



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN # 17-49-ELI

(This Policy Bulletin Replace PB # 15-117-ELI)

REVISIONS TO FORMS FOR REQUESTING A CLEARANCE FROM THE OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA)

Date: May 15, 2017	Subtopic(s): Forms
	<p>Revisions to the Original Policy Bulletin</p> <p>This policy bulletin is being revised to inform Job Center and Non-Cash Assistance and Supplemental Nutrition Assistance Program (NCA SNAP) staff that the Office of Refugee and Immigrant Affairs (ORIA) Clearance Response Form (ORIA-195a) has been revised to refer an applicant/participant with lost or expired immigration documents, or any other immigration legal issue, to the ActionNYC hotline at (800)-354-0365.</p> <p>Purpose</p> <p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance and Supplemental Nutrition Assistance Program (NCA SNAP) staff of the forms used in requesting a clearance from the ORIA to assist in determining benefit eligibility for non-citizens:</p> <ul style="list-style-type: none"> • ORIA Clearance Request Form (ORIA-195) • ORIA Clearance Response Form (ORIA-195a) <p>A clearance must be requested from ORIA using the ORIA-195 when:</p> <ul style="list-style-type: none"> • the documentation (or the results from the Systematic Alien Verification for Entitlements [SAVE] system) an applicant/participant submits is: <ul style="list-style-type: none"> ▪ unclear, or ▪ does not correspond with the Paperless Office System (POS) Alien Checklist, or

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

- does not correspond directly to a non-citizen document identified on the Alien Eligibility Desk Aid (**LDSS-4579**) or Permanently Residing Under the Color of Law (**PRUCOL**) Eligibility Desk Aid (**W-205JJ**)
- prior to a case being denied for immigration status.

Request for Clearance

The **ORIA-195** is a form that can either be printed out and completed manually or completed electronically through HRA eDocs.

To complete the form electronically, staff must click to the left of the document where the option to fill online is presented (see screen below).

Open	Number	Title	Program
	ORIA-195a	ORIA Clearance Response Form	ORIA
<small>Fill online</small>	ORIA-195	ORIA Clearance Request Form	ORIA

The **ORIA-195** will open as a fillable document. Staff must enter all the necessary information and click on the “Print & Review” button on the top left (see screen on the following page).

Print & Review

ORIA-195 (E)
CLEARANCE REQUEST FORM (ENGLISH)
Rev. 12/08/15

NYC Human Resources Administration
Department of Social Services

Office of Refugee and Immigrant Affairs

OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA) CLEARANCE REQUEST FORM

ORIA@HRA.NYC.GOV ORIA (212)-331-4550

1. This form should be used for all noncitizen/alien clearances
2. All documents (all pages, front & back) should be scanned and indexed.
3. Documents not listed should be included under Additional notes, if relevant

Date: ___/___/___

Staff Information	Name of Staff (Last, first):	Center #:	Contact Tel #:
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Client Information	Name of client including alias:	WMS case #:	Date of Birth:
	First: _____	_____	___/___/___
	Last: _____	USCIS #:	Social Security Number
	Alias if any: _____	_____	_____
	Male <input type="checkbox"/> Female <input type="checkbox"/>		

Document	Immigration document/Form title & number	Category Code	Required Additional Information
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This will create the document as PDF. Staff must save the PDF document on their desktop and print it. The printed document must be scanned and indexed into the electronic case record of the applicant/participant for whom the request is being made.

Then staff must email the completed **ORIA-195** and all supporting documents to ORIA@hra.nyc.gov.

Note: A separate **ORIA-195** is required for each individual that a clearance is being requested for. However, a single email to ORIA@hra.nyc.gov may be sent for multiple individuals on the same case.

If staff cannot access the ORIA forms, a request to ORIA for clearance can be made by email or phone. Staff must ensure that all of the information listed on the forms is included in the request to ORIA for a clearance.

Note: It is preferable for staff to contact ORIA by email.

