



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #04-43-ELI
(This Policy Bulletin Replaces PB #03-171-ELI)

LIMITATION OF IMMEDIATE NEED GRANTS (CODE 44 AND/OR HEALTH AND SAFETY KIT)

Date: March 11, 2004	Subtopic(s): Eligibility
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to the Original Procedure</p> <p>This policy bulletin has been revised to:</p> <ul style="list-style-type: none"> Clearly indicate when Action Code 90LN is entered in NYCWAY and when it should not be entered. Clarify that this new policy limits the receipt of immediate needs grants (code 44 and/or health and safety kit) to one application within a three-month period for certain individuals. It <u>does not</u> limit the number of immediate need grants an applicant who is otherwise eligible may receive during an application period. Inform staff that the Notice of Decision on Assistance to Meet an Immediate Need (W-145HH) has been revised to clarify the limitation policy and to reflect a change in telephone numbers for requesting a Fair Hearing. <p>Purpose</p> <p>The purpose of this policy bulletin is to inform staff that effective January 1, 2004, the issuance of immediate need grants (code 44 and/or health and safety kit) was 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 <u>subsequently denied for failure to comply</u> with an eligibility requirement(s) without good cause.

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*

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 applies even if the reapplicant is not eligible for the expedited Food Stamp (FS) service and is requesting a grant to alleviate a no food situation. It also applies if the immediate needs grant request is for health- and safety-related items.

This policy, however, does not apply to households residing in domestic violence shelters.

As a result of this new policy, the Agency was required to notify applicants of the limitation of the grant at the time that an immediate needs grant and/or health and safety kit is issued. To meet this requirement, the Notice of Decision on Assistance to Meet an Immediate Need (**W-145HH**) was previously revised to include a statement that informed the applicant of this new policy.

W-145HH was revised to reflect new policy.

The denial section of the **W-145HH** has been expanded.

To ensure clarity, the **W-145HH** has now been further revised to include an expanded denial section. This section now requires the entry of the last application date and a check-off of the type of assistance that was provided during the previous application period.

Action Code **90LN** must be entered in NYCWAY only if a code **44** grant and/or a health and safety kit and the **W-145HH** is issued.

Workers must enter action code **90LN** in NYCWAY each time an immediate needs grant (PA issuance code **44**) and/or health and safety kit and the **W-145HH** containing the information regarding the frequent application policy is issued to an applicant. This code is entered only for the casehead.

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

Note: In all the following examples, code **90LN** was entered in NYCWAY each time a code **44** immediate needs grant and/or health and safety kit and the **W-145HH** containing the information regarding the frequent application policy was issued.

Example 1

PA reapplication within 3 months of denial for failure to comply with eligibility requirements without good cause

A household applied for recurring assistance on January 5, 2004 claiming a no food emergency. The household was not eligible for EFS. An immediate needs grant (code **44**) 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 February 10, 2004 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.

On February 10, 2004 the Worker must determine if action code **90LN** was posted in NYCWAY when the code **44** was issued on January 5, 2004. (Action code **90LN** confirms the household was previously advised of the Agency's policy on frequent applications.) Since the applicant is reapplying for emergency assistance within 90 days of the first request and 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. In this instance the Worker must ensure that when completing the **W-145HH** s/he enters January 5 as the previous application date and checks off the immediate need grant box.

Example 2

PA reapplication within 3 months of denial for failure to comply with eligibility requirements with good cause

A husband and wife apply for recurring assistance on February 12 and report a no food emergency. The household is ineligible for EFS. A code **44** grant to meet the no food emergency 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 to meet their 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. The household is ineligible for EFS.

In this instance, the applicants 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 3

Reapplication 4 months after denial of PA for failure to comply with eligibility requirements

An individual applies for recurring assistance on January 18, 2004 and reports that he has a no food emergency as well as a need for health and safety items. He is eligible for EFS and is deemed eligible for FS. The applicant is issued a same day FS benefit and a health and safety kit. The applicant must provide documents necessary to verify eligibility for PA and FS by January 28, 2004. He fails to do so and on January 29, 2004 actions to deny the application are entered into WMS.

