



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #20-36-ELI

CASH ASSISTANCE (CA) RECERTIFICATION PROCESS DUE TO THE CORONAVIRUS (COVID-19) PANDEMIC

<p>Date: July 1, 2020</p>	<p>Subtopic(s): COVID-19, CA and SNAP benefits</p>
<p>W-908T</p>	<p>Purpose</p> <p>The purpose of this policy bulletin is to inform Job Center staff of the operational changes for the recertification process due to the COVID-19 pandemic for Cash Assistance (CA) cases that are due to expire on August 31, 2020. This policy bulletin is informational for all other staff.</p> <p>As a condition of eligibility for continued Cash Assistance, participants must recertify at least once per year. Due to the COVID-19 pandemic, in person Face to Face Recertifications (FFR) will no longer held in the Job Center. The New York City (NYC) Human Resources Administration (HRA) Family Independence Administration (FIA) will be conducting telephone recertification interviews until further notice.</p> <p>Starting July 1, 2020, FIA CA staff is sending the revised Notice of Recertification Appointment (W-908T) form to the participants with CA cases whose SNAP recertification period expires on August 31, 2020. Job Center staff will prepare and send the W-908T, using the same process they used prior to COVID-19. However, the W-908T will not indicate a date and time certain appointment. Instead, it will include instructions for participants on how to recertify, which will state as follows:</p> <p><i>“You must have a telephone interview. Submit your recertification form on ACCESS HRA or if you can’t submit electronically, go to the open Job Center location in your borough (visit www.nyc.gov/hra to see our open offices). We will call you within 10 days of your submission. You must submit by July 31, 2020.”</i></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

FIA-1167

Along with the **W-908T**, participants will receive the updated Cash Assistance Recertification Form Submission (**FIA-1167**) form. The **FIA-1167** was updated to reflect the alternative ways participants can submit a recertification form.

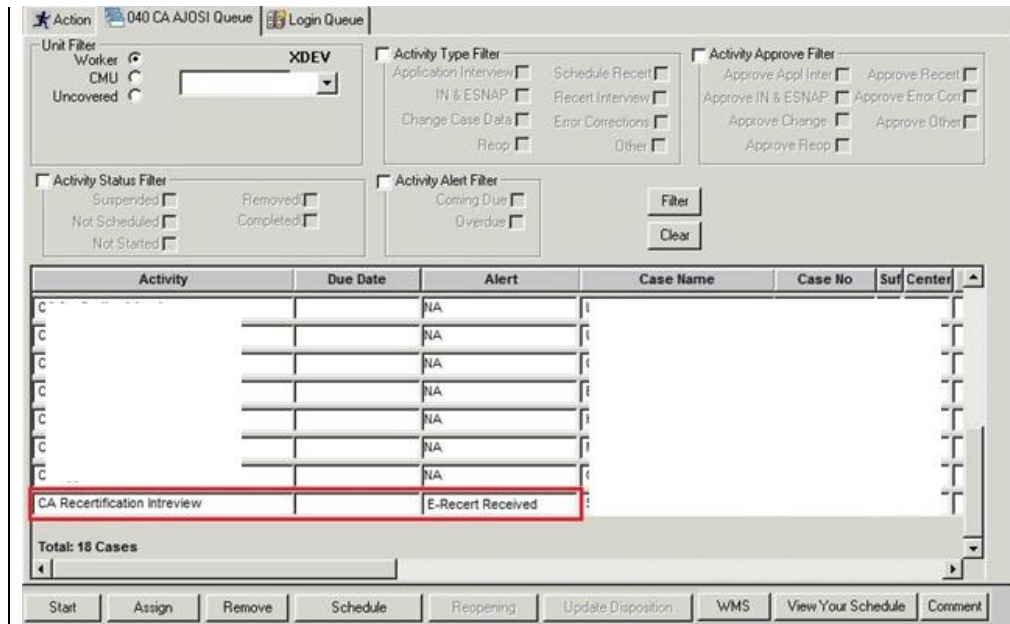
The end of the recertification month (i.e. July 31, 2020) is indicated as a due date to participants for submission of the recertification application, but the Job Center will not take action to initiate the closing for failure to complete their recertification until at least 5-days after the identified due date. This will allow participants to submit their recertification application and complete their telephone interview during the closing “clock-down” before the SNAP recertification end date (i.e. August 31, 2020). They will have an opportunity to have a telephone recertification interview if they submit the recertification application and all required documentation online or in person through the processing month (i.e. 12th month).

Online Submission

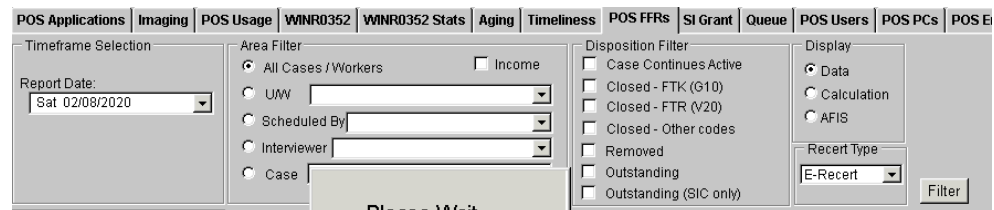
Refer to [PB #20-13-ELI](#)

Participants may submit the CA electronic recertification application (**CA E-Recert**) forms (NYC’s electronic version of the New York State Recertification Form for Certain Benefits and Services [**LDSS-3174**] form) and required documents through the ACCESS HRA website or ACCESS HRA mobile app.

Once the **CA E-Recert** is submitted by the participant, the Job Opportunity Specialist (JOS)/Worker will be alerted in Paperless Office System (POS). The cases will remain in the JOS/Worker’s queue who completes the scheduling activity. The alert field will indicate that the E-Recert was received:



To track the cases, the Job Center can use the POS FFRs report in the POS Management Console and select "E-Recert" for the Recert Type filter:



The JOS/Worker will call the participant within 10 days to conduct the recertification interview via the telephone. The interview will be conducted in the POS. All relevant eligibility questions will be asked, and all necessary documentation will be requested.

If additional documentation is needed, the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) will be generated and saved to the HRA One Viewer and will be available on ACCESS HRA to the participant upon completion of the telephone interview. Participants will have an opportunity to submit documentation through the ACCESS HRA website.

Refer to [PB #20-13-ELI](#), [PB #20-15-ELI](#) and [PB #20-17-ELI](#)

During this period, documentation requirements have been amended to ensure that cases are not “deferred” for documentation unnecessarily. Staff must refer to the Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (**FIA-1227**) form for updated information about

verification of eligibility factors. Staff and interviewers must also be sure to check the HRA OneViewer to ensure that any documents requested are not already available in the participant's electronic case record.

