



**OFFICE OF POLICY, PROCEDURES, AND TRAINING**

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**POLICY BULLETIN #21-59-SYS**  
*(This Policy Bulletin Replaces PB #21-46-SYS)*

**REVISION TO PROCESSING ONLINE SPECIAL GRANT REQUESTS**

<b>Date:</b> November 19, 2021	<b>Subtopic(s):</b> POS, ACCESS HRA, Single Issuance Requests
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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

## Revisions to the Original Policy Bulletin

This policy bulletin is being revised to inform staff of the expansion of ACCESS HRA (AHRA) to add Emergency Grant Requests for online Cash Assistance (CA) Applications and CA Recertifications beginning on November 20, 2021. Revisions to the procedure include:

- The AHRA CA Application and CA Recertification added an Emergency Grant section, which allows for the submission of the following Emergency Grant Request types:
  - Pay for Moving Costs
  - Pay for Home Repairs
  - Pay for Storage
  - Fire or Other Disaster
- **Attachment A** was updated with the AHRA CA Online Application Summary that includes the Emergency Grant Requests.
- **Attachment D** provides the new Emergency Grant Requests screenshots.
- The **Single Issue Grant Request Task List** in POS was updated. When a request to remove a case member, make changes to income, or change residential address is made, the JOS/Worker must generate the Confirmation of Contact with Your Center (**FIA-1173**) form in POS for the participant. The JOS/Worker can request documentation for these requests using the Documentation Request Form (Return Document for Special Grant) (**W-113A**) form.

## Purpose

The purpose of this policy bulletin is to inform Customer Service and Information Center (CSIC), Case Management Unit (CMU), Homelessness Diversion Unit (HDU), HIV/AIDS Services Administration (HASA), and other staff at Family Independence Administration (FIA) Job Centers of the expansion of AHRA to allow for the submission of certain case changes. This policy bulletin is informational for all other staff.

Refer to [PB #19-44-SYS](#)

The Human Resources Administration's (HRA) online web portal, AHRA, began offering active CA participants the opportunity to request certain special grants online or CA Electronic Special Grant (ESG) requests. CA participants with cases in **AC** status can make an online request for assistance with:

- rent arrears;

- mortgage payment arrears;
- property tax arrears;
- electricity or gas utility arrears and utility shut-off notices; or
- payment of heating or cooling fuel bills, including natural gas, oil, electricity and coal.

CA participants with a case in **AC** status can additionally make an online request for assistance with:

- moving expenses
- security deposit/agreement
- brokers/finder's fee/voucher
- rent in advance (to secure an apartment)
- furniture and other household items
- add an adult to the case
- add a child to the case
- add a newborn to the case
- pregnancy allowance
- restaurant allowance
- replacement of clothing lost as a result of a crisis
- property repairs
- repair of essential household items

CA participants with a case in **AC** status can make an online request for certain types of case changes, which include:

- removing a household member(s)
- change of address
- making changes to income.

Refer to **Attachment B** for an example of the AHRA screens that participants may see when they start an AHRA case change request and when they submit the request.

CA participants with a case in **AC** status can additionally make an online request to Close My Case on AHRA. The Close My Case icon will be on the Case Changes & Emergency Grants launch screen in AHRA.

#### New Information

The AHRA CA Application and CA Recertification added an Emergency Grants section, which allows for the submission of the following Emergency Grant Request types beginning on November 20, 2021:

- Pay for moving costs
- Pay for home repairs
- Pay for storage

- Fire or Other Disaster

CA applicants will select checkboxes on the “Immediate Needs” page to request Emergency Grant types as part of the CA application submission. Refer to **Attachment D** for screenshots of the Emergency Grant Requests.

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

Due to the coronavirus (COVID-19) pandemic, all CA interviews should be conducted by telephone, versus in-person, or face-to-face. At this time, CA participants do not need to go to the Job Center for an interview or appointment. They will be contacted by the Job Opportunity Specialist (JOS)/Worker regarding the request for a case change or emergency grant. The CA participant should ignore any AHRA instructions that tell them to go to the Job Center.

#### ACCESS HRA Special Grant Request Summary

Immediately upon submitting an AHRA CA ESG request, participants will see an AHRA Special Grant Request Summary, which includes:

- the date and time of submission;
- a confirmation number;
- a list of the type(s) of assistance requested;
- a list of the supporting documents needed;
- other needed steps or actions to take after submitting their request. Due dates for these steps or actions are also given.
- a listing of responses provided by the participant to questions in the ESG request;
- copies of statements of understanding electronically signed by the participant concerning utility guarantees, the requirement to submit supporting documents, and the truthfulness of information provided; and
- an optional voter registration application.

This summary is emailed to participants who have provided an email address and will remain available to participants as part of their AHRA account.

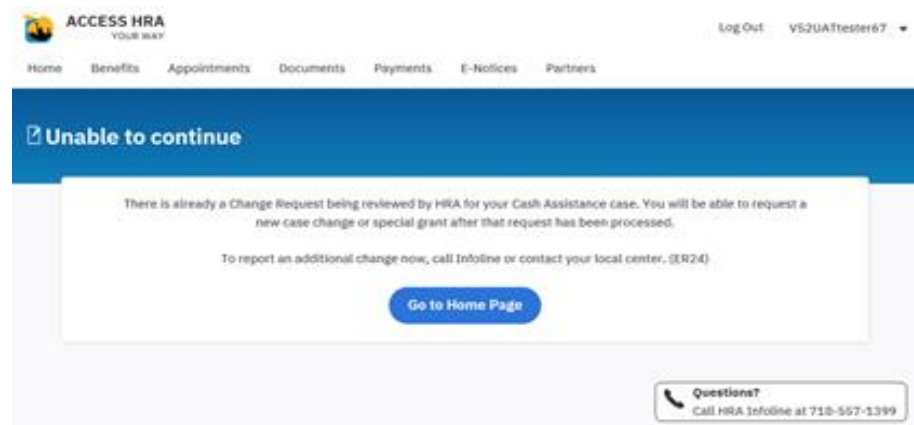
The AHRA Special Grant Request Summary is also auto-indexed into the HRA OneViewer so that staff can quickly view the type(s) of assistance requested, the responses to questions given by the participants, and other information concerning the CA ESG request.

Revised

A sample AHRA Online CA Application Summary with the Emergency Grant Requests is included as **Attachment A** to this procedure.

Once a CA participant submits an online request for a special grant, they will be unable to submit the same grant again, until the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) [W-137B] form is completed. The CA participant will receive a message that the request is currently being reviewed.

A CA participant is also unable to submit an online request for a special grant during their recertification period, or if they have a CA Change Case Data activity open. Refer to the following screenshot.



### Update Contact Information

CA participants can update their contact information (residence address, mailing address, telephone number) in AHRA. The Change Address icon has been added in AHRA to initiate a request to change an individual's residence address (and will be discussed in more detail in the Change Residential Address section on page 18). Refer to the following screenshot.

**Note:** A participant will not be able to update their contact information if they have a pending housing arrears (rent, mortgage, property tax) grant in POS that needs to be answered.

**Note:** If a participant changes their address, AHRA will ask for rent and utility details.

Case Changes & Emergency Grants


Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant.

Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.


## What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.


I need to change my case:




Change case member(s)



Change address




Make changes to my income




Close my case


I need financial help to:




Pay for housing costs I owe




Pay for utility bills I owe




Pay moving costs




Pay for home repairs




Pay for storage



Get a restaurant allowance



Get ready for a new baby



Recover after a crisis

For more information on how to get help paying for other expenses like child care, work-related expenses, or burial costs or if the help you need is not available above please [go to the CA FAQ page](#).

Cancel

Continue

### Close My Case Option

Participants with a CA case in **AC** status will have the Close My Case option on the Case Changes & Emergency Grants launch screen in AHRA.

**Note:** If the CA participant has a pending case change or document return in POS, this page will not be accessible, and the participant will see a message informing them that there is a pending activity already. The pending case change activity must be completed by staff in POS before the participant can submit a new request.

CA participants will be asked on AHRA to select a reason for the closing, and which programs they would like to close. Reasons for “Close My Case” may include:

- Moving or moved out of NYC, but still live in New York State
- Moving or moved out of New York State
- Receiving more income
- Requesting child care in lieu of Cash Assistance
- Other.

These selections will be mapped to POS as a case comment.

