



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #03-171-ELI

LIMITATION OF IMMEDIATE NEED GRANTS

Date: November 26, 2003	Subtopic(s): Eligibility
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p>W-145HH has been revised.</p>	<p>The purpose of this policy bulletin is to inform staff that the issuance of immediate need grants will now be limited for public assistance (PA) reapplicants whose last application occurred within three months (90 days) prior to the current application and:</p> <ul style="list-style-type: none">• were issued an immediate need grant(s) as a result of the prior application <u>and</u>• the application was subsequently denied for failure to comply with an eligibility requirement(s) without good cause. <p>In these instances, the reapplicant must comply with all eligibility requirements and be deemed eligible for PA before an emergency immediate need grant can be issued. This includes grants for no food situations or health and safety related items. This applies even if the reapplicant is not eligible for the expedited Food Stamp (FS) service.</p> <p>This policy, however, does not apply to households residing in domestic violence shelters or households eligible for fuel- and/or utility-related emergency assistance.</p> <p>This new policy requires that effective January 1, 2004 the Agency notify applicants of the limitation of the grant at the time that a immediate need grant is issued. To meet this requirement, the Notice of Decision on Assistance to Meet an Immediate Need (W-145HH) has been revised as of 11/26/03 to include a statement that advises the applicant of this new policy.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Use of the revised **W-145HH** and the NYCWAY action code **90LN** begins 1/1/04.

In addition to the revision of the **W-145HH**, a NYCWAY code (**90LN**) has been developed to indicate that an applicant has been issued the revised **W-145HH**. Workers must now enter code **90LN** in NYCWAY each time an immediate needs grant and the revised **W-145HH** is issued to an applicant.

The following are some examples of how the policy is applied:

Note: In all the following examples, the **W-145HH** containing the information regarding the frequent application policy was issued each time an emergency grant was issued and code **90LN** was entered in NYCWAY.

Example 1

Failure without good cause

A household applied for recurring assistance on September 18th claiming a no food emergency. The household was not eligible for EFS. A grant to meet the household's emergency was issued. The household subsequently failed to complete the application process and was denied recurring assistance. The same household applies for recurring assistance on December 10th, again claiming a no food emergency, and is unable to provide a good reason for failing to comply with the previous application process. They are still not eligible for EFS.

In this instance, since the Worker verifies in NYCWAY that the household was previously advised of the Agency's policy on frequent applications and since the applicant does not have good cause for failing to complete the prior application process, the Agency can deny the emergency request to meet the no food emergency and require the applicant to complete the eligibility process to address his/her long-term need.

Example 2

Exempt from the frequent application policy

A single individual files an application for assistance and reports that s/he has no fuel (oil) for heating. The heating emergency is verified and an emergency grant is issued. Once the emergency is met, the applicant decides that s/he does not want recurring cash assistance and does not complete the application process. In February, the applicant returns to the agency and again applies for recurring assistance, again reporting that s/he is out of fuel oil.

In this instance, the Worker does not apply the frequent application policy because fuel/utility-related emergency assistance is not subject to this policy.

Failure to comply with
good cause

Example 3

A husband and wife apply for recurring assistance on February 12 and report a no food emergency. The household is ineligible for FS. Grants to meet the no food is issued. Prior to completing the application process, the wife is called back to work on a temporary basis, and the applicants decide that they no longer need temporary assistance beyond the help they have already received with their housing and food emergency. They subsequently fail to complete the application process. In March, the wife's temporary job ends and the husband remains unemployed. On April 9, they come in to reapply for assistance and indicate they have a no food emergency.

In this instance, if the applicants meet the criteria they can be issued an emergency grant to meet the no food emergency as the applicants had good cause for not completing the previous application process. Returning to work is a good cause reason for not continuing with the application process for recurring assistance.

Example 4

Exempt from the
frequent application
policy

A household applies for recurring assistance in January 2004. At the time of application, they request help with a utility disconnection. Once the emergency need is met, the household does not complete the application process. In March 2004, the household again comes to the Agency to file an application for recurring assistance and is now faced with an eviction due to a sudden and unforeseen loss of employment.

