



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-28-OPE

REVISION OF THE NOTICE OF RECERTIFICATION APPOINTMENT (W-908T)

Date: February 13, 2004	Subtopic(s): 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>This policy bulletin is to inform staff that the Recertification for: Public Assistance, Medical Assistance and Food Stamp (form LDSS-3174) will no longer be mailed to participants in non-POS Centers. Starting with the participants due for recertification in March 2004, the LDSS-3174 will be provided when the participant arrives for his/her recertification interview.</p> <p>As a result, the Notice of Recertification Appointment (W-908T) has been revised to inform participants of this change.</p> <p>In addition, due to mailing requirements, the recertification information regarding the interview/application rights for Food Stamps (FS) and Fair Hearing is now being provided as an insert.</p> <p>Location heads must ensure that all previous versions are recycled.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>W-908T Notice of Recertification Appointment (Rev. 2/12/04)</p> <p>W-908T Insert Notice of Recertification Appointment (W-908T) Insert (Rev. 2/12/04)</p> <p>W-908T(S) Notice of Recertification Appointment (Rev. 2/12/04) (Spanish)</p> <p>W-908T Insert (S) Notice of Recertification Appointment (W-908T) Insert (Rev. 2/12/04) (Spanish)</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*



Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker Phone: _____
FH&C Phone: _____

Notice of Recertification Appointment

This letter is to inform you that you must have a face-to-face recertification interview to assist us in determining if you can still receive:

- Public Assistance Food Stamps

The date of your interview is _____. The time of your interview is _____.

Please report to your Center at the above address for the recertification interview with an Eligibility Worker.

If you cannot keep this interview or if you miss the interview, call _____ as soon as possible to reschedule the appointment.
Telephone Number

Be sure to read the "Interview/Application Rights for Food Stamp Benefits" section of the W-908T Insert attached to this notice.

Depending on the program(s) for which you are recertifying, you will need to provide information on and proof of the items checked below that explain your current situation and how it has changed. If you need any help getting this proof, please let your Worker know as soon as possible.

If the Center you report to requires a paper recertification application, it will be provided to you when you arrive for your interview. If you are reporting to a Center using a paperless computer system, your recertification application will be completed and filed on the computer. You will be assisted with this electronic recertification process. Regardless of which type of Center you report to, you must bring all documents requested in this appointment notice to your interview.

Proof to bring to your Public Assistance Interview – You will need to:

- provide information about the people in your home;
- prove that the people who get assistance live in your home;
- show proof of expenses (such as rent, utilities, child care);
- show proof of any income you get;
- show proof of any assets you have;
- show proof of any changes in your living situation, such as change in household size.

Proof to bring to your Food Stamp Benefits Interview – You will need to bring current proof of any of the following that apply:

- earned income for the past four (4) weeks;
- any change of \$100 or more in the amount of your household's monthly unearned income;
- any medical expenses since you last applied or were recertified for anyone in your household who is 60 years of age or older or disabled;
- any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs, and any other changes.

In addition, you also need to bring:

The following case member, _____
First Name M.I. Last Name
must report for the scheduled recertification to be finger-imaged.

Our records show that _____ will be
First Name M.I. Last Name
be 18 years old next month. We require a letter from his/her school, showing his/her expected date of graduation.

We have not verified school attendance for _____
First Name M.I. Last Name
You must go to the school and obtain verification for the above named individual(s). You do not need to obtain school verification for anyone not listed.

If your case type indicated below is Family Assistance (FA) and you (including other adult members of the household) have received 58 months or more of cash assistance (indicated in the Number of Months of Cash Assistance Used box below) **you and all adult members of your household must come to this interview.**

Time Limit Count – Federal and State laws set a time limit on cash assistance for all adults.* Our records show that the case number listed below has the number of trackable months of assistance used as follows:

Case Number	Suffix	Case Type	Number of Months of Cash Assistance Used	As of Date

*Minor children are exempt from time limit count, UNLESS they are the head of the household.

A minor child is considered to be a head of household when s/he is the grantee of his or her own family. A minor child who resides in an adult-supervised living agreement, in which payment is made to a person who is not the minor and who is responsible for the disposition of the funds, shall not be considered a "head of household" and shall not be tracked toward the time limit while residing in such an arrangement as a minor.

A minor child who is NOT the head of the household is an individual who is not yet eighteen (18) years old or who is between eighteen (18) and nineteen (19) and is a full-time student in a secondary school, or in the equivalent level of vocational or technical training.