When the participant selects the following reasons on the “Close my case” page, a case comment in POS will be created:

- Moving or moved out of NYC, but still live in New York State
- Moving or moved out of New York State.

The case comment will be created as part of the CA Case Change or Emergency Grant/Close my case request. The case comment will state “Client request case closing on ACCESS HRA due to \_\_(reason)\_\_ with moving date \_\_\_\_\_. The reason and moving date are populated based on answers provided on the “Close my case” page on AHRA.

When the participant selects the following reasons on the “Close my case” page, a case comment in POS will be created:

- Receiving more income
- Requesting child care in lieu of Cash Assistance
- Other

The case comment will be created as part of the CA Case Change or Emergency Grant/Close my case request. The case comment will state “Client request case closing of \_\_(program)\_\_ on ACCESS HRA due to \_\_(reason)\_\_\_\_. The program and reason are populated based on answers provided on the “Close my case” page on AHRA.

For participants that select the closing reason “Receiving More Income” or “Other”, they will be shown an income summary and resources summary and will be given the option to update this case information.

For participants that select the closing reason “Receiving More Income” and CA/HASA staff determines that the participant does not have excess income, the participant’s request to close their case will still be granted using the reason provided by the participant.

**Note:** If address is changed, AHRA will ask for rent and utility details.

Refer to **Attachment C** for the Close My Case screenshots.

After the case closing request is submitted, a document return appointment is shown to participants on AHRA. For most participants, documents are required only if a change in income is indicated.

Case closing requests will be placed in the existing POS queues. Case closing requests will go in the **CSIC-Other** queue, unless there is another grant or case change submitted at the same time.

**Note:** If an emergency grant, housing, utility, add an adult, is requested at the same time as the case closing, the former requests would drive which POS queue the case goes into.

### **Special Grant Queues**

To accommodate the AHRA expansion, Job Centers have Center specific queues to receive the special grant requests, in addition to the existing Utility Arrears and Housing Arrears special grant queues.

To account for the addition of online case changes, two new electronic submission queues have been added - CA Change Case Data (**CA Echg**) and CA Electronic Change – Emergency (**CA Echg Emerg**).

Refer to [PB#19-44-SYS](#)



<b>POS Queue Name</b>	<b>Queue Description</b>	<b>Example: Center 040</b>
CA ESG UtilEmerg	Utility Arrears – Emergency Requests	CA ESG UtilEmerg 040
CA ESG Util Arr	Utility Arrears – Non-Emergency	CA ESG Util Arr 040
CA ESG House Arr	Housing Arrears – Non-Emergency	CA ESG House Arr 040
CA ESG HouseEmerg	Housing Arrears – Emergency	CA ESG HouseEmerg 040
CA ESG CMU	Adding an adult (and any other special grant submitted online at the same time)	CA ESG CMU 040
CA ESG CMUEmerg	Adding an adult along with an emergency request (i.e., restaurant allowance, storage arrears with an auction date, no heat or hot water, etc.)	CA ESG CMUEmerg 040
CA ESG	All other special grants (except for housing arrears or utility arrears, which have their own queues)	CA ESG 040
CA ESGEmerg	Special grants with a priority flag (except for housing arrears or utility arrears, which have their own queues)	CA ESGEmerg 040
CA Echg	Change case data such as remove case member(s), change address, make changes to income, along with a non-emergency request	CA Echg 040
CA Echg Emerg	Change case data along with an emergency request (i.e., restaurant allowance, storage arrears with an auction date, no heat or hot water, etc.)	CA Echg Emerg

Refer to the ACCESS HRA Special Grants Desk Guide (**FIA-1218**) for information on the POS Queues, how to process the Special Grants, etc.

The CSIC Associate Job Opportunity Specialist (AJOS) I Supervisor and Case Management Unit (CMU) AJOS I Supervisor must access the online special grant queues in POS to assign cases to the JOS/Worker. The AJOS II Supervisor will ensure that the cases were assigned to the JOS/Worker.

### **CA ESG CMU Queue in POS**

A request to add an adult (aged 18 years or older) to the household only, or in addition to another special grant submitted online at the same time, will be sent to the **CA ESG CMU** queue in POS. For example, a household adding an adult to the case and submitting a storage request will be sent to the **CA ESG CMU** queue. Staff in the CMU will be processing the special grant request(s), except if a referral is needed to HDU. When adding an adult to the household, this non-emergency request will have a due date of four business days from the date of request.

### **CA ESG CMU Emergency Queue in POS**

A request to add an adult (aged 18 years or older) to the household, along with an emergency request submitted at the same time will be sent to the **CA ESG CMUEmerg** queue in POS. An emergency request will have a same day due date as the date of request. If the emergency request was submitted after business hours, the due date will be the next business day.

The following are considered emergency requests in AHRA:

- Moving expenses – new apartment

A special grant request for moving to a new apartment (advance rent, security deposit, broker's fee) is considered an emergency request if the move in date is within five business days of submitting the special grant.

- Storage

A special grant request for storage of furniture and personal belongings is considered an emergency request if the participant indicates they have an auction date, or if they are pending eviction.

- Restaurant allowance

All special grant requests for a restaurant allowance is considered an emergency request.

- Clothing replacement

A special grant request for the replacement of clothing lost as a result of a disaster is considered an emergency request if the participant indicates the request is due to a fire, flood, or natural disaster, or if they are no longer able to stay at their current apartment.

- Property repairs

A special grant request for property repairs is considered an emergency request if the participant indicates they have no heat or hot water.

### **CA ESG Queue in POS**

All non-emergency requests for special grants in AHRA that do not involve adding an adult or housing arrears or utility arrears, will be sent to the **CA ESG** queue. Examples include:

- pregnancy allowance
- add a child to the case
- add a newborn to the case
- property repairs
- repair of essential household items
- clothing replacement
- storage
- moving expenses (advance rent, security deposit, moving allowance, broker's fee)
- furniture and other household items.

Non-emergency requests in the **CA ESG** queue will have a due date of seven calendar days from the date of request.

**Note:** All requests to add an adult to the household will be sent to the **CA ESG CMU** queue, or the **CA ESG CMUEmerg** queue if the additional special grant is considered an emergency request. Housing arrears (**CA ESG House Arr** and **CA ESG HouseEmerg**) and utility arrears (**CA ESG Util Arr** and **CA ESG UtilEmerg**) have their own queues.

### **CA ESG Emergency Queue in POS**

All emergency requests for special grants in AHRA, that does not involve adding an adult or housing arrears or utility arrears, will be sent to the **CA ESGEmerg** queue. The following special grants are considered an emergency request in AHRA, based on the listed criteria:

- Moving expenses – new apartment

A special grant request for moving to a new apartment (advance rent, security deposit, broker's fee) is considered an emergency request if the move in date is within five business days of submitting the special grant.

- Storage

A special grant request for storage of furniture and personal belongings is considered an emergency request if the participant indicates they have an auction date, or if they are pending eviction.

- Restaurant allowance

All special grant requests for a restaurant allowance are considered an emergency request.

- Clothing replacement

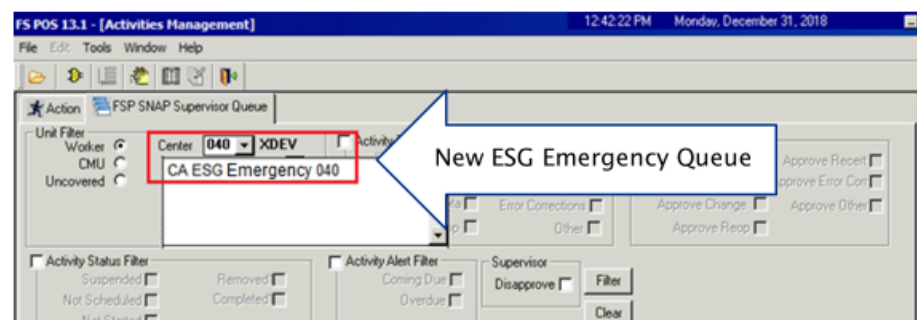
A special grant request for the replacement of clothing lost as a result of a disaster is considered an emergency request if the participant indicates the request is due to a fire, flood, or natural disaster, or if they are no longer able to stay at their current apartment.

- Property repairs

A special grant request for property repairs is considered an emergency request if the participant indicates they have no heat or hot water.