The individual reapplies for recurring assistance on May 16, 2004. He again reports a no food emergency and does not have a good reason for failing to comply on the previous application.

In this instance, the applicant is ineligible for EFS but is eligible to receive an immediate needs grant (code **44**) if he otherwise meets the criteria because his prior application is more than three months old.

Action Code **90LN** must not be entered in NYCWAY in these instances.

Workers must not enter code **90LN** in NYCWAY if the **W-145HH** is issued:

- To inform the applicant that his/her request for an immediate needs grant (code **44**) has been denied.
- To inform the applicant that a grant or benefit (other than code **44** or health and safety kit) will be issued to meet his/her immediate or emergency need.


Effective January 1, 2004

Reference:

03 INF 34

Attachments:

- W-145HH** Notice of Decision on Assistance to Meet an Immediate Need (Rev. 3/5/04)
- W-145HH(S)** Notice of Decision on Assistance to Meet an Immediate Need (Rev. 3/5/04)

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



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

Notice of Decision on Assistance to Meet an Immediate Need

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 your request for an immediate need grant was evaluated and the following decision was made:

- An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____.
date
- Assistance to meet an immediate need is denied because:
 - when you applied for public assistance on _____ (within the last three months),
you were issued:
 - immediate need grant(s)
 - health and safety kit(s)
 and subsequently failed to comply with the eligibility requirements without good cause.
 - 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 Signature

Date

Supervisor Signature

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

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.

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, or in person.

- (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 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 the entire notice, with the "Fair Hearing Request" section completed, to: (518) 473-6735.
- (4) **WALK-IN:** 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>

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.

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, 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 the front 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 public assistance and/or Medical Assistance issues.

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

Print Name: _____ Case Number: _____

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

Signature: _____ Date: _____



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Unidad de Casos: _____

Nombre del Trabajador: _____

Num. de Tel. del Trabajador: _____

Núm. de Tel. de FH&C: _____

Aviso de Decisión sobre la Asistencia para Cubrir una Necesidad Inmediata

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 de que hemos aprobado asistencia para cubrir sus necesidades inmediatas del siguiente modo:

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

Asistencia para cubrir una necesidad inmediata es rechazada debido a que:

cuando usted solicitó asistencia pública el _____ (dentro de los últimos tres meses),
se le ha(n) otorgado: fecha

concesión(

b

y usted no cumplió posteriormente con los requisitos de elegibilidad sin motivo justificado.

otro: _____

La(s) ley(es) y/o regulación(es) que nos permite(n) obrar de tal forma es(son) 18 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.

Firma del JOS/Trabajador

Fecha

Firma del 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

CONFERENCIA

Si usted estima 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 Audiencia Imparciales y Conferencias (FH&C) o escribanos a la dirección que aparecen 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 solicitado 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 cree que la(s) acción(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax o en persona.

- (1) **TELÉFONO:** Llame al (800) 342-3334. (Favor de tener este aviso con usted cuando llame.)
- (2) **ESCRIBA:** 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) **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 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.**
- (5) **POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a: <http://www.otda.state.ny.us/oah/forms.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.

Que 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 abogado(a), un familiar, un 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 EXPEDIENTE Y COPIAS DE DOCUMENTOS: Como asistencia en preparación para la audiencia, usted tiene el derecho a inspeccionar 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, New York 11201.** Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Generalmente, estas 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.

INFORMACIÓN: Si desea más información sobre su caso, como pedir una Audiencia Imparcial, como presentar su solicitud o como obtener copias adicionales de documentos, llame o escribanos al número telefónico/dirección que aparecen en la parte delantera de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el estado revise nuestra decisión, usted tiene que solicitar una Audiencia Imparcial dentro de 60 días a partir de la fecha de este aviso para asuntos de asistencia pública y/o asuntos asistencia médica.

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

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

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

Firma del Solicitante: _____ Fecha: _____