



FAMILY INDEPENDENCE ADMINISTRATION

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Policy, Procedures, and Training

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Office of Procedures

POLICY BULLETIN #08-76-OPE

IMPLEMENTATION OF THE WALKER V. DOAR SETTLEMENT

Date: June 26, 2008	Subtopic(s): Special grant
<p>  This procedure can now be accessed on the FIAweb. </p> <p>See PB #08-04-OPE for Form EXP-84J mailer sent to class members.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff about the settlement of the <u>Walker v. Doar</u> lawsuit which will result in the issuance of retroactive Food Stamp (FS) benefits to households containing members of the <u>Walker</u> class.</p> <p>Class members are “all persons who, from in or after March 2003, to on or before October 29, 2006, participated in the New York City Parks Opportunity Program (“POP”), a grant diversion program in which a participant’s Family Assistance grant is diverted to the New York City Parks Department to subsidize a portion of the participant’s income from POP, and who during their participation in POP:</p> <ul style="list-style-type: none"> (a) had their Family Assistance grant adjusted to \$0.00 in the New York State Welfare Management System; (b) had their Food Stamp benefits reduced due to their increased income from participation in POP; and (c) did not receive or are not receiving transitional Food Stamp benefits under the Transitional Benefit Alternative (TBA) Program during their participation in POP.” <p>Individuals who meet the above criteria but received Cash Assistance (CA) benefits under the Safety Net Federally Participating (SNFP) category when they participated in POP are also eligible for retroactive Food Stamp benefits.</p> <p>The New York State Office of Temporary and Disability Assistance (OTDA) previously notified households containing class members of the <u>Walker v. Doar</u> lawsuit that a proposed settlement of a federal class action lawsuit may result in the issuance of restored Food Stamp benefits that the household could have received if it had received TBA when it participated in POP.</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*

The total amount of restored Food Stamp benefits has been calculated by OTDA by multiplying a standardized monthly restored benefit amount determined by household size, by five or, if the class member participated in POP for less than five months, by the number of months the class member participated in POP (up to a maximum of five months for each POP assignment) from March 2003, through October 29, 2006. The household size on the date the class member began participation in POP is used to calculate the Food Stamp benefit.

The monthly standardized restored benefit amount by household size can be seen on **Attachment A**.

The benefits will be issued to the payee of the case who was authorized to receive Food Stamp benefits at the time the household's Family Assistance (FA) grant was first reduced to zero due to participation in POP.

Payees who currently have an active CA/FS or NCA FS case

OTDA has mailed letters (see **Attachment B**) to the payees of active CA/FS and Non-Cash Assistance (NCA) FS cases containing class members to inform them of the total amount of Food Stamp benefits that will be made available to them on their Electronic Benefit Transfer (EBT) account.

See [Fax Flash 08/23](#)

Payees with active cases who call to dispute the grant based on a discrepancy in the household size or the months of participation in POP, should be advised to call the New York State Office of Administrative Hearings at (800) 342-3334.

Payees who do not currently have an active CA/FS or NCA FS case

OTDA will begin mailing notices (see **Attachment C**) to payees who do not currently have an active case no later than June 23, 2008. The mailings will be spread out over a six-month period. The notice will inform the payees that in order to receive the restored Food Stamp benefit, he/she must visit or call one of the two sites listed on the letter within 30 days of the date of the notice.

OTDA will provide FIA with a list containing all the names of the payees that do not currently have an active CA/FS or NCA FS case. The list will contain the payee's name, case number and the amount of restored Food Stamp benefits that has been issued to his/her EBT account.

The Family Independence Administration (FIA) has designated the Parks Department Units at the Waverly and Linden Job Centers as the two contact sites to be used for this project.

Verify identity of payees that contact the Agency.

If the payee calls or reports to the Parks Department Units at the Waverly or Linden Job Centers in response to the OTDA Notice, the JOS/Worker must verify the identity of the payee. Identity may be established either by telephone or in person. By telephone, the caller must know the Social Security number (SSN) and date of birth of the payee. In person, the individual can provide documents from the TA/FS Documentation/Verification Desk Guide ([LDSS-3666](#)), or know the SSN and date of birth of the payee.