All special grant emergency requests will have a same day due date. The JOS/Worker will have to decide whether the emergency request should be approved, denied, or deferred. If the emergency request was submitted after business hours, the due date will be for the next business day.

The following screenshot shows the **CA ESGEmerg** queue in POS.



### **CA Echg Queue in POS**

A request to remove case member(s), change residential address, or make changes to income will be sent to the **CA Echg** queue in POS. When an electronic special grant request that is categorized as CIC-Other (i.e., storage, furniture allowance, etc.) is submitted along with an electronic case change, the request will be found in the **CA Echg** queue, if the special grant request is not an emergency. After the AHRA online submission, the participant has to return documents by the due date listed in AHRA, or the requested change(s) will not be processed.

### **CA Echg Emerg Queue in POS**

When an electronic special grant request that is categorized as CSIC-Other (i.e., storage, furniture allowance, etc.) is submitted along with an electronic case change, the request will be found in the **CA Echg Emerg** queue, if the special grant request is an emergency. After the AHRA online submission, the participant has to return documents by the due date listed in AHRA, or the requested change(s) will not be processed.

### **PC Banks**

CA participants can use the Personal Computer (PC) Banks at Job Centers to apply for a special grant request or to change case data. If a participant goes to the Job Center to apply for a special grant or to change case data, or to follow up regarding a request, they will be routed to HDU if it is a housing related request, routed to CMU if they want to add an adult to the case, or routed to CSIC for all other requests. It should be noted that currently, there is no self-service kiosk routing option to the PC Bank for special grant request or to change case data. However, staff working in the self-service kiosk routing area and in the PC Bank should be aware that participants can use the PC Bank and should inform participants of that option, and allow them to use the PC Bank should they choose to use this method.

During the current COVID-19 pandemic process flow, any participants that would normally be routed to CMU (if want to add an adult) or HDU (if housing arrears related request) must be informed that upon submission of their request, they will receive a phone call for their interview, similar to the application and recertification interview process from the appropriate unit.

## CA Case Changes

The following pages will discuss CA case changes such as:

- Addition of adult(s) to the case
- Remove a case member
- Make changes to income
- Change residential address.

### Addition of Adult(s) to the Case

AHRA was updated to add an electronic signature field for the adult added to the case. Refer to the following screenshot.

Staff can now find the ACCESS HRA CA Case Change Request Summary as a PDF in the HRA OneViewer.

If the signature of the adult added to the case is on the AHRA PDF, staff will no longer need to ask the adult newly added to the case to sign the New York State Application for Certain Benefits and Services (**LDSS-2921**) application, since they provided the electronic signature via AHRA.

If the signature of the adult added to the case is not on the AHRA PDF, the adult will need to sign the **LDSS-2921** application.

**Case Changes & Emergency Grants** Delete & Exit

[< Back](#)

### Electronic Signature and Submission

You are about to submit your request for a case change or emergency grant. After you submit this request, a summary will be saved on your ACCESS HRA account. You can use or print this summary at any time on your Benefits page.

**Voter Registration**

Do you need to register to vote or change your current voter registration address? A voter registration form is attached to your summary of this application, and saved in your ACCESS HRA account. Mailing instructions are included on the form.

**AUTHORIZATION TO REPAY PUBLIC ASSISTANCE BENEFITS FROM RETROACTIVE SUPPLEMENTAL SECURITY INCOME**

Employees An Commissioner of the Social Security Administration (SSA) to use my first payment of Supplemental Security Income (SSI) to pay retroactive SSI payments to reimburse the local social services district (SSD) for Public Assistance (PA) the SSD pay me from State or local funds while SSA decides if I am eligible for SSI. SSA will not reimburse the SSD for PA that was paid using my federal funds.

I will be bound by this authorization only if the State gives notice to SSA Part 1 and an SSD representative have signed it. The State must give notice within 30 calendar days of receiving my SSI report with my first report. SSA will not accept it after 90 calendar days, however, SSA will not use my retroactive SSI payment under SSA rules.

Only my first payment of SSI can be used. If my first payment is larger than the amount owed to the SSD, SSA will send the rest to me under its rules.

Check this box if you have read and understood the rights and responsibilities.

**Rights and Responsibilities**

Additional information regarding your rights and responsibilities is contained in the Client Information Books (LDSS-4144A, LDSS4148B and LDSS-4149C). These books can be obtained at your local district or at [http://ohio.gov/ohiohelpcenter](#).

**AS AN APPLICANT/RECIPIENT OF SNAP BENEFITS YOU HAVE RIGHTS TO HAVE AN INTERVIEW.**

If the interview must be scheduled as promptly as possible in order to determine eligibility and to issue benefits within 30 days of application filing.

If you may bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one at no cost to you. You cannot be denied access to services because

Check this box if you have read and understood the rights and responsibilities.

**Electronic Signature**

By clicking next you are electronically signing this application in a manner that is legally equivalent to a signature by hand. The application can be signed by a responsible adult member of the household or an authorized representative, if one has been designated.

I understand that electronically signing this application may result in information about applying members of my household being submitted to the United States Citizenship and Immigration Services (USCIS) for verification of immigration status, if applicable. The use or disclosure of the information above is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of the provisions of the Temporary Assistance (TA), Food Stamp Benefits (FSB), Medical Assistance (MA), Medicare Savings Program (MSP), Child Care Assistance (CC), Foster Care (FC) and Services (S) Programs.

I certify, under penalty of perjury, that everything on this application is the truth to the best of my knowledge. I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature is legally equivalent to a signature by hand. I further certify that I am a resident of this borough.

Today's Date:

Borough:

first and last name: «DOB» Please type your initials here:

The CMU AJOS I will access the **CA ESG CMU** queue and the **CA ESG CMUEmerg** queue in POS to assign cases to the JOS/Worker. The CMU AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Once a request to add an adult to the case is submitted in AHRA, an interview must be completed by the Home Job Center for the adult to be added to the case. This interview will currently be done by telephone and the casehead may be present for the interview. The adult added to the case will be informed of the need to complete the interview within the next four business days from the date of request. The JOS/Worker will not need to schedule the appointment for the adult.

**Note:** The JOS/Worker must go to POS through **Case Member Addition** to add the adult to the active case.

Interview is not kept

If the interview is not kept, the JOS/Worker will:

- complete the **W-137B** form to deny the request.
- reject (**RJ**) the line that is in Apply (**AP**) status.
- calculate the budget.

Interview is kept

If the interview is kept, the JOS/Worker will:

- complete the interview in POS.
  - Be sure to answer “Yes” to the question “Add a person to the case/Immigrant re-evaluation or Has anyone moved into the household in the past year”.
- review the shelter allowance and calculate the budget.

After completing the POS interview, the JOS/Worker will complete the **Single Issuance (SI) Grant Request Tasks 2-6** screens in the **Non-Food Emergency/Grant Activity**. The JOS/Worker will continue on to **Task 7** to prepare the special request grant. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval. Once the CMU supervisor prints the **W-137B** form in POS, the participant will be able to submit another AHRA special grant request online.

#### Deferral of Case

Deferral of case

If the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in the Welfare Management System (WMS). The **W-113A** form will also

be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the Job Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

Documentation submitted

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

No documentation submitted

Staff should take steps to make collateral contact to assist the participant in submitting the required documentation before the required due date. If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** form to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

#### Remove Case Member

The CSIC AJOS I will access the **CA Echg** queue in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Refer to [PD#19-06-ELI](#)

The casehead is able to submit a request to remove a person from the case through AHRA Change Case Member. The AHRA screens can be used to remove a person from the case due to a temporary absence, or to remove a non-essential person who is still living in the house. In some situations, the casehead must speak to the JOS/Worker in order to remove a person from the case, such as:

- The casehead wants to remove themselves from the case.
- The casehead wants to remove a minor child from the case.
- The casehead pays child support for a minor child on the case and wants to remove the minor child.

If the casehead needs to communicate with the JOS/Worker, an interview will be conducted by the Home Job Center.

Revised

Refer to [PB#21-07-SYS](#)

The **Single Issue Grant Request Task List** in POS was updated. When a request to remove a case member is made, the JOS/Worker must generate the **FIA-1173** form in POS for the participant. The JOS/Worker can request documentation for these requests using the **W-113A** form.



Revised

Refer to [PB#21-07-SYS](#)

This is a non-Brown request type and does not generate the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) form and does not require the **W-137B** notice.

