




OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY BULLETIN #16-41-OPE

FORM UPDATES: FIA-1021, FIA-1159A, FIA-1159B, FIA-1160, AND HRA-102

Date: May 16, 2016	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The following forms have been updated on eDocs:</p> <ul style="list-style-type: none"> • Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (FIA-1021) • You May Now Be Eligible For Public Assistance (PA) (Case Level Notice) (FIA-1159a) • You May Now Be Eligible For Public Assistance (PA) (Line Santion Notice) (FIA-1159b) • Please Update Your Contact Information (FIA-1160) • Request for an Appeal of a Reasonable Accommodation Decision (HRA-102) <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>FIA-1021 Notice of Able-Bodied Adult Without Dependents (ABAWD) Status</p> <p>FIA-1159a You May Now Be Eligible For Public Assistance (PA) (Case Level Notice)</p> <p>FIA-1159b You May Now Be Eligible For Public Assistance (PA) (Line Santion Notice)</p> <p>FIA-1160 Please Update Your Contact Information</p> <p>HRA-102 Request for an Appeal of a Reasonable Accommodation Decision</p>

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

Date: _____
Case Number: _____
Center: _____
Participant Name: _____

Notice of Able-Bodied Adult Without Dependents (ABAWD) Status

The Federal government has required the Human Resources Administration (HRA) to determine that you are an Able Bodied Adult Without Dependents (ABAWD) and that you are subject to the Supplemental Nutrition Assistance Program (SNAP) work requirements, and you are:

- 18 years of age or older, but under 50 years of age;
- Not pregnant;
- Not residing in a SNAP household that contains a child under 18 years of age; and
- Physically and mentally able to work for at least 80 hours per month

The Federal government's rules require ABAWDs to meet one of the following work requirements in order to receive SNAP benefits for more than three months in a 36 month period:

- Work (including "in-kind" and volunteer work) for at least 80 hours per month; or
- Participate in a work/training program approved by HRA for at least 80 hours per month; or
- Work and participate in an HRA approved work/training program for a combined total of at least 80 hours per month; or
- Comply with a voluntary activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the state minimum wage

Federal rules allow for the waiver of the ABAWD work requirements in areas that have high unemployment or areas that do not have a sufficient number of jobs to provide employment for the individuals. The waiver means the rule does not apply for the time being. Since May 2014, based on the City's request, the ABAWD work requirements have been waived for all ABAWDs living in New York City. However, the Federal government has determined that effective January 1, 2016, the ABAWD work requirements will no longer be waived for ABAWDs who live on or below West 110th Street or on or below East 96th Street in Manhattan. The City of New York does not agree with this determination and is working to change this decision but for now ABAWDs living in those areas of Manhattan will be subject to the ABAWD work requirements.

The ABAWD work requirements will continue to be waived for ABAWDs who live in the Bronx, Brooklyn, Queens, Staten Island and in Manhattan above West 110th Street or above East 96th Street.

If you are an ABAWD who will be subject to the ABAWD work requirements and you are in receipt of Cash Assistance, compliance with your Cash Assistance work/training program assignment will provide enough qualifying work hours for you to meet the ABAWD requirements. If you are not in receipt of Cash Assistance and you are not currently working for at least 80 hours per month, we will mail you a separate notice with an offer of an opportunity to help you meet the ABAWD work requirements.

If you become ineligible for SNAP benefits after failing to meet the ABAWD work requirements, you may re-establish eligibility by doing any of the following:

- Verifying that you will work or participate in a work/training program for at least 80 hours within the 30 days following the date you applied for SNAP benefits;
- Verifying that you have worked or participated in a work/training program for at least 80 hours within a consecutive 30 day period since losing your eligibility for SNAP benefits; or
- Performing job search for a minimum of 12 hours in the 30 day period following the date you applied for SNAP benefits. The 30 day job search period must be followed by compliance with an activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the state minimum wage.

If you have re-established eligibility, you will be required to meet the ABAWD work requirements in order to continue to receive SNAP benefits.

However, if you have re-established eligibility and subsequently lose a job or a work program assignment, you may be eligible to receive SNAP benefits for a grace period of three consecutive months following the month that you notify us that you lost a job or a work program assignment.

If you are currently receiving SNAP benefits and have not met the ABAWD requirements for three months since January 2016, but can verify that you will meet the ABAWD work requirements in the next month, you will continue to receive SNAP benefits as long as you meet the ABAWD work requirements.

Please contact your Job Center or SNAP Center if you believe that you are exempt from the ABAWD requirements because you are:

- Under 18 years of age or 50 years of age or older;
- Residing in a SNAP household with an individual under 18 years of age;
- A caretaker of incapacitated persons;
- Pregnant;
- Physically or mentally unfit for employment;
- Participating in a drug/alcohol treatment or rehabilitation program and deemed unable to work;
- Receiving Unemployment Insurance Benefits (UIB) or an applicant for unemployment compensation and required to register for work as part of the application process;
- A student enrolled at least half-time in any recognized school, training program, or institution of higher education, provided you have met the student eligibility criteria for SNAP;
- An applicant for SSI and SNAP until deemed eligible or ineligible for SSI; or
- Employed or self-employed and working a minimum of 30 hours per week or receiving weekly earnings at least equal to the federal minimum wage times 30.



