su número de Seguro Social, a menos que el número de Seguro Social que proporcione no corresponda con los registros de la Administración del Seguro Social (SSA) o no pueda ser verificado por la Agencia.	<ul style="list-style-type: none"> <li>• Tarjeta de Seguro Social</li> <li>• Correspondencia oficial de la SSA</li> </ul> <p>No se requiere que las personas que no son ciudadanas tengan número de Seguro Social si solicitan la Asistencia Médica solo para tratamiento de emergencia o solo porque están embarazadas.</p>	No corresponde

- Si **solamente** está solicitando el beneficio de SNAP o de la Asistencia Médica, **solo** tiene que traer **un sólo documento por cada factor de elegibilidad** marcado.

(Gire la hoja)

## Guía de factores de elegibilidad y documentación sugerida

Factor de elegibilidad	Para probar este factor, provea UNO de los siguientes:
<input type="checkbox"/> <b>Ciudadanía o estado de inmigración actual</b> <b>Estado</b> – Los ciudadanos de EE.UU. tienen derecho a la Asistencia Temporal, SNAP, y a la Asistencia Médica. Los que no son ciudadanos deben tener un estado de inmigración satisfactorio para ser elegible para la Asistencia Temporal, SNAP y la Asistencia Médica. El estado migratorio <b>no</b> se toma en cuenta en casos de mujeres embarazadas o niños(as) inmigrantes que estén solicitando <i>Child Health Plus B</i> . Los que no son ciudadanos y los que no son inmigrantes temporarios solo tienen derecho a recibir tratamiento en casos de emergencias médicas.	<ul style="list-style-type: none"> <li>• Acta de nacimiento</li> <li>• Certificado/documentos de bautismo</li> <li>• Registros de hospital</li> <li>• Pasaporte de EE.UU.</li> <li>• Expedientes de servicio militar</li> <li>• Certificado de naturalización</li> <li>• Documentación de Inmigración (<i>USCIS</i>) (por ej.: la tarjeta verde, los formularios I-551, I-94, I-797, etc.)</li> <li>• Prueba de residencia continua en EE.UU. desde antes de 1/1/72</li> </ul>
<input type="checkbox"/> <b>Ingresos ganados</b>  <input type="checkbox"/> Con un empleador Si perdió su trabajo recientemente, no tiene que presentar verificación de ingresos provenientes del empleo.	<ul style="list-style-type: none"> <li>• Talones salariales actuales y declaración de propinas</li> <li>• Sobres de paga</li> <li>• Contacto con el empleador</li> <li>• Carta impresa en papel oficial del empleador, que incluya: paga por hora, número de horas trabajadas por semana, fecha del primer pago (si el trabajo es nuevo) y número de teléfono del empleador.</li> </ul>
<input type="checkbox"/> Empleo por cuenta propia	<ul style="list-style-type: none"> <li>• Registros comerciales</li> <li>• Registros de impuestos</li> <li>• Toda documentación o material relacionado con las ganancias y gastos de trabajo por cuenta propia</li> <li>• Declaración actual de impuestos</li> </ul>
<input type="checkbox"/> Ingresos por alquiler o por servicios a huéspedes	<ul style="list-style-type: none"> <li>• Comprobante del cheque de la contribución actual</li> <li>• Declaración del inquilino o huésped</li> <li>• Registros de impuestos</li> </ul>
<input type="checkbox"/> <b>Ingresos no ganados</b>  <input type="checkbox"/> Sustento de menores recibido del padre/madre que no tiene custodia	<ul style="list-style-type: none"> <li>• Declaración del Tribunal de familia</li> <li>• Declaración de la persona que proporciona el sustento</li> <li>• Talones de paga</li> <li>• Correspondencia oficial de la Unidad para el cumplimiento del sustento de menores</li> </ul>
<input type="checkbox"/> Beneficios del Seguro de desempleo ( <i>Unemployment Insurance Benefits – UIB</i> )	<ul style="list-style-type: none"> <li>• Certificado de asignación actual</li> <li>• Correspondencia oficial del Departamento de Trabajo del Estado de Nueva York (incluyendo los correos electrónicos)</li> <li>• Fotos de pantalla o imágenes que muestren la declaración de los beneficios del Departamento de Trabajo (las imágenes deben incluir información que lo(a) identifique, como su nombre)</li> </ul>
<input type="checkbox"/> Beneficios de Seguro Social (incluyendo SS)	<ul style="list-style-type: none"> <li>• Certificado/carta de asignación monetaria actual</li> <li>• Cheque de beneficios actuales</li> <li>• Correspondencia oficial de la SSA</li> </ul>
<input type="checkbox"/> Beneficios para Veteranos de Guerra	<ul style="list-style-type: none"> <li>• Correspondencia oficial de Departamento para Veteranos de Guerra (VA)</li> <li>• Carta/certificado de asignación monetaria actual</li> <li>• Cheque de beneficio actual</li> </ul>
<input type="checkbox"/> Compensación laboral	<ul style="list-style-type: none"> <li>• Carta/certificado de asignación monetaria actual</li> <li>• Talón de paga</li> </ul>
<input type="checkbox"/> Subsidios y préstamos educativos	<ul style="list-style-type: none"> <li>• Declaración de la escuela (incluyendo correos electrónicos o fotos de pantalla)</li> <li>• Declaración del banco (incluyendo correos electrónicos o fotos de pantalla)</li> <li>• Declaración de la agencia que administra el subsidio/carta de beneficio</li> </ul>
<input type="checkbox"/> Intereses/dividendos/regalías	<ul style="list-style-type: none"> <li>• Declaración del banco o cooperativa (incluyendo correos electrónicos o fotos de pantalla)</li> <li>• Declaración del corredor de bolsa/institución financiera (incluyendo correos electrónicos o fotos de pantalla)</li> </ul>