### Make Changes to Income

The CA participant can make changes to their income on AHRA, using the Make Changes to My Income icon. AHRA pulls income information from POS. Any edits or updates to the income on AHRA will be transmitted to POS for review and processing. The CA participant will need to submit proof of the requested income change using current documentation requirements. Refer to the Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (**FIA-1227**).

The CSIC AJOS I will access the **CA Echg** queue in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker will authorize a new budget, as needed. The JOS/Worker will complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval.

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

Refer to [PB #16-63-SYS](#)

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer. **Note:** If the case has unindexed documents, there is a POS edit that will alert the JOS/Worker that the case has pending unindexed documents.

Revised

Refer to [PB#21-07-SYS](#)

The **Single Issue Grant Request Task List** in POS was updated. When a request to make changes to income is made, the JOS/Worker must generate the **FIA-1173** form in POS for the participant. The JOS/Worker can request documentation for these requests using the **W-113A** form.

Revised

This is a non-Brown request type and does not generate **W-137A** form and does not require the **W-137B** notice.

### Change Residential Address

The CA participant can make a request to change their residential address on AHRA, using the Change Address icon. AHRA pulls address information from POS. Any edits or updates to the residential address on AHRA will be transmitted to POS. The CA participant will need to submit documentation for proof of address.

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

Refer to [PB #16-63-SYS](#)

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer. **Note:** If the case has unindexed documents, there is a POS edit that will alert the JOS/Worker that the case has pending unindexed documents.

Revised

Refer to [PB#21-07-SYS](#)

The **Single Issue Grant Request Task List** in POS was updated. When a request to change residential address is made, the JOS/Worker must generate the **FIA-1173** form in POS for the participant. The JOS/Worker can request documentation for these requests using the **W-113A** form.

Revised

This is a non-Brown request type and does not generate **W-137A** form and does not require the **W-137B** notice.

### CA Change Case Data Scenarios

The following scenarios will describe what happens when a CA Case Change and/or Special Grant Request is submitted through AHRA. In some instances, the participant is blocked from making further changes or submitting a new Special Grant Request.

Scenario 1

- Participant submits a CA Case Change in AHRA. The next day, the participant tries to submit a Special Grant Request.

## Scenario 2

Once a CA Change Case request is submitted, the participant is blocked from submitting any further changes or making a Special Grant request until the pending changes are completed.

- Participant submits a Special Grant Request in AHRA. The next day, the participant tries to submit a CA Case Change.

The participant will be blocked from submitting any further changes or making a new Special Grant Request until the pending changes are completed if the following Special Grant Requests are made:

- Add a child to the case
- Add a newborn to the case
- Add an adult to the case
- Pregnancy allowance
- Restaurant allowance

## Scenario 3

- Participant submits a CA Case Change and Special Grant Request at the same time in AHRA.

The submission will appear in the Special Grant Queue. The participant will be blocked from submitting any further changes or making a new Special Grant Request until the pending changes are completed.

## Special Grant Requests

### **Special Grant Requests**

The following pages will discuss CA special grant requests such as:

- Moving related special grants
- Furniture and clothing related special grants
- Home Repairs/Boiler Repair and Replacement
- Restaurant allowance special grants
- Pregnancy allowance, adding an unborn, and adding a newborn/child.

#### Moving Related Special Grants

Moving related special grants include advance rent, security allowance, moving allowance, and broker's fee, and require certain documentation. The following lists the documentation needed:

- advance rent
  - a statement from landlord regarding the new apartment and the amount of rent being charged.
- security allowance
  - statement from landlord regarding the security deposit

amount requested.

- moving allowance
  - one moving estimate from a Licensed Moving Company.

Refer to [PB #15-86-OPE](#)  
and [PD #19-10-ELI](#)

**Note:** The requirement for three estimates of moving expenses is no longer necessary depending on the amount of the expenses and household size; refer to [PD #19-10-ELI](#). AHRA requires one moving estimate.

- broker's fee
  - statement from Licensed Broker regarding the fees being requested.

The CSIC AJOS I will access the **CA ESG** and **CA ESGEmerg** queues in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

**Note:** A special grant request is considered an emergency request if the move in date is within five business days of submitting the special grant. These cases will fall in the **CA ESGEmerg** queue. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

**Note:** AHRA has five additional moving questions compared with POS. The additional moving information from AHRA will be populated into the POS comments. The JOS/Worker will need to refer to the POS comments for further moving information (ex: broker's license number).

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker will update the case information in POS with new address information and new landlord information, and authorize a new budget, as needed. The JOS/Worker must remove the old landlord information and the old rent amount. The JOS/Worker will complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval. Once the CMU supervisor prints the **W-137B** form in POS, the participant will be able to submit another AHRA special grant request online.

The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

Refer to [PB #16-63-SYS](#)

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer.

#### Deferral of Case

Deferral of case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in the Welfare Management System (WMS). The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the Job Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

Documentation submitted

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

No documentation submitted

Staff should take steps to make collateral contact to assist the participant in submitting the required documentation before the required due date. If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** form to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

#### Moving Out of State

Refer to [PD#20-04-ELI](#)

New York City may authorize a move out of state allowance to participants moving to another state or country when it is determined that the participant:

- has residence in another state or country;
- belongs in another state or country;

- has legally responsible relatives able or willing to support or aid in supporting them; or
- has friends willing to support or aid in supporting them.

When the participant is moving out of the state or out of the country, the cost of the following items may be covered by the Agency:

- transportation;
- transfer of baggage; and
- other reasonable and necessary expenses including lodging and transportation costs of an attendant, but excluding charges for the attendant's time and services.

Participant comes to the Transportation Unit

When the participant comes directly to the Transportation Unit at the Job Center #62 to request a moving out of state allowance:

- The JOS/Worker will register the application, put the case in Single Issuance (**SI**)/Active (**AC**) status, and forward it to the Transportation Unit queue.
- The participant will be referred to the Transportation Unit staff.

Refer to [PD #19-09-ELI](#)

The Transportation Unit staff will conduct the interview and complete the process as described in [PD #19-09-ELI](#). The Transportation Unit staff will have citywide POS access for all Job Centers.

### Shelter Participants Leaving Shelter

Department of Homeless Services (DHS) shelter participants leaving the shelter and moving to a new apartment will be blocked from submitting a "moving to a new apartment" special grant request in AHRA. The CA ESG icon for moving to a new apartment will be grayed out in AHRA. The CA participant will get a message to speak with shelter staff regarding this request instead. Refer to the following screenshot.

Participant comes to the local Job Center

Refer to [PD #19-09-ELI](#)

When the participant comes to the local Job Center and states that they are moving out of New York State, they will be routed to CSIC. CSIC will then refer them to the Transportation Unit. Refer to [PD #19-09-ELI](#).

Furniture and Clothing Related Special Grants

Refer to [PB #16-22-ELI](#)

A request for the establishment of a home grant can be granted for the purchase of necessary and essential furniture (including home furnishings, equipment and supplies) required to establish a home. The household must meet the eligibility requirements and any one of the following criteria:

- an individual or family in temporary accommodations and is being permanently re-housed in unfurnished housing accommodations, and suitable furnished accommodations are not available.
- An individual who is discharged from an institution and determined capable of maintaining an apartment in the community, and suitable furnished accommodations are not available.
- An adult who is discharged from an institution and wishes to rejoin their family, which needs additional furniture to provide adequate shelter for them.
- A child is returned to their parents, who are in need of additional furniture to provide adequate shelter for them.

- It is essential that an individual or family be re-housed in order to safeguard their health, safety, and well-being.

Special grants may also be made for the replacement of furniture and clothing for an individual or family suffering the loss or damage of such items as a result of burglary, theft, vandalism, fire, flood, or similar catastrophe which could not have been foreseen by the individual or family and was not under their control.

All losses due to burglary, theft, or vandalism must be reported to local law enforcement officials and be appropriately verified by local officials before replacement or repair is made. Documentation in the case record shall include the NYPD – Job Center Report/Referral (**W-451**) form or a regular detailed police report.

All losses due to fire or water damage connected to extinguishing a fire must be reported to local fire department officials and verified before replacement or repair is made. The fire department report regarding such losses must be scanned and indexed into the Intra-agency correspondence folder (as the document type Fire Department Report) in the HRA OneViewer.