Other:

What Happens If I Do Not Come to the Interview?

Public Assistance: If you do not come to your interview, we will think that you do not want public assistance. We will then close your public assistance case and send you a notice informing you of the closing date. This decision is based on 18 NYCRR § 351.22.

Medical Assistance: A face-to-face interview is not required to continue your Medical Assistance. However, you must report any changes in address, income, resources or household size to this department.

Food Stamp Benefits:

If you submit your recertification application by _____ and are still eligible, you will receive uninterrupted Food Stamp Benefits. However, you will not get Food Stamp Benefits after _____

Last Day of Certification Period

Last Day of Certification Period

unless you are recertified. If you, a member of your household or your authorized representative do not turn in your recertification form, complete an interview and give any required documentation, you will not get Food Stamp Benefits unless you apply again and are eligible. If any proof is still needed after the interview, you will be told what you need to bring, and you will have at least ten (10) days to submit it. This decision is based on 18 NYCRR § 387.17.

What If I No Longer Want or Need Assistance?

If you do not want or need public assistance, Food Stamp Benefits and/or medical assistance, please tell us. If you want any of these benefits to stop, check the box(es) below next to the benefit(s) and tell us the reason why. It is important for you to tell us why you want your case closed, because, depending on the reason, you may be able to get medical assistance for up to a year. You may also be able to get help with your child care expenses.

If you check any of the box(es) below, sign, date and send this form to the address of the Job Center listed on page one of this form.

I do not want or need PUBLIC ASSISTANCE. If you checked this box but still want Food Stamp Benefits, you must submit a recertification application in the manner explained in the Interview/Application Rights for Food Stamp Benefits (see Form **W-908T** Insert) section of this notice. Your medical assistance will continue unless you also check the next box.

I do not want MEDICAL ASSISTANCE.

I do not want FOOD STAMP BENEFITS.

Reason:

Signature

Case Number

Date Signed



Notice of Recertification Appointment (W-908T) Insert Interview/Application Rights for Food Stamp Benefits

You have a right to:

- request that the Food Stamp in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming during regular office hours.
- ask for an application for Food Stamp Benefits. This office must accept the application as long as it is signed and has a readable name (and address, if you have one).
- apply for Food Stamp Benefits in person, by mail, fax or through an authorized representative. An interview may be required.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may apply for Food Stamp Benefits at the Social Security Office instead of turning in your recertification form at the Food Stamp office. If you choose to do this, the Social Security Office must also get your application by (see page 2 of the Notice of Recertification Appointment **W-908T**). They will interview you and send your application and supporting documents to the Food Stamp Benefits office to see if you can still get Food Stamp Benefits.

Services and Other Information

- Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice. A loss of public assistance and medical assistance benefits will require a redetermination of your eligibility for social services within 30 days of such a decision. This does not necessarily mean that these services will be terminated. It means that your continuing eligibility for these services will have to be redetermined. For further information, please contact your Worker.
- If you are getting public assistance, medical assistance or Food Stamp Benefits, you may be able to get a discount on your phone service. For information on LIFELINE, call Verizon toll-free at (800) 555-5000.
- Although you may no longer be eligible for Public Assistance, Food Stamp Benefits or Medical Assistance, you still may be eligible for assistance with your heating costs by applying for the Home Energy Assistance Program (HEAP). Information on HEAP can be obtained by calling HEAP Central at (800) 692-0557.

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 **first page** of this notice or write to us at the address on the **first page** 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: You have 90 days from the day of this notice to ask for a Fair Hearing on your Food Stamp benefits.

How to Ask for a Fair Hearing:

- (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 below 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**.
- (5) **ONLINE:** Complete an online request form at:
<http://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

Note: If your situation is extremely serious please explain your situation, 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.

Fair Hearing Request:

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

Signature of Participant: _____ Date: _____

Print Name: _____
(First Name) (M.I.) (Last Name)

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.

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, NY 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: _____

Número del Caso: _____

Nombre del Caso: _____

Unidad de Casos: _____

Nombre del Trabajador: _____

Num. de Teléfono del Trabajador: _____

Número de Tel. de

Audiencia Imparcial: _____

Aviso de Cita de Recertificación

Esta carta es para informarle que tiene que acudir a una entrevista de recertificación en persona para ayudar a determinar si todavía puede recibir:

- Asistencia Pública Cupones para Alimentos

La fecha de su entrevista es el _____. Su entrevista es a esta hora _____.