OCSS

The Office of the Child Support Services (OCSS) referral is made in POS during the recertification interview. The OCSS referral (**140A**) will be made only for participants who did not comply previously with OCSS requirements or if a new child is added to the case. The JOS/Worker will make a referral appointment in NYCWAY (just to identify how many people will be in a Call-in Pool) and tell the participant they will be contacted at a later date. The appointment letter will not be saved in the HRA OneViewer.

EP

Refer to [PB #19-45-EMP](#)

As a part of the recertification interview process the Employment Plan (EP) must be initiated in the New York City Work Accountability and You (NYCWAY) system. Any resulting referral appointments will not be scheduled at this time. Staff must inform participants that any resulting referrals will be scheduled for a later date and that they will be contacted by phone and/or mail. If there are no barriers to employment except a child care, the JOS/Worker will post a new action code **1CAL** (Needs Engagement Call-In) indicating that the participant is eligible for engagement and will be called in for an assignment at the future date.

Note: If someone posted **1CAL** in error into NYCWAY, the action code **1CAX** will cancel the Call-In.

HRA must provide a copy of the completed EP to each participant. Since COVID-19 circumstances prohibit making in-person referrals or assignments, the only persons who will have completed EP's will be those with exemptions.

Persons who are found as Exempt through the EP interview, and who have an Exempt EP completed (**119U**) will receive a copy of the Employability Assessment and Employment Plan (**W-584A**) by mail. If an individual is identified as an Exempt through the EP interview, the **119U** (an Exempt EP completed) will be posted automatically at the conclusion of the interview. NYCWAY will select all EP's completed by **119U** for mailing of the EP to the participant. NYCWAY will generate the Employability Assessment and Employment Plan (**W-582A**) mailers for mailing. Copies will be uploaded to HRA OneViewer and they will be available in ACCESS HRA electronically for participants who utilize ACCESS HRA to manage their case.

For the list of possible engagement exemptions during the telephone recertification interview refer to the **Attachment A**.

DV

Refer to [PD #19-08-ELI](#)

Domestic Violence (DV) screening must be conducted as part of the eligibility interview over the telephone. Any resulting referrals (**191A**) must be communicated to the participant, informing them that a Domestic Violence Liaisons (DVL) will contact them to conduct an assessment over the telephone. Refer to the **Attachment A**.

SA

Refer to [PD #12-14-EMP](#)

Substance Abuse (SA) screening must be conducted as part of the recertification interview over the telephone. Any resulting referrals (**193**, **193M**, or **193O**) must be communicated to the participant, informing them that they will be contacted by a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for a telephonic assessment. Refer to the **Attachment A**.

WeCare

Refer to [PD #15-10-ELI](#)

For the medical/mental issues the Wellness, Comprehensive Assessment, Rehabilitation, and Employment (WeCare) referral **1WAW** pool code will be posted. Refer to the **Attachment A**.

Child Care

Refer to PD [16-08-EMP](#)

A participant who is employed and has a child or children that meet the eligibility criteria (Refer to the PD #16-08-EMP) can request to receive a Child Care. The **133S** (Provider needed and documentation required) code will be posted in NYCWAY. The letter will be sent to the participant instructing them to upload documentation into ACCESS HRA. Once the documentation is submitted, the Child Care specialist will pull the worklist and do outreach to the participant as needed, and take an action to initiate a child care.

In-person submission

Participants have an option to submit a recertification application and required documentation in-person at open client facing Job Center in any of the 5 boroughs. To locate the open Job Center, they can either go online at www.nyc.gov/hra or call Department of Social Services (DSS) Infoline at (718) 557-1399.

PC Banks

Refer to [PB #18-37-OPE](#)

If participants come to the Job Center, they will be directed to the Personal Computer (PC) Banks where they may submit the recertification application form and required documentation through ACCESS HRA. The JOS/Worker will call them within 10 days and conduct a telephone recertification interview. If participants request to have a recertification interview while they are at the Job Center, they will be directed to a designated workstation for a telephone interview after submission of the completed recertification application

(through ACCESS HRA or on paper).

Paper form

If the PC Bank is not available, or the participant does not want to complete the recertification application at the PC Bank, they will receive a paper recertification application form (**LDSS-3174**) to complete onsite. Once the form is completed, they will be able to hand the recertification form to the JOS/Worker or drop the completed recertification form into the drop box. The completed **LDSS 3174** will be scanned and indexed into the participant's case record. The JOS/Worker from the center where the participant's case is administered will call them within 10 days and conduct a telephone recertification interview. If participants request to have a recertification interview while they are at the Job Center, they will be directed to a designated workstation for a telephone interview.

Interview at the Job Center

Refer to [PB #20-13-ELI](#)

Participants without a telephone, or those who may want to have their interview while they are at the Job Center, may use a telephone located within designated workstations in the Job Center. The participant will be asked to wait by the designated telephone to receive a call from the JOS/Worker assigned to the case for the telephone interview.

Homebound
Refer to [CD #20-15](#)

For the homebound participants' recertification process refer to the CD #20-15 Telephone Application Submission Process for Job Center #90 During the COVID-19 Emergency. Though the procedure refers to applications, Center 90 staff will be able to complete recertification interviews in the same way, until further notice.

Note: At the end of the telephone recertification interview, the JOS/Worker must enter a detailed case note indicating that the recertification was completed over the telephone per the COVID-19 waiver.

New queues for recertification cases

Three new queues were created for recertification cases that must be monitored and cases assigned accordingly:

- New queues for Missed Interviews:
MISSED RECERT (one at each center); supervisor will move the case to the queue (similar to the missed interview queue for CA applicants);
- New queues for Deferred Cases (case moved after the **W-113K** is generated and action is suspended):
RECERT DEFER (one at each center);

- New queues for cases without submission - cases to be loaded on August 1, 2020:
NORECERT SUBMITTED (one at each center).

New FTR closing codes

Two new Failed to Recertify (FTR) closing codes **G69** and **G70**, and two new associated Client Notices System (CNS) closing notices were created for FTR cases. The **G69** and **G70** codes will be activated in the Welfare Management System (WMS) on July 2, 2020. These new closing codes also can be used by Job Center #90 staff for homebound cases, as they would apply in the same way as for regular Job Center cases, but all necessary outreaches must be completed prior to initiation of the closing, as per current procedures.