The CSIC AJOS I will access the **CA ESG** and **CA ESGEmerg** queues in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

**Note:** A special grant request for the replacement of clothing lost as a result of a disaster is considered an emergency request if the participant indicates the request is due to a fire, flood, or natural disaster, or if they are no longer able to stay at their current apartment. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

CA participants that complete the AHRA fields/questions regarding a CA ESG request for disaster related assistance do not need to complete the Dwelling Survey Worksheet (**W-30FF**) form. The question set in AHRA can be used in lieu of the **W-30FF** form; CA participants are no longer required to submit this form.

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker will complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval. Once the CMU supervisor prints the **W-137B** form in POS, the participant will be able to submit another AHRA special grant request online.



The JOS/Worker will check the HRA OneViewer for documents, and check for any unindexed documents that are not yet in the HRA OneViewer by:

Refer to [PB #16-63-SYS](#)

- opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
- changing the **Center ID** in the dropdown to **088**.
- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer.

If the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the Job Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

Documentation submitted

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

No documentation submitted

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Refer to [PB #07-56-ELI](#)

### Home Repairs/Boiler Repair and Replacement

When a participant seeks assistance to pay for the repair or replacement of an unsafe or inoperable boiler/furnace, two estimates must be provided from vendors licensed by the New York City Department of Buildings. For repair work, the estimates must state what is wrong with the boiler/furnace, itemize repairs/cost, and warranty for parts/labor. For replacement, the estimates must detail the problem and affirm that it is beyond repair. Each estimate should include a photocopy of the front and back of the vendor's skilled trade license. If a photocopy cannot be obtained, the participant may verify the vendor's skilled trade

license by contacting the Department of Buildings at (212) 566-4100 or online at [www.nyc.gov/html/dob](http://www.nyc.gov/html/dob). Master Plumbers are licensed to repair and replace gas boilers; Oil Burner Installers are licensed to repair and replace oil furnaces.

To qualify for the special grant for boiler/furnace repair or replacement, the following criteria must be met:

- own/reside in a one-family or two-family house.
- apply for the repair/replacement of primary equipment.
- meet the Home Energy Assistance Program (HEAP) income eligibility criteria.
- own the heating equipment.
- have no liquid resources more than the \$2000/\$3000 limit per household.
- the emergency request must be referred to HEAP Central to contact the Office of Temporary and Disability Assistance (OTDA).
  - Email HEAP Central at [HEAPInquiries@hra.nyc.gov](mailto:HEAPInquiries@hra.nyc.gov).
  - Call HEAP Central at (212) 331-3141.

**Note:** HEAP should only be contacted during HEAP season.

The CSIC AJOS I will access the **CA ESG** and **CA ESGEmerg** queues in POS to assign cases to the JOS/Worker. The CSIC AJOS II Supervisor will monitor and ensure that the cases were assigned to the JOS/Worker throughout each business day.

**Note:** A special grant request for property repairs is considered an emergency request if the participant indicates they have no heat or no hot water. These cases will fall in the **CA ESGEmerg** queue. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

Once the cases are assigned by the CSIC AJOS I, the JOS/Worker must:

- check POS and the HRA OneViewer for any documentation that can be used to obtain the necessary clearance. The JOS/Worker should check for unindexed documents that are not yet in the HRA OneViewer by:
  - opening the Image Indexing tool in POS, if documents are displayed under the **Center ID**.
  - changing the **Center ID** in the dropdown to **088**.

Refer to [PB #16-63-SYS](#)

- clicking search.

If any documents need to be indexed, the JOS/Worker will see the documents appear, and will be able to index them to the HRA OneViewer.

- process the utility grant in the POS **Special Grant Activity – Task 6**, if no deferral is necessary and a clearance has been obtained.
- forward the Utility Arrears/Emergency Heating (**M-858m**) form, printed from **Task 5** in the **SI Grant Request Task List** to the Job Center’s designated Utility Liaison to process the clearance. The JOS/Worker can also refer the case to the Utility Liaison via the **In-Center Referral** activity in POS.

Refer to [PD #17-27-ELI](#)

Any special grant requests by a CA participant to repair a boiler or furnace will be forwarded from the JOS/Worker to the Job Center Utility Liaison.

The Utility Liaison will:

- send an email to HEAP at [HEAPInquiries@hra.nyc.gov](mailto:HEAPInquiries@hra.nyc.gov),
- call HEAP Central at (212) 331-3141,
- contact the utility company to request an extension, if after 4:30 pm, and call HEAP Central the following day to get the necessary information.

#### HEAP Central Liaison Responsibilities

The HEAP Central Liaison will proceed as follows:

- verify the household’s HEAP status or eligibility for HEAP, as necessary.
- complete the “HEAP Referral Outcome” section of the **M-858m** form to inform Job Center staff of its determination.
- provide a determination for other utility grants, if determined ineligible for HEAP.
- forward the updated **M-858m** form to the Job Center’s designated Utility Liaison.

#### Job Center Utility Liaison Responsibilities

The Job Center Utility Liaison will:

- complete the “Utility Liaison Recommendation” section of the

**M-858m** form to inform Job Center staff of the determination made by HEAP Central, and provide a determination for other utility grants, if determined ineligible for HEAP.

- take any other action as necessary.
- refer the case via the **In-Center Referral** activity in POS to the CSIS JOS/Worker for processing.

### Deferral of Case

Deferral of case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the Job Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

Documentation submitted

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

No documentation submitted

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

### Restaurant Allowance Special Grant

All special grant requests for a restaurant allowance is considered an emergency request. All special grant emergency requests will have a same day due date. If the emergency request was submitted after business hours, the due date will be for the next business day.

Refer to [PB#20-83-OPE](#)

A restaurant allowance is provided to participants that have lost cooking facilities stemming from a prolonged gas outage. Households claiming to be affected by a gas outage may be required to provide documentation of the outage. However, if HRA is made aware of a gas outage and the outage is apparent and widespread, documentation of the outage is not required in order to receive a restaurant allowance. However, verification of residence within the defined outage area will be required.

The JOS/Worker will verify the residence of the participant, document the loss of cooking facilities stemming from a gas outage in POS as a detailed case comment, and utilize the Restaurant Allowance Schedule SA-5. Staff are not to place the restaurant allowance on the budget in these emergency situations.

Refer to [PB #19-62-ELI](#)

A restaurant allowance is also provided to participants residing in temporary housing facilities. If the shelter or temporary housing does not provide meals three times per day, or lacks facilities to prepare meals, the participant is entitled to a restaurant allowance.

The JOS/Worker will:

- verify that the participant is residing in temporary housing.
- complete the Rent/Shelter Expense and Temporary Housing windows in POS for all active individuals.
- record the appropriate shelter type to calculate the budget.
- complete the **SI Grant Request Tasks List**, enter case comments in POS, and submit the case for supervisory approval.

Deferral of Case

Deferral of case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the Job Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

Documentation submitted

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

No documentation submitted

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

Pregnancy Allowance, Adding an Unborn, and Adding a Newborn/ChildRefer to [PD #17-03-ELI](#)

Pregnancy Allowance

The participant becomes eligible for a \$25 dollar semi-monthly pregnancy allowance beginning in the fourth month of a pregnancy, or the month she verifies the pregnancy, whichever is later. The participant must provide medical documentation from a doctor with the Expected Date of Confinement (EDC) listed. The EDC is the date the baby is expected to be born.

Adding an Unborn

When there is medical documentation to verify a pregnancy in the household, the JOS/Worker must add the unborn on the budget, and enter the EDC date for the expectant mother to authorize a pregnancy allowance in POS. An unborn line can be added in POS through **Case Member Addition** for an active case.

The JOS/Worker will complete the **SI Grant Requests and Issuance Task List** window in POS.

- The **W-137A** form will be pre-filled for participants with an active CA case, and who are making a request for a pregnancy allowance.
- POS will log in the request on the POS automated Participant Request Control Card (**W-111F**) to track these requests.
- Enter Grant Code **05** (Pregnancy Allowance) in the Grant Issuance History screen in POS, to authorize a grant for any missed benefits between the date the medical documentation was submitted, and the date the action will hit the recurring new budget.
- Forward the case to the supervisor for approval. The Supervisor will print the **W-137B** form.

The JOS/Worker will calculate and save the new budget based on the pregnancy allowance, enter the saved budget number on the POS Turn Around Document (TAD), and send to the Supervisor for approval. The JOS/Worker must also enter case comments in the electronic case record.

