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POLICY BULLETIN #10-79-OPE

(This Policy Bulletin Replaces PB #98-5, CD #97-169, PB #09-67-OPE, and PB #09-133-OPE)

**REVISIONS TO CASH ASSISTANCE APPLICATION AND RECERTIFICATION KITS FORMS,
 AND NCA FS APPLICATION/RECERTIFICATION KIT FORMS**

Date: August 3, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>Note: Click here to access the most current revision of the State Form LDSS-4279-SP (Spanish).</p>	<p>This policy bulletin is to inform Job Center, Non Cash Assistance Food Stamp (NCA FS) Center, and the Application Kit Unit (AKU) staff that the following forms have been revised:</p> <ul style="list-style-type: none"> • Cash Assistance Application Kit Forms (M-90c); • Cash Assistance Recertification Kit Forms (M-90d); and • NCA FS Application/Recertification Kit Forms (M-90e). <p>Revisions to the M-90c, M-90d, and M-90e are as follows:</p> <ul style="list-style-type: none"> • New Information about Temporary Assistance and Food Stamps (LDSS-4148D) has been removed because the information contained in the form has been incorporated into What You Should Know About Your Rights And Responsibilities (LDSS-4148A) and What You Should Know About Social Services Programs (LDSS-4148B). <p>Additional revision to the M-90c and M-90d is as follows:</p> <ul style="list-style-type: none"> • Notice of Responsibilities And Rights For Support (LDSS-4279), formerly listed as Attachment 3, is now listed as LDSS-4279.

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

Job Center Directors, NCA FS Center Managers, and the AKU staff must ensure that all versions of the **LDSS-4148D** and all previous versions of the **M-90c**, **M-90d**, and **M-90e** are removed from circulation and recycled.

Effective August 9, 2010

Reference:

10-ADM-04

Attachments:

- M-90c** Cash Assistance Application Kit Forms (Rev. 8/3/10)
- M-90d** Cash Assistance Recertification Kit Forms (Rev. 8/3/10)
- M-90e** Cash NCA FS Application/Recertification Kit Forms (Rev. 8/3/10)
- LDSS-4279** Notice Of Responsibilities And Rights For Support (Rev. 1/10)
- LDSS-4279-SP** Notice of Responsibilities And Rights For Support (Spanish) (Rev. 1/10)
- LDSS-4148D** New Information About Temporary Assistance and Food Stamps (OBSOLETE)

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

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Statewide Common Application	LDSS-2921*	State
2	Revised Assignment of Support Rights Language for LDSS 2921	Attachment 1****	State
3	Food Stamp Change Report Form	LDSS-3151*	State
4	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs	LDSS-4148B*	State
6	New York State What You Should Know If You Have An Emergency	LDSS-4148C*	State
7	Notice Of Responsibilities And Rights For Support	LDSS-4279**	State
8	Domestic Violence Screening Form	LDSS-4583*	State
9	Domestic Violence Palm Card	LDSS-4583A**	State
10	DFR Legal Residence Statement	LDSS-4733	State
11	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
12	New York State How To Complete The Temporary Assistance (TA) - Medical Assistance (MA) - Medical Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC) Application	PUB-1301*	State
13	How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits	PUB-4596*	State
14	Keep the Heat On With HEAP Pamphlet	PUB-4735**	State
15	Helping Hands For People In Need	PUB-4916*	State
16	Notice to All Applicants	EXP-75Q***	FIA
17	Absent Parent Questionnaire	M-384k*	FIA
18	Your Interview with the Office of Child Support Enforcement	M-384t**	FIA
19	Child Care Guarantee Informational	M-528m	FIA
20	Attention: Applicants/Participants	W-116U***	FIA

*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

**Available in English and Spanish only.

***Multiple languages are contained on one form.

****Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
21	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E*	FIA
22	Services for Victims of Sexual Assault	W-131**	FIA
23	Cash Assistance Additional Allowances	W-137C*	FIA
24	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E**	FIA
25	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A**	FIA
26	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
27	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299*	FIA
28	What To Do If You Have Been Sexually Assaulted	BRC-100B**	Mayor's Office
29	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M*	BFI
30	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W***	FIA
31	Eligibility Verification Review Questionnaire	W-532T**	FIA
32	Cash Assistance & Child Support	W-549D**	OCSE
33	Child Care Fact Sheet and Planner	CS-574EE**	ACS
34	Language Questionnaire	W-680FF*	FIA
35	Are You Disabled?	W-681A*	FIA
36	Notice to Applicants/Participants	W-904DD*	FIA
37	Essential Persons	W-912KK**	FIA
38	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
39	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096*	MAP
40	Your Guide To Public Health and Eligibility	MAP-2020N	MAP

