



# FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner





James K. Whelan, Deputy Commissioner  
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #04-206-OPE

### REVISIONS TO THE NON-PUBLIC ASSISTANCE FOOD STAMP CENTERS AND ASSOCIATED MEDICAID OFFICES (M-42U) AND NOTICE OF APPROVAL OF TRANSITIONAL MEDICAID EXTENSION (W-560R)

Date: November 29, 2004	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform staff that the Non-Public Assistance Food Stamp Centers and Associated Medicaid Offices (<b>M-42u</b>) and the Notice of Approval of Transitional Medicaid Extension (<b>W-560R</b>) forms have been revised.</p> <p>Some of the addresses and phone numbers for the Food Stamp Centers and the Medicaid offices associated with them have changed. The <b>M-42u</b> and the <b>W-560R</b> have been updated to reflect these changes and to present the most current information.</p> <p>Center Directors must ensure that all previous versions of the <b>M-42u</b> and the <b>W-560R</b> are recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>M-42u</b>      Non-Public Assistance Food Stamp Centers and Associated Medicaid Offices (Rev. 11/29/04)</p> <p><b>W-560R</b>      Notice of Approval of Transitional Medicaid Extension (Rev. 11/29/04)</p> <p><b>W-560R (S)</b>      Notice of Approval of Transitional Medicaid Extension (Spanish) (Rev. 11/29/04)</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*



### Non-Public Assistance Food Stamp Centers and Associated Medicaid Offices

Food Stamp Office	Medicaid Office
<b>F-02 East End</b> 2322 Third Avenue, Third Floor New York, NY (212) 860-5147	<b>Metropolitan Hospital</b> 1901 2nd Avenue, 1st Floor, Room 1D-27 New York, NY (212) 423-7006
<b>F-11 Union Square</b> (extended hours) Duel Food Stamp/Medicaid Office 109 East 16th Street, Sixth Floor, Room 600 New York, NY (212) 835-7583	<b>F-11 Union Square</b> (extended hours) Duel Food Stamp Food/Medicaid Office 109 East 16th Street, Sixth Floor New York, NY (212) 835-8433
<b>F-13 Washington Heights</b> 4660 Broadway, First Floor New York, NY (212) 569-9834	<b>Columbia-Presbyterian Hospital</b> 622 West 168th Street, First Floor (PH 040) New York, NY (212) 342-5102/3
<b>F-14 St. Nicholas</b> 132 West 125th Street, Fifth Floor New York, NY (212) 666-8692	<b>Harlem Hospital</b> (Ron Brown Bldg.) 530 Lenox Ave., First Fl., Rm 1061 (137th St. entrance) New York, NY (212) 939-8504
<b>F-20 Fort Greene</b> 275 Bergen Street, First Floor Brooklyn, NY (718) 694-8196	<b>Boerum Hill</b> 35 4th Avenue Brooklyn, NY (718) 623-7427/8
<b>F-21 Williamsburg</b> 30 Thornton Street, First Floor Brooklyn, NY (718) 963-5140	<b>Woodhull Hospital</b> 760 Broadway, Ground Floor Brooklyn, NY (718) 630-3397/8
<b>F-22 Coney Island</b> 2865 West 8th Street, First Floor Brooklyn, NY (718) 265-7679	<b>Coney Island</b> 30-50 West 21st Street, First Floor Brooklyn, NY (718) 333-3000/1
<b>F-23 Boro Hall</b> (extended hours) 45 Hoyt Street, Sixth Floor Brooklyn, NY (718) 237-6523	<b>Boerum Hill</b> 35 4th Avenue Brooklyn, NY (718) 623-7427/8
<b>F-24 Greenwood</b> 227 Schermerhorn Street, First Floor Brooklyn, NY (718) 722-4044	<b>Boerum Hill</b> 35 4th Avenue Brooklyn, NY (718) 623-7427/8
<b>F-25 Midwood</b> 3050 West 21st Street, Second Floor Brooklyn, NY (718) 333-3273	<b>Coney Island</b> 30-50 West 21st Street, First Floor Brooklyn, NY (718) 333-3000/1
<b>F-26 North Brooklyn</b> 500 DeKalb Avenue, Fifth Floor Brooklyn, NY (718) 636-2465	<b>Woodhull Hospital</b> 760 Broadway, Ground Floor Brooklyn, NY (718) 630-3397/8

