



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #16-84-OPE

CENTER FOR FAMILY LIFE (CFL) PILOT

<p>Date: October 26, 2016</p>	<p>Subtopic(s): Application, Recertification</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this memo is to inform all Job Centers that on October 17, 2016, a new HRA pilot launched at the Center for Family Life (CFL). This pilot consists of HRA staff working at CFL to assist new applicants for Cash Assistance (CA) with applying online using Access NYC and to provide some assistance to recipients of CA with utilizing other features of Access NYC, such as My Cases and submitting an online CA recertification form. HRA staff at CFL also assists CA recipients with document submission and facilitating requests for emergency assistance with responsible Job Centers.</p> <p><u>Cash Assistance Applications (Southern Brooklyn Job Center [070] Only)</u></p> <p>Individuals who would like to apply for Cash Assistance and who have indicated to both CFL staff and Single Stop staff (also on site at CFL) that they do not have an emergency, will be able to apply for CA using Access NYC. These applications are all registered to the Southern Brooklyn Job Center (070). HRA staff at CFL will utilize the Cash Assistance Immediate Needs Identification Sheet (FIA-1176) to help identify if there are any immediate needs which must be addressed by the Job Center upon the applicant's arrival for his/her initial eligibility interview. Applicants will be provided the Referral to Job Center for Initial Application Interview (FIA-1177) form to report to the Job Center on the same day. The appointment will be valid in Model Office system for up to 12 days (7 days to complete an eligibility interview + the 5 day grace period).</p> <p>Note: HRA staff at CFL will scan and index the FIA-1176, the FIA-1177 and any documents the applicant may have with them at the time they are submitting their application.</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

Reasonable Accommodation Requests

If an applicant requests a reasonable accommodation, the HRA staff member must record the request by either having the participant complete the Help for People with Disabilities (**HRA-102c**) form or assist them with completing the form. Once the form is complete, the HRA staff member must make a copy of the document and provide the original back to the participant as a receipt of the request. The HRA staff member must scan and index the **HRA-102c** and then fax it to the Office of Constituent Services (OCS) at the number provided on the form as well as to the Southern Brooklyn Job Center. The Job Center must reasonably attempt to accommodate the applicant's requests even if they have not yet been entered in the system.

Note: If the reasonable accommodation request is either solely for a home visit or if a home visit is one of multiple reasonable accommodation requests, the HRA staff member at CFL must also send an email to the Reasonable Accommodation Requests / Home Visit Needed (RAR/HVN) Job Center (#90) at Ctr90HVNRequests@hra.nyc.gov. The subject line must include the applicant's name, case number if it is available, and indicate that the home center for the applicant is Job Center #70.

Reporting to the Southern Brooklyn Job Center

When the individuals report to the Southern Brooklyn Job Center, they will check-in at the self-service kiosk and be given a **CA Application Interview** ticket. Supervisors who assign cases from the Paperless Office System (POS) Login Queue must also monitor the new CA E-App queue and assign cases in the same manner as they do for cases in the Login Queue.

In some instances, an application submitted from CFL may fail the auto-registration process. These cases will reside in the Login Queue and should be assigned to staff in the same manner as other applications. When JOS/Workers are conducting the interviews with these individuals, they will notice that much of the information is already captured in POS. Workers must still ask the necessary interview questions and conduct the interview as per current procedure.

Refer to [PB #16-66-OPE](#)

Individuals who submit their application online at CFL, but do not report to the Job Center for their eligibility interview by the 7th day, will receive a robo-call about their missed interview appointment the following day and will also receive the Important Information About Your Case – Notice of Missed Cash Assistance Appointment (**FIA-1124**). After the 5 day grace period (based on the appointment date), if the individual has not reported for his/her interview, the JOS/Worker must reject the application with reason code **F10** (Failed to Keep Appointment for Initial Eligibility Interview).

Active Cash Assistance Cases (All Job Centers)

Individuals with an active CA case who are at CFL may need assistance with certain aspects of their case. The HRA staff member can provide the following types of assistance: document return, submitting an online recertification form, initiating requests for emergency assistance/additional allowances, requesting reasonable accommodations, and navigating features available on Access NYC such as My Cases and My Documents.

