



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-33-OPE

RESTORATION OF FOOD STAMP BENEFITS FOR CERTAIN CLASS MEMBERS IN REYNOLDS V. GIULIANI

Date: April 1, 2011	Subtopic(s): Special Grant
<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 Cash Assistance Food Stamp (NCA FS) Center staff about an agreement to grant restoration of lost Food Stamp (FS) benefits to certain class members in <u>Reynolds v. Giuliani</u>.</p> <p>The Reynolds class members targeted for restored FS benefits are households who were improperly denied a separate determination of FS eligibility when their Cash Assistance (CA) case was closed or denied. Cases that were closed for CA after being active for recurring CA benefits will not be offered restored FS benefits. Only CA closings in which the household was issued a pre-determination immediate needs (code 44) benefit but was not authorized to receive recurring CA benefits will be offered restored FS benefits. In these instances, the status of the CA portion of the case would have changed from Single Issue (SI) to Closed (CL).</p> <p>Under the first phase of the restoration process, the Human Resources Administration (HRA) will issue eligible households restored FS benefits lost as a result of the Agency's failure to make a separate FS determination when their CA case was closed or denied between December 15, 2005 and November 30, 2006. A second phase will address cases that should have received a FS separate determination for CA cases that were closed or denied between December 1, 2006 and July 31, 2007.</p> <p>All households that are eligible for restored FS benefits will be issued the FS benefits under FS issuance code G3 (Reynolds SI Retroactive FS Benefits).</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax*, or fax to (917) 639-0298

Finger imaging not required for restored FS

Finger Imaging will not be required for individuals issued restored FS benefits.

If the case is active for Medicaid, the restored FS benefits should be issued to the Client Identification Number (CIN) for the Medicaid case, in order to avoid the creation of multiple CINs.

Households that became active for FS within 210 days of the CA closing or denial

Households that were closed or denied CA benefits under codes that required a separate FS determination and became active for FS within 210 days of the CA closing or denial, will be issued restored FS benefits. The restored FS benefits will be available in the household's Electronic Benefit Transfer (EBT) account.

The monthly amount of the restored FS benefit will be the amount of the household's recurring FS grant once the household became active for FS. The number of months of the restored FS benefit will be the number of months of lost FS benefits from the month of the application file date until the month prior to the first month of FS benefits issued when the household became active for FS.

Example: A household filed an application for CA and FS on January 4, 2006 and was denied CA for failure to comply with the Bureau of Eligibility and Verification (BEV). Although a denial for this reason requires a separate FS determination, no separate determination was done. Less than 210 days later on August 9, 2006 the household re-applied for FS benefits, was determined eligible and received FS for the month of August 2006. The full monthly recurring FS benefit was \$113. The household will be issued restored FS benefits of \$113 per month from January 2006 through July 2006 for a total of \$791 (\$113 per month x 7 months).

The restored FS benefits will be issued by the Management Information System (MIS) whether or not the household is currently active for FS. Upon issuance of the restored FS benefits, MIS will send a notice to the household titled Notice of Additional Food Stamps – Cases Activated Within 210 Days of the Cash Assistance Denial (**W-137G**). Form **W-137G** will inform the household of the total amount of the additional FS benefit and how to redeem the FS benefit using their EBT card.

Form **W-137G** also indicates that if they do not have an EBT card, they may either come to the HRA Special Projects Center at 172 Water Street, New York, NY 10038 or call the Special Projects Center at 212-331-4909.

Households that were subsequently denied FS by an NCA FS Center within 210 days of the CA closing or denial

Households that were closed or denied CA benefits and were subsequently denied FS by an NCA FS Center within 210 days of the CA closing or denial will not be eligible for restored FS benefits.

Households that did not become active for FS and were not subsequently denied FS by an NCA FS Center within 210 days of the CA closing or denial

Households that were closed or denied CA for reasons that required a separate FS determination and did not become active for FS and were not denied FS by a NCA FS Center within 210 days of the CA closing or denial will be mailed the Food Stamp Outreach Notice (**W-137K**) by MIS. Form **W-137K** serves the following two purposes:

- informs households that they did not receive a separate FS determination which they should have received when their CA case was denied during the period December 15, 2005 through November 30, 2006; and
- informs households that if they would like the Agency to evaluate their eligibility for restored FS benefits, they must complete Form **W-137K** and return it within 30 days of the date of the notice in the Business Reply Envelope included in the mailing.