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Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Food Stamp Change Report Form	LDSS-3151 *	State
2	Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS)	LDSS-3174 * ¹	State
3	Revised Assignment of Support Rights Language for LDSS-3174	Attachment 2 ****	State
4	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A *	State
5	New York State What You Should Know About Social Services Programs	LDSS-4148B *	State
6	New York State What You Should Know If You Have An Emergency	LDSS-4148C *	State
7	Notice Of Responsibilities And Rights For Support	LDSS-4279 **	State
8	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905 *	State
9	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	PUB-1313 *	State
10	Helping Hands for People in Need	PUB-4916 *	State
11	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 *	MAP
12	Attention: Applicants/Participants	W-116U ***	FIA
13	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
14	Services for Victims of Sexual Assault	W-131 **	FIA
15	Cash Assistance Additional Allowances	W-137C *	FIA
16	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
17	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
18	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA

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¹ Included in the kit for homebound interviews and when POS is down.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
19	Language Questionnaire	W-680FF*	FIA
20	What To Do If You Have Been Sexually Assaulted	BRC-100B**	Mayor's Office
21	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151M*	BFI
22	Are You Disabled?	BRC-681A*	FIA
23	Notice to Applicants/Participants	W-904DD*	FIA
24	Essential Persons	W-912KK**	FIA

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SAMPLE

Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Recertification Absent Parent Questionnaire	M-384d*	FIA
2	Child Care Guarantee Informational	M-528m	FIA
3	Cash Assistance & Child Support	W-549D**	OCSE
4	Did you know that The City of New York Will Pay For Your Child Care for your children under 13 and for children with special needs?	CS-273E	ACS
5	Child Care Fact Sheet and Planner	CS-574EE**	ACS
6	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
7	Employment of Minors Form	OCFS LDSS-4699.1**	State
8	Employment of Minors Information	OCFS LDSS-4699.1A	State
9	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
10	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A	State
11	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State

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¹ Included in the kit for homebound interviews and when POS is down.

NCA FS Application/Recertification Kit Forms

Forms included in the NCA FS Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Domestic Violence Palm Card	LDSS-4583A **	State
2	Food Stamp Benefits Application/Recertification	LDSS-4826 *	State
3	How To Complete The Food Stamp Benefits Application/Recertification	LDSS-4826A *	State
4	How To Use Your Benefit Card To Get Your Food Stamp and/or Cash Benefits	PUB-4596 *	State
5	Helping Hands For People In Need	PUB-4916 *	State
6	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 *	MAP
7	Notice to All Non Cash Assistance FS Applicants at POS Centers	EXP-75AA ***	FIA
8	Food Stamp Documentation Guide	W-129G *	FIA
9	Services for Victims of Sexual Assault	W-131 **	FIA
10	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
11	Finger Imaging Notice	W-519 *	FIA
12	Language Questionnaire	W-680FF *	FIA
13	What To Do If You Have Been Sexually Assaulted	BRC-100B **	Mayor's Office
14	Are You Disabled?	BRC-681A *	FIA

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NCA FS Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA FS Application/Recertification Kit.

NOTICE OF RESPONSIBILITIES AND RIGHTS FOR SUPPORT

YOUR RESPONSIBILITIES

When you sign a Temporary Assistance (TA) Medical Assistance (MA) application, and for as long as you get TA and/or MA, you must:

- I. **Tell your worker if you are pregnant or were pregnant in the last two months because some of the requirements below may not apply to you at this time.**
- II. **Turn over (“assign”) to the State and your local Department of Social Services (“the Department”) your rights and the rights of any applying family member to get support (including medical support) from anyone else. [Social Services Law (SSL) 158 and 348] The assignment of support is limited to support which accrues during the period that you and/or any family member receives assistance. If you are applying only for MA, you assign to the State and the Department your rights and the rights of any applying family member to get medical support including the rights to any medical benefits. [SSL 366(4)(h)]**
- III. **Cooperate with the Department to legally name who the father of your child is (“establish paternity”) and to get any support (including medical support) owed to you and any child living with you [SSL 132-a, 158, 349-b and 366(4)(h)]. If you have a good reason not to cooperate, be sure to read the “YOUR RIGHTS IF YOU DO NOT COOPERATE” section below.**

To cooperate means you will have to:

- ◆ Go to the TA office and, if required, to the child support office and court to sign papers or tell what you know about the absent parent. Some things that you may be asked you may already know. See the back of this form for the section on **“Information You May Already Have On The Absent Parent”**.
- ◆ Name the absent parent of any child applying for or getting TA or MA, and tell what you know to help find that parent.
- ◆ Help the court in establishing paternity of any child who was born to unmarried parents.
- ◆ Tell what you know about the absent parent’s income and whether the absent parent has access to health insurance benefits to help the Department help you or any child getting TA or MA to get financial and/or medical support.