Adding a newborn/child

When a participant reports to the Job Center to report a newborn, the JOS/Worker must review the newborn's birth certificate, social security card, and verification that the child was discharged to the mother.

The JOS/Worker will scan and index the newborn's birth certificate and/or social security card into the case record. The birth certificate includes an attestation that an Application for a Social Security Number (**SS-5**) was filed. The participant may submit a birth certificate with the "yes" box checked and a signature in place as acceptable documentation that a social security number has been applied for.

The JOS/Worker must update the case information through **CA Change Case Data** in POS. The JOS/Worker will change the unborn line to a newborn line, remove the EDC date on the mother's line, complete the **SI Grant Requests and Issuance Task List** window, and calculate and save a new budget in POS.

#### Deferral of Case

Deferral of case

In the context of special grant requests, if the participant does not provide enough information on AHRA and/or necessary documentation, the JOS/Worker must defer the case and access the **SI Grants Request Details Window** in POS to indicate the additional documents needed. The **W-113A** will be generated, allowing the participant ten calendar days to return any documentation. The JOS/Worker must print and mail the **W-113A** form to the mailing address in WMS. The **W-113A** form will also be saved to the HRA OneViewer and will be available for the participant to view through AHRA. If the participant reports to the Job Center to submit documentation after receiving the **W-113A** form, they will be routed to return their documents at the self-service scanners or, if they prefer, CSIC to submit the documentation.

Documentation submitted

If the participant submits documentation by the due date on the **W-113A** form, the JOS/Worker will review the HRA OneViewer and the **W-113A** form to ensure that all documentation was submitted.

No documentation submitted

If the participant does not submit the necessary documentation by the due date on the **W-113A** form, the JOS/Worker must issue the **W-137B** to deny the request. The JOS/Worker will enter case comments in POS and submit the case for supervisory approval.

#### New Appointments for Participants

Once a request for a special grant is submitted in AHRA, the participant may receive notification of an upcoming appointment for an interview or to return documents.

For housing related requests, an interview will be scheduled and conducted by the Home Job Center for the participant. The JOS/Worker will not need to schedule the appointment for the participant and HDU will conduct the telephone interview. If the participant reports to the Job Center for a housing related interview, they will be informed that HDU will call them to conduct a telephone interview and request any additional documents.



Requests that do not involve housing or adding an adult to the case will not require an interview. The participant will need to return the necessary documents. If the participant reports to the Job Center to return the documents, they will be routed to the self-service scanners, or to CSIC General if the Center does not have self-service scanners or the participant chooses to see someone instead of scanning their documents.

The screenshot displays the 'Appointments' section of the ACCESS HRA website. At the top, there is a navigation bar with links for Home, Benefits, Appointments, Documents, Payments, Notices, Partners, and Fair Fares NYC. A user profile for 'jsmith@gmail.com' is visible in the top right. The main content area features a calendar for November and December 2020. Below the calendar, there are sections for 'Past Appointments' and 'Upcoming Appointments'. The 'Past Appointments' section lists two appointments: one on Tuesday, December 1, 2020, and another on Wednesday, December 2, 2020. The 'Upcoming Appointments' section includes a 'DUE DATE' for Thursday, December 10, 2020, and an appointment for Wednesday, December 16, 2020. The footer contains links for 'Contact Us', 'Terms of Use', and 'Privacy Policy', along with a language selector set to 'English'.

*Effective Immediately*

### Related Items:

[PB #07-56-ELI](#)  
[PB #15-86-OPE](#)  
[PB #16-22-ELI](#)  
[PB #16-63-SYS](#)  
[PB #19-44-SYS](#)  
[PB #19-62-ELI](#)  
[PB #20-13-ELI](#)  
[PB #20-83-OPE](#)  
[PB #21-07-SYS](#)  
[PD #17-03-ELI](#)  
[PD #17-27-ELI](#)  
[PD #19-06-ELI](#)  
[PD #19-10-ELI](#)  
[PD #20-04-ELI](#)



**Attachments:**

<b>Attachment A</b>	ACCESS HRA CA Online Application Summary
<b>Attachment B</b>	ACCESS HRA CA Special Grant Request Screens
<b>Attachment C</b>	ACCESS HRA Close My Case Screens
<b>Attachment D</b>	ACCESS HRA Emergency Grant Requests Screens
<b>FIA-1173 (E)</b>	Confirmation of Contact with Your Center (Rev. 11/10/16)
<b>FIA-1173 (S)</b>	Confirmation of Contact with Your Center (Spanish) (Rev. 11/10/16)
<b>FIA-1218 (E)</b>	ACCESS HRA Special Grants Desk Guide (Rev. 10/10/19)
<b>FIA-1227 (E)</b>	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Rev. 4/6/20)
<b>FIA-1227 (S)</b>	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Spanish) (Rev. 4/6/20)
<b>M-858m</b>	Utility Arrears/Emergency Heating (Rev. 2/5/13)
<b>W-30FF</b>	Dwelling Survey Worksheet (Rev. 1/4/17)
<b>W-30FF (S)</b>	Dwelling Survey Worksheet (Spanish) (Rev. 1/4/17)
<b>W-111F</b>	Participant Request Control Card (Rev. 9/2/11)
<b>W-113A</b>	Documentation Request Form (Rev. 12/4/20)
<b>W-113A (S)</b>	Documentation Request Form (Spanish) (Rev. 12/4/20)
<b>W-137A</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)
<b>W-137A (S)</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 3/16/20)
<b>W-137B</b>	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)
<b>W-137B (S)</b>	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 3/16/20)
<b>W-451</b>	NYPD – Job Center Report/Referral (Rev. 5/7/14)



**Human Resources Administration  
Cash Assistance Online Application**



**1 Success! Submitted on 10/18/2021 12:28 PM**  
**Confirmation Number: 1001783**







We've sent a copy to your email address if you gave us one.

**2 Complete your required interview**


We will call you WITHIN ONE BUSINESS DAY to complete your interview. All household members 18 and older must complete their interview by Friday, October 22, 2021.  
**Call to reschedule** [212-835-7304](tel:212-835-7304) Free language services are available.

**3 Collect Your Documents**



<b>Proof of Identity for RAIN</b>		—
<b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>▪ Photo I.D. or Driver's License</li> <li>▪ U.S. passport</li> <li>▪ Birth Certificate</li> </ul>	
<b>Proof of Household Composition for RAIN</b>		—
<b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>▪ A completed and signed W-147, "Letter to Landlord/Management Agent - Request for Residence Verification," signed by your landlord.</li> <li>▪ School records</li> <li>▪ Statement from Community Organization</li> </ul>	
<b>Proof of Age for RAIN</b>		—
<b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>▪ Birth or baptismal certificate</li> <li>▪ Identity document with date of birth</li> </ul>	
<b>Proof of Social Security Number for RAIN</b>		—
<b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>▪ Social Security card</li> <li>▪ Proof of application for a Social Security Number</li> </ul>	
<b>Proof of Residence for RAIN</b>		—

 <b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>. Current rent receipt or lease or mortgage statement</li> <li>. Statement from the Landlord or Primary Tenant</li> <li>. School records</li> </ul>
<b>Proof of Rent in Advance for RAIN</b>	
 <b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>. Document from the landlord or managing agent requesting rent in advance</li> </ul>
<b>Proof of Disaster for RAIN</b>	
 <b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>. Statement detailing disaster (Ex - Statement from Red Cross, Police Report)</li> </ul>
<b>Proof of Repair Expense for RAIN</b>	
 <b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>. Two (2) written estimates from repair companies</li> </ul>
<b>Proof of New Storage Estimates for RAIN</b>	
 <b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>. Storage company agreement with estimated cost and move in date</li> </ul>
<b>Proof of Temporary Housing for Storage for RAIN</b>	
 <b>RAIN SAMUALJAMES</b> (08/10/1999)	<ul style="list-style-type: none"> <li>. Proof of temporary housing or pending eviction or other emergency need for storage</li> </ul>

**Then, Submit your Documents**



**Download** the free Access HRA Mobile App  
**Upload** your documents.  
Other ways to return documents can be found [here](#).

You can also drop them off at a center.



**Help us serve you better! Please complete this optional survey**

Click here to provide additional information about sexual orientation and gender identity. This information will be kept confidential.