### Non-Public Assistance Food Stamp Centers and Associated Medicaid Offices

Food Stamp Office	Medicaid Office
<b>F-27 New Utrecht</b> 6740 4th Avenue, First Floor Brooklyn, NY (718) 921-2268	<b>Coney Island</b> 30-50 West 21st Street, First Floor Brooklyn, NY (718) 333-3000/1
<b>F-28 Brighton</b> 2865 West 8th Street, First Floor Brooklyn, NY (718) 265-5612	<b>Coney Island</b> 30-50 West 21st Street, First Floor Brooklyn, NY (718) 333-3000/1
<b>F-31/F-40 Melrose</b> 260 East 161st Street, Eighth Floor Bronx, NY (718) 664-1013	<b>Lincoln Hospital</b> 234 East 149th Street, Basement – Room B-75 Bronx, NY (718) 585-7872/7920
<b>F-46 Crotona</b> 1910 Monterey Avenue, Fifth Floor Bronx, NY (718) 901-5459	<b>Bronx Lebanon Hospital</b> 1316 Fulton Avenue Bronx, NY (718) 860-4634/5
<b>F-41 Jamaica</b> (extended hours) 90-75 Sutphin Boulevard, Fourth Floor Queens, NY 718-523-6993/4	<b>Jamaica</b> 90-75 Sutphin Boulevard, Sixth Floor Queens, NY (718) 523-5699
<b>F-42/F-79 Far Rockaway</b> 520 Beach 20th Street, First Floor Far Rockaway, NY (718) 337-6522	<b>Far Rockaway</b> 219 Beach 59th Street, First Floor Far Rockaway, NY (718) 634-6910
<b>F-43 Long Island City</b> 45-12 32nd Place, First Floor Long Island City, NY (718) 752-4473	<b>Elmhurst Hospital</b> 79-01 Broadway, Room D4-17 Long Island City, NY (718) 476-5904
<b>F-53 Flushing</b> 32-20 Northern Boulevard, Fourth Floor Flushing, NY (718) 784-6315	<b>Elmhurst Hospital</b> 79-01 Broadway, Room D4-17 Long Island City, NY (718) 476-5904
<b>F-48 Bergen</b> (extended hours) 305 Rider Avenue Bronx, NY (718) 742-3958	<b>Lincoln Hospital</b> 234 East 149th Street, Basement – Room B-75 Bronx, NY (718) 585-7872/7920
<b>F-51 St. George</b> (unengageable) 201 Bay Street Staten Island, NY (718) 390-6994	<b>Staten Island</b> 215 Bay Street Staten Island, NY (718) 420-4660/4732
<b>F-99 Richmond</b> (engageable) 201 Bay Street Staten Island, NY (718) 390-6994	<b>Staten Island</b> 215 Bay Street Staten Island, NY (718) 420-4660/4732



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

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

Case Name: \_\_\_\_\_

CIN: \_\_\_\_\_

Center: \_\_\_\_\_

Caseload: \_\_\_\_\_

Worker Telephone: \_\_\_\_\_

FH&C Telephone: \_\_\_\_\_

### Notice of Approval of Transitional Medicaid Extension

The agency's decision(s) on your assistance program(s) is/are explained below, next to the checked box(es) .

#### MEDICAL ASSISTANCE

This notice is to inform you that the Transitional Medicaid coverage for you and your child(ren) (if applicable) has been extended:

For three (3) months, effective \_\_\_\_\_ (date) to \_\_\_\_\_ (date). You may also be eligible for an additional three (3) months of Medicaid coverage under this special program. A final Quarterly Report/Application will be mailed to you.