NOTE: By signing the TA/MA application, you are attesting under penalty of perjury that you will give true and complete information. If you don’t know information about the parent of your child, you must sign a form saying you don’t know.

A child should get support from both parents. By cooperating, you are investing in your child’s future. Some of the benefits of cooperating are:

- ◆ Finding the absent parent
- ◆ Establishing the paternity of your child is (see the back of this form for the section on **“Fathers’ Rights When Paternity is Established in Court”**)
- ◆ Up to **\$100** per month of current support collected is given to you if there is one child active on your TA case (this is called a “pass-through” or “bonus” check); up to **\$200** per month of current support collected is given to you if there are two or more children active on your TA case.”
- ◆ Getting support that could help you so that you might not need TA
- ◆ Your child gains inheritance rights to medical and life insurance
- ◆ You and your child gain rights to future Social Security, Veteran’s or other government benefits.

YOUR RIGHTS IF YOU DO NOT COOPERATE

- I. **If you feel that cooperating would not be good for you or your child:**
 - A. You have the right to make a “good cause claim” for not cooperating. The following are reasons that the Department will use to see if it can approve your good cause claim.
 - ◆ Your cooperation is likely to cause physical or emotional harm to you or your child
 - ◆ Your child came from a pregnancy due to incest or rape
 - ◆ You are working with the court or an authorized adoption agency to have your child adopted.
 - B. You have the right to make a “good cause claim” at any time by telling a worker. If you make a good cause claim, you must:
 - ◆ Give evidence to the Department to prove this. See the back of this form for the section on **“Examples Of Evidence You Can Give For A Good Cause Claim”**. If you need help getting the evidence, the Department will give you reasonable help. If your claim is due to fear of physical harm, and you cannot get the evidence, the Department may still be able to approve your good cause claim.
 - ◆ Give your evidence **within 20 days** of making your good cause claim. You may only have 20 days even if you have a hard time getting evidence.

NOTE: If you are applying for TA or MA, you must give evidence and tell what you know about the absent parent, or you will get less TA and you will not get MA for yourself.

Once you make a good cause claim, the Department will do one of the following:

- ◆ Approve your claim based on the evidence you have given to prove one of the good cause reasons listed in Section I.A. above. If your claim is approved, you will not have to cooperate with the Department.
- ◆ Deny your claim because the evidence you gave was not enough to prove one of the reasons listed in Section I.A. above.
- ◆ Look into (“investigate”) your claim further so that the Department can get the information it needs to see if it can approve your claim. You may have to tell what you know about the absent parent, such as their name and address. The Department will not contact the absent parent without telling you first.

NOTE: The Child Support Enforcement Unit (CSEU) may review the Department’s findings and the good cause decision. If you ask for a hearing on your good cause claim, the CSEU may be involved with that hearing. If your good cause claim is approved, the CSEU may try to establish paternity or collect support only if the Department decides that this can be done without risk to you or your child. This will not be done without telling you first.

- II. If you do not cooperate and do not have a good cause claim or domestic violence waiver that was approved:
 - ◆ You will get less TA and will not get MA for yourself.
 - ◆ TA for your child may be paid to someone else called a “protective payee”.

I have read the **front and back** of this notice,

- I **can** cooperate in pursuing child support without exposing my children or myself to physical or emotional harm.
 I **cannot** pursue child support, as it would expose my children or myself to physical or emotional harm.

I have given the applicant/recipient a copy of this notice.