The currently used FTR closing code **G10** (Public assistance has been discontinued because the client failed to appear for face-to-face recertification interview) is specific to the face-to-face scheduled appointments and is not appropriate for the telephone recertification interview during the COVID-19 emergency.

Note: The closing code **G10** must not be used to close any cases for failure to complete the recertification until further notice.

The following are two new closing codes and two new associated CNS closing notices:

- **G69** (Participant submits the recertification form but does not have the required recertification interview).

CNS text: You submitted your recertification form, but you did not complete a recertification interview. We tried to call you at the phone number provided but received no answer.

- **G70** (Participant does not submit the recertification form AND does not have the required recertification interview).

CNS text: You did not send us your completed recertification form and you did not complete the required recertification interview.

The JOS/Worker must make two attempts to contact the participant before the closing code **G69** or **G70** is entered into the system.

Note: If someone walks into a center during the clock down, they will be routed to the PC Bank (or to complete the paper recertification application form if no PC Bank available), and then they will have the telephone recertification interview as per current procedure, before their case is closed.

Cases that are placed in the Missed Interview queue after two attempts at outreach will not be addressed until the 5th of the month following the recertification month. FIA will attempt additional outreach and review where possible prior to initiating Case closings.

Effective Immediately

Reference:

20 TA/DC055

Related Items:

CD #20-15
PB #18-37-OPE
PB #19-45-EMP
PB #20-13-ELI
PB #20-15-ELI
PB #20-17-ELI
PD #12-14-EMP
PD #15-10-ELI
PD #16-08-EMP
PD #19-08-ELI

Attachments:

Attachment A	The Employment Plan during the Telephone Recertification Interview due to COVID-19
FIA-1167 (E)	Cash Assistance Recertification Form Submission (Rev. 07/01/2020)
FIA-1167 (S)	Cash Assistance Recertification Form Submission (Spanish) (Rev. 07/01/2020)
FIA-1227 (E)	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Rev. 04/06/2020)
W-113K	Documentation Requirements and/or Assessment Follow-Up (Rev. 8/21/12)
W-113K (S)	Documentation Requirements and/or Assessment Follow-Up (Spanish) (Rev. 8/21/12)

W-908T

Notice of Recertification Appointment
(Rev. 08/21/2012)

The Employment Plan during the Telephone Recertification Interview due to COVID-19

Special Assessment	191A online appointment made (letter not mailed to the participant); exempt EP is completed. DVL will need to outreach the participant
Substance Use	193/M/O pool code is posted, EP is not completed. CASACs will need to perform outreach
Medical/Mental Health	1WAW pool code is posted, EP is not completed (the participant unable to sign HIPAA consent form but this can be done at WeCARE). The participant will be scheduled by WeCARE
Needed at Home	If documentation is available, exempt EP is completed and exemption code is 18N/P/S/T or 18PN/P/S/T depending upon particulars If documentation is not available, the participant should be advised that they will be called in in the future. The worker should exit EP and post 1CAL on these cases
Age 60 (59.75+)	If the participant wishes exemption, exempt EP is completed and 185V is posted. If the participant wishes to be engaged, EP proceeds
Caretaker of Child Under 3 Mos	exempt EP is completed, 195 is posted
Pregnant 8-9 months	exempt EP is completed, 184P is posted
Refugee Exemption	exempt EP is completed, 912E is posted
Teen in HS FT	exempt EP is completed, exemption code 186A/H/T/S/V is posted, based on case circumstances
In Receipt of SSI	exempt EP is completed, 194R is posted
Not Employable (citizenship status)	905U is posted (the participant will be called in to TAG in the future)
TAG	case is pooled for batch call-in, 13TK is posted
Child Care Return	133S/D appointments can be made (letter not mailed to the participant). These should ONLY be made for Employed persons. Child Care Liaison should be notified. For persons who are Not employed and need child care, worker should post 1CAL and tell the participant they will be called in at a future date. The Worker should exit EP.
No barriers to employment, not in need of child care	The Worker should complete page 5 of the EP and post 1CAL . the participant will be called in at a future time. No assignments are available at present.

Participants who have Exempt EP's completed from 7/1/2020 forward will have the Employability Assessment and Employment Plan **W-584A** mailed to them when the process is in place.

Date: _____

Case Name: _____

Case Number: _____

Center: _____

Cash Assistance Recertification Form Submission

You must complete a recertification form so that we can interview you to determine if you can keep getting your benefits.

Online Submission:

The fastest and easiest way to submit your recertification form is online using Access HRA. Visit www.nyc.gov/accesshra or download the Access HRA mobile app and use your mobile device to submit your recertification form. You can also use the Access HRA mobile app to send us your documents before your interview!

In-Person Submission:

If you cannot submit your recertification form electronically, you can visit the open Job Center in the borough that you live. Visit www.nyc.gov/hra to see which of our locations are open or call DSS Infoline at 718-557-1399. Once you are at the location, you can use our PC Banks to submit online or you can fill out a paper form and leave it in our drop-box.

Mail Submission:

If you want a paper recertification form mailed to you, please call DSS Infoline at 718-557-1399. We will mail you a paper form that you can either leave in a drop-box at one of our open locations, or you can mail it to one of those locations. Visit www.nyc.gov/hra or call DSS Infoline to find the open locations.

Fecha: _____
Nombre del caso: _____
Número de caso: _____
Centro: _____

Presentación del formulario de recertificación para la Asistencia en Efectivo

Usted debe completar el formulario de recertificación para poder entrevistar(a) y determinar si puede seguir recibiendo sus beneficios.

Para presentar el formulario por internet :

La manera más rápida y fácil de presentar su formulario de recertificación es haciéndolo por Internet, a través de la página de *Access HRA*. Entre a www.nyc.gov/accesshra o descargue la aplicación móvil de *Access HRA* en su dispositivo móvil, para presentar el formulario de recertificación. Además, puede usar la aplicación móvil de *Access HRA* para enviarnos sus documentos antes de entrevistarse.

Para presentar el formulario en persona:

Si no puede presentar el formulario de recertificación electrónicamente, puede ir al Centro de trabajo que esté abierto en el condado donde vive. Entre a la página www.nyc.gov/hra, para ver cuáles ubicaciones están abiertas, o llame a la línea de información del *DSS (DSS Infoline)* al 718-557-1399. Una vez que esté en el centro, puede usar las estaciones de computadoras personales para presentar el formulario por Internet o puede completar un formulario impreso y depositarlo en nuestro buzón (*drop-box*).