Designated JOS/Workers at the Waverly and Linden Job Centers will be responsible for annotating the lists with information on payees who call or come to either of the two locations. The JOS/Worker will annotate whether the identity of the payee was verified and whether the contact was in-person or by telephone. In addition, the JOS/Worker is to confirm if the address listed in the Welfare Management System (WMS) matches the payee's current address.

If the payee has verified his/her identity, the JOS/Worker must:

- ask the payee if he/she has his/her current Common Benefit Identification Card (CBIC) and if he/she remembers the PIN associated with the card to access the retroactive benefits. If the payee can access their EBT account, inform the payee that the Food Stamp benefits will take up to 30 days (from the date the notice is issued) to appear in his/her Food Stamp EBT account.
- if a new card is required, ask the payee to confirm his/her current address. If the address is the same as the one listed in WMS, generate a new or replacement CBIC card to be mailed to the payee (see CBIC instructions) and re-open the previously closed case in Single Issue (**SI**) status using special opening code **Y51** (Open for Walker Retro Payment Only). No budget is required when using opening code **Y51**.
- if the address is not the same, ask the payee to verify his/her current address. Form **LDSS-3666** provides a list of documentation that can be used to verify residence. The payee can provide address verification in person, via mail or by fax. Once the new address has been verified, generate a new or replacement CBIC card to be mailed to the payee (see CBIC instructions) and re-open the previously closed case as instructed above, using the payee's new address in WMS.
- once the case is in **SI** status, the JOS/Worker will close the case using special closing code **Y52**. (Walker Retro Payment Only)

Note: OTDA will issue the restored Food Stamp benefits for currently active and closed cases. JOS/Workers are only to issue benefits if it is determined that the payee is eligible for a supplement because of a discrepancy in the household size or the number of months of participation in POP (See conference information on page 4).

When re-opening a previously closed case, the JOS/Worker must ensure that the Client Identification Number (CIN) of the payee is selected to allow the payee to access the restored Food Stamp benefits in his/her EBT account.

CBIC instructions

Since a CBIC is not automatically generated when a registry number is linked to a previously active case number, the JOS/Worker who re-opens the case will have to initiate the mailing of the CBIC. The JOS/Worker will select option **4** (Perm Card Only) from the CBIC screen to generate a CBIC which will be mailed to the payee. If the payee's address has changed, the new address must also be entered in the Individual Card Request field of the CBIC screen.

Payees who appear at the Waverly or Linden Job Centers or call the designated telephone numbers should be informed that the restored Food Stamp benefits will take up to 30 days to be available in EBT.

Any notices to payees who are not currently active for either CA/FS or NCA FS that are returned as non-deliverable will be returned to a private vendor. The vendor will attempt to find a current address for the payee. If a different address is found, the vendor will re-mail the original letter with an insert containing the date of the re-mailing.

Conference information for closed cases

Payees of cases that are not currently active may request a conference if they disagree with the household size (determined at the time the class member began participation in POP) or the number of months used to calculate the restored benefit. The standardized benefit amounts per household size are not reviewable.

Payees of cases that are not currently active who call for a conference are to have the conference with a designated worker at the Waverly or Linden Job Center. Any additional supplemental Food Stamp benefits based on a discrepancy in the household size (e.g., payee received a benefit for three people but claimed the household contained four people when the individual began participation in POP) or in the number of months of participation in POP are to be issued under issuance code **20** (Daily Retroactive Benefit).

Effective Immediately


Reference:

Stipulation and Order of Settlement 04-CV-00369 (WHP)

Related Items:

[Fax Flash 08/23](#)
[PB #08-04-OPE](#)

Attachments:

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Monthly Standardized Restored Benefit Amount by Household Size
- Attachment B** OTDA Notice of Restored Food Stamps (Food Stamp Benefit Recipient)
- Attachment B (S)** OTDA Notice of Restored Food Stamps (Food Stamp Benefit Recipient) (Spanish)
- Attachment C** OTDA Notice of Restored Food Stamps — Closed Cases Walker/NYC (Former Food Stamp Benefit Recipient)
- Attachment C (S)** OTDA Notice of Restored Food Stamps — Closed Cases Walker/NYC (Former Food Stamp Benefit Recipient) (Spanish)