Document Return

Individuals with an active case will be able to submit documents for their case at CFL. The HRA staff members at CFL will scan and index the documents and provide the Documentation Receipt (**EXP-76R**). Staff in the Job Centers will become aware that documents have been indexed as the pending POS activity in their queue will highlight indicating that a document for that case has been submitted. Staff must take any necessary actions based on the documents submitted.

Online Recertifications

Beginning in July of 2016, active CA households who have been scheduled for a face-to-face recertification have been able to submit their recertification form online through Access NYC. At CFL, the HRA staff will be on hand to assist individuals with this process.

Refer to [PD #14-14-OPE](#)

Requests for Emergency Assistance/Additional Allowances

Individuals with active cases who need either emergency assistance or are requesting an additional allowance can initiate the process with HRA staff at CFL. HRA staff at CFL will assist the participant in completing the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) form (**W-137A**) and will scan and index it along with any documentation provided by the participant.

The HRA staff member must also fax the request to the Job Center where the case resides. The fax must include:

- Cover sheet that
 - Is addressed to the identified liaison for the appropriate Job Center
 - Identifies the fax as coming from the HRA staff at CFL
 - Indicates a **W-137A** is attached
 - Indicates whether or not documents have been submitted along with the request
- Completed **W-137A**
- Copy of the **EXP-76R** given to the participant if documents were submitted

The designated liaisons at each Job Center will be responsible for initiating the request in POS and processing the request as if it was a telephone request per current procedure ([PD #14-14-OPE](#)). This includes sending a **W-113A** if additional documentation is required to process the request.

Requests for Reasonable Accommodations

If a participant requests a reasonable accommodation, the HRA staff member will follow the instructions on page 2 of this CD Memo, including emailing requests for home visits to the RAR/HVN Center at Ctr90HVNRequests@hra.nyc.gov. The only variation in instructions is that the requests do not need to go to the appropriate home center or the Southern Brooklyn Job Center.

Navigating Features on Access NYC

HRA staff at CFL will assist participants with utilizing Access NYC to better understand the features and functions available to them. If the participant has not yet done so, the HRA staff member can assist them in creating an Access NYC account and then linking it to their HRA cases. Once that link has been established, HRA staff at CFL will be able to assist participants with navigating some features on Access NYC such as:

- My Cases – a tool that allows participants to obtain information about their case such as:
 - case status
 - current Electronic Benefit Transfer (EBT) amount
 - upcoming appointments
 - payments made both to the participant and on behalf of the participant
 - case composition
 - mailing and residential address
 - any known reasonable accommodations
 - next recertification date
 - budget letter requests
- My Documents and E-Notices - an electronic list of the following:
 - documents that need to be submitted
 - documents received by HRA listed by document type and description (actual documents will not be available)
- Contact Information and Case Alerts – a chance for participants to choose how HRA contacts them as well as to make changes to the following:
 - mailing address
 - email address
 - phone number
 - preferred language for notices

Effective Immediately

Related Items:

[PD #14-14-OPE](#)

[PB #16-66-OPE](#)

Attachments:

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

- FIA-1176 (E)** Cash Assistance Immediate Needs Identification Sheet
- FIA-1177 (E)** Referral to Job Center for Initial Application Interview
- W-137A** Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case (Rev. 7/1/14)
- EXP-76R** Documentation Receipt (Rev. 12/8/15)
- HRA-102c** Help for People with Disabilities (Rev. 1/5/16)

CASH ASSISTANCE IMMEDIATE NEEDS IDENTIFICATION SHEET

Instructions for Completing this Form

1. Ask all applicants if they have immediate needs on the date of application. Immediate needs are those needs resulting from an emergency situation that must be met that same day to ensure the health and safety of individuals.
2. Indicate results of identification in Part Two of this form. Refer all applicants to the Job Center for a SAME DAY eligibility interview.
3. Provide applicant Referral to Job Center for Initial Application Interview form.
4. Scan and index this document into the electronic case record.