Para presentar el formulario por correo postal:

Si desea que se le envíe un formulario de recertificación por correo postal, favor de llamar a la línea de información del *DSS (DSS Infoline)* al 718-557-1399. Le enviaremos el formulario impreso, el cual podrá depositar en uno de los buzones (*drop-box*) de los Centros abiertos, o enviar por correo postal a uno de esos Centros. Entre a la página www.nyc.gov/hra o llame a la línea de información del *DSS (DSS Infoline)* para ver cuáles ubicaciones están abiertas.



Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> Identity You must establish identity for each person listed applying for assistance	<ul style="list-style-type: none"> • Photo I.D. • Driver's license • U.S. passport • Naturalization certificate • Hospital/Doctor's records • Adoption papers 	<ul style="list-style-type: none"> • Statement from another person • Birth/baptismal certificate • Validated Social Security Number (SSN)
<input type="checkbox"/> Marital Status If you are married, divorced, separated, or widowed, you must submit documentation	<ul style="list-style-type: none"> • Marriage/Death certificates • Separation agreement • Divorce decree • Social Security records • Veterans Administration (VA) records 	<ul style="list-style-type: none"> • Statement from clergy • Census records • Newspaper notice • Statement from another person
<input type="checkbox"/> Relationship If you are related to a child in the household, you must prove the relationship	<ul style="list-style-type: none"> • Birth certificate (long form) • Adoption papers/records • Court records • Medical records 	<ul style="list-style-type: none"> • Applicant's statement • Newspaper notice • Statement from clergy • Statement from another person
<input type="checkbox"/> Residence You must verify your place of residence (if applicable)	<ul style="list-style-type: none"> • Statement from landlord/primary tenant • Current rent receipt or lease • Mortgage records 	<ul style="list-style-type: none"> • Statement from another person • Current mail
<input type="checkbox"/> Household Composition/Size If you are applying for assistance for yourself and others, you must verify who is living with you	<ul style="list-style-type: none"> • Statement from nonrelative landlord or primary tenant (for example a roommate) 	<ul style="list-style-type: none"> • Statements from other persons
<input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate	<ul style="list-style-type: none"> • Birth certificate • Baptismal records/certificate • Hospital records • Adoption papers/records • Naturalization certificate • Driver's license 	<ul style="list-style-type: none"> • Insurance policy • Census records • Statement from another person • Physician statement • Official correspondence from Social Security Administration (SSA)
<input type="checkbox"/> Absence/Death of Parent(s) If the parent(s) of any child in your home is not living with you, you must prove this or give us a written statement of their whereabouts/death	<ul style="list-style-type: none"> • Death certificate • Survivor's benefit records • Hospital records • VA or military records • Divorce papers • Proof of remarriage 	<ul style="list-style-type: none"> • Newspaper notice • Insurance company records • Institutional records • Agency case records and burial payment files • Statement from another person
<input type="checkbox"/> Absent Parent Information If the parent(s) of any child in your home is not living with you, you must provide information you have about the individual's: name, address, SSN, birth date, and employment	<p>Examples of the type of information about the absent parent you may provide are:</p> <ul style="list-style-type: none"> • Pay stubs • Tax returns • Social Security or VA records • Monetary determination letters • ID cards (health insurance) • Driver's license or registration <p>If you do not have this documentation you may have to speak to a representative from the Office of Child Support Services at a later date</p>	NA

*If you are applying for Supplementary Nutrition Assistance Program (SNAP) benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.

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Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Social Security Number For Cash Assistance, SNAP Benefits and Medical Assistance only , you do not have to provide proof of your SSN unless the SSN you give does not match the SSA's records or cannot be verified by the Agency	<ul style="list-style-type: none"> • Social Security card • Official correspondence from SSA A Social Security number is not required for non-citizens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance – only applicants who are pregnant.
<input type="checkbox"/> Citizenship or Current Immigration Status Status – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition	<ul style="list-style-type: none"> • Birth certificate • Baptismal certificate/records • Hospital records • U.S. passport • Military service records • Naturalization certificate • USCIS documentation • Evidence of continuous U.S. residence since prior to 1/1/72
<input type="checkbox"/> Earned Income <input type="checkbox"/> From employer If you have recently loss your job, you do not have to submit verification of your income from employment.	<div style="font-size: 4em; color: blue; opacity: 0.5; pointer-events: none;">SAMPLE</div>
<input type="checkbox"/> From self-employment	
<input type="checkbox"/> Income from rent or room/board	
<input type="checkbox"/> Unearned Income <input type="checkbox"/> Child Support Received from the Non-Custodial Parent	<ul style="list-style-type: none"> • Statement from Family Court • Statement from person paying support • Check stubs • Official correspondence from the Child Support Enforcement Unit
<input type="checkbox"/> Unemployment Insurance Benefits (UIB) If you have filed an application for UIB but have not received a payment yet, you do not have to submit proof	<ul style="list-style-type: none"> • Current award certificate • Official correspondence with New York State Department of Labor • Screen shots or images of benefit statement from Department of Labor
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> • Current award certificate/letter • Current benefit check • Official correspondence from SSA
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> • Veterans Administration official correspondence • Current award certificate/letter • Current benefit check
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> • Award certificate/letter • Check stub
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> • Statement from school • Statement from bank • Statement from agency administering grant/award letter
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> • Statement from bank or credit union • Statement from broker/financial institution/agent

Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p>Unearned Income (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • Current award letter • Current benefit check • Official correspondence from source of income • Contact with source of income • Current contribution check <hr style="border-top: 1px dashed black;"/> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Resources (For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19 and persons eligible for Family Health Plus.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Life insurance</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Real estate other than residence</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Motor vehicle</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Lump sum payment</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other resources</p>	<div style="text-align: center; font-size: 4em; color: blue; opacity: 0.5; font-family: sans-serif; letter-spacing: 0.5em;"> SAMPLE </div> <ul style="list-style-type: none"> • Current bank records • Current credit card records <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Stock/bond certificate • Statement from financial institution <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Insurance policy • Statement from insurance company <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Bank records • Burial agreement • Burial plot deed <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Refund of EITC check • Statement from tax office <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Deed • Statement from real estate broker • Broker's appraisal/estimate of current value by broker <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Registration (older models) • Title of ownership • Appraisal of current value by dealer • Financing data <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Statement from the source of payment • Lump sum check <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Statement from household • Statement from nursing home • Household statement of current value • Sales slips • Insurance appraisal

(Turn page)

Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><input type="checkbox"/> Shelter Expenses</p> <p>You must prove how much it costs you to live where you do. (You may need to provide separate documentation for each item of shelter expense)</p> <p>You must submit proof of your shelter expenses even if you have not paid your rent</p> <p>Medical Assistance does not require documentation of shelter expenses.</p>	<ul style="list-style-type: none"> • Current rent receipt/lease/mortgage book/records • Property and school tax records • Landlord statement • Sewer and water bills • Garbage/trash collection bills or receipts • Homeowner's insurance records • Fuel bills/shut-off notice • Non-heating utility bills • Telephone bills (or a statement from the household that the expense is incurred)
<p><input type="checkbox"/> Medical Expenses</p> <p>You only need to submit verification of your unreimbursed medical expenses if you are aged/disabled and are also applying for SNAP</p>	<ul style="list-style-type: none"> • Statement from provider of health insurance premiums • Copies of medical bills (paid and unpaid) • Medicare prescription drug card
<p><input type="checkbox"/> Health Insurance</p> <p>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this</p>	<ul style="list-style-type: none"> • Insurance policy/card • Statement from provider of coverage • Medicare card • Separation or divorce agreement with court-ordered health coverage
<p><input type="checkbox"/> Disabled/Incapacitated/Pregnant</p> <p>If you or anyone living with you is sick or pregnant, you must provide proof. (For MA only, resource information is not requested from pregnant women, children and persons eligible for Family Health Plus)</p>	<ul style="list-style-type: none"> • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness
<p><input type="checkbox"/> Unpaid Bills</p> <p>Please submit proof of any unpaid rent or utility bills in your name</p>	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of service and provider services and
<p><input type="checkbox"/> Other Expenses/Dependent Care Cost</p> <p>You must provide proof if you pay court-ordered support, child care, recurring loans or for the services of a home health aide or attendant</p>	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Canceled checks or receipts

SAMPLE

(Turn page)

Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Past Management (how did you support yourself before coming to apply for Cash Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> • Letter from employer giving dates of employment, amount earned and reason(s) for leaving • If your most recent employer is closed or no longer in business, please give us the employer's last known address and telephone number. You must sign the statement and date it for our records.
<input type="checkbox"/> Other (For cash assistance only)	If you were not supporting yourself from employment/earned income, please bring verification of how you were able to support yourself in the past such as: <ul style="list-style-type: none"> • Bankbook/bank statement • Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.) • Statement from person(s) who provided support
<input type="checkbox"/> Potential Benefits	Statement from person(s) who provided support <ul style="list-style-type: none"> • If you or anyone in the household has applied for and been denied or has been accepted for benefits from any of the following sources, bring the award letter, check or other correspondence: Social Security, court payments, SSI, veteran's benefits, workers' compensation, union benefits, pension, military allotment, railroad retirement, NYS disability or other source
<input type="checkbox"/> Other	

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____
SNAP Filing Date: _____
Subject: _____

Documentation Requirements and/or Assessment Follow-Up

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In order to determine your current or continued eligibility for Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or to process your request for an allowance or special status you must provide the documents indicated below, together with this form, by the due date. If you cannot get the required documents/information by the due date, contact your Worker and ask for an extension. If you cannot get the required documents/information at all, contact your Worker immediately, as he/she may assist you in obtaining the required documents/information. The **W-119D**, which lists the common documents that may be used to verify any eligibility factors listed on **page 2**, is attached.

Due Date: _____ Must see Worker upon return.

Forms Reminder (Please return the following Agency form(s), completed and signed where necessary.)

<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allowment <input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance <input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> W-147CC Certification of Move Statement <input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee) <input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant	<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care Provider <input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance <input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral <input type="checkbox"/> W-582A Family Care Assessment <input type="checkbox"/> W-700E School Attendance Verification Letter
---	---

CA Appointment Reminder

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> BTW (Back to Work) Vendor Appointment	<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children's Services Appointment
--	---

Notes: For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

The following household member(s) must return in person for the reason indicated below:

Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

Outstanding documentation – see the **W-119D** for a list of documents that can be used to verify the outstanding Eligibility Factors.

Name	Eligibility Factor

SAMPLE

If this notice does not indicate that you (case head) must see the Worker, you may submit any required documents/information by mail. However, it remains your responsibility to ensure that the required information reaches the Agency by the prescribed deadline.

FAILURE TO SUBMIT VERIFICATION/DOCUMENTATION OR FAILURE TO CONTACT YOUR WORKER ON OR BEFORE THE DUE DATE MAY MAKE YOU INELIGIBLE FOR CASH ASSISTANCE AND/OR SNAP, OR MAY CAUSE A REDUCTION IN YOUR CASH ASSISTANCE AND/OR SNAP BENEFITS FOR A SPECIFIC PERIOD OF TIME.

Notes: For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

***By signing this notice, you (applicant/participant) are acknowledging that you have received notification of all reminders, required referrals, and dates of appointments as indicated in this notice.**

Applicant/Participant's Signature _____
Date

Worker's Signature _____
Date

Worker's Telephone Number

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Número del Centro: _____

Fecha de Registro de SNAP: _____

Tema: _____

Requisitos de la Documentación y/o Seguimiento de Evaluación

NOTA: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Para llegar a una determinación de su actual estado de elegibilidad de Asistencia en efectivo, Programa de Asistencia de Nutrición Suplementaria, Asistencia Médica y/o procesar su pedido para una asignación o condición especial usted debe proporcionar los documentos y/o datos indicados abajo, junto con el presente formulario, a más tardar para la fecha de presentación. Si no puede conseguir los documentos/datos necesarios para dicha fecha, comuníquese con su Trabajador y pida una extensión. Si le es imposible conseguir los documentos/datos necesarios comuníquese con su Trabajador puesto que éste puede ayudarle a obtener los documentos/datos necesarios. El **W-119D (S)**, que lista los documentos comunes que pueden servir para comprobar los factores de elegibilidad indicados en la **página 2**, se encuentra adjunto.

Fecha de Presentación: _____ Tiene que reunirse con el Trabajador al regresar.

Recordatorio de Formularios (Favor de devolver el/los siguiente(s) formulario(s) de la Agencia, llenado(s) y firmado(s) si necesario.)