Attachment A

**MONTHLY STANDARDIZED RESTORED BENEFIT AMOUNT BY
HOUSEHOLD SIZE**

HOUSEHOLD SIZE

RESTORED BENEFIT

1	\$136
2	\$227
3	\$237
4	\$290
5	\$400
6	\$510
7	\$620
8	\$730
9	\$840
10	\$950

**NOTICE OF RESTORED FOOD STAMPS
MONTH 07/NYC**

Case Number:

Dear Food Stamp Benefit Recipient:

This is to notify you that you are eligible to receive a restored food stamp transitional benefit as a result of the settlement of a class action lawsuit in the United States District Court, Southern District of New York, called the Walker et al. v. Eggleston et al. (“Walker”).

The class of plaintiffs in Walker consists of “All persons who, from in or after March 2003, to on or before October 29, 2006, participated in the New York City Parks Opportunity Program (“POP”), a grant diversion program in which a participant’s Family Assistance grant is diverted to the New York City Parks Department to subsidize a portion of the participant’s income from POP, and who, during their participation in POP: (a) had their family assistance grant adjusted to \$0.00 in the New York State Welfare Management System; (b) had their food stamp benefits reduced due to their increased income from participation in POP; and (c) did not receive or are not receiving transitional food stamp benefits under the Transitional Benefit Alternative Program during their participation in POP.”

You have been determined to be a member of the Walker plaintiff class and you are eligible for a restored food stamp benefit. Pursuant to the settlement reached between the parties and approved by the Court in Walker, the New York State Office of Temporary and Disability Assistance (“OTDA”) calculated your restored food stamp benefit by using a standardized benefit for the size of your household on the date that your household member began participating in POP, multiplied by the number of months your household member participated in POP while having a family assistance grant that was reduced to \$0.00. The maximum number of months of restored transitional food stamp benefits is five.

The restored amount has been made available on your Food Stamp EBT account. This is how we calculated your restored amount:

Your household size in first month	_____
Standard monthly amount	\$ _____
Number of months covered	_____
Restored food stamp amount	\$ _____

If you disagree with the amount of your restored benefit because you believe that OTDA was incorrect concerning the size of your household on the date your household member began participating in POP or the above number of months your household member participated in POP while having a family assistance grant that was reduced to \$0.00, you may request a conference and/or State Fair Hearing as set forth below. The standardized benefit amounts per household size are not reviewable.

YOU HAVE THE RIGHT TO APPEAL THIS DETERMINATION. READ BELOW ON HOW TO APPEAL.

INFORMATION CONCERNING A CONFERENCE AND/OR A FAIR HEARING SECTION

If you think our determination was wrong, you can ask for it to be reviewed. You can do both 1 and 2:

1. **CONFERENCE** (informal meeting with a supervisor) – If you think our determination was wrong, or if you do not understand the basis for the determination, please call us to set up a meeting with a supervisor. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the front of this notice. This may be the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** – YOU HAVE **90** DAYS FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of the entire notice to the Office of Administrative Hearings, OTDA, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing because I do not agree with the determination concerning the amount of my restored food stamp benefit. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: (800) 342-3334. Please have this notice with you when you call.

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735.

Attachment B

Walk-In: Bring a copy of this entire notice to OTDA at 14 Boerum Place, Brooklyn, New York or 330 West 34th Street, New York, New York.

Online: <http://www.otda.state.ny.us/oah/forms.asp>

If you cannot reach OTDA by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

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 determination is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, and birth certificates.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group such as the New York Legal Assistance Group at 212-946-0352. For the names of other lawyers who may charge a fee, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND A COPY OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you a free copy 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 to us, we will send you a free copy of other 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**, or fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want a copy of documents from your 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 us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

**NOTIFICACIÓN DE RESTITUCIÓN DE
CUPONES PARA ALIMENTOS
MES 2007 / NYC**

Nº. de caso:

Estimado beneficiario de Cupones para Alimentos:

Por la presente le notificamos que usted tiene derecho a recibir una restitución de beneficios transitorios de cupones para alimentos en virtud al acuerdo de conciliación transigido en el litigio de la demanda en grupo Walker et al. v. Eggleston et al. ("Walker") llevado a cabo en el tribunal del distrito sur (United States District Court, Southern District of New York).

