



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #21-47-OPE

(This Policy Bulletin Replaces PB#21-32-OPE)

CENTRALIZED CHECK RETURN, REVIEW, AND REPLACEMENT PROCESS

<p>Date: August 5, 2021</p>	<p>Subtopic(s): Check Replacement</p>
	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none"> • Any references to the Homelessness Prevention Administration (HPA) responsibilities were changed to Rental Assistance Program (RAP) and Prevention and Community Support (PCS) responsibilities. • Inform staff that the fields in the Check Issuance Reconciliation and Inventory Tracking System (CRTS) cancelled check report were updated. • Inform staff that recurring shelter checks (Payment type 10) will appear as Grant Code 09 on the cancelled check report. • Payment types B3 and B4 were removed from Office of Central Processing (OCP) responsibility and will be handled by the HIV/AIDS Service Administration (HASA). • Payment type H5 was added to OCP responsibility. • A new form, the Letter of Transmittal (HRA-185) was created. OCP will forward a completed HRA-185 on a weekly basis to be used by FIA Job Centers to update cases identified and suggested by OCP. • Payment types 39, 42, and 60 were removed from the responsibility of the Landlord Ombudsman Services Unit (LOSU) and will be handled by Centralized Rent Processing Unit (CRPU). • Payment type 31 was removed from CRPU responsibility and will be handled by OCP. • RAP staff and PCS staff responsibilities were updated. • HASA responsibilities were updated.

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
 Distribution: X

Purpose:

Revised

The purpose of this policy bulletin is to inform Job Center staff, Bureau of Reconciliation and Control ([BORAC](#)) staff, Office of Central Processing ([OCP](#)) staff, Landlord Ombudsman Services Unit ([LOSU](#)) staff, Centralized Rent Processing Unit ([CRPU](#)) staff, Rental Assistance Program ([RAP](#)) staff, Prevention and Community Support ([PCS](#)) staff, Office of Child Support Services ([OCSS](#)) staff, HIV/AIDS Services Administration ([HASA](#)) staff, and Adult Protective Services ([APS](#)) staff of the new process for checks returned and subsequently cancelled. This new process includes additional steps for the review of the data related to these cancelled checks to prevent returned checks in the future. After a review of the information from these cancelled check(s), if the issuance of a replacement check is needed, staff should follow the existing check replacement process. This policy bulletin is informational for all other staff.

Note: Checks that are part of this centralized process will have already been cancelled by BORAC by the time they get to the appropriate program area for their additional steps and review.

BORAC Responsibilities

The Human Resources Administration's BORAC Check Cancellation Unit picks up returned checks on a daily basis from a centralized post office. These returned checks are cancelled as per normal processes upon review. The cancelled checks may include housing checks, storage checks, utility company checks, etc. When BORAC cancels a check, the information (i.e., check number, amount, date, etc.) is captured by their Check Issuance Reconciliation and Inventory Tracking System (CRTS). A new weekly cancelled checks report is generated from the CRTS system.

The CRTS report contains the following fields:

Revised

Case Number
 Check Number
 Grant Code (For most checks, this is the same as Payment Type)
 Issue Amount
 Issue Date
 Payee Name
 Address
 City

State
 Zip Code
 Cancel Date
 Entry Date
 Center Name
 Center Number
 Resolution (see note below)

Note: The Resolution field is blank when the report is produced. The Resolution column is intended for program use as they work to resolve cancelled check issues.

A link to these reports is sent to applicable program area designees, who will access these reports and review the identified cancelled checks. Each program area will be responsible for reviewing the respective issuances and making any corrective case actions or reissuances based on their review, as outlined in this procedure. The responsible program area is determined by the payment type associated with the return check and/or program area that made the issuance or administers the case.