<input type="checkbox"/> LDSS-2474 (S) SSI Referencia y Certificación de Contacto <input type="checkbox"/> M-15 (S) Investigación Respecto a Beneficios de Veteranos/Asignación <input type="checkbox"/> W-146E (S) Solicitud para Pagar Alquiler Atrasado que Exceda la Asignación Máxima de Asistencia en Efectivo para Refugio <input type="checkbox"/> W-146W (S) Verificación del Alquiler del Inquilino, Sección 8 <input type="checkbox"/> W-147CC (S) Certificación Respecto a Declaración de Mudanza <input type="checkbox"/> W-147M (S) Declaración del Casero (Respecto a Honorarios del Agente) <input type="checkbox"/> W-147Q (S) Declaración del Inquilino Principal con Respecto a la Ocupación del Inquilino Secundario	<input type="checkbox"/> W-274U (S) Atestación de Empleo como Proveedor de Cuidado Infantil Informal <input type="checkbox"/> W-299 (S) Aviso a Solicitantes y Participantes con Respecto a Seguros de Salud de Tercera Persona <input type="checkbox"/> W-451 (S) NYPD – Reporte del Departamento de la Policía de Nueva York/ Referencia <input type="checkbox"/> W-582A (S) Evaluación de Cuidado Familiar <input type="checkbox"/> W-700E (S) Carta de Verificación de Asistencia a la Escuela
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Recordatorio de Cita de Asistencia En Efectivo

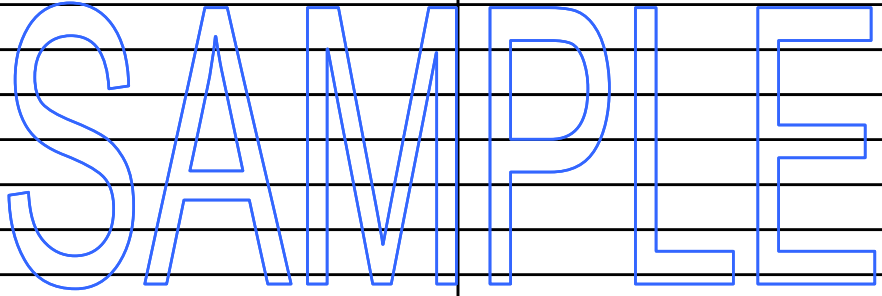
<input type="checkbox"/> BEV – (Bureau of Eligibility Verification) Cita en la Oficina de Verificación de Elegibilidad <input type="checkbox"/> OCSE – (Office of Child Support Enforcement Appointment) Cita en la Oficina de Aplicación de Manutención de Niños <input type="checkbox"/> De Regreso al Trabajo (Back to Work) Cita del Contratista	<input type="checkbox"/> CASAC – (Credentialed Alcoholism/and Substance Abuse Counselor Appointment) Cita con el Consejero de Control de Abuso de Alcoholismo/Sustancias <input type="checkbox"/> WeCARE – (Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment) Cita con el Proveedor Médico de Bienestar, Evaluación Total, Rehabilitación y Empleo <input type="checkbox"/> ACS – (Agency for Children's Services Appointment) Cita en la Agencia de Servicios al Niño
---	---

Aviso: Se pueden aceptar fotocopias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Las fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.

El/los siguiente(s) miembro(s) del hogar tiene(n) que regresar en persona por la razón indicada más abajo:

Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo

Documentación pendiente – vea el **W-119D (S)** para una lista de documentos que pueden usarse para verificar los Factores de Elegibilidad pendiente.


Nombre	Factor de Elegibilidad
	

Si este aviso no indica que usted (jefe del caso) tiene que reunirse con su Trabajador al regresar, puede enviar los documentos/información por correo. Sin embargo, sigue siendo su responsabilidad que la información requerida llegue a la Agencia a más tardar para la fecha de entrega.

EL NO PRESENTAR VERIFICACIÓN/DOCUMENTACIÓN O NO COMUNICARSE CON NOSOTROS A MÁS TARDAR EN LA FECHA DE PRESENTACIÓN PUEDE RESULTAR EN LA PÉRDIDA DE SU ELEGIBILIDAD RESPECTO A ASISTENCIA EN EFECTIVO Y/O SNAP, O PUEDE CAUSARLE UNA REDUCCIÓN EN SUS BENEFICIOS DE ASISTENCIA EN EFECTIVO Y/O BENEFICIOS DE SNAP DURANTE UN PERÍODO DE TIEMPO ESPECÍFICO.

Aviso: Se pueden aceptar fotocopias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Las fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.

***Al firmar el presente aviso usted (solicitante/participante) acusa recibo de notificación de todo recordatorio, envió necesario, y fecha de cita, según indicados en este aviso.**

 Click here to insert a picture

Firma del Solicitante/Participante

Fecha

Firma del Trabajador

Fecha

Número de Teléfono del Trabajador

Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker Phone: _____
FH&C Phone: _____
Recertification Process: _____

Notice of Recertification Appointment

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

This letter is to inform you that in order to assist us in determining if you continue to be eligible for the receipt of Cash Assistance, Medical Assistance and/or SNAP, you must be recertified as follows:

1

SAMPLE

Your Recertification will take place.

Date: _____ Time: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Other:

2

To reschedule your interview

Phone Number: _____

3

The following adult individual(s), who according to our records is/are 18 years of age or older

4

5

The following case member(s) must be finger imaged. Arrangements will be made at the interview to be finger imaged.

6

Provide Social Security Number for

7

Be sure to read the "Interview/Application Rights for Supplemental Nutrition Assistance Program (SNAP) Benefits" section of this notice.

Depending on the program(s) for which you are recertifying, you will need to provide information on and proof of the items checked below that explain your current situation and how it has changed. If you need any help getting this proof, please let your Worker know as soon as possible.

If the Center you report to requires a paper recertification application, it will be provided to you when you arrive for your interview. If you are reporting to a Center that uses a paperless computer system, your recertification application will be completed and filed on the computer. You will be assisted with this electronic recertification process. Regardless of how you file your recertification application, you must provide all documents requested in this appointment notice at the time of your face-to-face interview or through the mail-in interview process.

Cash Assistance: Proof of Documents – You will need to:

- provide information about the people in your home;
- prove that the people who get assistance live in your home;
- show proof of expenses (such as rent, utilities, child care);
- show proof of any income you get;
- show proof of any assets you have;
- show proof of any changes in your living situation, such as change in household size.

SNAP Benefits Documents – You will need to provide current proof of any of the following that apply:

- earned income for the past four (4) weeks;
- any change of \$100 or more in the amount of your household's monthly unearned income;
- any medical expenses since you last applied or were recertified for anyone in your household who is 60 years of age or older or disabled;
- any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs and any other changes.

Child Care Notice

To participate in a work activity, if you have children under the age of 13, you may need to make child care arrangements. If you have a child care provider, have him/her complete the child care provider enrollment form, **which is being sent to you in a separate envelope**, and submit it with your recertification application.