Although the household has filed two applications for recurring assistance within a short period, the policy of frequent applications does not apply because the first emergency was for utilities.

While this new policy becomes effective 1/1/04, Workers must keep in mind that a denial of emergency assistance based on this rule may not be made unless the applicant was previously notified of the new limitations. For example, if an applicant who:

- previously applied on 10/1/03 for recurring assistance;
- received an immediate needs grant; and
- was denied because s/he failed without good cause to complete the application process

reapplies on 11/17/03 and indicates that s/he has a no food emergency, s/he may not be denied based on the frequent application policy because the applicant was not notified on 10/1/03 of this policy.

If, after being issued both an immediate needs grant and the revised **W-145HH** the same applicant fails again to complete the application process without good cause, then a subsequent request for immediate needs, within the three-month period following the 11/17/03 application, may be denied.

Effective January 1, 2004

Reference:

03 INF 34

Attachment:

W-145HH Notice of Decision on Assistance to Meet an Immediate Need (rev. 11/26/03)

W-145HH(S) Notice of Decision on Assistance to Meet an Immediate Need (rev. 11/26/03)

☐ Forms can now be accessed through Print on Demand at all Job Centers.



Notice Date: _____

Name (and C/O name if present) and Address: 	Unit Name:	
	Worker Name:	
	Caseload:	
	Worker Telephone Number:	
Case Number:	CIN:	Conference Telephone Number:

FOG 4490

Notice of Decision on Assistance to Meet an Immediate Need

FOLD HERE

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

Immediate Needs

This notice applies only to your request for assistance to meet an immediate need. If you have also applied for ongoing public assistance, this notice does not affect your application for ongoing public assistance. You will also receive a notice advising you of this Agency's decision on your application for ongoing public assistance when your eligibility has been determined.

If your application for ongoing public assistance is denied for failure to comply with eligibility requirements, a second request for an immediate need/emergency grant within three months of the original application denial may also be denied unless you can document good cause for your original failure to comply.

On _____, you requested assistance to meet an immediate need of _____
(date)

We are giving you this notice to tell you that:

We are authorizing assistance to meet your immediate need as follows:

An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____
(date)

Assistance to meet an immediate need is denied because: _____

Other: _____

The law(s) and/or regulation(s) which allow(s) us to do this is/are 18 NYCRR § 351.1, § 351.8 and § 352.7.

Medical Assistance

If you need help with your medical bills, you must apply separately for medical assistance. If you want more information about eligibility for medical assistance, call the Worker's telephone number listed above.

Your medical assistance stays the same.

Your application for medical assistance is being reviewed. We will send you our decision within 30 days.

JOS/Worker/Date

Supervisor/Date

You Have the Right to Appeal This Decision

BE SURE TO READ THE REVERSE FOR CONFERENCE AND FAIR HEARING INFORMATION

Conference and Fair Hearing Information

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes if it is determined that we are in error. You can do both 1 and 2.

1. Ask for a conference with one of our Supervisors.

2. Ask for a State Fair Hearing with a State Hearing Officer.

1. CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on the front of this notice or write to us at the address on the front 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.

2. STATE FAIR HEARING

Deadline for Requesting a Fair Hearing: You have the following number of days from the date of this notice to request a Fair Hearing:

<u>Benefit Area</u>	<u>Time Limit</u>
Public Assistance, Medical Assistance, or Social Services	60 days

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, writing, fax, or in person.

- (1) **TELEPHONE:** Call (212) 417-6550. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of all pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of all pages of this notice, with the "I want a Fair Hearing" section completed, to: (518) 473-6735.
- (4) **WALK-IN:** Bring a copy of all pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either 14 Boerum Place, Brooklyn or 330 West 34th Street, 3rd floor, Manhattan.

