



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner
Policy, Procedures, and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #08-120-ELI

FEE FOR SHELTER

Date: September 23, 2008	Subtopic: Employment
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to advise Riverview Job Center staff of the family contribution pilot (Fee for Shelter) being conducted at the Flatlands and Jamaica shelters. This policy bulletin is informational for all other staff.</p> <p>New York State regulations require that applicants/participants with income in excess of their standard of need must contribute to the cost of shelter. Two new forms have been developed to facilitate the implementation of the family contribution program:</p> <ul style="list-style-type: none"> • The Family Contribution Notice (W-648F) informs applicants/participants in this pilot program of the amount the family must contribute and when payments are due. • A Notice of Intent to Change Contribution Fee (W-648G) informs families whose circumstances (for example income, household composition, residence, etc.) have changed that their shelter contribution amount will change accordingly. <p>The Fee for Shelter family contribution pilot program began with families that entered the Flatlands or Jamaica shelters on or after September 2, 2008 and have employment income or become employed after entering the shelter. (Families residing in these two shelters prior to September 2, 2008 are not required to contribute to their cost for shelter in this pilot.) The Department of Homeless Services (DHS) will send the Riverview Job Center a list of all new clients entering the two pilot shelters. These cases will be entered into a unique caseload. For administrative ease, Cash Assistance (CA) cases entering the Flatlands and Jamaica shelters on or after September 2, 2008 will be assigned to caseload 036 at the Riverview Job Center.</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*

Designated Riverview staff will review cases in this caseload monthly for case changes, Fair Hearing Aid to Continue (ATC) codes, and pending **FIA3As**.

Active Cases with an Employed Person

Active CA case

When a family with an active CA case (in Single Issue [SI] or Active [AC] status) and at least one employed adult member moves into the Jamaica or Flatlands shelter either as a new admission or as a transfer, the DHS Liaison will contact the Riverview Deputy Regional Manager to schedule an appointment.

Form **W-648D** is a fillable form and can be completed online

At the appointment, the designated Riverview JOS/Worker will calculate the family's shelter contribution using form **W-648D**.

- If the family's contribution amounts to zero, post Action Code **10FZ** in NYCWAY. This means the household does not have to contribute to the cost of shelter. This will place the case on the **DHSBU** worklist to inform DHS of the budget results.
- If form **W-648D** indicates that a contribution is required, complete form **W-648F** and enter Action Code **10FO** (Fee for Shelter On) in NYCWAY along with the dollar amount of the contribution and the date of the first payment in the **Comment** field. This code will place the case on the **DHSBU** worklist 15 days after being posted. The 15-day wait period simulates the budget clock down process.
 - Give the participant a copy of form **W-648F** stating the amount of the household's contribution and when the first payment is due.

Note: If the contribution is calculated between the 1st and 15th of the month, the first payment is due on the first day of the following month. If the contribution is calculated between the 16th and 31st of the month, the first payment is due on the first day of the second month following the month the form **W-648D** was completed.

Example: A family of four has an active CA case and the father earns \$2,000 per month. Based on the calculations from form **W-648D**, the family must contribute \$499 monthly toward their shelter expense. Form **W-648D** was completed on September 15, 2008; therefore, the first payment is due on October 1, 2008. (If form **W-648D** was completed on September 16, then the first payment would be due on November 1, 2008.)

- The Designated Worker at Riverview will batch and fax form **W-648F** to the DHS Liaison at (212) 361-5586 on a monthly basis.
- The Designated DHS Representative will pull up the **DHSBU** worklist and forward the information to the Shelter Liaison, who will then arrange to collect the shelter fee from the family.

Note: Payments must be in the form of a certified check or money order payable to the City of New York.

Application Case with an Employed Person

When a non-CA family moves into the Flatlands or Jamaica shelter, either as a new admission or transfer, and the household includes an employed adult member, the family's Case Manager will contact the DHS Liaison who will then contact the Deputy Regional Manager of the Riverview Job Center to schedule an application appointment. The Designated Riverview Worker will then process the family's application per current procedure.

