



# FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




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Policy, Procedures and Training

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Office of Procedures

## POLICY BULLETIN #05-59-OPE

### PROVIDING COPIES OF ALL AGENCY-RELATED WRITTEN COMMUNICATION TO APPELLANTS' REPRESENTATIVES

<p><b>Date:</b> April 6, 2005</p>	<p><b>Subtopic(s):</b> Fair Hearing</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non-Public Assistance Food Stamp Site staff that all Fair Hearing-related written communication, which includes Mandatory Dispute Resolution (MDR) and non-MDR-related resolution actions provided to an appellant, must also be provided to the appellant's representative/attorney.</p> <p>In accordance with NYCRR 358-3.9, OAH 05-03 and OAH 98-17, once the Agency has been notified that a person or organization has been authorized as an appellant's representative, that representative must receive copies of all written communication sent or given to the appellant concerning the Fair Hearing, the MDR and any related conferences.</p> <p>The Worker can determine whether the appellant has a representative by reviewing the Office of Administrative Hearings Fair Hearing Request (<b>OAH-1891</b>) form to locate the name and address of the representative (see next page for a sample of the form).</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*

OAH-1891

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** REQUEST FOR FAIR HEARING **          ** REQUEST FOR FAIR HEARING **          ** REQUEST FOR FAIR HEARING **
OAH - 1891                                NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE          DATE CREATED 03/03/05
NOTICE OF FAIR HEARING REQUEST          OFFICE OF ADMINISTRATIVE HEARINGS          PAGE 2
CASE # : 0500                                CIB :                                FAIR HEARING # : 0K DISPOSITION:
OFFICE : 080                                UNIT :                                WORKER : 00044
CASE NAME :                                JESSICA                                REQUEST DATE : 03/01/05
STREET :                                REQUEST SOURCE : FAX
CITY : NEW YORK                                ST NY ZIP 10009                                POST/FAX DATE :
PHONE : 212                                SEX F DOB 05/20/1966                                SOC SEC NUMBER :
REPRESENTATIVE:
VALLONE                                JENNIFER
UNIVERSITY SETTLMNT 184 ELDRIDGE ST
NEW YORK                                NY 10002
212-505-1955

HEARING DATE: / / TIME: : NO ASSIGNED:                                OLD HEARING DATE/TIME: / / :                                OLD NO ASSIGNED:
LOCATION : 14 BOERUM PL. HEARING TYPE:                                SCHEDULE STATUS: S :                                SCHEDULING RESTRICTIONS
AGENCY : N080                                INTERPRETER :                                ISSUE DATE:                                AM
CATEGORY : FA                                SUB-CATEGORY:                                COMPLIANCE COMPLAINT:                                PM
COMPLIANCE OBTAINED :
CAT ACTION ISSUES                                AIDSTATUS NOTICE # NOTICE DATE EFFECTIVE DATE
FA REDU 053 - FAILURE TO RECEIVE GRANT OR REDUCTION W/O NOTICE OR EXPLANATION AC
FA REDU 425 - DISC/REDU/DENY OF FOOD STAMPS - NO NOTICE AC
COMMENTS: PA/FS REDU-APP CONTESTING REDU W/O NOTICE.
SELF REQ FORM REC'D REQUESTING AC. NO NOTICE MATCH FOUND. 03/03/0 828
COPY SENT TO:

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The name and address of the appellant's representative

*Effective Immediately*

**References:**

- NYCRR 358-3.9
- OAH 98-17
- OAH 05-03