El grupo de demandantes en el litigio Walker comprende "toda persona que, desde en o posteriormente a marzo de 2003, y hasta, o a la fecha del, o con anterioridad al, 29 de octubre de 2006, participó en el Programa Oportunidades de Trabajo en los Parques de la Ciudad de Nueva York (New York City Parks Opportunity Program, POP), un programa de reasignación de subsidios por el cual el subsidio de asistencia para familias (Family Assistance) correspondiente al participante se envía al Departamento de Parques de la Ciudad de Nueva York (New York City Parks Department) con motivo de financiar una parte de los ingresos que el participante recibe del POP, y que mientras él / ella participaba en el POP: (a) se le ajustó a \$0.00, vía el Sistema de Administración de Asistencia Pública del Estado de Nueva York (New York State Welfare Management System), el subsidio de Asistencia para Familias que el grupo familiar recibía; (b) vieron reducidos sus beneficios de cupones para alimentos debido a un aumento de sus ingresos por participar en el programa POP; y (c) no recibieron o no están recibiendo beneficios transitorios de cupones para alimentos por medio del Programa Alternativo de Beneficio Transitorio (Transitional Benefit Alternative Program) durante su participación en el programa POP".

Se ha determinado que usted forma parte de la clase de demandantes de la demanda Walker y, por lo tanto, tiene derecho a obtener una restitución de beneficios de cupones para alimentos. En virtud de lo acordado, por las partes y aprobado por el juez, en la conciliación transigida en el caso Walker, la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance, OTDA) calculó el monto de su restitución de beneficios de cupones para alimentos usando un beneficio estandarizado, según el número de integrantes del hogar, comenzando la fecha en que el integrante de su hogar comenzó a participar en el programa POP, multiplicado por el número de meses que el miembro de su hogar participó en el programa POP mientras el subsidio de asistencia para familias estuvo reducido a \$0.00. La cantidad máxima de meses de restitución de beneficios transitorios de cupones para alimentos es cinco.

El monto restituido se le ha abonado y esta disponible en la cuenta EBT de cupones para alimentos. Hemos calculado su monto restituido de la siguiente forma:

Número de integrantes del hogar en el primer mes	_____
Monto mensual estándar	\$ _____
Número de meses cubiertos	_____
Monto restituido de cupones para alimentos	\$ _____

Si no está de acuerdo con el monto del beneficio restituido porque cree que OTDA calculó incorrectamente el número de integrantes de su hogar a la fecha en que el integrante de su hogar empezó a participar en el programa POP, o porque usted cree que el número de meses, indicado arriba durante los cuales el integrante de su hogar participó en el programa POP mientras el subsidio de asistencia para familias estuvo reducido a \$0.00, es incorrecto. De ser esta la situación, puede solicitar una conferencia y/o una audiencia imparcial estatal según las instrucciones a continuación. Los montos estandarizados de beneficios, según el número de integrantes del hogar, no están sujetos a revisión.

USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN. LEA A CONTINUACIÓN SOBRE EL PROCESO DE APELACIÓN.

SECCIÓN SOBRE CONFERENCIAS Y / O AUDIENCIAS IMPARCIALES

Si cree que nuestra determinación es incorrecta, puede solicitar una revisión de la misma. Usted puede tomar ambas medidas, 1 y 2.

1. CONFERENCIA (reunión informal con un supervisor): si usted cree que nuestra determinación es incorrecta o si no entiende la base de la decisión, favor de llamar y pedir una cita con un supervisor. Llame al número para conferencias que aparece en el **anverso** de este aviso o escribanos a la dirección que aparece en esa misma página. En algunos casos, ésta es la forma más rápida de resolver este tipo de problemas. Le recomendamos hacerlo, aunque haya solicitado una audiencia imparcial.

Attachment B (S)

2. AUDIENCIA IMPARCIAL ESTATAL: usted tiene **90 días**, contados a partir de la fecha de este aviso, para solicitar una audiencia imparcial.