SAMPLE

### Guía de factores de elegibilidad y documentación sugerida

Factor de elegibilidad	Para probar este factor, provea UNO de los siguientes:
<p><b>Ingresos no ganados</b> (continuación)</p> <p><input type="checkbox"/> Pensión/anualidad privada</p>	<ul style="list-style-type: none"> <li>• Carta de beneficio actual</li> <li>• Cheque de beneficio actual</li> <li>• Correspondencia oficial de la fuente de ingresos</li> <li>• Comunicación con la fuente de ingresos</li> <li>• Cheque de contribución actual</li> </ul>
<p><input type="checkbox"/> Otros ingresos no ganados</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>Recursos</b>                      (Solo para la Asistencia Médica: no se requiere proveer información sobre recursos si está embarazada, si tiene menos de 19 años de edad y si es elegible para <i>Family Health Plus</i>.)</p> <p><input type="checkbox"/> Cuentas bancarias: corriente, de ahorros, de retiro (<i>IRA</i> y <i>Keogh</i>), o de cooperativa de crédito</p>	<ul style="list-style-type: none"> <li>• Registros bancarios actuales (incluyendo fotos de pantalla o estado de cuenta electrónico)</li> <li>• Registros actuales de tarjeta de crédito (incluyendo fotos de pantalla o estado de cuenta electrónico)</li> </ul>
<p><input type="checkbox"/> Acciones, bonos, certificados y fondos de inversión</p>	<ul style="list-style-type: none"> <li>• Certificado de acciones/bonos</li> <li>• Declaración de institución financiera</li> </ul>
<p><input type="checkbox"/> Seguro de vida</p>	<ul style="list-style-type: none"> <li>• Póliza de seguro</li> <li>• Declaración de la compañía de seguros</li> </ul>
<p><input type="checkbox"/> Fideicomiso o fondo de entierro, terreno para entierro o acuerdo de funeraria</p>	<ul style="list-style-type: none"> <li>• Registros bancarios</li> <li>• Acuerdo de entierro</li> <li>• Escritura del terreno para entierro</li> </ul>
<p><input type="checkbox"/> Reembolso o crédito de impuestos (<i>Earned Income Tax Credit – EITC</i>)</p>	<ul style="list-style-type: none"> <li>• Cheque de reembolso o <i>EITC</i></li> <li>• Declaración de la oficina de impuestos</li> </ul>
<p><input type="checkbox"/> Bienes raíces aparte de la vivienda</p>	<ul style="list-style-type: none"> <li>• Escritura de la propiedad</li> <li>• Declaración del agente de bienes raíces</li> <li>• Tasación/estimación del valor actual por parte del agente</li> </ul>
<p><input type="checkbox"/> Vehículo</p>	<ul style="list-style-type: none"> <li>• Matrícula (modelos viejos)</li> <li>• Título de propiedad</li> <li>• Tasación de valor actual del concesionario de autos</li> <li>• Datos de financiamiento</li> </ul>
<p><input type="checkbox"/> Pago de suma única</p>	<ul style="list-style-type: none"> <li>• Declaración de la fuente de pago</li> <li>• Cheque de pago de la suma única</li> </ul>
<p><input type="checkbox"/> Otros recursos</p>	<ul style="list-style-type: none"> <li>• Declaración de los integrantes del hogar</li> <li>• Declaración del hogar para personas de edad avanzada</li> <li>• Declaración de los integrantes del hogar sobre el valor actual</li> <li>• Recibos de ventas</li> <li>• Tasación del seguro</li> </ul>