OCP Responsibilities

The weekly CRTS cancelled check report will be accessed by the Office of Central Processing's (OCP) designated staff. OCP staff must then review their assigned cases to determine what action, if any, is necessary. As part of their review, staff will need to check the Welfare Management System (WMS) to identify current residence and landlord information. Staff will also check the HRA OneViewer and any other case records to verify whether the case record matches the information in the CRTS report. Any discrepancies between the information in the case record and the CRTS report will result in the need to make updates and corrections to the case information, and, where appropriate, reissuance of the check(s) that were returned to the Agency.

OCP staff is responsible for review of the relevant checks by payment type, as listed below:

- 02** (Regular Allowance [Recurring Needs])
- 03** (Supplementation of Current Month [Food, Rent, Other])
- 04** (Supplementation of Previous Months)
- 05** (Case recurring grant)
- 06** (Issuance Type 4: Prorated Partial PA/SNAP)

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- 07 (Replacement of lost, stolen, or undelivered check)
- 08 (Issuance Type 4: Prorated/Partial NPA/SNAP)
- 08 (Replacement of cancelled check)
- 09 (Rent only)
- 10 (Shelter) **Note:** Recurring shelter checks (Payment type 10) will appear as Grant Code 09 on the cancelled check report.
- 10 (Utility grant to prevent turn off/restore services [prior to PA])
- 14 (Single Issuance Full Month [Pa/SNAP])
- 16 (Issuance type 4: Single Issuance Full Month [NPA/SNAP])
- 17 (Carfare for Homeless Adults)
- 18 (Issuance Type 2: Expenses Connected with Maintaining Housing)
- 18 (Issuance Type 4: Disaster Related Issuance (PA/SNAP))
- 19 (Disaster Related Issuance [NPA/SNAP])
- 20 (Daily Retroactive Benefit [PA/SNAP])
- 21 (Issuance Type 1,3,5: Lunch, Dinner Allowance)
- 21 (Issuance Type 2: Storage Fees (Must be Two-Party Check))
- 21 (Issuance Type 4: Unknown)
- 22 (Moving Expenses)
- 22 (Issuance Type 4: Daily Retroactive Benefit [NPA/SNAP])
- 29 (Bi-weekly recurring WEP lunch/carfare)
- 31 (Pre-PA Rent Arrears)
- 38 (Security Deposit Private Housing)
- 41 (Utility Advance to Prevent Turn Off or Restore Utility Service)
- 47 (Disaster Household Furnishings and Replacements)
- 50 (Non-Recoupable Utility Advance)
- 62 (Issuance Type 2: Maintenance of Home – EAA Cases Only, Up to 4 Months Shelter Arrears May be Paid Per Issuance)
- 68 (Prorated Final Issuance [System Generated])
- 70 (Issuance Type 1,3,5: Cash Replacement for Lost, Stolen, Mismanaged SSI Grant)
- 70 (Issuance Type 2: Child Support Bonus Payment)
- 80 (Issuance Type 2: Emergency HEAP Payment)
- 80 (Issuance Type 4: Skipped Assistance)
- 84 (NPA HEAP Payment)
- 94 (Utility Vendor Refund)
- 96 (Food Stamps ongoing benefits)
- 98 (Regular HEAP Vendor Payment)
- 99 (Other)
- N7 (Smith Lawsuit)
- H5 (HEAP Emergency Benefit – Repair Heating Equipment)

Revised

Note: OCP staff will also be responsible for checks without a payment type.

If OCP identifies that there are no discrepancies between the information on the CRTS report and the information found in their review of WMS and the HRA OneViewer, then OCP will reissue the cancelled check to the landlord on record in WMS or the payee/vendor identified in the case record review.

Note: In the context of returned shelter related checks, for instance, when there is no discrepancy between the CRTS report and the landlord information in WMS, reviewers should confirm the benefit issued data in WMS. Reviewers should check whether subsequent checks of the same type were issued and redeemed. This serves as an indication that the information is accurate.

If OCP identifies that there are discrepancies between the information on the CRTS report and the information found in WMS and the HRA OneViewer, they will alert the appropriate area (i.e., FIA Job Center, HASA, etc). OCP will alert and forward the cases to the appropriate area when any case changes or updates or a collateral contact with the client or landlord is required.