**Complete all 3 steps** or you may not receive benefits.

You can find additional resources in the Cash Assistance Application Kit.  
Do you need help completing these steps? Find a Partner Organization for assistance.



## Household Information

### Household Members

First Name	Middle Initial	Last Name	Gender	Date of Birth	SSN
RAIN		SAMUALJAMES	Male	08/10/1999	

**Gender Identity**

Household Member	Woman/Girl/ Female	Man/Boy/Male	Non-binary or Gender Non- conforming	Transgender	Cisgender (Not Transgender)	Intersex	Prefer not to say	Another Option not listed
RAIN SAMUALJAMES (8/10/1999)	No	No	No	No	No	No	No	No

**Head Of Case Preferred Name**

No information entered.

**Household Member Information**

Household Member	Citizen/National or Non-citizen?	Veteran?	Marital Status?	Parents Married at Birth?	Pregnant?
RAIN SAMUALJAMES (8/10/1999)			Abandonment/ Desertion		

**Residence and Mailing Address**

Residence Address	Start Date	Homeless?	Mailing Address
99 LIBERTY STREET , NEW YORK, NY 10006		No	c/o adhithi sun, 22 BATTERY PLACE , Apt 12e, NEW YORK, NY 10004

**Contact Information**

Primary Phone Number	Alternate Phone Number	Text Message Phone	Email Address	Notifications?	E-Notices?
718-876-3740 x Home	917-544-3992 x Cell	917-544-3992 x Cell	rainsingh1999@aol.co m	Email and Text Message (paperless)	No

**Interview**

Preferred Spoken Language	Preferred Written Language
	English

**Residence Information**

Resident of NYC?	Living Arrangements	Able to prepare meals at home?	Why are you not able to cook food?
	Homeowner	No	Currently living on the street

**Health Information**

Household Member	Blind/Visually Impaired	Disabled/Unable to Work	Drug/Alcohol Treatment?	Hours/Week
RAIN SAMUALJAMES (8/10/1999)	No	No	No	

**Migrant or Seasonal Farm Worker**

Household Member	Migrant/Seasonal Farm Worker	Job Recently End?	More than \$25 in next 10 Days?
RAIN SAMUALJAMES (8/10/1999)	No		

**General Household Information - 1 of 3**

Other Cash Assistance Benefits?	Probation/Parole?	Fleeing Felon?	Sanctions?
No	No	No	No

**General Household Information - 2 of 3**

Child under 18 living elsewhere?	Step parent living in household receive any income or resources?	In a hospital, nursing home or medical institution?	Convicted of fraudulent statement/representation to receive Cash Assistance in 2 or more states?	Moved into the county from another NY county within the past 2 months?	Received benefits not entitled to which were not fully repaid?
No	No	No	No	No	No

**General Household Information - 3 of 3**

Receiving assistance/ services now?	Receiving assistance/ services in the past?	Sold/donated any property to receive temporary assistance or SNAP?	U.S. Military?	Dependent of U.S. Military?
No	No	No	No	No

**Income Information****Current Employment Income**

No information entered.

**Current Self-Employment Income**

No information entered.

**Recent Employment Income - Job Information**

No information entered.

**Social Security and Supplemental Security Income**

No information entered.

**Unemployment Income**

No information entered.

**Child Support Income**

No information entered.

**Money from Another Person**

No information entered.

**Other Income Detail**

No information entered.

**Total Calculated Income**

Total Calculated Employment Income	Total Calculated Unearned Income	Total Calculated Income
\$0.00	\$0.00	\$0.00

**Resource Information****Resources**

No information entered.

**Expense Information****Utility Bills**

## Attachment A

No information entered.

### Air Conditioning Bills

Do you pay for air conditioning?
No

### Rent and Mortgage Bills

No information entered.

### Landlord/Lender Contact Information

### Child Support Bills

No information entered.

### Child/Dependent Care Bills

No information entered.

### Medical Bills

No information entered.



## Moving to a new apartment

### New Address

Move in Date	New Rent Amount	Housing Type	New Address
10/24/2021	\$222.00	Homeowner	99 LIBERTY STREET, NEW YORK, NY, 10006

### New Landlord

Name	Phone Number	Address
	212-333-1234	11 battery place, new york, NY, 10280

### Rent in Advance

Amount
\$333.00



## Repairing household items or property

### Repair Information

What needs repaired/replaced?	Reason	What situation(s) are you facing?	Own this item?	Landlord Agreed to cover repair?
Boiler	Needed so I can continue to earn money from my property	• No Hot Water	No	



## Paying for storage

### New or Existing Storage?

Reason for storage	Date permanent housing lost	Eviction Date	Date displacement began
Homeless, in shelter or temporarily living with friends or relatives			

Belongings in storage?	Name on bill	Notified Items being sold at auction?	Auction Date
No		No	

### Existing Storage Details

Date belongings go into storage	Name of storage company?	Monthly cost	Storage space size	Billing Period Start and End Date	Total Amount Owed
		\$			

### Address of Storage Unit

Address

### Storage Company Billing Information

Company name on bill	Account Number	Storage company billing address	Current unit larger than storage space limit?

### New Storage Details

Date storage is needed by



## Crisis related allowance

### Crisis

Unexpected Event	Were you forced to leave your home?	What situation(s) are you facing?	What do you need replaced?	Red cross contacted?	Renter's or homeowner's insurance?	Insurance Claim Filed?
Flood, fire, or other natural disaster	No	• No Hot Water	• Clothing	No	No	No

### Clothing Details

Who needs clothing replaced?
RAIN SAMUALJAMES

## Important Information about Moving Expenses, Broker's Fee, Security Voucher, and Furniture Allowance

I understand that if I must move, I may be eligible for payment of:

- Moving expenses
- Security deposit
- Broker's fees
- Furniture allowance
- Rent in advance

### Moving Expenses

- The move is from permanent housing to temporary housing whenever necessary due to the unavailability of permanent housing.
- Before moving expenses are authorized, I must meet one of the following conditions:

## Attachment A

- Need to vacate premises due to disaster or vacate order placed by Department of Health or Buildings;
  - Move is necessitated by a serious medical or physical handicap condition;
  - Rendered homeless as a result of having been put out by another occupant (over-crowded apartment);
  - Evicted or the eviction cannot be halted;
  - Coming out of temporary housing/shelter; or
  - The move is to less expensive housing
- To receive moving expenses/allowance, three estimates from licensed movers must be provided.
  - The moving company and I must fill out and sign the Move Statement (W-147CC) form after all of my belongings are moved to the new address. Payment will then be made directly to the moving company.

### Broker's Fee

- HRA will issue a broker's fee only if I am eligible, and the Broker meets all of the following criteria:
  - The Broker has verified that the actual rental unit has a current, effective certificate of occupancy issued by the New York City Department of Buildings;
  - No change has been made in the occupancy or use of an existing apartment that is inconsistent with the last issued certificate of occupancy;
  - No dangerous or hazardous violations are present on the premises;
  - The Broker has a current broker's license in good standing; and
  - The Broker is not the owner, controlling person, or affiliate of the owner of the actual rental unit.

### Security Voucher

- HRA will issue a Security Voucher (W-147N) if I request assistance to secure an apartment in a non-New York City Housing Authority (NYCHA) development. I will present the Security Voucher (**W-147N**) to my prospective landlord or authorized agent.
- Form **W-147N** informs the landlord of the HRA policy of providing security vouchers instead of cash security deposits, and that HRA will pay the landlord up to the amount of one month's rent if it is verified that I failed to pay my rent and/or damaged the apartment. These payments may not be higher than the amount listed on the original voucher. The Landlord's Claim For Security Voucher Payment (on the back of Form (**W-147N**)) must be submitted within three months after I have left the apartment.
- If I request assistance to secure a NYCHA apartment, the NYCHA Security Agreement (**W-147E**) form will be issued. Form **W-147E** is an agreement which guarantees that HRA will pay NYCHA up to one month's rent if I fail to pay my rent and/or damage the apartment.