Once ORIA receives the **ORIA-195** and documents, a review of the documents will be conducted to ascertain benefit eligibility for the non-citizen. If the documents provided and/or the clearance request is unclear, ORIA will reach out to the requestor for additional information.

Response from ORIA

Once a decision is ready, ORIA will respond with an email to the requestor using the **ORIA-195a**. The requestor must scan and index the **ORIA-195a** into the electronic case record.

Note: ORIA's determination is only related to the immigration status of the individual. All other eligibility factors must still be met in order to receive benefits.

Samples of the forms are attached.

Effective Immediately

Attachments:

- ORIA-195 (E)** ORIA Clearance Request Form (Rev. 12/08/15)
- ORIA-195a (E)** ORIA Clearance Response Form (Rev. 4/03/17)

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

OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA) CLEARANCE REQUEST FORM

ORIA@HRA.NYC.GOV ORIA (212)-331-4550

1. This form should be used for all noncitizen/alien clearances
2. All documents (all pages, front & back) should be scanned and indexed.
3. Documents not listed should be included under Additional notes, if relevant

Date: ____/____/____

Staff Information	Name of Staff (Last, first): _____	Center #: _____	Contact Tel #: _____
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Client Information	Name of client including alias:	WMS case #:	Date of Birth: _____/_____/_____
	First: _____	_____	
	Last: _____	USCIS #: _____	Social Security Number _____
	Alias if any: _____		
	Male <input type="checkbox"/> Female <input type="checkbox"/>		

Document Information	Immigration document/Form title & number	Category Code	Required Additional Information
	Permanent Resident Card (Green Card) form I-551: Yes <input type="checkbox"/> No <input type="checkbox"/>	e.g.: FX2, IR6, R8-6, CU-7, C09, CR6	Expiration date (if any) _____/_____/_____
	Employment Authorization Card form I-766 or I-688B: Yes <input type="checkbox"/> No <input type="checkbox"/>	e.g.: A-09, (a)(9), C08,(c)(8),	Category code [e.g. A05, (A)(5)] OR Provision of law (e.g. [“8 C.F.R. § 274a.12(a)(5)”])
	USCIS Notice of Action or Notice of receipt form I-797: Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipt number: Starts with : MSC, ESC LIN + 10 digits _____	
	Save Clearance (W-515X) Requested: Yes <input type="checkbox"/> No <input type="checkbox"/> Scanned and indexed Yes <input type="checkbox"/> No <input type="checkbox"/> ----- SSA 40 Quarters match Yes <input type="checkbox"/> No <input type="checkbox"/>	Class of admission (COA) as well as any description of the clients immigration status indicated in SAVE: COA (e.g. IR6, IRO CR6) _____ Date of Entry : _____ Date of Status: _____	

Additional Comments:

OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS (ORIA) CLEARANCE RESPONSE FORM

ORIA@hra.nyc.gov or 212-331-4550

Date: __/__/____

Client: Last, First	ACI Code:	WMS#: Social Security#: Date of entry: Date of status:
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Clearance Details
Benefits client is eligible for: <input type="checkbox"/> SNAP <input type="checkbox"/> Cash <input type="checkbox"/> On-going Medicaid <input type="checkbox"/> Emergency Medicaid Notes: <hr/>
Next steps <input type="checkbox"/> Scan and index clearance response form into HRA Viewer <input type="checkbox"/> SAVE Request to SAVE Liaison (Form W-515X) <input type="checkbox"/> Request SAVE Result from SAVE Liaison <input type="checkbox"/> Conduct SSA 40 Quarters match check <input type="checkbox"/> Refer Client to ActionNYC hotline 800-354-0365 <input type="checkbox"/> Recall Client to provide immigration documents - scan and index all sides and pages of documents <input type="checkbox"/> Supervisor submit Form W-200B to FIA Call Center to change ACI code <input type="checkbox"/> Supervisor submit Inter-agency DOS and DEC transmittal Form (MAP-648M) TO SDOH

Center Staff: Last, First	Center #:	Contact Tel #:
ORIA Staff:		