SAMPLE

## Guía de factores de elegibilidad y documentación sugerida

Factor de elegibilidad	Para probar este factor, provea UNO de los siguientes:
<p><input type="checkbox"/> <b>Gastos de alojamiento</b></p> <p>Usted debe probar cuánto le cuesta vivir en el lugar donde vive. (Puede ser que tenga que proporcionar documentación por separado para cada uno de los gastos de alojamiento).</p> <p>Debe presentar prueba de sus gastos de alojamiento, si corresponde, aunque no haya pagado su alquiler.</p> <p><b>La Asistencia Médica no requiere documentación de gastos de alojamiento.</b></p>	<ul style="list-style-type: none"> <li>• Recibo/contrato de alquiler/documentos hipotecarios actuales</li> <li>• Registros de impuestos sobre la propiedad e impuestos del distrito escolar</li> <li>• Declaración del arrendador</li> <li>• Facturas del servicio de agua y alcantarillado</li> <li>• Facturas del servicio de recolección de basura</li> <li>• Registros del seguro de propietario de vivienda</li> <li>• Facturas de combustible/aviso de desconexión</li> <li>• Facturas de electricidad y/o de gas no usados para calefacción</li> <li>• Facturas de teléfono (o una declaración del hogar sobre el gasto incurrido)</li> </ul>
<p><input type="checkbox"/> <b>Gastos médicos</b></p> <p><b>Para SNAP:</b> solo para las personas de edad avanzada/incapacitados</p>	<ul style="list-style-type: none"> <li>• Declaración del proveedor sobre prima de seguro médico</li> <li>• Copias de facturas médicas (pagadas o por pagar)</li> <li>• Tarjeta para recetas de <i>Medicare</i></li> <li>• Otras pruebas de gastos médicos que no son reembolsables (por ej. recibos de farmacia, comprobante de compra de audífonos, etc.)</li> </ul>
<p><input type="checkbox"/> <b>Seguro médico</b></p> <p>Debe probar que usted, o cualquier otro solicitante, tiene seguro médico (aunque la cobertura sea pagada por otra persona).</p>	<ul style="list-style-type: none"> <li>• Tarjeta/póliza de seguros</li> <li>• Declaración del proveedor de cobertura médica</li> <li>• Tarjeta para recetas de <i>Medicare</i></li> <li>• Acuerdo de separación o divorcio con cobertura médica por decreto judicial</li> </ul>
<p><input type="checkbox"/> <b>Discapacidad/incapacidad/embarazo</b></p> <p>Si usted o cualquier persona que viva con usted está enfermo(a) o embarazada, tiene que proporcionar prueba de ello.</p> <p>(Solo para casos de Asistencia médica: no se requiere información sobre los recursos de mujeres embarazadas, niños(as) y personas elegibles para <i>Family Health Plus</i>.)</p>	<ul style="list-style-type: none"> <li>• Declaración del médico, clínica u hospital que compruebe el embarazo, la fecha de nacimiento prevista (el ultrasonido no es una prueba aceptable)</li> <li>• Declaración de un(a) profesional médico</li> <li>• Prueba de SSA/SSI por incapacidad/ceguera</li> </ul>
<p><input type="checkbox"/> <b>Cuentas por pagar</b></p> <p>Alquiler, servicios públicos</p>	<ul style="list-style-type: none"> <li>• Copia de cada factura en que figure el monto que debe, período de servicio y el proveedor del mismo</li> </ul>
<p><input type="checkbox"/> <b>Envío</b></p> <p><input type="checkbox"/> Programa de tratamiento para drogas/alcohol</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Servicio de empleo</p>	<ul style="list-style-type: none"> <li>• Declaración del proveedor de tratamiento</li> <li>• Declaración del servicio de empleo</li> </ul>
<p><input type="checkbox"/> <b>Otros gastos/costo del cuidado de dependientes</b></p> <p>Si <b>paga</b> sustento de menores por decreto judicial, cuidado infantil, préstamos recurrentes, o los servicios de un(a) auxiliar de salud a domicilio, debe proporcionar prueba de dichos pagos.</p>	<ul style="list-style-type: none"> <li>• Decreto judicial</li> <li>• Declaración de la guardería infantil o de otro proveedor de cuidado infantil</li> <li>• Declaración del auxiliar de salud a domicilio</li> <li>• Cheques o recibos cancelados</li> </ul>
<p><input type="checkbox"/> <b>Asistencia escolar</b></p> <p>Debe probar quién asiste a la escuela</p>	<ul style="list-style-type: none"> <li>• Registros escolares (informe actual de notas)</li> <li>• La declaración de la escuela o universidad</li> <li>• Otra prueba de asistencia escolar</li> </ul>

