



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN # 23-48-OPE

*(This Policy Bulletin Replaces PD #17-09-OPE)*

### REPLACEMENT OF CASH REPORTED LOST OT STOLEN (NOT THROUGH ELECTRONIC MEANS)

Date: August 18, 2023	Subtopic(s): Replacement
<p>Refer to <a href="#">PB #23-47-OPE</a> for the process on requesting replacement of electronically stolen Cash Assistance and/or SNAP benefits</p> <p>Refer to <a href="#">PD #15-22-OPE</a> for Check Replacement of Restricted Shelter payments</p>	<p><b><u>Introduction</u></b></p> <p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC) and HIV/AIDS Services Administration (HASA) Center, staff of the eligibility requirements for replacement of cash reported as lost or stolen through means other than electronic theft such as skimming. This policy bulletin is informational for all other staff.</p> <p><b><u>Cash reported lost or stolen</u></b></p> <p>Lost or stolen cash may be replaced under the Emergency Assistance to Families (EAF) Program for Family Assistance (FA) and Safety Net Federally Participating (SNFP) Cash Assistance cases. Prior to issuing a replacement, the participant must:</p> <ul style="list-style-type: none"> <li>• report the alleged loss/theft of cash to the local police precinct using the NYPD – Job Center Report/Referral (<b>W-451</b>); and</li> <li>• provide a written statement including the date, time, and amount of the alleged loss/theft, and the attempts made to recover the alleged lost/stolen cash.</li> </ul> <p>The Associate Job Opportunity Specialist (AJOS) II /PAA II can approve or deny the request to replace the alleged lost/stolen cash based on the credibility of the information presented in the police report and the participant’s written statement.</p>

**HAVE QUESTIONS ABOUT THIS PROCEDURE?**

Request a Clearance in [Service NOW](#), or send an e-mail to [fiacallcenter2@dss.nyc.gov](mailto:fiacallcenter2@dss.nyc.gov), or Call 718-557-1313 then press 3 at the prompt followed by 1 or fax to: (917) 639-0298

If a decision has been made to replace the alleged lost/stolen cash, a prorated portion of the participant's semi-monthly pre-added allowance is to be issued using single issuance code **14** (Replacement of Lost or Stolen Cash) for the number of days remaining until the participant's next benefit date. The amount of the issuance cannot exceed the amount of the alleged lost/stolen cash.

*Effective Immediately*

**References:**

00-ADM-8

06-ADM-14

TASB Chapter 11, Section E, F, Chapter 21, page 411

18 NYCRR, Sec 352.7(g)(1)(i); 372.2(a)(6); 381.2; 381.8

SSL 21-a

**Related Items:**

[PB #23-47-OPE](#)

[PD #15-22-OPE](#)

**Attachment:**

**W-451**      NYPD – Job Center Report/Referral (Rev. 5/7/14)

## 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.