In addition to the normal application process, Riverview staff must take the following actions:

- Complete form **W-648D** to determine the family contribution amount:
 - If the family's contribution amounts to zero, post Action Code **10FZ** in NYCWAY. This will place the case on the **DHSBU** worklist and alert DHS to the outcome of the budget computation.
 - If a contribution is required, complete form **W-648F** and enter Action Code **10FO** in NYCWAY along with the dollar amount of the contribution and the date of the first payment in the **Comment** field. This code will place the case on the **DHSBU** worklist immediately (there is no 15-day wait period for application cases).
- Once the applicant has complied with all eligibility requirements:
 - process the case for acceptance in SI or AC status per current procedure.
 - calculate and save a new budget as part of the acceptance process. Enter the budget number in element **015** on the TAD. This will generate a CNS notice to the applicant.

Initial payment schedule differs from active cases

- mail form **W-648F** to the applicant. The first payment is due on the first day of the month following the month in which the case was accepted.

Example: If the case was accepted on September 16, 2008, the first payment is due on October 1, 2008.

Forms will be faxed to DHS on a monthly basis

- give a copy of form **W-648F** to the Designated Worker so that he/she can fax it to DHS.

Household Member Found Employment After Entering the Shelter

Employed after entering the shelter

If an unemployed applicant/participant moves into the Flatlands or Jamaica shelter on or after September 2, 2008, and subsequently obtains employment, Riverview staff must complete form **W-648D** in order to determine the amount that the family must now contribute to their shelter expense.

Participant reports employment to the shelter

If the shelter is notified of the employment, the Designated DHS Liaison must contact the Deputy Regional Manager at the Riverview Job Center to schedule an appointment for the participant to come in and report his/her employment. At the appointment, the Designated Worker at Riverview will initiate an **FIA3A** and use form **W-648D** to determine if, based on the employment income, the household is required to contribute to the cost of shelter.

Refer to the example on page 2 to determine when the first payment is due.

- If the household does not have to contribute to the cost of shelter, enter **10FZ** in NYCWAY. The case will be placed on the **DHSBU** worklist.
- If the household has to contribute to the cost of shelter, enter **10FO** in NYCWAY, prepare and give form **W-648F** to the participant. Action Code **10FO** will place the case on the **DHSBU** worklist.
- Give a copy of form **W-648F** to the Designated Worker so that he/she can fax it to DHS.

Participant reports employment to the Employment Vendor

If the participant reports his/her employment to the Employment Vendor, the Employment Vendor will initiate an **FIA3A** to budget the income. Riverview staff will review the cases in the Flatlands and Jamaica shelters monthly for **FIA3As** initiated by the Employment Vendor. Designated Riverview staff will contact DHS on all cases in caseload **036** with an **FIA3A** initiated by the Employment Vendor.

The income reported on the **FIA3A** will be used to complete form **W-648D**. If the household has to contribute to the cost of shelter, Riverview staff will:

Participant reports employment to Riverview

- post **10FO** in NYCWAY
- contact the DHS Liaison to inform them of the employment
- prepare and send the participant form **W-648F**.
- give a copy of form **W-648F** to the Designated Worker so that he/she can fax it to DHS.

If the participant reports the employment directly to Riverview and the participant entered the shelter on or after September 2, 2008, the Designated Worker will:

- initiate the **FIA3A**,
- complete form **W-648D**
 - If the household has to contribute to the cost of shelter, post **10FO** in NYCWAY.
 - Prepare and send the participant form **W-648F**.
 - Inform the DHS Liaison of the employment.
 - Give a copy of form **W-648F** to the Designated Worker so that he/she can fax it to DHS.

Change in Household Circumstances

This includes changes in income, household composition and residence.

Form **W-648G** will be faxed to DHS on a monthly basis when appropriate.