The Business Reply Envelope enclosed with Form **W-137K** will be addressed to Human Resources Administration, M.K.B. Retroactive Relief Project, P.O. Box 2312, New York, NY 10273-0861.

If an MIS mailer containing either Form **W-137G** or Form **W-137K** is returned as undeliverable, the mailer will be sent to Analytics Inc., a People Locator vendor, who will find the most current address for the Reynolds class member. The vendor will re-mail the mailer to the current address and send HRA the updated address information.

Special Projects Center:

MIS will send the HRA Special Projects Center a log containing a list of the households that have been mailed Form **W-137K**. The log will be annotated by the designated worker at the Special Projects Center with the following information:

- the date the Special Projects Center received a completed Form **W-137K** from a household
- the outcome of the FS review (eligible or ineligible for restored FS benefits)

- the total FS benefit amount, and authorization period (from and to date) of the restored FS benefit for households that have been determined eligible for restored FS benefits.

Upon receipt of Form **W-137K**, designated workers at the Special Projects Center will be responsible for reviewing the information available in the electronic case record concerning the household's eligibility for restored FS benefits. The eligibility determination is to be based on the household's circumstances and the eligibility rules retroactive to the date between December 15, 2005 and November 30, 2006 when the household's application for CA/FS was closed or denied without a separate determination of FS eligibility.

The worker will need to determine if the household was eligible for FS at the time that the FS separate determination should have been made and if eligible, the number of FS eligible household members.

If the information available in the electronic case record is not sufficient to determine the household's eligibility or the number of FS eligible household members, the designated worker at the Special Projects Center will send the household the Request for Additional Information Restored Food Stamp Benefit Review (**W-137J**).

The designated worker will complete Form **W-137J** by:

- listing the information/documentation that is needed to make a FS eligibility determination;
- annotating a return date of 14 calendar days from the date the form is to be mailed to the household; and
- including a postage-paid return envelope addressed to the Human Resources Administration, Special Projects Center, 172 Water Street, New York, NY 10038.

Household fails to return required documentation

If a household fails to return the requested information by the return date, the household is ineligible to receive restored FS benefits. The designated worker will annotate the log that the household failed to verify their eligibility for restored FS benefits.

If a household is determined eligible for restored FS benefits, the monthly benefit amount will be a standardized amount by household size (see **Attachment A**). The standardized benefits have been agreed upon by the parties in the Reynolds litigation and approved by the United States Department of Agriculture. Therefore, it is unnecessary for the designated worker to determine the monthly amount of benefits that the household would have been eligible for.

The designated worker at the Special Projects Center will annotate the log with the results of the eligibility determination. In addition, the designated worker will complete the Outcome of Review for Restored Food Stamp Benefits (**W-137H**). The designated worker will enter the disposition of the review, which will include either the reason for the denial or the details of the restored FS benefit. If the household has been determined eligible for a restored FS benefit, the designated worker will annotate the:

- number of eligible household members;
- monthly standardized benefit amount;
- number of months that the household is eligible for benefits; and
- total amount of the restored FS benefit.

MIS will issue the FS benefits using FS issuance code **G3** for households that have been determined eligible for a restored FS benefit. If the household has been determined eligible by the Special Projects Center, the **W-137H** should not be mailed until the FS benefit appears in WMS.

Households that did not become active for FS within 210 days of the CA closing or denial and which never subsequently reapplied for NCA FS and have been determined eligible for restored FS benefits, will be issued twelve months of restored FS benefits retroactive to the filing date of the application that was closed or denied for CA.

Example #1:

A household filed an application for CA and FS on March 19, 2006 and was denied CA for failure to comply with BEV. Although a CA denial for this reason requires a separate FS determination, none was done. The household was not activated for FS benefits by October 15, 2006 (210 days from March 19, 2006) and never subsequently reapplied for FS benefits. The household returned a completed Form **W-137K** requesting a review of their eligibility for restored FS benefits.

The review resulted in a determination of FS eligibility for three household members. The household is to be issued twelve months of restored FS benefits retroactive to March 2006. The standardized monthly FS benefit for three people is \$305 (see **Attachment A**). The household will be issued \$3,660 (\$305 per month x 12 months) in restored FS benefits from March 2006 though February 2007.