SIGNATURE OR APPLICANT/RECIPIENT

DATE

SIGNATURE OF WORKER

DATE

I. INFORMATION YOU MAY ALREADY HAVE ON THE ABSENT PARENT(S)

You will be asked to give as much information about the absent parent(s) as possible. Social Security Number(s) and date(s) of birth are especially important. This information may be found on the absent parent's following documents:

- ◆ Pay stubs
- ◆ Tax returns (may be joint returns)
- ◆ Tax Department forms and letters
- ◆ Unemployment Benefits (UIB) booklet
- ◆ Social Security/Veterans Administration records
- ◆ Workers' Compensation statement
- ◆ School/College records
- ◆ Life and auto insurance policies
- ◆ Bank books (current and old)
- ◆ Medical/Dental records and bills
- ◆ Marriage certificate
- ◆ ID cards (health insurance, school ID, alien registration)
- ◆ Other personal records

II. EXAMPLES OF EVIDENCE YOU CAN GIVE FOR A GOOD CAUSE CLAIM:

- ◆ Birth Certificate, or medical or law enforcement records, which show that your child came from a pregnancy due to incest or rape
- ◆ Court records or other records which show that action on a legal adoption is pending in court.
- ◆ Court, medical, criminal, child protective services, social services, psychological or law enforcement records which show that the alleged or absent parent might physically or emotionally harm you or your child.
- ◆ Medical records which show emotional health history and present health history and present health status of you or your child; or written statements from mental health staff showing a diagnosis or prognosis on the emotional health of you or your child.
- ◆ A written statement from a public or private agency that you are being helped to decide whether to keep or give up your child for adoption.
- ◆ Sworn statements from people including friends, neighbors, clergy, social workers and medical staff who would know your situation and could confirm the basis of your good cause claim.

If you need help in getting evidence, ask the Department. The Department will give you reasonable help in getting the evidence you need.

III. FATHERS' RIGHTS WHEN PATERNITY IS ESTABLISHED IN COURT

When a court has established who is the father of a child, or when a mother and father acknowledge that he is the child's father by signing an Acknowledgment of Paternity form anytime after the child is born, the father may ask to:

- ◆ Get custody of the child
- ◆ Visit with the child
- ◆ Take part in any adoption or foster care plans for the child
- ◆ Disagree with any adoption or foster care placements of the child
- ◆ Inherit from the child

AVISO SOBRE DEBERES Y DERECHOS DE SUSTENTO

SUS DEBERES

Cuando firma una solicitud de Asistencia Temporal (TA) o de Asistencia Médica (MA) y mientras reciba TA o MA, usted debe:

- I. **Avisar a su empleador si está embarazada o estuvo embarazada durante los últimos dos meses ya que algunos de los requisitos que figuran más abajo pueden no ser aplicables para usted en este momento.**
- II. **Transferir ("ceder") al Estado y a su departamento local de servicios sociales ("el Departamento") sus derechos y los derechos de cualquier miembro de la familia que solicite sustento (entre ellos, gastos médicos) de cualquier otra persona. (Ley de Servicios Sociales [SSL], 158 y 348). La cesión de sustento está limitada al sustento devengado durante el período en que usted o cualquier miembro de la familia reciben asistencia. Si usted solicita solamente MA, cede al Estado y al Departamento sus derechos y los derechos de cualquier miembro de la familia que solicite ayuda médica, inclusive los derechos a cualquier beneficio médico (SSL 366[4][h]).**
- III. **Cooperar con el Departamento para nombrar legalmente al padre del niño ("establecer la paternidad") y recibir cualquier sustento (inclusive ayuda médica) que se le deba a usted y a cualquier niño que viva con usted (SSL 132-a, 158, 349-b y 366[4] [h]). Si tiene una buena razón para no cooperar, asegúrese de leer la sección «SUS DERECHOS SI NO COOPERA» que se encuentra más abajo.**

Cooperar significa que usted tendrá que:

- ♦ Dirigirse a la oficina de Asistencia Temporal (TA) y, si se le solicita, a la oficina de Sustento de Menores y firmar los documentos o declarar lo que sepa acerca del padre ausente.
- ♦ Quizás sepa algunos de los datos que le pueden pedir. Consulte la sección «**Datos que usted pueda tener sobre el padre ausente**» al reverso de esta solicitud.
- ♦ Nombrar al padre ausente de cualquier niño que solicite o esté recibiendo TA o MA y proporcionar cualquier dato que sea útil para encontrar al padre.
- ♦ Ayudar a la corte a establecer la paternidad de todo hijo de padres no casados.
- ♦ Declarar lo que sepa respecto los ingresos del padre ausente e informar si el padre ausente tiene acceso a beneficios de seguro de salud para colaborar con el Departamento para que lo ayude a usted o a todo niño que reciba TA o MA a obtener sustento financiero o médico.