CÓMO SOLICITAR UNA AUDIENCIA IMPARCIAL: puede solicitar una audiencia imparcial **por correo, por teléfono, por fax, en persona o por internet.**

Por correo: envíe una copia de todas las partes de esta notificación a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Favor de quedarse con una copia.

- Yo solicito una audiencia imparcial porque no estoy de acuerdo con la decisión tomada sobre el monto de beneficios restituidos de cupones para alimentos. (Puede explicar a continuación por qué no está de acuerdo, aunque no tiene que incluir una explicación por separado).
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Por teléfono: (800) 342-3334. Favor de tener a mano este aviso cuando llame.

Por fax: envíe por fax una copia del anverso y reverso de este aviso al: **(518) 473-6735.**

En persona: traiga una copia de todas las partes de este aviso a la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York: New York State Office of Temporary and Disability Assistance, 14 Boerum Place, Brooklyn, New York o al 330 West 34th Street, NYC.

Por internet: <http://www.otda.state.ny.us/oah/forms.asp>

Si no puede comunicarse con la oficina de OTDA por teléfono, por fax, en persona o por internet, favor de escribir solicitando una audiencia imparcial antes del vencimiento del plazo.

LO QUE SUCEDE EN UNA AUDIENCIA IMPARCIAL: el Estado le enviará un aviso informándole cuándo y dónde se realizará la audiencia imparcial.

En la audiencia, usted tendrá la oportunidad de explicar por qué cree que nuestra decisión es incorrecta. Puede traer consigo a un abogado, a un familiar o a un(a) amigo(a), o a alguien más que pueda ayudarle a exponer su caso. Si no puede presentarse, puede enviar a otra persona en su representación. Si está enviando una persona a la audiencia que no es abogado en vez de usted, debe entregarle a esta persona una carta, dirigida al funcionario de audiencias, en la que usted declara que desea que dicha persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante, tendrán la oportunidad de explicar el porqué de nuestra equivocación, como también la oportunidad de presentar, ante el funcionario de audiencias, documentos que demuestren nuestra equivocación.

Con el fin de ayudarle a exponer el motivo de nuestra equivocación, le sugerimos presentar testigos que puedan avalar su caso. También, le sugerimos presentar documentos tales como: comprobantes de pagos salariales, contratos de arrendamiento, recibos, facturas y partidas de nacimiento.

Durante la audiencia, usted y su abogado u otro representante, podrá interrogar a los testigos que nosotros presentemos o los que usted presente con motivo de avalar su caso.

ASISTENCIA LEGAL: si cree que necesita un abogado para que le ayude con este problema, usted puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otra asociación de defensa legal, tal como la New York Legal Assistance Group (Grupo de Ayuda Legal de Nueva York) al 212-946-0352. Si desea los nombres de otros abogados que cobran honorarios, consulte las páginas amarillas de la guía telefónica bajo «abogados» (lawyers).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama, nos escribe o nos envía un fax, le brindaremos, gratis, copias de documentos contenidos en sus archivos; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe o manda un fax, le brindaremos, gratis, copias de otros documentos específicos contenidos en sus archivos y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al **(718) 722-5012**, fax **(718) 722-5018** o mande una carta a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.**

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán a usted por correo sólo si usted específicamente lo solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en el **anverso** de este aviso o mande una carta a la dirección que figura en esa misma página.

Attachment C

WALKER SETTLEMENT
PO BOX 2006
CHANHASSEN, MN 55317-2006

NOTICE OF RESTORED
FOOD STAMPS — CLOSED CASES
WALKER/NYC

Notice Date: 07/01/2008

Case Number :

Waverly Model Office (#13) - Parks Unit
12 West 14th Street
New York, N.Y. 10011
(212) 352-1976
(212) 337-1615

Linden Model Office (#67) - Parks Unit
45 Hoyt Street
Brooklyn, NY 11201
(718) 237-7189
(718) 237-7209

Dear Former Food Stamp Benefit Recipient:

This is to notify you that you are eligible to receive a restored food stamp transitional benefit as a result of the settlement of a class action lawsuit in the United States District Court, Southern District of New York, called the Walker et al. v. Eggleston et al. (“Walker”).