Households that did not reapply for FS within 210 days of the CA closing or denial but which were subsequently activated for FS after 210 days of the CA closing or denial, and are determined eligible for restored FS benefits by the Special Projects Center, will be issued FS benefits retroactive to the file date of the denied CA/FS application up to the month prior to the first month of FS benefits issued when the household became active for FS.

Example #2:

A household filed an application for CA and FS on April 10, 2006 and was denied CA for failure to comply with BEV. Although a CA denial for this reason requires a separate FS determination, none was made. The household returned a completed Form **W-137K** requesting a review of their eligibility for restored FS benefits. The review resulted in a determination of eligibility for FS benefits for two people. The household re-applied for FS benefits on September 6, 2007. The application was accepted and FS benefits were issued beginning in September 2007. The household is to be issued restored FS benefits from April 2006 through August 2007. The standardized monthly FS benefit for a household of two is \$209. Therefore, the household will be issued a total of \$3,553 (\$209 per month x 17 months) in restored FS benefits.

Households that did not reapply for FS within 210 days of the CA closing or denial but which were subsequently denied FS by an NCA FS Center between 210 days and 365 days of the CA closing or denial, and are determined eligible for restored FS benefits, will be issued FS from the file date of the denied CA/FS application up to the month prior to the file date of denied subsequent NCA FS application.

Example #3:

A household filed an application for CA and FS on June 3, 2006 and was denied CA for a reason that required a separate FS determination. The separate determination was not made. The household re-applied for NCA FS on January 8, 2007 (between 210 days and 365 days of the initial CA denial). The NCA FS application dated January 8, 2007 was denied. If the household is determined eligible for restored FS benefits by the Special Projects Center, the household will be issued seven months of restored FS benefits from June 2006 through December 2006.

Households that did not reapply for FS within 210 days of the CA closing or denial and were subsequently denied FS by an NCA FS Center after 365 days of the CA closing or denial, and are determined eligible for restored FS benefits, will be issued twelve months of restored FS benefits retroactive to the file date of the denied CA application.

Example #4:

A household filed an application for CA and FS on March 5, 2006 and was denied CA for a reason that required a separate FS determination. The separate determination was not made. The household re-applied for NCA FS on August 24, 2008 (more than 365 days after the CA denial). The NCA FS application dated August 24, 2008 was denied. If the household is determined eligible for restored FS benefits by the Special Projects Center, the household will be issued twelve months of restored FS benefits for the period March 2006 through February 2007.

Conference information

Individuals may request a conference if they disagree with the decision concerning their eligibility for restored benefits, the household size used to determine their restored benefit, or the number of months of restored benefits that they have been determined eligible to receive. The standardized benefit amounts per household size are not reviewable. Conferences will be conducted by the Special Projects Center.

Forms **W-137G** and **W-137H** provide households with Conference and Fair Hearing Information. Households are informed to call 212-331-4947 to set up a conference.

Effective Immediately

Reference:

Stipulation 98 Civ. 877 (WHP)

🖨 Please use Print on Demand to obtain copies of forms.

Attachments:

- Attachment A** Monthly Standardized Restored Benefit Amount by Household Size
- W-137G** Notice of Additional Food Stamps – Cases Activated Within 210 Days of the Cash Assistance Denial
- W-137G (S)** Notice of Additional Food Stamps – Cases Activated Within 210 Days of the Cash Assistance Denial (Spanish)
- W-137H** Outcome of Review for Restored Food Stamp Benefits
- W-137H (S)** Outcome of Review for Restored Food Stamp Benefits (Spanish)
- W-137J** Request for Additional Information Restored Food Stamp Benefit Review
- W-137J (S)** Request for Additional Information Restored Food Stamp Benefit Review (Spanish)
- W-137K** Food Stamp Outreach Notice
- W-137K (S)** Food Stamp Outreach Notice (Spanish)

Attachment A

MONTHLY STANDARDIZED RESTORED BENEFIT AMOUNT BY
HOUSEHOLD SIZE

HOUSEHOLD SIZE

RESTORED BENEFIT

1	\$115
2	\$209
3	\$305
4	\$376
5	\$446
6	\$554
7	\$628
8	\$737
9	\$867
10	\$969

Date: _____

Case Number: _____

Case Name: _____

Notice of Additional Food Stamps Cases Activated Within 210 Days of the Cash Assistance Denial

YOU WILL RECEIVE ADDITIONAL FOOD STAMPS

This is to notify you that you are eligible to receive additional food stamp benefits as a result of a case review done in connection with a class action lawsuit called Reynolds v. Giuliani.