NOTA: cuando firma la solicitud de TA / MA, usted está atestiguando so pena de perjurio que otorgará información verdadera y completa. Si usted no tiene información acerca del padre de su hijo, debe firmar un formulario declarando que no la tiene.

El niño debe recibir sustento por parte de ambos padres. Cooperando, usted invierte en el futuro de su hijo. Algunas de las ventajas por cooperar son:

- ♦ Se encuentra al padre ausente.
- ♦ Se establece la paternidad de su hijo (consulte la sección al reverso de este formulario, «**Derechos del padre una vez establecida la paternidad ante un Tribunal**»).
- ♦ Si hay un niño activo en su caso de TA, se le entregan hasta \$100 por mes del pago actual de sustento (ello se denomina pago «traspasado» o «bonificación»); si hay dos o más niños activos en su caso de TA se le entregan hasta \$200 por mes del pago actual de sustento.
- ♦ Recibir apoyo que puede ayudarlo a no necesitar de los servicios de Asistencia Pública.
- ♦ Su hijo obtiene derechos hereditarios sobre el seguro de salud y de vida.
- ♦ Usted y su hijo obtienen derechos a un seguro social de veteranos u otro beneficio gubernamental en el futuro.

SUS DERECHOS SI NO COOPERA

- I. **Si usted considera que cooperar sería problemático para usted o su hijo:**
 - A. Tiene derecho a alegar «motivo justificado» por su falta de cooperación. A continuación citamos los motivos por los cuales el Departamento aceptaría un motivo justificado:
 - ♦ Su cooperación puede causar daños físicos u emocionales a usted o a su hijo
 - ♦ Su hijo fue gestado como resultado de incesto o violación.
 - ♦ Usted está trabajando con el tribunal o con una agencia de adopción autorizada para dar a su hijo en adopción.
 - B. Usted tiene el derecho de alegar «motivo justificado» cuando los desee informándolo al trabajador social. Si desea presentar motivo justificado usted debe:
 - ♦ Presentar pruebas ante el Departamento que avalen dicho motivo. Consulte la sección al dorso de este formulario titulada «**Ejemplos de pruebas que puede someter para establecer un motivo justificado**». Si necesita ayuda para obtener pruebas, el Departamento le brindará ayuda razonable. Si su motivo justificado es temor a sufrir daños físicos, y no puede obtener los comprobantes, es posible que el Departamento pueda aprobar su motivo justificado.
 - ♦ Presentar sus pruebas **dentro de los 20 días** de alegar motivo justificado. Posiblemente sólo tenga 20 días, aún cuando tenga dificultades para obtener las pruebas.
- NOTA:** si está solicitando Asistencia Temporal o Asistencia Médica, debe presentar pruebas y declarar lo que sepa acerca del padre ausente o recibirá cantidad reducida de asistencia temporal y no recibirá asistencia médica para usted.
- Una vez que alega motivo justificado, el Departamento realizará alguna de las siguientes acciones:
- ♦ Aprobar su motivo justificado en base a las pruebas presentadas que demuestren una de las razones que figura en la sección I.A. anterior. Si se aprueba su motivo, no tendrá que cooperar con el Departamento.
 - ♦ Rechazar su motivo justificado porque la evidencia que presentó no fue suficiente para probar una de las razones que figura en la sección I.A. arriba.
 - ♦ Estudiar («investigar») más a fondo su reclamación con motivo de darle al Departamento la oportunidad de obtener los datos que necesita con motivo de poder aprobar su reclamación. Quizás deba declarar lo que sabe acerca del padre ausente, como por ejemplo el nombre y la dirección. El Departamento no hará contacto con el padre ausente sin avisárselo a usted primero.
- NOTA:** la Unidad de Ejecución de Pagos de Sustento de Menores (CSEU) podrá estudiar la decisión tomada por el Departamento y la decisión sobre el motivo justificado. Si solicita una audiencia a raíz de su motivo justificado, la CSEU puede participar en esa audiencia. Si su motivo justificado es aprobado, la CSEU puede tratar de establecer la paternidad o de recaudar sustento sólo si el Departamento decide que se puede hacer sin que usted o su hijo corran riesgos. Ello no se realizará sin avisarle a usted primero.
- II. Si usted no coopera y no tiene un motivo justificado o una dispensa aprobada por temor a violencia doméstica:
 - ♦ Recibirá un monto reducido de asistencia temporal y no recibirá asistencia médica para usted.
 - ♦ La asistencia temporal de su hijo se podrá pagar a otra persona denominada «beneficiario protector».