Revised

OCP will inform the Job Centers about cancelled checks, so the respective Job Center can further review and make any necessary case updates/changes or reissue any cancelled benefits, when required or appropriate. OCP will forward a completed Letter of Transmittal (**HRA-185**) form to FIACIRU@hra.nyc.gov on a weekly basis. This transmittal form will be used by FIA Job Centers to update cases as identified and suggested by OCP.

For cancelled rent checks identified as having a discrepancy between the CRTS report and information available, the Center/Program Designee will review the case record to determine the reason for the discrepancy and address it. This review will include outreach to the participant and/or landlord after checking WMS and the HRA OneViewer, to verify residential address and landlord information. The designee will attempt to outreach to the participant by telephone and request confirmation about their residential address as well as their landlord's name and address, to ensure the case record is updated in WMS and documents are available in the HRA OneViewer. If it is necessary to get updated or additional landlord information, the designee will mail to the landlord the Letter to Landlord/Management Agent – Request for Residence Verification (**W-147**) form.

For non-rent cancelled checks, the designee will contact the participant by telephone to verify residential address, after checking WMS and the HRA OneViewer. If unable to reach the participant by telephone, the designee will mail the Verification of Mailing Address (**FIA-1247**) form to the participant, requesting documentation to verify the correct mailing address.

For cancelled storage and/or utility checks, the designee will first confirm if a replacement check benefit was issued and redeemed for the participant's cancelled check. If a replacement check was issued and redeemed, there is no further action to take. If a replacement check was not redeemed, the designee will need to reach out to the storage company and/or utility company, after checking WMS and the HRA OneViewer to verify the payee's address.

LOSU Responsibilities

The weekly CRTS cancelled check report will be accessed by the Landlord Ombudsman Services Unit (LOSU) staff. LOSU staff will sort and filter the CRTS report by payment type.

LOSU staff will focus on the relevant checks by payment type, as listed below:

09 (Rent only)

30 (Rent Payments in Excess of Maximum)

ZA (Issuance Type 2: SOTA-1 Year Up Front – Provides One Year's Full Rent Up Front and Allows Clients to Move Out of New York State)

ZI (Issuance Type 2: LINC II Enhanced – 1 Year Up Front – For Tenants in Shelter or Moving to a New Apartment. Allows Landlord to Receive Entire Year's HRA Issued Rent Up Front)

ZJ (Issuance Type 2: Landlord Incentive to Hold Unit Non FHEPS – Unit Hold for Rent Incentives ZA-ZI. Maximum Amount of Any Single Payment Is \$4,297)

LOSU staff will compare case information from the CRTS report against the information in WMS and make any necessary corrections.

LOSU staff will check emails for any referral packets related to CITYFHEPS or SOTA, from the Department of Homeless Services (DHS) and Community Based Organizations (CBO) for requests for checks to be cancelled.

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LOSU staff will determine/confirm that a cancelled check has not been replaced by another source. If this is the case, LOSU staff will proceed with assigning the case to the Eligibility Specialist (ES) III to replace the check for an active case. The ES III will process the replacement check based on the current process.

CRPU Responsibilities

The weekly CRTS cancelled check report will be accessed by the Centralized Rent Processing Unit (CRPU) staff. CRPU staff will sort and filter the CRTS report by payment type.