You applied for cash (public) assistance and food stamps between December 15, 2005, and November 30, 2006. Your food stamp application was initially denied. Within 210 days of that denial you became active for food stamps. New York City's Human Resources Administration (HRA) has determined that you did not receive the separate food stamp determination which you should have received. HRA has also determined that you are eligible to receive additional food stamp benefits.

THIS MEANS YOU WILL RECEIVE ADDITIONAL FOOD STAMP BENEFITS. The amount of additional food stamp benefits is based on the amount of your recurring grant upon your becoming active for food stamp benefits and the number of months that you lost food stamp benefits following the denial of your cash assistance application.

The additional food stamp benefits have been made available on your Food Stamp Electronic Benefit Transfer (EBT) account and have been issued under case number _____. If you do not have an EBT card to redeem your benefits, you may come to the HRA Special Projects Center at 172 Water Street, New York, NY 10038 or call the center at: (212) 331-4909.

This is how we calculated your additional food stamp benefits amount:

Your recurring grant upon becoming active for food stamp benefits: \$ _____

Number of months that food stamp benefits were lost following the denial of your cash assistance application: _____

Additional food stamp benefit amount: \$ _____

If you disagree with the amount of your additional food stamp benefits because you believe that HRA was incorrect concerning the amount of your recurring grant upon your becoming active for food stamp benefits or the number of months that you lost benefits following the denial of your cash assistance application, you may request a conference and/or State Fair Hearing as set forth below.

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

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us at (212) 331-4947 to set up a conference (informal meeting with us). 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: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) **ONLINE:** Complete an online request form at: <http://www.ctda.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 documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

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 telephone number/address listed on **page 2** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within ninety (90) days from the date of the notice for food stamp issues.

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

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

SAMPLE

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Aviso de Cupones para Alimentos Adicionales Casos Activados Dentro de 210 Días de la Denegación de Asistencia en Efectivo

USTED RECIBIRÁ CUPONES ADICIONALES PARA ALIMENTOS

Por el presente le notificamos que usted es elegible para recibir beneficios adicionales de cupones para alimentos a raíz de una revisión de caso respecto a una acción en grupo denominada Reynolds v. Giuliani.

Usted solicitó asistencia en efectivo (pública) y cupones para alimentos entre el 15 de diciembre, 2005, y el 30 de noviembre, 2006. Inicialmente su solicitud de cupones para alimentos fue negada. Dentro de 210 días de esa negación usted fue activada para los beneficios de cupones para alimentos. La Administración de Recursos Humanos (HRA) de la Ciudad de Nueva York ha determinado que usted no recibió la resolución de cupones para alimentos por separado que debió haber recibido. Además, la HRA ha determinado que usted es elegible para recibir beneficios adicionales de cupones para alimentos.

ESTO SIGNIFICA QUE USTED RECIBIRÁ BENEFICIOS ADICIONALES DE CUPONES PARA ALIMENTOS. La cantidad de sus beneficios adicionales de cupones para alimentos se basa en la cantidad de concesión recurrente tras la activación de sus beneficios de cupones para alimentos y el número de meses que perdió beneficios de cupones para alimentos después de la denegación de su solicitud de asistencia en efectivo.

Los beneficios adicionales de cupones para alimentos están disponibles en su cuenta de Transferencia Electrónica de Beneficio de Cupones para Alimentos (Food Stamp Electronic Benefit Transfer – EBT) y han sido emitidos conforme al número de caso _____. Si usted no tiene una tarjeta de EBT para obtener sus beneficios, puede presentarse a la Administración de Recursos Humanos (HRA) Special Projects Center en 172 Water Street, New York, NY 10038 o llamar al centro al: (212) 331-4909.