For its final three (3) months, effective \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Medicaid benefits under this special program last for a maximum of 12 months starting from the month your public assistance case was closed due to employment reasons. If you want your eligibility for continued Medicaid determined, you must go to one of the Medicaid offices listed on Section 2 of this notice one month before your benefits are discontinued. Show this notice to the receptionist.

The law(s) and/or regulation(s) which allow(s) us to do this is/are 18 NYCRR § 360-2.6(b) and § 360-3.3(c).

\_\_\_\_\_  
JOS/Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION SECTION OF THIS  
NOTICE ON HOW TO APPEAL THIS DECISION.**

<b>SECTION TWO – MEDICAID OFFICES</b>		
<b>BRONX</b>	<b>BRONX LEBANON HOSPITAL</b> MEDICAID OFFICE	1316 Fulton Avenue (718) 860-4634/5
	<b>JACOBI HOSPITAL</b> MEDICAID OFFICE	1400 Pelham Pkwy (Ambulatory Care Pavilion – 1st Floor) (718) 822-5432/35
	<b>LINCOLN HOSPITAL</b> MEDICAID OFFICE	234 East 149th Street, Basement, Room B-75 (718) 585-7872/7920
	<b>MORRISANIA</b> MEDICAID OFFICE	1225 Gerard Avenue, Basement (718) 960-2752/99
	<b>NORTH CENTRAL BRONX HOSPITAL</b> MEDICAID OFFICE	3424 Kossuth Avenue, 1st Floor, Room 1A-05 (718) 920-1070
<b>BROOKLYN</b>	<b>BOERUM HILL*</b> MEDICAID OFFICE	35 4th Avenue (718) 623-7427/28
	<b>CONEY ISLAND</b> MEDICAID OFFICE	30-50 West 21st Street (718) 333-3000/01
	<b>KINGS COUNTY HOSPITAL</b> MEDICAID OFFICE	441 Clarkson Avenue "T" Bldg, Nurses' Residence, 1st Floor (718) 221-2300/01
	<b>EAST NEW YORK</b> MEDICAID OFFICE	2094 Pitkin Avenue, Basement (718) 922-8292/93
	<b>WOODHULL HOSPITAL</b> MEDICAID OFFICE	760 Broadway (Ground Floor) (718) 630-3397/3398
<b>MANHATTAN</b>	<b>BELLEVUE HOSPITAL*</b> MEDICAID OFFICE	466 First Avenue & 27th Street, "G" Link, 1st Floor (212) 679-7424
	<b>COLUMBIA-PRESBYTERIAN HOSPITAL</b> MEDICAID OFFICE	622 West 168th Street, 1st Floor – PH 040 (212) 342-5102/03
	<b>GOVERNEUR HOSPITAL</b> MEDICAID OFFICE	227 Madison Street, 7th Floor (212) 238-7790
	<b>HARLEM HOSPITAL</b> MEDICAID OFFICE	530 Lenox Avenue (Ron Brown Bldg), 1st Floor, Room 1061 (212) 939-8504 (Use the 137th Street entrance)
	<b>METROPOLITAN HOSPITAL*</b> MEDICAID OFFICE	1901 2nd Avenue, 1st Floor, Room 1D-27 (212) 423-7006
	<b>MEDICAID RENEWAL (ONLY)</b>	340A West 34th Street, 1st Floor Health Stat Phoneline: (888) 692-6116
	<b>QUEENS</b>	<b>ELMHURST HOSPITAL</b> MEDICAID OFFICE
	<b>FAR ROCKAWAY</b> MEDICAID OFFICE	219 Beach 59th Street, 1st Floor (718) 634-6910
	<b>JAMAICA*</b> MEDICAID OFFICE	90-75 Sutphin Boulevard, 6th Floor (718) 523-5699
<b>S. I.</b>	<b>STATEN ISLAND</b> MEDICAID OFFICE	215 Bay Street (718) 420-4660/4732

\* Rosenberg Sites

**Note:** Offices are open Monday to Friday, 9 AM – 5 PM except Coney Island which is also open on Saturday 9 AM – 12 PM.