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

You May Now Be Eligible For Public Assistance (PA) (Case Level Notice)

Your Public Assistance (PA) case was closed because you did not comply with HRA's engagement and work activities. Therefore, you received a letter stating that your case would close for a period of time and until you comply with the engagement requirements. This is known as a durational sanction.

On December 18, 2015, Governor Cuomo signed a law that ends durational PA employment sanctions in New York City. The law also changes the Conciliation and re-engagement process in New York City. Because the law had an immediate effective date, New York State has temporarily suspended sanctions until new rules are implemented.

If you still need PA, please go to your local Job Center. At the application interview, we will also discuss work requirements with you. You will also have the opportunity to tell us if you have a child care issue, transportation issue, or physical or mental health condition that must be addressed to permit you to comply with these activities.

For more information, call the **HRA Infoline** at **(718) 557-1399**.

SAMPLE



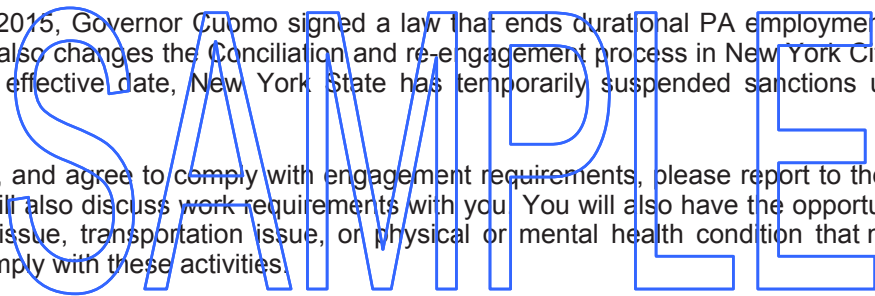
Date: _____
Case Number: _____
Case Name: _____
Center: _____

You May Now Be Eligible For Public Assistance (PA) (Line Sanction Notice)

Your Public Assistance (PA) case had benefits reduced because you did not comply with HRA's engagement and work activities. Therefore, you received a letter stating that your benefits would be reduced for a period of time, until you comply with the engagement requirements. This is known as a durational sanction.

On December 18, 2015, Governor Cuomo signed a law that ends durational PA employment sanctions in New York City. The law also changes the Conciliation and re-engagement process in New York City. Because the law had an immediate effective date, New York State has temporarily suspended sanctions until new rules are implemented.

If you still need PA, and agree to comply with engagement requirements, please report to the location below. At the interview, we will also discuss work requirements with you. You will also have the opportunity to tell us if you have a child care issue, transportation issue, or physical or mental health condition that must be addressed to permit you to comply with these activities.



For more information, call the **HRA Infoline** at **(718) 557-1399**.

Appointment Date: _____ Time: _____
Location: _____
Address: _____

City: _____ State: _____ Zip Code: _____

If you need travel directions, please call the MTA at **511**.



Date: _____

Case Number: _____

Case Name: _____

Please Update Your Contact Information

We are updating our records. The contact information below is what we have on file for your case. Please review the information and make any corrections/updates if needed.

If the information we have is not correct, or if there is any missing/blank information, please enter the correct information below and mail this form to the Human Resources Administration, Family Independence Administration, P.O. Box 982, New York, NY, 10276-0982, using the enclosed, stamped envelope. A sheet with our address printed on it has been provided; please fold it so the address shows through the envelope window.

Thank you.

SAMPLE

Information We Have On File	Your Updates/Corrections
Primary Telephone Number:	Primary Telephone Number: <hr/> Is this a cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> Would you like to receive text messages from us? <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Contact Number:	Additional Contact Number: <hr/> Is this a cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> Would you like to receive text messages from us? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-mail address:	E-mail address:

Would you like to receive text messages from us about your case? YES NO

Would you like to receive text messages from us about employment opportunities? YES NO

Request for an Appeal of a Reasonable Accommodation Decision

If you do not agree with our decision about your accommodation, you can file an appeal. We will look at your appeal and decide if we were wrong. You will get a written answer on your appeal.

If you want to appeal, you must do it within thirty (30) days of your Reasonable Accommodation decision.

If you agree with our decision, you do not need to file an appeal.

SAMPLE
HOW TO APPEAL

To file an appeal, you can fill out this form or write to HRA.

All appeals should include your name and contact information so that we can get back to you.

You can send your appeal to us by:



MAIL: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, NY 10007



FAX: 917-639-0333



EMAIL: RARappeals@hra.nyc.gov

Are there documents we should see? If you have any documents from your doctor or treatment provider that we should look at, send them with your appeal.

YOU CAN GET HELP WITH THIS FORM!

CALL: 212-331-4640 or **EMAIL** us at constituentsaffairs@hra.nyc.gov

Turn this page over to complete this appeal form 

Section I – Your Information (Please Print Clearly):

Name: _____ Case Number (if known): _____

Social Security Number (if available): _____ Telephone Number: _____

Mailing Address: _____

Section II – What Decision(s) Do you Want to Appeal?

You can use this form to appeal more than one decision.

1) What decision(s) do you want to appeal?

2) Please tell us why you think our decision was wrong. (If you need more space to write, please attach pages.):

SAMPLE

HRA Applicant/Participant Signature: _____ **Date:** _____

-or-

For Authorized Representative Only:

Authorized Representative Signature: _____ Date: _____

Print Name: _____

Relationship to Applicant/Participant: _____ Phone: _____

Address: _____

For internal use only:

Completed by Office of Constituent Services: _____ Date: _____