(Gire la hoja)



### Guía de factores de elegibilidad y documentación sugerida

Factor de elegibilidad	Para probar este factor, provea UNO de los siguientes:
<p><input type="checkbox"/> <b>Administración Previa</b>                      (Para la Asistencia de Red de Seguridad [<i>Safety Net Assistance</i>])</p> <p><input type="checkbox"/> Ingresos ganados</p>	<ul style="list-style-type: none"> <li>• Carta por del empleador con fechas de empleo, sueldo y razón(es) por haber dejado el trabajo</li> <li>• Si su último empleador cerró o ya no tiene el negocio, favor de darnos la última dirección conocida y el número de teléfono del empleador. Debe firmar y fechar su declaración para poder ser archivada en nuestros registros.</li> </ul>
<p><input type="checkbox"/> Otro                      (Solo para la Asistencia en Efectivo)</p>	<p>Si usted no estuvo cubriendo sus gastos por medio a ingresos obtenidos de un empleo/ganados por cuenta propia, favor de traer comprobantes de cómo pudo cubrir sus gastos anteriormente, tales como:</p> <ul style="list-style-type: none"> <li>• Talón de banco/estado de cuenta</li> <li>• Comprobante de vencimiento de beneficios, incluyendo correos electrónicos o fotos de pantalla (compensación del Seguro para trabajadores, seguro por discapacidad, Seguro Social, <i>UIB</i>, etc.)</li> <li>• Declaración de las personas que le brindaron apoyo económico</li> </ul>
<p><input type="checkbox"/> <b>Posibles beneficios</b></p>	<p>Declaración de las personas que le brindaron apoyo económico</p> <ul style="list-style-type: none"> <li>• Si usted, o alguien en el hogar, ha solicitado y ha recibido, o se le ha denegado los beneficios de cualquiera de las siguientes fuentes, favor de traer la carta de asignación monetaria, cheque u otra correspondencia de: Seguro Social, pagos de tribunal, <i>SSI</i>, beneficios de veteranos de guerra, compensación laboral, beneficios de sindicato, pensión, asignación militar, pensión ferroviaria, beneficios por incapacidad del Estado de Nueva York, u otra fuente.</li> </ul>
<p><input type="checkbox"/> Otro</p>	

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