## Conference and Fair Hearing Information

### 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 **page 1** of this notice or write to us at the address on **page 1** 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.

### STATE FAIR HEARING

**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, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:  
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 the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" 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.**
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

**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. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. 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, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

**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 the 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.

**INFORMATION:** If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

**FAIR HEARING REQUEST**

**Deadline:** If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for medical assistance issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

**I want a Fair Hearing. The Agency's decision is wrong because:**

SAMPLE

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
First Name M.I. Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City State Zip Code

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



Fecha del Aviso: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

CIN: \_\_\_\_\_

Centro: \_\_\_\_\_

Unidad de Casos: \_\_\_\_\_

Núm. de Tel. de Trabajador: \_\_\_\_\_

Núm. de Tel. de FH&C: \_\_\_\_\_

### Aviso de Aprobación de la Extensión del Medicaid de Transición

La(s) decisión(es) de la agencia con respecto a su(s) programa(s) de asistencia se explica(n) más abajo, junto a la(s) casilla(s) marcada(s) .

#### ASISTENCIA MÉDICA

El propósito de este aviso es informarle que su cobertura de Medicaid de Transición (Transitional Medicaid) y la cobertura de su(s) niño(s) (si corresponde) se ha prolongado.

Por tres (3) meses, desde el \_\_\_\_\_ al \_\_\_\_\_. Puede que usted también sea elegible por unos tres (3) meses adicionales de cobertura de Medicaid bajo este programa especial. Un Informe/Solicitud Trimestral le será enviado por correo.

Por los tres (3) últimos meses, desde el \_\_\_\_\_ al \_\_\_\_\_, los beneficios de Medicaid bajo este programa especial duran solamente un máximo de 12 meses a partir del mes en que su caso de asistencia pública fue cerrado por razones de empleo. Si usted desea que se determine su elegibilidad para continuar con Medicaid, usted debe dirigirse a una de las oficinas de Medicaid indicadas en la Sección 2 de este aviso un mes antes de que sus beneficios le sean discontinuados. Muéstrole este aviso a la recepcionista.

La(s) disposición(es) legal(es) y reglamentaria(s) que nos permite(n) obrar de tal forma es/son 18 NYCRR § 360-2.6(b) y § 360-3.3(c).

\_\_\_\_\_  
JOS/Trabajador

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Fecha

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.  
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES  
DE ESTE AVISO SOBRE CÓMO APELAR CONTRA ESTA DECISIÓN.**