Case Name	Case Number	Date Application Filed		
		Month	Day	Year
		Date of Screening		
ANYC Confirmation Number	Screened by	Month	Day	Year
		Time of Screening		
Part One – Check Yes or No				
• Does the applicant indicate s/he has no food?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Does the applicant indicate that s/he has no shelter or place to stay?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Does the applicant have an eviction or a dispossession notice? (Having rent arrears alone does not rise to the level of an immediate need if there is sufficient time to address the rent arrears situation.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Does the applicant have a utility disconnect notice and is scheduled for shut off within 72 hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Have the household's utilities already been turned off?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Does the applicant have no fuel for heating during the cold weather period? (November 1st – April 15th)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Is the applicant without items necessary for health and safety? (Determined on a case by case basis, for example, items for personal hygiene)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Part Two – Results of Identification Immediate Needs (Check One)				
If the answer to any of the questions in Part 1 is "Yes" check the first box below. If all the answers to the questions in Part 1 are "No" but the household is eligible for ESNAP processing based on the LDSS-3938-NYC , check the middle box. If all the answers to the questions in Part 1 are "No" AND the household was not found eligible for ESNAP processing based on the LDSS-3938-NYC , check the third box.				
<u>Immediate Need</u>	<u>No Immediate Need but ESNAP</u>	<u>No Immediate Need or ESNAP</u>		
<input type="checkbox"/> Immediate need identified.	<input type="checkbox"/> Immediate need not identified but is qualified for expedited SNAP processing (see LDSS-3938-NYC results).	<input type="checkbox"/> Immediate need not identified and is not qualified for expedited SNAP processing.		
In all instances applicant must be referred for a SAME DAY eligibility interview.				

 HRA Worker's Name (Print)

 HRA Worker's Signature

 Date



Date: _____

Time: _____

Case Number/ANYC _____

Confirmation Number: _____

Case Name: _____

Referral to Job Center for Initial Application Interview

You are scheduled for an interview TODAY!

You gave us your application online through ACCESS NYC.

To continue the application, go to the:

located at

SAMPLE

Please bring this letter and any documents you have to the Job Center. Even if you don't have all of your documents now, you still must go. When you are interviewed, we will let you know what other documents you might need and will give you time to get them.

If you do not go to today's interview, you **must** complete an initial interview within seven (7) business days from the date at the top of this notice. If you don't complete the interview within the seven (7) business days, your application may be denied.

Applicant Name Date

Staff Name Date Telephone Number

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at **212-331-4640** and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Date: _____
Case Name: _____
Case Number: _____
Caseload: _____
Center: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

Remember:

- (1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.
- (2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

SAMPLE

The reason I need emergency assistance is:

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- | | |
|---|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Additional allowance to maintain or restore utility service |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
Telephone: (718) 473-8310 | |

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES (Continued)

I am requesting the following allowance(s) for special need(s):

<p>Expenses related to moving:</p> <p><input type="checkbox"/> Moving expenses</p> <p><input type="checkbox"/> Security deposit/agreement</p> <p><input type="checkbox"/> Broker's/finder's fee/voucher</p> <p><input type="checkbox"/> Furniture and other household items</p> <p><input type="checkbox"/> Storage of furniture and personal belongings</p>	<p>New Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code</p> <p>When did you move? _____ New rent: \$ _____</p> <p>Landlord's name: _____</p> <p>Primary tenant's name: _____</p> <p>Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code</p>
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SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- | | |
|--|---|
| <p><input type="checkbox"/> Clothing for participants in job search activities who have exceptional circumstances, such as homelessness or a recent fire and lack of appropriate clothing</p> <p><input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items</p> | <p><input type="checkbox"/> Child care allowance within approved limits, if needed</p> <p><input type="checkbox"/> Necessary public transportation</p> <p><input type="checkbox"/> Other work activity-related supportive services: _____</p> |
|--|---|

WEP agencies and/or contractors are responsible for providing necessary safety equipment or job-related clothing for their participants.

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker.

I want to add the following person(s) to my cash assistance case:

<p><input type="checkbox"/> New Baby</p> <p><input type="checkbox"/> Child entered home</p> <p><input type="checkbox"/> Child under 18 years of age (whose immigrant status has changed since my last application/recertification)</p> <p><input type="checkbox"/> Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance)</p> <p><input type="checkbox"/> Spouse who previously applied and was denied because immigration status and his/hers status have changed now (this person does not need to complete another application/recertification)</p> <p><input type="checkbox"/> Myself/Adult payee to the case</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p>
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Participant's Signature _____ Date of Request _____ Time of Request _____ AM PM

Worker's Signature _____ Date _____

Documentation Receipt

Application
 Recertification
 Employment
 Household Change
 Reasonable Accommodation

Last Name:	First Name:	Case Number:	Case Type:
Address(bldg./house no., apt. no., street/avenue, borough, state, zip code):			Telephone Number:

Document received by:	Date document received:	Time document received:

<input checked="" type="checkbox"/>	Documents	Document submitted for	<input checked="" type="checkbox"/>	Documents	Documents submitted for
	Adoption Papers			Military Services Record	
	Auto Registration			Naturalization Certificate	
	Auto Title			Pay Stub/Job Information	
	Award Letter/Other Letter			Photo I.D. with Address	
	Bank Statement			Pregnancy Statement	
	Birth Certificate			Property Tax/Mortgage Statement	
	Checking Account			Rent Receipt/Lease	
	Citizenship Papers			School Letter	
	Death Certificate			Separation/Divorce Papers	
	Deed to Property			Social Security Card	
	Dependent Care Costs Statement			Social Security Papers	
	Disability Statement			SSA Letter	
	Divorce Papers			SSI/Social Security Benefit Check	
	Driver's License			Statement from a Third Party	
	Eviction Papers			Support Check Stub	
	Family Court Petition			USCIS Documentation/Correspondence	
	Health Insurance Policy/Card/Letter			U.S. Passport	
	Hospital Letter			UIB Book/Letter	
	Income Tax Return			Unpaid Bills (utility, medical, rent)	
	Landlord/Primary Tenant Letter			Utility Bill	
	Life Insurance Policy			Vehicle Registration Card	
	Marriage Certificate			Veterans Administration Papers	
	Medical or Clinical Records			Other: (see page 2)	

SAMPLE

<input checked="" type="checkbox"/>	Other documents	Documents submitted for

SAMPLE

HELP FOR PEOPLE WITH DISABILITIES

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us?

For example:

- Does your condition make it hard for you to use public transportation?
- Do you need help to get to appointments?
- Does your condition make it hard for you to wait for long periods of time?
- Is it hard for you to read, understand or fill out forms?
- Do you need help because of a vision or hearing impairment?
- Do you need other help because of your condition?

If you do, we may be able to help you. This help is called a reasonable accommodation.

HOW TO ASK FOR A REASONABLE ACCOMMODATION



ASK: You can ask for help when you come to an HRA office or center



CALL: 212-331-4640

You can also write us or fill out the request on the other side of this form and give it to us by:



FAX: 212-331-4685



EMAIL: ConstituentAffairs@hra.nyc.gov



MAIL: HRA
Office of Constituent Services
150 Greenwich street, 35th Floor
New York, NY 10007

GET HELP WITH THIS FORM!

You can get help with this form or with your request.

CALL: 212-331-4640 or **VISIT:** your center or HRA office

Turn this page over to complete the Reasonable Accommodation Request Form. ➡

HELP FOR PEOPLE WITH DISABILITIES REASONABLE ACCOMMODATION REQUEST FORM

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

YOUR INFORMATION

Name: _____ Date: _____

Case Number: _____ Date of Birth: _____

Phone Number 1: _____ Phone Number 2 (if any): _____

Address: _____

WHY DO YOU NEED HELP?

Tell us how your condition makes it hard to access HRA benefits and services (*If you need more space to write, please attach pages*):

SAMPLE

Choose WHAT help you might need because of your condition:

<input type="checkbox"/> Help for people who are blind or visually impaired <input type="checkbox"/> Making appointments when you can have someone come with you <input type="checkbox"/> No appointments during certain days and times <input type="checkbox"/> No appointments during rush hour <input type="checkbox"/> Shorter wait times <input type="checkbox"/> Transfer your case to center _____ <input type="checkbox"/> Other accommodations that you need to access services at HRA. <i>Explain:</i> _____ _____ _____	<input type="checkbox"/> Help for people who are deaf or hearing impaired <input type="checkbox"/> Sign language interpretation <input type="checkbox"/> No in-office appointments while you apply for Access-A-Ride <input type="checkbox"/> Help reading forms <input type="checkbox"/> Help completing forms <input type="checkbox"/> You need HRA to come to your home for appointments <input type="checkbox"/> Keep your case at your center _____
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How long do you think that you will need this help? _____

You do not need to give us proof of your condition now. We may ask you to give us some medical or clinical documents later.

To be completed by HRA worker if submitted at an HRA location (*Please give a copy to the client*):

Date Received: _____ Location: _____

Name of HRA worker (Print)

Signature