If the family reports a change in circumstances a new form **W-648D** must be completed. If there is a change in the amount of the contribution or if the participant leaves the pilot shelter, the Designated Worker at Riverview must prepare and send the participant form **W-648G** and post the appropriate code (**10FO** or **10FX** [removes case from the **DHSBU** worklist]) in NYCWAY. The Designated Worker at Riverview must also fax form **W-648G** to DHS. If, as a result of this change, the contribution amount is:

- Lower, then the new payment amount is due the following month.
- Higher, then the new payment amount is due the month following the month of the change.

Fair Hearing Requests

Riverview staff will review cases in the Flatlands and Jamaica shelters monthly for Fair Hearing requests.

If the participant disagrees with the amount of the contribution, he/she may request a Fair Hearing and receive Aid to Continue (ATC). If the household is granted ATC, the Designated Worker at Riverview must enter Action Code **10FX** in NYCWAY to remove the case from the **DHSBU** worklist. This household will not have to contribute to the cost of shelter until a Fair Hearing decision is rendered. Application cases are not eligible for ATC status; therefore, newly accepted cases will continue to be responsible for their shelter contribution throughout the Fair Hearing process.

Food Stamp implications

The amount of the shelter contribution fee is a countable expense for Food Stamps and will appear on the FS Shelter line on Budget Summary Reports **WINRO146** and **WINRO154**.

Effective Immediately

Attachments:

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

- W-648D** Income Contribution Worksheet for Families in Temporary Housing (Rev. 5/28/08)
- W-648F** Family Contribution Notice
- W-648G** Change in Contribution Notice

Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Center: _____

Income Contribution Worksheet for Families in Temporary Housing
To be used in conjunction with form **W-648** or WMS CA budget calculation
(Effective June 1, 2008)

S/M Needs		Enter Semimonthly Amounts Below
1.	Preadded allowance	\$
2.	Home energy allowance	\$
3.	Restaurant allowance	\$
4.	Temporary housing allowance	\$
5.	Other (specify):	\$
6.	Total needs (add lines 1-5)	\$
S/M Net Income		Enter Semimonthly Amounts Below
7.	Semimonthly (S/M) gross income	\$
8.	Enter the S/M poverty level for household size	\$
9.	Subtract line 8 from line 7 (If line 8 is more than line 7, enter zero [0])	\$
10.	Enter the amount from line 7 or line 8, whichever is <u>LESS</u>	\$
11.	Subtract a \$45 S/M standard work deduction from line 10 for each employed individual and enter the result	\$
12.	Earned income disregard (line 11 x 0.50) for each employed individual. Applicable for all FA households and any SN household with at least one child or a medically verified pregnant woman. All others enter zero (0)	\$
13.	Line 11 minus line 12	\$
14.	Net S/M earned income (add line 9 and line 13)	\$
15.	S/M child support income (If \$25 or more S/M, subtract \$25 and enter balance. If less than \$25, enter zero [0])	\$
16.	Other S/M unearned income (specify):	\$
17.	Total S/M net income (add lines 14, 15 and 16)	\$

S/M Budget Deficit		Enter Semimonthly Amounts Below
18.	Total needs (line 6)	\$
19.	Total S/M net income (line 17)	\$
20.	Budget deficit (line 18 minus 19 – round down to nearest 0.50)	\$
Participant's S/M Contribution		Enter Semimonthly Amounts Below
21.	Actual S/M shelter cost (line 4)	\$
22.	Budget deficit (enter amount from line 20)	\$
23.	Participant's S/M contribution toward shelter cost (line 21 minus line 22)	\$

Authorization Period: From: _____ To: _____.

Authorized by _____ Date _____

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center: _____
FH&C Phone: _____

Family Contribution Notice

Pursuant to New York State Regulations, Temporary Assistance participants who are employed and reside in a New York City shelter may be required to contribute toward his/her monthly shelter cost. We have determined that you have countable income which is greater than the amount necessary to meet your non-shelter expenses. We consider this excess income to be available to help pay for the cost of your temporary shelter at _____.

Based on your family's needs and the earned income (minus the applicable disregards), we have determined that your household is required to contribute \$ _____ monthly toward your shelter cost.