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

Signature of Participant: _____ Date: _____

Print Name: _____ Case Number: _____

Address: _____ Telephone Number: _____
Street Apt. No. City State Zip Code

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 and your lawyer, or other representative, will have a chance to explain why you think we are wrong, and a chance to give the Hearing Officer written papers that explain why you think we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any documents you have, such as: pay stubs, leases, receipts, bills, doctor's statements, etc. At the hearing, you and your lawyer, or other representative, can ask questions of witnesses whom we bring, or you bring, to help your case.

Note: If your situation is extremely serious, the State will attempt to process your request for a Fair Hearing as quickly as possible. If you call to request a Fair Hearing, please be prepared to explain your situation to the person who answers the phone. If you write, please explain your situation.

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 your 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 your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.



Fecha del Aviso: _____

Nombre (o nombre de quien acepte correo [C/O]) y dirección:		Nombre de la Unidad:
		Nombre del Trabajador:
		Carga de Casos:
		Número de Teléfono del Trabajador:
Número del Caso:	CIN:	Número de Teléfono de la Conferencia:

Pod Here

Aviso de Decisión sobre la Asistencia para Cubrir una Necesidad Inmediata

Pod Here

La(s) decisión(es) de la Agencia con respecto a su(s) solicitud(es) se explica(n) más abajo junto a la(s) casilla(s) marcada(s) .

Necesidad Inmediata

Esta aviso corresponde solamente a su solicitud de asistencia para cubrir una necesidad inmediata. Si usted también ha solicitado asistencia pública actual este aviso no afecta a su solicitud de dicha asistencia. Usted también recibirá un aviso notificándole de la decisión de esta Agencia sobre su solicitud de asistencia pública actual cuando se haya determinado su elegibilidad.

Si su solicitud de asistencia pública actual es rechazada debido a incumplimiento de requisitos de elegibilidad, puede que también se rechaze una segunda solicitud para recibir una concesión de emergencia/necesidad inmediata si la misma es presentada a menos de tres meses de haber sido rechazada la primera solicitud al menos que muestre pruebas válidas que justifiquen su incumplimiento respecto a la primera solicitud.

El _____, usted solicitó asistencia para cubrir una necesidad inmediata de _____
(fecha)

Por medio del presente aviso le informamos que:

Hemos aprobado asistencia para cubrir sus necesidades inmediatas del modo siguiente:

Una concesión de emergencia preinvestigación por la cantidad de \$ _____ estará disponible para usted el _____.
(fecha)

La asistencia para cubrir una necesidad inmediata fue negada debido a: _____

Otro caso: _____

La(s) ley(es) y/o regulación(es) que nos permite(n) obrar de tal forma es(son) 16 NYCRR § 351.1, § 351.8 y § 352.7.

Asistencia Médica

Si usted necesita ayuda para pagar sus facturas médicas, tiene que solicitar asistencia médica por separado. Si desea más información sobre elegibilidad para asistencia médica, llame al número de teléfono de su trabajador más arriba.

Su asistencia médica permanecerá sin cambios.

Se está evaluando su solicitud de asistencia médica. Le enviaremos nuestra decisión dentro de 30 días.

JOS/Trabajador/Fecha

Supervisor/Fecha

Usted Tiene el Derecho de Apelar de Esta Decisión

ASEGÚRESE DE LEER AL REVERSO PARA INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES

Información sobre Conferencias y Audiencias Imparciales

Si usted estima que nuestra decisión es errónea, puede solicitar que se repase. Nosotros corregiremos nuestros errores, si de hecho, se determina que los hay. Usted puede obrar según ambas las opciones 1 y 2.

1. Solicitar una conferencia con uno de nuestros Supervisores. 2. Solicitar una Audiencia Imparcial con un Oficial Estatal de Audiencias.

1. CONFERENCIA (reunión informal con nosotros)

Si usted considera que nuestra decisión es errónea o si usted no entiende nuestra decisión, por favor llámenos para arreglar una conferencia. Llame al número de la Unidad de Audiencias Imparciales y Conferencias, o escríbanos a la dirección en la primera página de este aviso. A veces esta resulta la manera más ágil de solucionar cualquier problema que pueda tener. Le recomendamos que así lo haga, aunque haya solicitado una Audiencia Imparcial. Si solicita una conferencia, continuará teniendo derecho a una Audiencia Imparcial.

2. AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite de la Petición de una Audiencia Imparcial: Usted tiene el siguiente número de días desde la fecha de este aviso para solicitar una Audiencia Imparcial:

<u>Tipo de Beneficio</u>	<u>Límite de Tiempo</u>
Asistencia Pública y Asistencia Médica	60 días

Como Solicitar una Audiencia Imparcial: Si usted cree que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, escrito, fax o en persona.

- (1) **TELÉFONO:** Llame al (212) 417-6550. (Favor de tener este aviso con usted cuando llame.)
- (2) **ESCRIBA:** Envíe una copia de ambas páginas de este aviso con la sección "Deseo una Audiencia Imparcial" llenada, a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Favor de guardar una copia para usted.)
- (3) **FAX:** Envíe una copia de ambas páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada, al número: (518) 473-6735.
- (4) **EN PERSONA:** Traiga una copia de ambas páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada, a una de las oficinas de Audiencias Administrativas, Despacho de Asistencia Temporal y de Incapacidad del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) a continuación: 14 Boerum Place, Brooklyn; o 330 West 34th Street, 3rd floor, Manhattan.

Deseo una Audiencia Imparcial. La decisión de la agencia es errónea porque: _____

Firma del Participante: _____ Fecha: _____

Nombre en Letra de Molde: _____ Número de Caso: _____

Dirección: _____ Número de Teléfono: _____
Calle Num. del Apto. Ciudad Estado Código Postal

Que Debe Esperar de La Audiencia Imparcial: El estado le enviará un aviso que le informa 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 que nuestra decisión es errónea. Usted puede ser representado(a) por un abogado(a), un familiar, un amigo(a) u otra persona. Si no puede estar presente en la audiencia imparcial, puede enviar a un representante. Si envía a la audiencia a un representante que no sea un abogado, debe dar a dicha persona una carta que indique al funcionario de la Audiencia Imparcial que desea ser representante por dicha persona. En la audiencia, usted y su abogado o su representante podrán explicar por qué, según usted, hemos errado, y tendrán la oportunidad de darle al funcionario evidencias que demuestren lo que usted alega ser nuestro error. Para defender su planteamiento de nuestro error, debe traer a la audiencia testigos que puedan favorecer su posición. Además, debe traer documentos tales como: talones de paga, contratos de alquiler, recibos, facturas, verificación médica, etc. Durante la audiencia usted o su representante podrán interrogar a cualquier testigo por parte suya o nuestra.

Nota: Si su situación resulta extremadamente grave, el Estado intentará procesar su solicitud para una Audiencia Imparcial lo más pronto posible. Si nos llama para pedir una Audiencia Imparcial, favor de estar listo para explicar su situación a la persona que conteste el teléfono. De igual forma explique su situación si decide escribimos.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratis, puede obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal de su localidad (Legal Aid Society) u otro grupo legal de abogacía, los cuales puede localizar en las páginas amarillas bajo "lawyers" (abogados).

ACCESO A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si usted nos llama o nos escribe, le enviaremos copias gratis de los documentos de sus expedientes, las cuales entregaremos al funcionario de audiencia en la Audiencia Imparcial. Además, si usted nos llama o nos escribe, le enviaremos copias gratis de otros documentos específicos de su expediente que usted crea que pueda utilizar para prepararse para su Audiencia Imparcial. Para pedir documentos o para saber cómo revisar su expediente, llame al (718) 722-5012, envíe un fax al (718) 722-5018 o escriba a la siguiente dirección: HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. Si desea copias de documentos del expediente de su caso, debe solicitarlas con anticipación. Normalmente, las copias le serán enviadas dentro de tres (3) días laborales desde la fecha en que usted las solicitó. Si usted hace su solicitud en menos de cinco (5) días laborales antes de su audiencia, los documentos del expediente de su caso le serán entregados en lo que resulte más pronto entre las dos siguientes opciones: dentro de tres (3) días laborales desde su solicitud de documentos, o en la misma audiencia.