The class of plaintiffs in Walker consists of “All persons who, from in or after March 2003, to on or before October 29, 2006, participated in the New York City Parks Opportunity Program (“POP”), a grant diversion program in which a participant’s Family Assistance grant is diverted to the New York City Parks Department to subsidize a portion of the participant’s income from POP, and who, during their participation in POP: (a) had their family assistance grant adjusted to \$0.00 in the New York State Welfare Management System; (b) had their food stamp benefits reduced due to their increased income from participation in POP; and (c) did not receive or are not receiving transitional food stamp benefits under the Transitional Benefit Alternative Program during their participation in POP.”

You have been determined to be a member of the Walker plaintiff class and you are eligible for a restored food stamp benefit. Pursuant to the settlement reached between the parties and approved by the Court in Walker, the New York State Office of Temporary and Disability Assistance (“OTDA”) calculated your restored food stamp benefit by using a standardized benefit for the size of your household on the date that your household member began participating in POP, multiplied by the number of months your household member participated in POP while having a family assistance grant that was reduced to \$0.00. The maximum number of months of restored transitional food stamp benefits is five.

This is how we calculated your restored amount:

Your household size in first month	_____
Standard monthly amount	\$ _____
Number of months covered	_____
Restored food stamp amount	\$ _____

TO GET THE RESTORED FOOD STAMP BENEFIT, YOU MUST GO TO ONE OF THE ABOVE HRA CENTERS OR CALL ONE OF THE ABOVE PHONE NUMBERS WITHIN 30 DAYS OF THE DATE OF THIS NOTICE. PLEASE BE PREPARED TO PROVIDE DOCUMENTS AND/OR INFORMATION SUFFICIENT TO IDENTIFY YOURSELF AS THE INTENDED RECIPIENT OF THIS NOTICE.

If you disagree with the amount of your restored benefit because you believe that OTDA was incorrect concerning the size of your household on the date your household member began participating in POP or the above number of months your household member participated in POP while having a family assistance grant that was reduced to \$0.00, you may request a conference and/or State Fair Hearing as set forth below. The standardized benefit amounts per household size are not reviewable.

YOU HAVE THE RIGHT TO APPEAL THIS DETERMINATION. READ PAGE 2 FOR HOW TO APPEAL.

INFORMATION CONCERNING A CONFERENCE AND/OR A FAIR HEARING SECTION

If you think our determination was wrong, you can ask for it to be reviewed. You can do both 1 and 2:

1. **CONFERENCE** (informal meeting with a supervisor) – If you think our determination was wrong, or if you do not understand the basis for the determination, please call us to set up a meeting with a supervisor. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the front of this notice. This may be the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** – YOU HAVE **90 DAYS FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING.**

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of the entire notice to the Office of Administrative Hearings, OTDA, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing because I do not agree with the determination concerning the amount of my restored food stamp benefit. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: **(800) 342-3334**. Please have this notice with you when you call.

Fax : Fax a copy of the front and reverse of this notice to: **(518) 473-6735**.

Walk-In: Bring a copy of this entire notice to OTDA at 14 Boerum Place, Brooklyn, New York or 330 West 34th Street, New York, New York.

Online: <http://www.otda.state.ny.us/oah/forms.asp>

If you cannot reach OTDA by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

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 determination is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, and birth certificates.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group such as the New York Legal Assistance Group at 212-946-0352. For the names of other lawyers who may charge a fee, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND A COPY OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you a free copy 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 to us, we will send you a free copy of other 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**, or fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want a copy of documents from your 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 us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

NOTIFICACIÓN DE RESTITUCIÓN DE CUPONES PARA ALIMENTOS WALKER / NYC

Numero del caso:

Fecha del aviso:

Waverly Model Office (#13) - Parks Unit
12 West 14th Street
N.Y. N.Y. 10011
(212) 352- 1976
(212) 337- 1615

Linden Model Office (#67) - Parks Unit
45 Hoyt Street
Brooklyn, NY 11201
718 237-7189
718 237-7209

Estimado anterior beneficiario de Cupones para Alimentos:

Por la presente le notificamos que usted tiene derecho a recibir una restitución de beneficios transitorios de cupones para alimentos en virtud al acuerdo de conciliación transigido en el litigio de la demanda en grupo Walker et al. v. Eggleston et al. ("Walker") llevado a cabo en el tribunal del distrito sur (United States District Court, Southern District of New York).