This amount is due on _____. All payments must be made by certified check or money order payable to the City of New York. You should contact your shelter manager to arrange for payments.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE INTERVIEW/APPLICATION RIGHTS FOR FOOD STAMP BENEFITS AND
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 to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** 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, in 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 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>

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 phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefits: If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued. If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

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 social services issues.

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

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: _____
Centro: _____
Teléfono de FH&C: _____

Aviso de Contribución Familiar

Conforme al Reglamento del Estado de Nueva York, a los participantes de Asistencia Temporal que están empleados y residen en un refugio de la Ciudad de Nueva York se les puede requerir que contribuyan a su costo mensual de albergue. Hemos determinado que usted tiene ingreso contable mayor a la cantidad necesaria para cubrir sus gastos que no sean de albergue. Consideramos que este ingreso excedente está disponible para pagar el costo de su albergue temporal en _____.

Según las necesidades de su familia y el ingreso salarial (menos las excepciones correspondientes), hemos determinado que su hogar está obligado a contribuir \$ _____ mensuales destinados a su costo de albergue.

Esta cantidad es pagadera el _____. Todos los pagos tienen que hacerse por cheque certificado o giro postal pagadero a la Ciudad de Nueva York. Usted debe comunicarse con su administrador de albergue para concertar los pagos.

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE DERECHOS DE ENTREVISTAS/SOLICITUDES DE CUPONES PARA ALIMENTOS Y 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 para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en **la primera página** de este aviso, o escríbanos a la dirección que también aparece 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 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) TELEPHONE: 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 cualquiera de las siguientes direcciones:
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>

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 **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Si nuestra decisión ha afectado sus beneficios y usted pide una Audiencia Imparcial dentro de diez (10) días de la fecha de este aviso, le restauraremos sus beneficios al nivel que estaban antes de este aviso, hasta que se emita la decisión de la Audiencia Imparcial. Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión.

Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Deadline: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de (60) días desde la fecha del aviso para asuntos de servicios sociales.

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.

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

SAMPLE

Nombre en
letra de molde: _____ Case Number: _____
Nombre I. Apellido

Dirección: _____
Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Center: _____
FH&C Phone: _____

Notice of Intent to Change Contribution Fee

SAMPLE

Your shelter contribution amount is being changed from \$ _____ to \$ _____

effective on _____.

The reason for this change is _____.

All payments must be made by certified check or money order payable to the City of New York.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE INTERVIEW/APPLICATION RIGHTS FOR FOOD STAMP BENEFITS AND
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 to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** 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, in 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 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>

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 phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefits: If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued. If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

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 social services issues.

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

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: _____
Centro: _____
Número de Teléfono
de Conferencia: _____

Aviso de Propósito para Cambiar la Cuota de Contribución

La cantidad de su contribución de albergue va a cambiar de \$ _____ a \$ _____

a partir de _____.

La razón por este cambio es _____.

Todos los pagos tienen que hacerse por cheque certificado o giro postal pagadero a la Ciudad de Nueva York.

SAMPLE

**TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE LOS DERECHOS DE ENTREVISTA/SOLICITUD
PARA BENEFICIOS DE CUPONES PARA ALIMENTOS Y 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 para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en **la primera página** de este aviso, o escribanos a la dirección que también aparece 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 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 cualquiera de las siguientes direcciones:
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>

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 primera página de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s):

Si nuestra decisión ha afectado sus beneficios y usted pide una Audiencia Imparcial dentro de diez (10) días de la fecha de este aviso, le restauraremos sus beneficios al nivel que estaban antes de este aviso, hasta que se emita la decisión de la Audiencia Imparcial Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión.

Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado repase nuestra decisión, tiene que solicitar un Audiencia Imparcial dentro de diez (60) días de la fecha de este aviso para asuntos de servicios sociales.

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

SAMPLE

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

[Empty box for explanation of appeal]

Nombre en letra de molde: _____ Case Number: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____