Vea a continuación cómo calculamos su cantidad de beneficios adicionales de cupones para alimentos:

Su concesión recurrente a la hora de activarse para beneficios de cupones para alimentos: \$ _____

Número de meses en que se perdieron beneficios de cupones para alimentos tras el rechazo de su solicitud de asistencia en efectivo: _____

Cantidad de Cupones para Alimentos adicionales: \$ _____

Si usted no está de acuerdo con la cantidad de sus beneficios adicionales de cupones para alimentos porque cree que la HRA estuvo equivocada respecto a la cantidad de su concesión recurrente tras la activación de sus beneficios de cupones para alimentos o el número de meses en que usted perdió beneficios después de la denegación de su solicitud de asistencia en efectivo, puede solicitar una conferencia y/o Audiencia Imparcial Estatal como se indica más abajo.

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

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos al (212) 331-4947 para arreglar una conferencia (reunión informal con nosotros). 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: **(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 Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a:
14 Boerum Place, Brooklyn, NY 11201.

(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 abogacía 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 cómo 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. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

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 página 2** 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 noventa (90) días de la fecha del aviso para asuntos de Cupones para Alimentos.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite. **Nota:** Si su situación es extremadamente grave favor de explicar su situación; el Estado intentará tramitar su petición de una Audiencia Imparcial tan pronto posible. Si usted llama para solicitar una Audiencia Imparcial, favor de estar listo(a) para explicar su situación a la persona que conteste el teléfono.

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

SAMPLE

Nombre en
letra de molde: _____ Número de Caso: _____
Nombre I. Apellido

Dirección: _____
Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____

Case Number: _____

Case Name: _____

Outcome of Review for Restored Food Stamp Benefits

We have completed our review of your eligibility for restored food stamp benefits from the date that your cash assistance case was denied during the period December 15, 2005, through November 30, 2006.

- We have determined that you are eligible for restored food stamp benefits. The restored amount has been made available on your Food Stamp Electronic Benefit Transfer (EBT) account and has been issued under case number _____. If you do not have an EBT card to redeem your benefits, you may come to the Human Resources Administration (HRA) Special Projects Center at 172 Water Street, New York, NY 10038 or call the Center at (212) 331-4909. This is how we calculated your food stamp benefit amount:

Your household size: _____

Monthly standardized food stamp benefit for your household size: \$ _____

Number of months of restored food stamp benefits: _____

Restored food stamp amount: \$ _____



- We have determined that your household is not eligible for restored food stamp benefits because:
 - Your income exceeds the gross income limit
 - You failed to verify your _____
 - Other: _____

If you disagree with our decision concerning your eligibility or with the amount of your restored food stamp benefit because you believe that HRA was incorrect concerning the size of your household at the time that your cash assistance case was denied from the period December 15, 2005, through November 30, 2006, you may request a conference and/or State Fair Hearing as set forth below. You may not contest the monthly standardized benefit used to calculate your restored food stamp benefit.

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

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us at (212) 331-4947 to set up a conference (informal meeting with us). 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 to: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) **ONLINE:** Complete an online request form at: <http://www.ctda.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 documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

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 telephone number/address listed on **page 2** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within ninety (90) days from the date of the notice for food stamp issues.

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

SAMPLE

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

[Empty box for providing reasons for the Fair Hearing request]

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Resultado de la Revisión de Beneficios Restablecidos de Cupones para Alimentos

Hemos terminado nuestra revisión de su elegibilidad para beneficios restablecidos de cupones para alimentos desde la fecha en que su caso de asistencia en efectivo se denegó durante el período del 15 de diciembre, 2005, hasta el 30 de noviembre, 2006.

- Hemos determinado que usted es elegible para beneficios restablecidos de cupones para alimentos. La cantidad restablecida estará disponible en su cuenta de Transferencia Electrónica de Beneficios de Cupones para Alimentos (EBT) y ha sido emitida conforme al número de caso _____. Si usted no tiene una tarjeta de EBT para obtener sus beneficios, puede presentarse a la Administración de Recursos Humanos (HRA) Special Projects Center en 172 Water Street, New York, NY 10038 o llamar al (212) 331-4909. A continuación vea el método de cálculo para la cantidad de cupones para alimentos que le corresponde:

Número de miembros de su hogar: _____

Beneficio mensual normal de cupones para alimentos para el tamaño de su hogar: \$ _____