What happens if I do not

8

Cash Assistance – If you do not

9

we will think that you do not want Cash Assistance. We will then close your Cash Assistance case and send you a notice informing you of the closing date. This decision is based on 18 NYCRR § 351.22.

Medical Assistance – A face-to-face interview is not required to continue your medical assistance. However, you must report any changes in address, income, resources or household size to this department.

SNAP Benefits – If you submit your recertification application by

_____ and are still eligible, you will receive uninterrupted SNAP benefits. However, you will not get
Last Day of Certification Period

SNAP benefits after _____ unless you are recertified.
Last Day of Certification Period

If you, a member of your household or your authorized representative do not

10

you will not get SNAP benefits unless you apply again and are eligible.

If any proof is still needed after

11

you will be told what you need to submit and you will have at least ten (10) days to submit it. This decision is based on 18 NYCRR § 387.17.

What If I No Longer Want or Need Assistance?

If you do not want or need Cash Assistance, SNAP benefits and/or medical assistance, please tell us. If you want any of these benefits to stop, check the box(es) below next to the benefit(s) and tell us the reason why. It is important for you to tell us why you want your case closed because, depending on the reason, you may be able to get medical assistance for up to a year. You may also be able to get help with your child care expenses.

If you check any of the box(es) below, sign, date and send this form to the address of the Job Center listed on page 1 of this form.

SAMPLE

- I do not want or need CASH ASSISTANCE. (If you check this box but still want SNAP benefits, you must submit a recertification application in the manner explained on page 4 in the Interview/Application Rights for SNAP Benefits section of this notice. Your medical assistance will continue unless you also check the next box.)
- I do not want MEDICAL ASSISTANCE.
- I do not want SNAP benefits.

Reason:

Participant's Signature

Case Number

Date Signed

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE INTERVIEW/APPLICATION RIGHTS FOR
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS AND THE
CONFERENCE AND FAIR HEARING INFORMATION SECTION OF THIS NOTICE FOR
HOW TO APPEAL THIS DECISION.**

Interview/Application Rights for Supplemental Nutrition Assistance Program (SNAP) Benefits

You have a right to:

- request that the SNAP in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather or work or training hours that prevent you from coming during regular office hours.
- ask for an application for SNAP benefits. This office must accept the application as long as it is signed and has a readable name (and address, if you have one).
- apply for SNAP benefits in person, by mail, fax or through an authorized representative. An interview may be required.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may apply for SNAP benefits at the Social Security office instead of turning in your recertification form at the SNAP Center. If you choose to do this, the Social Security office must also get your application by the date noted at the top of page 3 in the SNAP Benefits section of this notice. They will interview you and send your application and supporting documents to the SNAP Center to see if you can still get SNAP benefits.

SAMPLE

Services and Other Information

- Social services may provide information and education about family planning for up to 90 days from the effective date stated in this notice. A loss of Cash Assistance and medical assistance benefits will require a redetermination of your eligibility for social services within 30 days of such a decision. This does not necessarily mean that services will be terminated. It means that your continuing eligibility for these services will have to be redetermined. For further information, please contact your Worker.
- If you are getting Cash Assistance, medical assistance or SNAP benefits, you may be able to get a discount on your phone service. For information on LIFELINE, call Verizon toll-free at (800) 555-5000.
- Although you may no longer be eligible for Cash Assistance, SNAP benefits or medical assistance, you still may be eligible for assistance with your heating costs by applying for the Home Energy Assistance Program (HEAP). Information on HEAP can be obtained by calling HEAP Central at (800) 692-0557.

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at:
14 Boerum Place, Brooklyn, NY 11201
- (5) ONLINE:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

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 decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. 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 that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

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

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Unidad de Casos: _____
Nombre del Trabajador: _____
Teléfono del Trabajador: _____
Teléfono de FH&C: _____
Proceso de Recertificación: _____

Aviso de Cita de Recertificación

Nota: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Esta carta es para informarle de que para que podamos determinar si usted aún es elegible respecto a Asistencia en Efectivo, asistencia médica y/o SNAP, se tiene que recertificar como se indica a continuación:

Su Recertificación tendrá lugar en:

Fecha: _____ Hora: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Otro:

Para cambiar su cita

Número de Teléfono: _____

Los siguientes adultos, que de acuerdo con nuestros archivos tienen 18 años de edad o más

A los siguientes miembros del caso se le tienen que tomar imágenes digitales. Durante la entrevista se harán los arreglos para tomar las imágenes digitales.

Proporcione el Número de Seguro Social de

Asegúrese de leer la sección de este aviso llamada "Derechos Relativos a su Entrevista/Solicitud de Beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP)."

Dependiendo del programa(s) para el cual se está recertificando, usted tendrá que proporcionar información y pruebas de los asuntos marcados a continuación que explican su situación actual y cómo ha cambiado. Si necesita cualquier ayuda para obtener dichas pruebas, favor de informar a su Trabajador lo más pronto posible.

Si el Centro al que usted se presente requiere que la solicitud de recertificación sea de papel, dicha solicitud se le proveerá al usted llegar a su entrevista. Si de lo contrario, usted se presenta a un Centro que utiliza un sistema computarizado sin papel, su solicitud de recertificación será llenada y procesada por computadora. Además, usted recibirá ayuda durante dicho proceso electrónico de recertificación. Sin embargo, ya sea que usted presente su solicitud en papel o no, usted tiene que proporcionar todos los documentos requeridos en este aviso de cita al presentarse a su entrevista en persona o si se entrevista por correo.

Asistencia en Efectivo: Documentos Comprobantes – Usted tendrá que:

- proporcionar información sobre las personas en su hogar;
- probar que las personas que reciben asistencia viven en su hogar;
- presentar pruebas de gastos (tales como el alquiler, electricidad y/o gas, cuidado infantil);
- presentar pruebas de todo ingreso que reciba;
- presentar pruebas de todo bien que posea;
- presentar pruebas de cualquier cambio en su situación de vivienda, tal como el número de miembros de su hogar.

Documentos de Beneficios de SNAP – Usted tendrá que proporcionar pruebas actuales de lo siguiente, si corresponde:

- ingreso salarial de las últimas cuatro (4) semanas;
- cualquier cambio de \$100 o más en la cantidad de los ingresos mensuales no salariales del hogar;
- todo gasto médico posterior a su última solicitud o recertificación de cualquier persona incapacitada o de 60 años de edad o mayor en su hogar;
- cualquier cambio en su situación de vivienda, tal como en su ingreso, recursos financieros, vivienda (alquiler, electricidad y/o gas, calefacción, teléfono, etc.), tamaño de la familia, gastos de cuidado infantil o cualquier otro cambio.