Favor de presentarse al Centro a la dirección que se indicada más arriba para una entrevista de recertificación con un Trabajador de Elegibilidad.

Si usted no puede presentarse o falta a la entrevista, llame al _____ tan pronto sea posible para programar otra cita.
(Número de Teléfono)

Asegúrese de leer la sección W-908T (S) Insert adjunta a este aviso sobre "Derechos sobre Beneficios de Cupones para Alimentos en la Solicitud y Entrevista".

De acuerdo al programa para el que necesite recertificarse, usted tendrá que proporcionar información y pruebas de los asuntos marcados a continuación que explican su condición actual y como ha cambiado. Si necesita cualquier ayuda para obtener pruebas, favor de llamar a su Trabajador lo más pronto sea posible.

El Centro al que usted se presente le proveerá una solicitud de recertificación en papel cuando usted llegue a su entrevista si dicho Centro así lo requiere. Si en cambio usted se presenta a un Centro con sistema electrónico computarizado, su solicitud de recertificación será procesada por computadora y se le brindará ayuda con dicho proceso electrónico de recertificación. Sin importar el tipo de Centro al que usted se presente, debe traer a su entrevista todos los documentos solicitados en este aviso de la cita.

Pruebas que debe traer a su entrevista de Asistencia Pública – Usted tendrá que:

- dar información sobre las personas en su hogar;
- probar que las personas que reciben asistencia viven en su hogar;
- presentar pruebas de gastos (tales como la renta, servicios, cuidado infantil);
- presentar pruebas de todo ingreso que reciba;
- presentar pruebas de todos los bienes que tenga;
- presentar pruebas de cualquier cambio en su condiciones de vida tal como un cambio en el tamaño de su hogar.

Pruebas que debe traer a su entrevista de Beneficios de Cupones para Alimentos – Usted tendrá que traer pruebas actuales de cualquiera de los siguientes casos que le corresponda:

- ingresos de las últimas cuatro (4) semanas;
- algún cambio de \$100 o más en la cantidad de los ingresos mensuales del hogar no derivados del trabajo;
- algún gasto médico desde que presentó su solicitud o fue recertificado para cualquier persona incapacitada o de 60 años de edad o mayor en su hogar;
- algún cambio en su condición de vida, tal como en su ingreso, recursos, vivienda (renta, servicios públicos, calefacción, teléfono, etc.), tamaño de la familia, gastos de cuidado infantil y cualquier otro cambio.

Además, necesita traer:

El siguiente miembro del caso, _____
(Nombre) (S.N.) (Apellido)
debe presentarse a la recertificación programada para que le tomen su impresión digital.

Nuestros archivos indican que _____
(Nombre) (S.N.) (Apellido)
cumplirá los 18 años de edad el próximo mes. Necesitamos una carta de la escuela que muestra la fecha anticipada de su graduación.

No hemos verificado asistencia escolar de _____
(Nombre) (S.N.) (Apellido)
Usted debe ir a la escuela a conseguir verificación sobre la(s) persona(s) mencionadas más arriba. No necesita conseguir verificación si la persona no está mencionada.

Aviso de Cita para Recertificación (W-908T) Insert Derechos sobre Beneficios de Cupones para Alimentos en la Solicitud y Entrevista

Usted tiene el derecho de:

- pedir que la entrevista de Cupones de Alimentos en la Oficina sea dispensada debido a dificultades. Dificultades normalmente incluye pero no está limitado a enfermedades, transporte, cuidar a un miembro del hogar, dificultad debido a que reside en una area rural, mal tiempo prolongado, o trabajo o horas de capacitación que le impiden acudir durante las horas de oficina normales.
- pedir una solicitud de Beneficios de Cupones para Alimentos. Esta oficina debe aceptar la solicitud siempre y cuando esté firmada y tenga el nombre y (la dirección si la tiene) legible(s).
- solicitar Beneficios de Cupones para Alimentos en persona, por correo, fax o a travez de un representante autorizado, por lo cual tal vez se requiera una entrevista.

Si todos los miembros de su hogar actualmente reciben Seguridad de Ingreso Suplementario (Supplemental Security Income – SSI) o tiene planes para solicitar SSI, usted puede solicitar para Beneficios de Cupones para Alimentos en la oficina del Seguro Social en vez de presentar su formulario de recertificación en la oficina de Cupones para Alimentos. Si así lo decide, la Oficina del Seguro Social también debe recibir su solicitud antes del (*vea la página 2 del Aviso de la Cita de Recertificación [W-908T]*) . Ellos le enviarán su solicitud con documentos correspondientes a la oficina de Beneficios de Cupones para Alimentos para ver si todavía puede recibir Beneficios de Cupones para Alimentos.