Número de meses de beneficios restablecidos de cupones para alimentos: _____

Cantidad restablecida de cupones para alimentos: \$ _____

- Hemos determinado que su hogar no es elegible para beneficios restablecidos de cupones para alimentos debido a:

- Su ingreso sobrepasa el límite de ingreso bruto
- Usted no comprobó su _____
- Otro caso: _____

Si no está de acuerdo con nuestra decisión respecto a su elegibilidad o con la cantidad de su beneficio restablecido de cupones para alimentos porque usted cree que según HRA el tamaño de su hogar era incorrecto en el momento en que su caso de asistencia en efectivo se le denegó desde el período del 15 de diciembre, 2005, hasta el 30 de noviembre, 2006, usted puede solicitar una conferencia y/o Audiencia Imparcial Estatal como se estipula más abajo. Usted no puede oponerse al beneficio mensual normalizado que se usa para calcular su beneficio restablecido de cupones para alimentos.

**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.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos al (212) 331-4947 para arreglar una conferencia (reunión informal con nosotros). 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:
(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 Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:
<http://www.oda.state.ny.us/eah/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 ayudarlo 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 abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

Date: _____

Case Number: _____

Case Name: _____

Request for Additional Information Restored Food Stamp Benefit Review

We have received your request to review your eligibility for restored food stamp benefits. In order for us to make a determination of your eligibility, the following information/documentation is required. Please mail the requested information/documentation in the postage-paid envelope that has been enclosed with this letter to the Human Resources Administration, Special Projects Center, 172 Water Street, New York, NY 10038. You may also use your own envelope.

Requested information/documentation:

SAMPLE

Please return the information/documentation along with this letter by:

Worker's Signature

Date

Supervisor's Signature

Date

Worker's Telephone Number

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Petición de Información Adicional Revisión de Beneficios de Cupones para Alimentos Restablecidos

Hemos recibido su petición de una revisión de su elegibilidad para beneficios de cupones para alimentos restablecidos. A fin de nosotros poder determinar su estado de elegibilidad, necesitamos la siguiente información/documentación. Favor de enviar por correo en el sobre adjunto prepagado la información/documentación solicitada a Human Resources Administration, Special Projects Center, 172 Water Street, New York, NY 10038. También puede usar su propio sobre.

Información/documentación solicitada:

SAMPLE

Favor de devolver la información/documentación junto con esta carta para la fecha de:

Firma del Trabajador

Fecha

Firma del Supervisor

Fecha

Número de Teléfono del Trabajador

Date: _____

Case Number: _____

Case Name: _____

Food Stamp Outreach Notice

YOU MAY BE ELIGIBLE TO RECEIVE RESTORED FOOD STAMP BENEFITS

You applied for cash (public) assistance and food stamps between December 15, 2005, and November 30, 2006. Your food stamp application was initially denied. New York City's Human Resources Administration (HRA) has determined that you did not receive the separate food stamp determination which you should have received. **THIS MEANS THAT YOU MAY BE ELIGIBLE TO RECEIVE A RESTORED FOOD STAMP BENEFIT.** If you wish, HRA will evaluate your eligibility for restored food stamp benefits that you may have been eligible to receive from the date your cash assistance case was denied.

If you would like us to determine your eligibility for restored food stamp benefits, please complete this form and return it to us. **YOU MUST RETURN THIS FORM WITHIN 30 DAYS OF THE DATE OF THIS NOTICE IF YOU WANT TO RECEIVE RESTORED FOOD STAMP BENEFITS.** As we must determine your household's income for food stamp eligibility, please include documentation of any earned and/or unearned income that anyone in your household received at the time you were denied cash assistance during the period December 15, 2005, through November 30, 2006. Please return this form and any documentation in the enclosed postage-paid envelope and mail it to the Human Resources Administration, M. K. B. Retroactive Relief Project, P.O. Box 2312, New York, NY 10273-0861. You may also use your own envelope.

It is important for you to provide us with a telephone number where you may be reached during business hours, in case we have any questions concerning your eligibility for restored food stamp benefits. After we review the information that we have from the time that you were denied for cash assistance and any of the information that you submit to us at this time, we will send you a determination letter with the outcome of our review. If we determine that you are eligible for restored benefits, the letter will inform you of the amount of benefits that you will be issued and how you will be able to access those benefits.

