



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #04-120-OPE

### REVISION OF FAIR HEARING AID TO CONTINUE CHALLENGE FORM (M-186H)

<b>Date:</b> July 13, 2004	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Forms can now be accessed through Print on Demand at all Job Centers.</p>	<p>The purpose of this policy bulletin is to inform Fair Hearing and Conference staff that the Fair Hearing Aid to Continue Challenge Form (<b>M-186h</b>) has been revised to reflect the following changes:</p> <ul style="list-style-type: none"> <li>The mailing address for the Office of Administrative Hearings (OAH) has been changed. The new address is: New York State Office of Temporary and Disability Assistance Office of Administrative Hearings P.O. Box 1930 Albany, NY 12201-1930</li> <li>The telephone number for OAH has changed. The new number is (518) 474-8787. The fax number remains (518) 473-6735.</li> <li>Lines have been added for “Other Reasons” for why the Agency decided to challenge the participant’s Aid-to-Continue (ATC) status.</li> <li>Form <b>DSS-1891</b> is now the <b>OAH-1891</b>.</li> <li>All references to “client” have been changed to “appellant.”</li> </ul> <p>The Fair Hearing and Conference Unit Supervisor must ensure that all previous versions of the <b>M-186h</b> are recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachment:</b></p> <p><b>M-186h</b> Fair Hearing Aid to Continue Challenge Form (Rev. 7/12/04)</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*



## Fair Hearing Aid to Continue Challenge Form

Date: \_\_\_\_\_

To: New York State Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
P.O. Box 1930  
Albany, NY 12201-1930  
Telephone: (518) 474-8787  
Fax: (518) 473-6735

From: Job Center: \_\_\_\_\_ Centralized ATC Unit Worker: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Subject: Aid to Continue Challenge

Appellant Name: \_\_\_\_\_

FH Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

FH Request Date (Form **OAH-1891**): \_\_\_\_\_

Notice of Intent: Issue Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

We are challenging the Aid to Continue status for the above-named appellant. The attached Notice of Intent clearly indicates that the appellant requested a Fair Hearing **after** the effective date of the notice and that the effective date **did not** fall on a Saturday, Sunday or holiday. The appellant should, therefore, not be entitled to Aid Continuing status.

Other Reasons: \_\_\_\_\_

Please generate an amended **OAH-1891** to advise us of your determination as to whether the case will remain AC or be changed to NA.

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### Results of Challenge

Amended **OAS-1891/FHIS** indicates:

Case remains AC

Status changed to NA