CRPU staff will focus on the relevant checks by payment type, as listed below:

- 30** (Rent Payments in Excess of Maximum)
- 39** (Rent Advance to Secure an Apartment)
- 40** (Rent Advance to Avoid an Eviction)
- 42** (Broker's and Finder's Fees)
- 59** (Issuance Type 2: NYCA Rent Arrears)
- 60** (Issuance Type 2: Establishment of a Home)
- QB** (Supplement FHEPS Rent Arrears [Non-Recoupable])
- QJ** (Issuance Type 2: FHEPS Unit Hold – Issued to Landlord to Ensure the Apartment Will Be Held for the Client. Maximum Single Issue \$4,297)
- WD** (WMS Generated Semi-Monthly CF Supplement Payment)
- WE** (FHEPS A City Recurring Supplement)
- WF** (FHEPS B City Recurring Supplement)
- WG** (FHEPS A City Recurring Supplement [Multi-Suffix])

CRPU staff will review RAU and FHEPS approvals in the Paperless Office System (POS) and utilize the documentation in the RAU/FHEPS packet to verify landlord information against the CRTS report. If the information is correct, CRPU staff will reach out to the management company to verify an alternative mailing address, or to reissue a check to the same mailing address.

Note: If the check(s) were already issued, no action is taken. If the check(s) need to be reissued, the case is assigned to the Job Opportunity Specialist (JOS)/Worker for reissuance of the grant(s).

Revised

Revised

RAP and PCS Responsibilities

The weekly CRTS cancelled check report will be accessed by Rental Assistance Program (RAP) staff, who will focus on the relevant checks by payment type, as listed below:

B6 (Issuance Type 2: Rental Assistance Payments Made as Part of the Tenant Based Rental Assistance Program (TBRA))

SA (Issuance Type 2: Landlord LINC Bonus Payment to Encourage Landlords to Rent to a LINC Case)

SD (Issuance Type 2: LINC6 Rent Program – Initial Subsidy)

SE (LINC7 Rent Program – Initial Subsidy) [Note: this code is also being used for CityFHEPS payments]

RAP staff will also forward checks with payment types listed below to Prevention and Community Support (PCS) staff:

EP (Issuance Type 2: EPVA Rent – Eviction Prevention for Vulnerable Adults. Maximum Payment is \$5,000)

MR (Issuance Type 2: MRT Rent – Medicaid Redesign Team. Maximum Rent is \$5,000)

RAP and PCS staff will compare case information from the CRTS report against the information in WMS, make any necessary corrections, and determine whether replacing the check is necessary.

HASA Responsibilities

Revised

HASA will review the weekly cancelled check report, focusing on cases from HASA Centers (Center Numbers 14, 19, 24, 41, 43, 48, 49, 51, 72, 73, 85, 93) and/or checks with HASA payment types:

B3 (Issuance Type 2: HASA 30% Program Rent Supplementation to Landlord)

B4 (Issuance Type 2: HASA 30% Program (Replacement))

HASA will review the case in HASAWeb and WMS to determine what actions need to be taken.

APS Responsibilities

Once each program area (OCP, LOSU, and CRPU) reviews the cancelled check report, they will forward any APS cancelled checks by email to the APS mailbox housingaps@hra.nyc.gov. APS will review the case and determine what actions need to be taken.

OCSS Responsibilities

Once each program area (OCP, LOSU, and CRPU) reviews the cancelled check report, they will forward any OCSS cancelled checks by email to Ida Godreau, along with a copy to Adolphia Valentine. OCSS will review the case and determine what actions need to be taken.

Effective Immediately

Related Items:

[PD #15-12-OPE](#)

[PD #15-22-OPE](#)

Attachments:

FIA-1247 (E)

Verification of Mailing Address (Rev. 05/18/21)

FIA-1247 (S)

Verification of Mailing Address (Spanish)
(Rev. 05/18/21)

HRA-185

Letter of Transmittal (Rev. 8/4/21)

W-147

Letter to Landlord/Management Agent - Request
For Residence Verification (Rev. 7/5/11)

W-147 (S)

Letter to Landlord/Management Agent - Request
For Residence Verification (Spanish)
(Rev. 7/5/11)



Department of Social Services

Human Resources Administration
Department of Homeless Services

Family Independence
Administration

FIA-1247 (E) 05/18/2021 LLF

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Telephone Number: _____

Verification of Mailing Address

The purpose of this notice is to inform you that check(s) paid to you or for you were returned. You must verify the correct mailing address for these checks.