He leído el **anverso y reverso** de este aviso,

- Puedo** cooperar para obtener sustento de menores sin exponer a mi hijo o a mi misma a daño físico u emocional.
- No puedo** solicitar sustento de menores, ya que al hacerlo estaría corriendo el riesgo de exponerme a mí o a mi hijo a daños físicos o emocionales.

He entregado una copia de este aviso al solicitante / beneficiario.

FIRMA DEL SOLICITANTE / BENEFICIARIO

FECHA

FIRMA DEL TRABAJADOR DE CASOS

FECHA

I. INFORMACIÓN QUE PUEDA TENER SOBRE EL/LOS PADRE(S) AUSENTE(S)

Se le solicitará que brinde toda la información que pueda acerca del/los padre(s) ausente(s). El número de seguro social y la fecha de nacimiento son especialmente importantes. Dichos datos los puede obtener en los documentos del padre ausente (vea la lista a continuación):

- ◆ Talones de cheque de pago
- ◆ Declaración de impuestos (puede ser declaración conjunta)
- ◆ Formularios y cartas del Departamento de Impuestos
- ◆ Libreta de beneficios de desempleo (UIB)
- ◆ Registros de la Administración del Seguro Social o de Veteranos
- ◆ Declaración de Indemnización laboral
- ◆ Registros escolares / universitarios
- ◆ Pólizas de seguro de vida y automóvil
- ◆ Libretas bancarias (actuales y anteriores)
- ◆ Historias clínicas y facturas médicas / odontológicas
- ◆ Certificado de matrimonio
- ◆ Tarjetas de identificación (seguro médico, identificación escolar, registro de extranjero)
- ◆ Otros registros personales

II. EJEMPLOS DE PRUEBAS QUE PUEDE PRESENTAR PARA ALEGAR UN MOTIVO JUSTIFICADO:

- ◆ Certificado de nacimiento o registro médico o de las fuerzas de seguridad, que demuestren que su hijo fue gestado como resultado de incesto o violación.
- ◆ Registros del tribunal u otros registros que demuestren que el tribunal está tramitando el caso para dar a su hijo en adopción.
- ◆ Registros judiciales, expedientes médicos, expedientes penales, registros de servicios de protección al menor o de servicios sociales, expedientes psicológicos o de las fuerzas de seguridad que demuestren que el padre ausente puede dañar física o emocionalmente a usted o a su hijo.
- ◆ Registros médicos con la historia de salud emocional y el estado de salud actual suyo o de su hijo, o declaraciones escritas del personal de salud mental con el diagnóstico o pronóstico suyo o de su hijo.
- ◆ Una declaración escrita de una agencia pública o privada que certifique que la están ayudando a decidir si continuar o no con el trámite para dar a su hijo en adopción.
- ◆ Declaraciones juradas de personas, que pueden incluir amigos, vecinos, sacerdotes, trabajadores sociales y personal médico que conocen su situación y pueden confirmar que usted tiene un motivo justificado.

Si necesita ayuda para recabar pruebas, puede pedírsela al Departamento. El Departamento le dará toda la ayuda razonable para recabar las pruebas que necesita.

III. DERECHOS DEL PADRE UNA VEZ QUE SE HA ESTABLECIDO LA PATERNIDAD ANTE UN TRIBUNAL

Cuando el tribunal establece quién es el padre del niño, o cuando la madre y el padre reconocen quién es el padre del niño firmando un Reconocimiento de Paternidad después del nacimiento del niño, el padre puede solicitar:

- ◆ Obtener la custodia del niño
- ◆ Visitar al niño
- ◆ Participar en planes de adopción o cuidados de crianza del niño
- ◆ Manifestar desacuerdo con los planes de adopción o cuidados de crianza del niño
- ◆ Recibir herencia del niño

*New Information About
Temporary Assistance and Food Stamps*

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The following Client Information Books give general information about social services programs:

- **LDSS-4148A:** What You Should Know About Your Rights and Responsibilities
- **LDSS-4148B:** What You Should Know About Social Services Programs
- **LDSS-4148C:** What You Should Know If You Have an Emergency.

Recent changes have affected social services programs. This supplement tells about the Temporary Assistance and Food Stamp Benefits changes. Some of the information is new, and some replaces information contained in the Client Information Books.