Aviso respecto a Cuidado Infantil

Para participar en una actividad de trabajo, si tiene niños menores de 13 años de edad, puede que tenga que hacer arreglos de cuidado infantil. Si tiene un proveedor de cuidado infantil, encárguese de que él o ella llene el formulario de inscripción del proveedor de cuidado infantil **que se le ha enviado en un sobre por separado** y preséntelo con su solicitud de recertificación.

¿Qué sucede si no

Asistencia en Efectivo – Si usted no

supondremos que usted no desea recibir Asistencia en Efectivo. Dada la situación, cerraremos su caso de Asistencia en Efectivo y le enviaremos un aviso que le informará de la fecha del cierre. Esta decisión se basa en 18 NYCRR § 351.22.

Asistencia Médica – No se le requiere entrevista en persona para continuar su asistencia médica. Sin embargo, usted tiene que reportar a este departamento cualquier cambio de dirección, ingresos, recursos o número de miembros del hogar.

Beneficios de SNAP – Si usted presenta su solicitud de recertificación antes del _____

Último Día del Período de Certificación

y aún es elegible, recibirá beneficios de SNAP sin interrupción. Sin embargo, usted no recibirá beneficios de SNAP después del _____ a menos que se haya recertificado.

Último Día del Período de Certificación

Si usted, un miembro de su hogar, o su representante autorizado no

usted no recibirá beneficios de SNAP a menos que solicite de nuevo y que sea elegible. Si aún se necesitan más pruebas después de

se le informará de lo que necesita presentar y tendrá por lo menos diez (10) días para presentarlo. Esta decisión se basa en 18 NYCRR § 387.17.

¿Qué Sucede Si no Necesito ni Deseo Asistencia?

Favor de informarnos si usted no desea o no necesita Asistencia en Efectivo, beneficios de SNAP y/o asistencia médica. Si desea que cualquiera de estos beneficios sean suspendidos, marque la(s) casilla(s) más abajo al lado del beneficio(s) y díganos la razón de ello. Es importante que nos diga el motivo por el cual desea cerrar su caso, debido a que dependiendo del motivo, podría recibir asistencia médica hasta por un año. Además tal vez pueda obtener ayuda para sus gastos de cuidado infantil.

Si usted marca alguna(s) de las casilla(s) más abajo, firme, feche y envíe este formulario a la dirección del Centro de Trabajo indicado en la primera página de este formulario.

- No deseo ni necesito ASISTENCIA EN EFECTIVO (Si usted marca esta casilla pero aún desea Beneficios de SNAP, tiene que presentar la solicitud de recertificación del modo explicado en la sección de Derechos Relativos a su Entrevista/Solicitud de Beneficios de Cupones para Alimentos en la página 4 de este aviso. Su asistencia médica continuará a menos que también marque la siguiente casilla.)
- No deseo ASISTENCIA MÉDICA.
- No deseo BENEFICIOS DE SNAP.

Motivo:

Firma del Participante

Número del Caso

Fecha de la Firma

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE DERECHOS RELATIVOS A SU ENTREVISTA/SOLICITUD DE BENEFICIOS DE SNAP Y LA INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR CONTRA ESTA DECISIÓN.**

Derechos Relativos a su Entrevista/Solicitud de Beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Usted tiene el derecho de:

- solicitar que se le excuse de la entrevista de SNAP en la oficina debido a dificultades. Normalmente esto incluye entre otros, enfermedad, dificultades con el transporte, cuidado de un miembro del hogar, domicilio en una zona rural, mal tiempo prolongado, horas de trabajo u horas de capacitación que le impidan acudir durante un horario normal de oficina.
- pedir una solicitud de beneficios de SNAP. Esta oficina tiene que aceptar la solicitud siempre y cuando esté firmada y contenga el nombre (y la dirección, si tiene) de manera legible(s).
- solicitar Beneficios de SNAP en persona, por correo, fax o a través de un representante autorizado. Puede que se requiera una entrevista.

Si todos los miembros de su hogar actualmente reciben el Ingreso de Seguridad Suplementario (Supplemental Security Income – SSI) o tienen planes de solicitar SSI, usted puede solicitar beneficios de SNAP en la oficina del Seguro Social en vez de presentar su formulario de recertificación a la Oficina de SNAP. Si decide hacerlo de esta manera, la oficina de Seguro Social también tiene que recibir su solicitud antes de la fecha indicada en la parte superior de la página 3 de la sección de SNAP de este aviso. Ellos le entrevistarán y enviarán su solicitud con documentos correspondientes a la oficina de beneficios de SNAP para determinar si aún usted puede recibir beneficios de SNAP.

Servicios e Información Adicional

- La oficina de Servicios Sociales puede proporcionar información y educación sobre la planificación familiar por un período máximo de 90 días a partir de la fecha de vigencia indicada en este aviso. Si se pierden los beneficios de Asistencia en Efectivo y médica será necesario redeterminar su elegibilidad para servicios sociales dentro de 30 días de dicha decisión. Esto no necesariamente significa que estos servicios serán suspendidos, significa que su elegibilidad continua para estos servicios tendrá que ser determinada nuevamente. Favor de comunicarse con su Trabajador, para más información.
- Si usted recibe Asistencia en Efectivo, asistencia médica o beneficios de SNAP, tal vez pueda recibir un descuento en su servicio de teléfono. Llame gratuitamente a Verizon al (800) 555-5000, para más información sobre LIFELINE.
- Aunque ya no sea elegible para Asistencia en Efectivo, beneficios de SNAP o asistencia médica, usted aún puede ser elegible para asistencia con sus gastos de calefacción solicitando al Programa de Asistencia para Energía en el Hogar (Home Energy Assistance Program – HEAP). Información sobre HEAP se puede obtener llamando a la Central de HEAP al (800) 692-0557.

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en **la primera página** de este aviso, o escribanos a la dirección que también aparece en **la primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Favor de guardar una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) POR INTERNET:** Llene una solicitud de formulario electrónico conectándose a:
<http://www.otda.ny.gov/bah/forms.asp>

Qué Puede Esperar de la Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted está incapacitado(a), y no puede transportarse, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado, ni empleado(a) de abogado, su representante debe traer una carta firmada al oficial de Audiencias Imparciales.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en **la primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia pública, asistencia médica o servicios sociales y noventa (90) días para asuntos de SNAP.

Si no logra comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

Nombre en Letras de Molde: _____ Núm. del Caso: _____
Nombre _____ I. Apellido _____
Dirección: _____ Teléfono: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____