Please provide documents to verify the correct mailing address for the _____ type of check (utility, storage, rent, etc.) checks.

SAMPLE

Documents can be returned by:



UPLOAD (*easiest!*) — use your mobile phone or tablet with our ACCESS HRA mobile app at: www.nyc.gov/accesshramobile



IN PERSON — bring copies of the documents to your Center



FAX — send documents to _____



MAIL — copies using the envelope provided



CALL — if you need help getting documents or more time to get documents



Department of Social Services

Human Resources Administration
Department of Homeless Services

Family Independence Administration

FIA-1247 (S) 05/18/2021 LLF

Fecha: _____

Número de caso: _____

Nombre del caso: _____

Centro: _____

Número de teléfono: _____

Verificación de dirección de correo postal

El propósito de este aviso es informarle que uno o varios cheques a su nombre o pagados en su nombre, han sido devueltos. Usted debe confirmar la dirección de correo postal adonde enviar estos cheques.

Favor de proveer documentos que confirmen la dirección correcta de correo postal para los cheques de _____

Tipo de cheque (servicios públicos, almacenaje, alquiler, etc.)

Puede hacernos llegar los documentos por los siguientes medios:



CARGUE LOS DOCUMENTOS POR INTERNET (*es la forma más fácil!*) —

Use su celular o tableta para tomar fotos a sus documentos y enviarlos por medio de nuestra aplicación móvil de *ACCESS HRA*. Para descargar nuestra aplicación móvil, entre a esta página web: www.nyc.gov/accesshramobile.



EN PERSONA — lleve copias de los documentos a su Centro.



POR FAX — envíe los documentos al _____.



POR CORREO POSTAL — envíe las copias en el sobre proporcionado.



LLAME — si necesita más tiempo o ayuda para conseguir los documentos.

Date: _____

Case Number: _____

Case Name: _____

Letter to Landlord/Management Agent – Request for Residence Verification

(Prepare in Duplicate)

Section A: Request for Household/Residence Verification

We are presently reviewing the Cash Assistance application/case of: _____
(Applicant/Participant Name)

who resides at _____
(Address) (Apartment Number)

We would appreciate your providing the information requested below as soon as possible.
Thank you for your cooperation.

(Worker's Name) (Telephone Number)

Section B: Reply by Landlord

SAMPLE

Name on lease: _____

Date lease signed: _____

Amount of rent charged per month: \$ _____ Last date rent paid: _____

Number of persons in household: _____

Tenant's financial references: _____

Names of persons in household: _____

Does _____ reside at the above address? Yes No

Building Superintendent/Managing Agent: _____ Telephone Number: _____

Signature of Landlord _____ Date _____

For Office Use Only

Telephone contact made with _____
on _____ at telephone number _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Carta al Casero/Agente Administrador – Petición para Verificación de Residencia

(Preparar en Duplicado)

Sección A: Petición para Verificación de Casa/Residencia

Nosotros estamos actualmente revisando la solicitud de Asistencia en Efectivo/caso de: _____
(Nombre del Solicitante/Participante)

quien reside en _____
(Dirección) (Número de Apartamento)

Le agradecemos que usted nos provea la información solicitada abajo tan pronto como le sea posible.
Gracias por su cooperación.

(Nombre del Trabajador)

(Número de Teléfono)

Sección B: Respuesta del Casero

Nombre en el contrato de arrendamiento: _____

Fecha en que se firmó el contrato de arrendamiento: _____

Cantidad de alquiler mensual \$ _____ Última fecha que el alquiler fue pagado: _____ Número de personas en el hogar: _____

Referencias financieras del inquilino: _____

Nombres de personas en el hogar: _____

¿Reside _____ en la dirección antedicha? Sí No

Superintendente del Edificio/
Agente Administrador: _____ Número de Teléfono: _____

Firma del Casero

Fecha

For Office Use Only

Telephone contact made with _____
on _____ at telephone number _____