OBSOLETE

New Information About Temporary Assistance and Food Stamps

The following Client Information Books give general information about the Social Services Programs:

LDSS-4148A: What You Should Know About Your Rights and Responsibilities

LDSS-4148B: What You Should Know About Social Services Programs

LDSS-4148C: What You Should Know If You Have An Emergency

Recent changes have affected social services programs. This supplement tells about the Temporary Assistance and Food Stamp Benefits changes. Some of the information is new, and some replaces information contained in the Client Information Books.

Changes to LDSS-4148A: What You Should Know About Your Rights and Responsibilities

Page 10, Section 6, Employment Rights. Under the Temporary Assistance heading, the following has been inserted as the 1st paragraph:

Temporary Assistance Employment Rights

As a Temporary Assistance recipient, you may be expected to look for work and to participate in activities that will help you get and keep a job. If you do not have a high school diploma or equivalent, such as a GED diploma, you may be eligible and may be required to participate in an education activity to improve your basic skills and/or to obtain a high school equivalency diploma. You will likely also be expected to participate in employment, work experience or other activities along with the education activity. Let your worker know if you are interested in participating in an education activity.

Page 13, Section 10, Rights Regarding Support Pass-Through and Excess Support Payments – Temporary Assistance, the Social Services Law has been changed to the following:

FEDERAL REGULATIONS AFFECTING THE CHILD SUPPORT PROGRAM AND THE NEW YORK STATE SOCIAL SERVICES LAW HAVE CHANGED. IT IS IMPORTANT TO READ THE INFORMATION BELOW ABOUT THESE CHANGES TO DETERMINE IF ANY OF THE CHANGES AFFECT YOUR CASE.

10. Rights Regarding Support Pass-Through and Excess Support Payments -Temporary Assistance

When you apply for Temporary Assistance, which includes Family Assistance and Safety Net Assistance, and, for as long as you receive Temporary Assistance, you assign to your local department of social services **all** of your rights to receive support payments on your own behalf and any rights to support on behalf of any family member for whom you are applying for, or receiving, Temporary Assistance.

Effective October 1, 2009, when you apply for Temporary Assistance, and, for as long as you receive Temporary Assistance, you assign to your local department of social services your rights to receive support payments on your own behalf and any rights to support on behalf of any family member for whom you are applying for or receiving assistance, but it is **limited** to the amount of support that accrues while you or the family member receive Temporary Assistance.

Support Pass-Through Payment

A portion of any assigned child support collections for the current court-ordered obligation, when paid timely, will be given to you in addition to the monthly Temporary Assistance grant. The portion of the child support payment given to you is called

a "pass-through payment." The pass-through payment is the lesser of an amount up to the first \$100 of current support collected each month or the amount collected toward the monthly court-ordered obligation. Effective January 1, 2010, the \$100 pass-through payment will continue where there is one individual under the age of 21 active in the Temporary Assistance case. Where there are two or more individuals under the age of 21 active in the same Temporary Assistance case, the pass-through payment will increase to the lesser of an amount up to the first \$200 of current support collected each month or the amount collected toward the monthly court-ordered obligation. This pass-through payment is not counted against your Temporary Assistance grant, but may reduce your Food Stamp Benefits.

Excess Support Payment

Assigned child support collections received will be paid to the State and to the local department of social services for reimbursement of up to the total amount of Temporary Assistance that has been paid to you. You are entitled to receive any support collected that **exceeds** the total amount of Temporary Assistance paid to you, in addition to any pass-through payment that you are entitled to receive.

11. RESPONSIBILITY TO ACCESS YOUR FOOD STAMP BENEFITS

If you are receiving Food Stamp Benefits with Electronic Benefit Transfer (EBT):

If you are approved to get Food Stamp Benefits, your benefits will be issued to your Electronic Benefit Transfer (EBT) Food Stamp Benefits account on the same date each month. If you do not use your EBT Food Stamp Benefits account for 365 consecutive days, it will fall into expungement status. This means that any Food Stamp Benefits that have been available in your account for at least 365 days will be expunged (removed). Expunged Food Stamp Benefits cannot be replaced.

Changes to LDSS-4148B: What You Should Know About Social Services Programs

Page 21, Section C, the Social Services Law has been changed to the following:

Q. If I receive Temporary Assistance will I also get child support?

- A. For Temporary Assistance recipients, the child support payments are kept by the agency to reimburse the benefits provided to you and your children. However, the household may receive a "pass-through payment." Effective October 1, 2008, the pass-through payment will increase to an amount up to the first \$100 of current support collected each month by the child support program or the current support obligation amount, whichever is less; and effective January 1, 2010, the \$100 pass-through payment will continue for one child but will increase to up to the first \$200 per month of current support collected by the child support program for Temporary Assistance families with two or more children or the current support obligation amount, whichever is less.