El grupo de demandantes en el litigio Walker comprende "toda persona que, desde en o posteriormente a marzo de 2003, y hasta, o a la fecha del, o con anterioridad al, 29 de octubre de 2006, participó en el Programa Oportunidades de Trabajo en los Parques de la Ciudad de Nueva York (New York City Parks Opportunity Program, POP), un programa de reasignación de subsidios por el cual el subsidio de asistencia para familias (Family Assistance) correspondiente al participante se envía al Departamento de Parques de la Ciudad de Nueva York (New York City Parks Department) con motivo de financiar una parte de los ingresos que el participante recibe del POP, y que mientras él/ ella participaba en el POP: (a) se le ajustó a \$0.00, vía el Sistema de Administración de Asistencia Pública del Estado de Nueva York (New York State Welfare Management System), el subsidio de Asistencia para Familias que el grupo familiar recibía; (b) vieron reducidos sus beneficios de cupones para alimentos debido a un aumento de sus ingresos por participar en el programa POP; y (c) no recibieron o no están recibiendo beneficios transitorios de cupones para alimentos por medio del Programa Alterno de Beneficio Transitorio (Transitional Benefit Alternative Program) durante su participación en el programa POP".

Se ha determinado que usted forma parte de la clase de demandantes de la demanda Walker y, por lo tanto, tiene derecho a obtener una restitución de beneficios de cupones para alimentos. En virtud de lo acordado, por las partes y aprobado por el juez, en la conciliación transigida en el caso Walker, la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance, OTDA) calculó el monto de su restitución de beneficios de cupones para alimentos usando un beneficio estandarizado, según el número de integrantes del hogar, comenzando la fecha en que el integrante de su hogar comenzó a participar en el programa POP, multiplicado por el número de meses que el miembro de su hogar participó en el programa POP mientras el subsidio de asistencia para familias estuvo reducido a \$0.00. La cantidad máxima de meses de restitución de beneficios transitorios de cupones para alimentos es cinco.

Hemos calculado su monto restituido de la siguiente forma:

Número de integrantes del hogar en el primer mes	_____
Monto mensual estándar	\$ _____
Número de meses cubiertos	_____
Monto restituido de cupones para alimentos	\$ _____

PARA RECIBIR EL BENEFICIO RESTITUIDO DE CUPONES PARA ALIMENTOS, USTED TIENE QUE IR A LA OFICINA DE RECURSOS HUMANOS (HRA) QUE SE MENCIONA ARRIBA O LLAMAR AL NÚMERO DE TELÉFONO INDICADO ARRIBA, DENTRO DE LOS 30 DÍAS DE LA FECHA DE ESTA NOTIFICACIÓN. ESTÉ LISTO PARA PRESENTAR COMPROBANTES Y/O DATOS QUE LO PUEDAN IDENTIFICAR A USTED COMO EL BENEFICIARIO A LA QUE ESTA NOTIFICACIÓN VA DIRIGIDA.

Si no está de acuerdo con el monto del beneficio restituido porque cree que OTDA calculó incorrectamente el número de integrantes de su hogar a la fecha en que el integrante de su hogar empezó a participar en el programa POP, o porque usted cree que el número de meses, indicado arriba durante los cuales el integrante de su hogar participó en el programa POP mientras el subsidio de asistencia para familias estuvo reducido a \$0.00, es incorrecto. De ser esta la situación, puede solicitar una conferencia y/o una audiencia imparcial estatal según las instrucciones a continuación. Los montos estandarizados de beneficios, según el número de integrantes del hogar, no están sujetos a revisión.

USTED TIENE EL DERECHO DE APELAR EN CONTRA ESTA DECISIÓN. LEA A CONTINUACIÓN SOBRE EL PROCESO DE APELACIÓN.