<b>SECCIÓN DOS – OFICINAS DE MEDICAID</b>		
<b>BRONX</b>	<b>BRONX LEBANON HOSPITAL</b> MEDICAID OFFICE	1316 Fulton Avenue (718) 860-4634/5
	<b>JACOBI HOSPITAL</b> MEDICAID OFFICE	1400 Pelham Pkwy (Ambulatory Care Pavilion – 1st Floor) (718) 822-5432/35
	<b>LINCOLN HOSPITAL</b> MEDICAID OFFICE	234 East 149th Street, Basement, Room B-75 (718) 585-7872/7920
	<b>MORRISANIA</b> MEDICAID OFFICE	1225 Gerard Avenue, Basement (718) 960-2752/99
	<b>NORTH CENTRAL BRONX HOSPITAL</b> MEDICAID OFFICE	3424 Kossuth Avenue, 1st Floor, Room 1A-05 (718) 920-1070
<b>BROOKLYN</b>	<b>BOERUM HILL*</b> MEDICAID OFFICE	35 4th Avenue (718) 623-7427/28
	<b>CONEY ISLAND</b> MEDICAID OFFICE	30-50 West 21st Street (718) 333-3000/01
	<b>KINGS COUNTY HOSPITAL</b> MEDICAID OFFICE	441 Clarkson Avenue "T" Bldg, Nurses' Residence, 1st Floor (718) 221-2300/01
	<b>EAST NEW YORK</b> MEDICAID OFFICE	2094 Pitkin Avenue, Basement (718) 922-8292/93
	<b>WOODHULL HOSPITAL</b> MEDICAID OFFICE	760 Broadway (Ground Floor) (718) 630-3397/3398
<b>MANHATTAN</b>	<b>BELLEVUE HOSPITAL*</b> MEDICAID OFFICE	466 First Avenue & 27th Street, "G" Link, 1st Floor (212) 679-7424
	<b>COLUMBIA-PRESBYTERIAN HOSPITAL</b> MEDICAID OFFICE	622 West 168th Street, 1st Floor – PH 040 (212) 342-5102/03
	<b>GOVERNEUR HOSPITAL</b> MEDICAID OFFICE	227 Madison Street, 7th Floor (212) 238-7790
	<b>HARLEM HOSPITAL</b> MEDICAID OFFICE	530 Lenox Avenue (Ron Brown Bldg), 1st Floor, Room 1061 (212) 939-8504 (Use the 137th Street entrance)
	<b>METROPOLITAN HOSPITAL*</b> MEDICAID OFFICE	1901 2nd Avenue, 1st Floor, Room 1D-27 (212) 423-7006
	<b>MEDICAID RENEWAL (ONLY)</b>	340A West 34th Street, 1st Floor Health Stat Phoneline: (888) 692-6116
<b>QUEENS</b>	<b>ELMHURST HOSPITAL</b> MEDICAID OFFICE	79-01 Broadway, Room D4-17 (718) 476-5904
	<b>FAR ROCKAWAY</b> MEDICAID OFFICE	219 Beach 59th Street, 1st Floor (718) 634-6910
	<b>JAMAICA*</b> MEDICAID OFFICE	90-75 Sutphin Boulevard, 6th Floor (718) 523-5699
<b>S. I.</b>	<b>STATEN ISLAND</b> MEDICAID OFFICE	215 Bay Street (718) 420-4660/4732

\* Locales de Rosenberg

Nota: Las oficinas están abiertas de lunes-viernes de 9 AM – 5 PM excepto Coney Island que además abre los sábados de 9 AM – 12 PM.

## Información sobre Conferencias y Audiencias Imparciales

### CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) que aparece en la **primera página** de este aviso, o escríbanos a la dirección que también aparece en la **primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

### AUDIENCIA IMPARCIAL ESTATAL

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

**(1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)

**(2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de 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) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

**(4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:

**14 Boerum Place, Brooklyn o 330 West 34th Street, 3rd floor, Manhattan.**

**(5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:

**<http://www.otda.state.ny.us/oah/forms.asp>**

**Qué Puede Esperar de La Audiencia Imparcial:** El Estado le enviará una notificación que le informará 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. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

**ASISTENCIA LEGAL:** Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de obogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

**ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS:** Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Generalmente, éstas se le enviarán dentro de tres días laborales a partir de la fecha en que las pida. Si solicita las copias menos de cinco días laborales antes de la fecha en que se celebrará su audiencia, se le podrían entregar el día de la audiencia.

**INFORMACIÓN:** Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

**PETICIÓN DE AUDIENCIA IMPARCIAL**

**Fecha Límite:** Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia médica.

Si no logra comunicarse con la New York State Office of Temporary and Disability Assistance (Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

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

**SAMPLE**

Nombre en Letra de Molde: \_\_\_\_\_ I. Apellido \_\_\_\_\_ Número de Caso: \_\_\_\_\_

Dirección: \_\_\_\_\_  
Línea 1 de Dirección \_\_\_\_\_  
Línea 2 de Dirección \_\_\_\_\_  
Teléfono: \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

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