I would like the Agency to review my eligibility for restored food stamp benefits.

My Telephone Number

My Signature

Date

If you have any questions about this notice or whether you should ask the Agency to review your eligibility for restored food stamp benefits, please call the New York Legal Assistance Group at (212) 613-5000 or the Legal Aid Society at (212) 426-3000.

IN ORDER FOR US TO DETERMINE YOUR ELIGIBILITY FOR RESTORED FOOD STAMP BENEFITS, YOU MUST RETURN THIS FORM WITHIN 30 DAYS OF THE DATE OF THIS NOTICE.

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

**Aviso de la Iniciativa de Cupones para Alimentos
USTED PODRÍA SER ELEGIBLE PARA BENEFICIOS RESTABLECIDOS
DE CUPONES PARA ALIMENTOS**

Usted solicitó asistencia en efectivo (pública) y cupones para alimentos entre el 15 de diciembre, 2005, y el 30 de noviembre, 2006. Inicialmente su solicitud de cupones para alimentos fue negada. La Administración de Recursos Humanos (HRA) de la Ciudad de Nueva York ha determinado que usted no recibió la determinación de cupones para alimentos por separado que debió haber recibido. **POR LO TANTO ES POSIBLE QUE PUEDA SER ELEGIBLE PARA RECIBIR LOS BENEFICIOS RESTABLECIDOS DE CUPONES PARA ALIMENTOS.** Si desea, la HRA evaluará su elegibilidad para beneficios restablecidos de cupones para alimentos a los que usted pudo haber sido elegible desde la fecha en que se denegó su caso de asistencia en efectivo.

Si usted desea que nosotros determinemos su elegibilidad para beneficios restablecidos de cupones para alimentos, favor de llenar y enviarnos la parte inferior de este formulario. **USTED TIENE QUE ENVIARNOS ESTE FORMULARIO DENTRO DE 30 DÍAS DE LA FECHA DE ESTE AVISO SI DESEA RECIBIR LOS BENEFICIOS RESTABLECIDOS DE CUPONES PARA ALIMENTOS.** Puesto que tenemos que determinar la elegibilidad de ingreso de su hogar para los cupones para alimentos, favor incluya la documentación de ingreso salarial y no salarial que cualquier persona de su hogar recibió en el momento en que se le denegó la asistencia en efectivo durante el período del 15 de diciembre, 2005, al 30 de noviembre, 2006. Favor de devolver este formulario y toda documentación justificativa en el sobre adjunto prepagado y enviarlo todo por correo a Human Resources Administration, M. K. B. Retroactive Relief Project, P.O. Box 2312, New York, NY 10273-0861. También puede utilizar su propio sobre.

Es importante que usted nos proporcione un número de teléfono a donde nos podamos comunicar con usted durante las horas de trabajo, en caso de que tengamos alguna pregunta sobre su elegibilidad para beneficios restablecidos de cupones para alimentos. Después de repasar la información que tenemos desde el momento en que se cerró o denegó su caso de asistencia en efectivo, así como cualquier información que usted nos presente en este momento, le enviaremos una carta de determinación con el resultado de nuestra revisión. Si determinamos que usted es elegible para beneficios restablecidos, la carta le informará de la cantidad de beneficios que se le emitirán y de cómo usted podrá acceder esos beneficios.

Deseo que la Agencia repase mi elegibilidad para beneficios restablecidos de cupones para alimentos.

Mi Número de Teléfono

Mi Firma

Fecha

Si tiene alguna pregunta sobre este aviso o si debe solicitar que la Agencia repase su elegibilidad para beneficios restablecidos de cupones para alimentos, favor de llamar al Grupo para Asistencia Legal de Nueva York (New York Legal Assistance Group) al (212) 613-5000 o a la Sociedad de Ayuda Legal (Legal Aid Society) al (212) 426-3000.

PARA QUE PODAMOS DETERMINAR SU ELEGIBILIDAD PARA BENEFICIOS RESTABLECIDOS DE CUPONES PARA ALIMENTOS, USTED TIENE QUE DEVOLVER ESTE FORMULARIO DENTRO DE 30 DÍAS DESDE LA FECHA EN QUE APARECE EN ESTE AVISO.