



**FAMILY INDEPENDENCE ADMINISTRATION**  
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**POLICY BULLETIN #05-19-OPE**

**OBSOLETE FAIR HEARING FORMS**

<b>Date:</b> January 27, 2005	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform staff that the following Fair Hearing forms have been obsoleted and should no longer be used.</p> <ul style="list-style-type: none"> <li>• H.R.A. Action to Resolve Client's Fair Hearing Request (<b>M-186y</b>)</li> <li>• L &amp; A Worker Daily Conference Log (<b>W-510</b>)</li> </ul> <p>The information contained on the <b>M-186y</b> has been modified and incorporated into the Pre-Hearing Review (<b>M-186f</b>). The information on the <b>W-510</b> has been modified and incorporated into the AJOS/FH Supervisor I – Daily Work Log (<b>M-186k</b>).</p> <p>Center Directors must ensure that all copies of the obsolete forms are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><u>Obsolete Forms</u></p> <p><b>M-186y</b>     H.R.A. Action to Resolve Client's Fair Hearing Request <b>W-510</b>     L &amp; A Worker Daily Conference Log</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*

# H.R.A. Action to Resolve Client's Fair Hearing Request

To: NYS OTDA Office of Administrative Hearings  
P.O. Box 1930  
Albany, N.Y. 12201-1930  
Telephone (212) 417-6550 Fax (518) 473-6735

From: FH&C Section, ISC # \_\_\_\_\_

Copy to Client

Case Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Case # \_\_\_\_\_ Fair Hearing# \_\_\_\_\_  
Fair Hearing Request Date \_\_\_\_\_  
Fair Hearing Issues(s) (Reduction/Discontinuance/Denial/Other) (PAMA/FS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OBSCLETE

We have taken the action(s) checked below to resolve the fair hearing request.

- Settled notice. Lost benefits restored. Notice date \_\_\_\_\_ Effective \_\_\_\_\_
- Settled notice. No benefits were lost. Notice date \_\_\_\_\_ Effective \_\_\_\_\_
- No notice involved. Issue resolved. (Explain Below)
- Other (Inadequacy, Denials) \_\_\_\_\_ (Explain Below)

Explanation of action(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefits issued retroactive from: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature FH&C Staff Member

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature FH&C Supervisor

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

### L & A WORKER DAILY CONFERENCE LOG

INC No. \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

L & A WORKER: \_\_\_\_\_

Case Name	Case Number	IN PERSON				TELEPHONE			
		UPHELD	REVERSED	ADJUSTMENT	OTHER	UPHELD	REVERSED	ADJUSTMENT	OTHER
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
		<b>TOTAL:</b>							

obsolete

MANDAYS WORKED (HALF OR FULL DAY): \_\_\_\_\_