Servicios y Otra Información

- La Oficina de Servicios Sociales tal vez le pueda proporcionar información y educación sobre la planificación familiar hasta 90 días desde la fecha de vigencia indicada en este aviso. La pérdida de beneficios de asistencia pública y médica requerirá una redeterminación de su elegibilidad para servicios sociales dentro de 30 días de dicha decisión. Esto no necesariamente significa que estos servicios serán suspendidos. Esto significa que su elegibilidad continua para estos servicios tendrán que ser determinados de nuevo. Favor de comunicarse con su Trabajador, para más información.
- Si usted recibe asistencia pública, asistencia médica o Beneficios de Cupones para Alimentos, tal vez pueda recibir un descuento en su servicio de teléfono. Llame gratuitamente a Verizon al (800) 555-5000, para más información sobre LIFELINE.
- Aunque ya no sea elegible para Asistencia Pública, Beneficios de Cupones para Alimentos o Asistencia Médica, usted todavía puede ser elegible para asistencia con sus gastos de calefacción solicitando al Programa de Asistencia para Energía en el Hogar (Home Energy Assistance Program – HEAP). Información sobre HEAP se puede obtener llamando a la Central de HEAP al (800) 692-0557.

Información sobre Conferencias y Audiencias Imparciales

Si usted considera que nuestra decisión es errónea, puede petitionar una reconsideración de dicha decisión. Si se determina que nos hemos equivocado, corregiremos nuestro error. Usted podrá proceder de ambas maneras planteadas 1 y 2.

1. Pedir una conferencia con uno de nuestros supervisores.
2. Pedir una audiencia imparcial estatal con un funcionario de audiencias estatales (State Hearing Officer).

1. CONFERENCIA

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

2. AUDIENCIA IMPARCIAL ESTATAL

Plazo: Usted tiene 90 días a partir de la fecha de este aviso para pedir una Audiencia Imparcial acerca de sus beneficios de Cupones para Alimentos.

Cómo Solicitar una Audiencia Imparcial:

- (1) **POR TELÉFONO:** Llame al (212) 417-6550. (Favor de tener este aviso a la mano cuando llame.)
- (2) **POR CARTA:** Envíe una copia de todas las 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) **POR FAX:** Envíe una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada, al número: (518) 473-6735.
- (4) **EN PERSONA:** Traiga una copia de todas las 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 (la Oficina de Audiencia Administrativa una de las direcciones a continuación: **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/oahforms/erequestform.asp>

Nota: Si su situación resulta extremadamente grave favor de explicarla, el Estado intentara 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.

Solicitud de Audiencia Imparcial:

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

Firma del Participante: _____ Fecha: _____

Nombre en Letra de Molde: _____
(Nombre) (S.N) (Apellido)

Qué Puede 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(a) abogado(a), un familiar, un(a) amigo(a) u otra persona. Si no puede estar presente en la Audiencia Imparcial, puede enviar a un representante, pero si éste no es abogado, debe proporcionarle una carta que indique al funcionario de la Audiencia Imparcial que usted desea ser representado por el portador. En la audiencia, usted y su abogado o su representante podrán explicar en qué, según usted, hemos errado, y tendrán la oportunidad de presentar al funcionario de la audiencia evidencias que demuestren el error que usted nos imputa. Para defender su planteamiento de nuestro error, debe traer a la audiencia cualquier testigo que pueda favorecer su reclamación, para ser interrogado por usted y su abogado o su representante. Asimismo podrá contrainterrogar a testigos presentados por nuestra parte. Además, debe traer documentos tales como: talones de paga, contratos de alquiler, recibos, facturas, verificación médica, etc.

ASISTENCIA LEGAL: Si necesita asistencia legal gratis, podría 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 ARCHIVO Y COPIAS DE DOCUMENTOS: Como asistencia en preparación para la audiencia, usted tiene el derecho a revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, 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 facsimil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y los cuales usted considere necesarios al prepararse para la audiencia imparcial. Para solicitar documentos o para averiguar como revisar su archivo, llámenos al (718) 722-5012, o por facsimil al (718) 722-5018 o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Generalmente, las copias se le enviarán dentro de tres días laborales contados a partir de la fecha en que las solicita. 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.