Attachment C (S)

SECCIÓN SOBRE CONFERENCIAS Y / O AUDIENCIAS IMPARCIALES

Si cree que nuestra determinación es incorrecta, puede solicitar una revisión de la misma. Usted puede tomar ambas medidas, 1 y 2.

1. **CONFERENCIA:** (reunión informal con un supervisor): si usted cree que nuestra determinación es incorrecta o si no entiende la base de la decisión, favor de llamar y pedir una cita con un supervisor. Llame al número para conferencias que aparece en el **anverso** de este aviso o escribanos a la dirección que aparece en esa misma página. En algunos casos, ésta es la forma más rápida de resolver este tipo de problemas. Le recomendamos hacerlo, aunque haya solicitado una audiencia imparcial.
2. **AUDIENCIA IMPARCIAL ESTATAL:** usted tiene **90** días, contados a partir de la fecha de este aviso, para solicitar una audiencia imparcial.

CÓMO SOLICITAR UNA AUDIENCIA IMPARCIAL: puede solicitar una audiencia imparcial **por correo, por teléfono, por fax, en persona o por internet.**

Por correo: env una copia de todas las partes de esta notificación a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Favor de quedarse con una copia.

Yo solicito una audiencia imparcial porque no estoy de acuerdo con la decisión tomada sobre el monto de beneficios restituidos de cupones para alimentos. (Puede explicar a continuación por qué no está de acuerdo, aunque no tiene que incluir una explicación por separado).

Por teléfono: (800) 342-3334. Favor de tener a mano este aviso cuando llame.

Por fax: envíe por fax una copia del anverso y reverso de este aviso al: (518) 473-6735.

En persona: traiga una copia de todas las partes de este aviso a la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York: New York State Office of Temporary and Disability Assistance, 14 Boerum Place, Brooklyn, New York o al 330 West 34th Street, NYC.

Por internet: <http://www.otda.state.ny.us/oah/forms.asp>

Si no puede comunicarse con la oficina de OTDA por teléfono, por fax, en persona o por internet, favor de escribir solicitando una audiencia imparcial antes del vencimiento del plazo.

LO QUE SUCEDE EN UNA AUDIENCIA IMPARCIAL: el Estado le enviará un aviso informándole cuándo y dónde se realizará la audiencia imparcial.

En la audiencia, usted tendrá la oportunidad de explicar por qué cree que nuestra decisión es incorrecta. Puede traer consigo a un abogado, a un familiar o a un(a) amigo(a), o a alguien más que pueda ayudarle a exponer su caso. Si no puede presentarse, puede enviar a otra persona en su representación. Si está enviando una persona a la audiencia que no es abogado en vez de usted, debe entregarle a esta persona una carta, dirigida al funcionario de audiencias, en la que usted declara que desea que dicha persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante, tendrán la oportunidad de explicar el porqué de nuestra equivocación, como también la oportunidad de presentar, ante el funcionario de audiencias, documentos que demuestren nuestra equivocación.

Con el fin de ayudarle a exponer el motivo de nuestra equivocación, le sugerimos presentar testigos que puedan avalar su caso. También, le sugerimos presentar documentos tales como: comprobantes de pagos salariales, contratos de arrendamiento, recibos, facturas y partidas de nacimiento.

Durante la audiencia, usted y su abogado u otro representante, podrá interrogar a los testigos que nosotros presentemos o los que usted presente con motivo de avalar su caso.

ASISTENCIA LEGAL: si cree que necesita un abogado para que le ayude con este problema, usted puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otra asociación de defensa legal, tal como la New York Legal Assistance Group (Grupo de Ayuda Legal de Nueva York) al 212-946-0352. Si desea los nombres de otros abogados que cobran honorarios, consulte las páginas amarillas de la guía telefónica bajo «abogados» (lawyers).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama, nos escribe o nos envía un fax, le brindaremos, gratis, copias de documentos contenidos en sus archivos; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe o manda un fax, le brindaremos, gratis, copias de otros documentos específicos contenidos en sus archivos y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al (718) 722-5012, fax (718) 722-5018 o mande una carta a: HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán a usted por correo sólo si usted específicamente lo solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en el anverso de este aviso o mande una carta a la dirección que figura en esa misma página.