Page 36, Section H – Other Benefits, the following has been removed because the program is no longer available:

6. **Animal Population Control Program (APCP)** – The New York State Department of Agriculture and Markets has a program that helps pay to have your dog or cat spayed/neutered. Through the Animal Population Control Program eligible people can have their cat or dog spayed/neutered for \$20.00. You must provide proof that you are in receipt of one of the following programs: Temporary Assistance, Food Stamp Benefits, Medicaid, Low Income Housing program or SSI.

To prove that you are in receipt of Temporary Assistance or Food Stamp Benefits you can provide a copy of your notice "Action taken on your Application" or "Action Taken on your Recertification" with your application voucher. Application vouchers and additional information are available from the Department of Agriculture and Markets at 1-888-669-0870 or from their website at www.agmkt.state.ny.us. You can also mail a request to: Animal Population Control Program, NYS Department of Agriculture and Markets, 10B Airline Drive, Albany, NY 12235-0001.

FEDERAL REGULATIONS AFFECTING THE CHILD SUPPORT PROGRAM AND THE NEW YORK STATE SOCIAL SERVICES LAW HAVE CHANGED. IT IS IMPORTANT TO READ THE INFORMATION BELOW ABOUT THESE CHANGES TO DETERMINE IF ANY OF THE CHANGES AFFECT YOUR CASE.

CHILD SUPPORT

SECTION C

Q. When I apply for Temporary Assistance, do I have to assign my rights to receive child support payments?

- A. Beginning October 1, 2009, new Temporary Assistance applicants/recipients are required to assign any rights to support which accrue *during* the period of assistance that the applicant/ recipient may have in his or her own right or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance. Individuals who are Temporary Assistance applicants/recipients *prior* to October 1, 2009 continue to assign *all* rights to support held on their own behalf or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance, whether or not those rights accrue during the period of assistance.

Support rights which were assigned to the State by former applicants/recipients prior to October 1, 2009 will continue to be assigned if such individuals re-apply for Temporary Assistance on or after October 1, 2009. However, for these applicants/recipients, only the rights to support which accrue while they are in receipt of assistance will be subject to the new assignment made on or after October 1, 2009.

Q. If I am receiving Temporary Assistance will I also get child support payments?

- A. When you assign your rights to support, the child support payments collected while you are receiving Temporary Assistance are first distributed to the agency to reimburse the benefits provided to you and other family members on your Temporary Assistance case. However, for each month in which current support is collected, you will receive on your EBT card a "pass-through payment" taken out of the funds distributed to the agency. Once all benefits paid to you have been reimbursed to the extent allowed by any existing assignment of support rights, any excess amount of support that is collected will be paid to you on your EBT card as an "excess support payment."

Q. What is a "pass-through payment"?

- A. A pass-through payment is a portion of the assigned support collections for the current court-ordered obligation amount which, when paid timely, the state passes through to families who are currently on Temporary Assistance. The pass-through payment is the lesser of an amount of up to the first \$100 of current support collected each month or the court-ordered obligation amount collected each month. Effective January 1, 2010, the \$100 pass-through payment will continue where there is one individual under the age of 21 active in the Temporary Assistance case. Where there are two or more individuals under the age of 21 active in the same Temporary Assistance case, the pass-through payment will increase to the lesser of an amount up to the first \$200 of current support collected each month or the court-ordered obligation amount collected for the month. The pass-through payment is disregarded from budgeting when determining the amount of Temporary Assistance that the family will receive but may reduce your Food Stamp Benefits.

Q. What happens to my child support arrears when support collected pays back all of my Temporary Assistance benefits?

- A. If all of the benefits provided to you that were subject to a child support assignment have been paid back, you are entitled to receive the support payments collected for any arrearage/past-due support owed to you. Beginning October 1, 2009, these arrearages will be paid directly to you by the Support Collection Unit as "family arrears." Additionally, if you are currently receiving Temporary Assistance, the household may receive a "pass-through payment" if there is a current support collection.

Q. How will the family arrears payment affect my benefits?

- A. The amount of family arrears payment will be reported to your local department of social services and reviewed to determine whether it affects your eligibility for Temporary Assistance, Food Stamp and/or Medicaid benefits.