### Furniture Allowance

- If eligible for emergency assistance, I may be granted a furniture allowance for the purchase of necessary and essential furniture required for my home.
- I must meet any one of the following criteria:
  - I am moving from a hotel, motel, homeless shelter, residential program for victims of domestic violence, or other temporary accommodations to permanent housing that is unfurnished, and suitable furnished accommodations are not available.
  - I was discharged from an institution, and am determined to be capable of maintaining an apartment in the community, and suitable furnished accommodations are not available.
  - I was discharged from an institution and wish to rejoin my family, and need additional furniture to provide adequate shelter for me.
  - A child is returned to his/her parents, who are in need of additional furniture to provide adequate shelter for him/her.
- It is essential that an individual or family be re-housed (moving from one living situation to another) in order to safeguard his/her or their health, safety, and well-being. In this instance, the individual/family's living situation is adversely affecting his/her or their physical and mental health and thus the need for the move. The emergency in this situation must also be such that the client cannot move with their current furnishing.



## Attachment A

• A furniture allowance can be granted for health and safety reason when an individual has moved from one residence into unfurnished accommodations, and suitable furnished accommodations are not available.

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.



I have read and understand this information.

## ***Important Information about Home Repairs or Replacement of Essential Household Items***

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### Home Repairs

I understand:

- HRA provides payment to repair, or in some cases, replace essential household items that I own, such as heating equipment, stove, or refrigerator.
- Payment is provided for home repairs if HRA decides the repairs are necessary for my health and safety, or if the property must be repaired to remain income producing.
- To pay for the repair or replacement of an unsafe or inoperable boiler/furnace, I must submit two written estimates for the work required to repair/replace the boiler/furnace. The estimates must come from vendors licensed by the New York City Department of Buildings.

### Replace Essential Household Items

I understand:

- If eligible, I may be granted a furniture allowance for the purchase of necessary and essential furniture required for my home.
- I must meet any one of the following criteria:
  - I am moving from a hotel, motel, homeless shelter, residential program for victims of domestic violence, or other temporary accommodations to permanent housing that is unfurnished, and suitable furnished accommodations are not available.
  - I was discharged from an institution, and am determined to be capable of maintaining an apartment in the community, and suitable furnished accommodations are not available.
  - A child is returned to his/her parents, who are in need of additional furniture to provide adequate shelter for him/her.
  - It is essential that an individual or family be re-housed (moving from one living situation to another) in order to safeguard his/her or their health, safety, and well-being. In this instance, the individual/family's living situation is adversely affecting his/her or their physical and mental health and thus the need for the move. The emergency in this situation must also be such that the client cannot move with their current furnishing
- A furniture allowance can also be granted for me to replace existing furniture, even if there is no change in living accommodations. In this case, the replacement of the furniture is needed for my health and safety.
- A furniture allowance can be granted for health and safety reason when an individual has moved from one residence into unfurnished accommodations, and suitable furnished accommodations are not available.

Here is a list of furniture items and the amount granted for each item:

<b>Household Items</b>	<b>Amount</b>	<b>Special Instructions</b>
<b>Living Room</b>	<b>\$182</b>	
<b>Bedroom</b>	<b>\$145</b>	
<ul style="list-style-type: none"> <li>• With a single bed</li> <li>• With two single beds</li> <li>• With a double bed</li> </ul>	<b>\$205</b> <b>\$184</b>	
<b>Kitchen (excluding appliances)</b>	<b>\$142</b>	<b>\$12 for each additional person \$258 for four or more persons</b>
<ul style="list-style-type: none"> <li>• Range</li> <li>• Refrigerator</li> </ul>	<b>\$182</b> <b>\$182</b>	
<b>Bathroom</b>	<b>\$6</b>	
<b>Other Equipment</b>	<b>\$22</b>	<b>\$82 for five or more persons</b>
<ul style="list-style-type: none"> <li>• Cabinet for linens</li> <li>• Stove for heating</li> </ul>	<b>\$72</b>	

HRA will notify me of any action taken based on this request in writing.

## Attachment A

HRA will not allow a client to submit another request of the same type until the active request is processed.



I have read and understand this information.

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### ***Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements***

---

Our Policy and Process for the payment of storage fees has changed.

Here is what you need to know:

- The amount paid for a storage unit will be based on household size and market rates (see page 2)
- Applicants and participants may be approved for a one-time payment outside of HRA's requirements if your furniture and personal belongings are currently in storage. The reason your belongings are in storage must be due to your current emergency shelter need due to relocation, eviction, or temporary housing.
- HRA will provide applicants and participants a listing of storage facilities that we know are within the new limits but using one of them is not mandatory

#### Applicants/Participants Requesting a Storage Fees Allowance/Grant For The First Time

Applicants/Participants applying for payment of storage fees for the first time must comply with the rules listed above at the time of request.

**You must apply every month you need a storage fee allowance/grant unless:**

- **You are a DHS/HRA shelter resident and are receiving an automated storage payment**

#### **Important Information about Storage Fees**

Storage fees are only available for furniture and personal belongings you have and use at the time you were evicted, relocated, or entered shelter or other temporary housing.

The type of items that can be stored with this grant are limited to allowable furniture and the following items:

- Legal and identification documents
- Kitchen items: tables, chairs, cookware, appliances, dishware, glassware, utensils
- Bedding and towels
- Clothing of household members
- Assistive medical devices
- Washing machine and dryer
- Items needed for employment (not business inventory)
- Household electronic devices
- Items needed for educational purposes
- Personal keepsakes

The amount of furniture which can be stored must not exceed the amount needed for the household size and limited to certain items. The amount of personal belongings to be stored must not exceed the amount needed for the household size and must be reasonable in number and total volume.

## HRA FIA Storage Limit Schedule

Household Size	Size	Max Rate
1+	5x5x4 (locker) 100 Cubic Ft	\$51.02
1+	5x5x8 - 200 Cubic Ft	\$117.38
1+	5x10x8 - 400 Cubic Ft	\$154.04
2+,3+	5x15X8 - 600 Cubic Ft	\$203.62
4+,5+	10X10x8 - 800 Cubic Ft	\$245.32
6+	10x15x8 - 1200 Cubic Ft	\$432.06

HRA may deny your request for a storage fee grant if:

- You currently have or were offered permanent housing
- You are moving from permanent housing and to permanent housing
- You did not give us a storage bill
- You applied or gave us a storage bill late
- The amount of items you are storing or intend to store does not meet the requirements
- You have income or resources to meet the storage need or have other storage options
- You are not eligible for emergency or Cash Assistance
- You increased the number of storage units
- After receiving a one-time grant for a storage space/cost exceeding the limits described above, you did not reduce and move your belongings into an allowable storage space for your household size by the subsequent month.

**Your request is not complete until you provide a [complete inventory](#).**

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.



I have read and understand this information.

## ***One-Time Approval of Storage Fees Grant for Storage Space Exceeding Limit***

---

I asked for help with storage fees.

I understand that my belongings and/or the number of storage units I have exceeds the Human Resources Administration (HRA) storage limit.

I understand that HRA may approve a one-time storage fee grant. To prevent an auction, HRA may approve up to the total amount currently due.

In the following month, I am expected to reduce the number of units or the size and/or cost of the unit to meet the HRA storage limit requirement.

I understand that if I ask for help again, my request may not be approved if the storage exceeds the storage limits based on the HRA Family Independence Administration (FIA) Storage Limit Schedule below:

**HRA FIA Storage Limit Schedule**

<b>Household Size</b>	<b>Size</b>	<b>Max Rate</b>
<b>1+</b>	<b>5x5x4 (locker) 100 Cubic Ft</b>	<b>\$51.02</b>
<b>1+</b>	<b>5x5x8 - 200 Cubic Ft</b>	<b>\$117.38</b>
<b>1+</b>	<b>5x10x8 - 400 Cubic Ft</b>	<b>\$154.04</b>
<b>2+,3+</b>	<b>5x15X8 - 600 Cubic Ft</b>	<b>\$203.62</b>
<b>4+,5+</b>	<b>10X10x8 - 800 Cubic Ft</b>	<b>\$245.32</b>
<b>6+</b>	<b>10x15x8 - 1200 Cubic Ft</b>	<b>\$432.06</b>

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.



I have read and understand this information.

## Important Information about Crisis Related Furniture or Clothing

I understand:

- I may receive an allowance for the replacement of clothing and furniture as a result of burglary, theft, vandalism, fire, flood, or other similar catastrophe, which could not have been foreseen, and was not under my control.
- I must report any losses due to burglary, theft, or vandalism to local law enforcement officials. I must have verification from local law enforcement officials before any replacement or repair is made. Documentation such as a police report may be required.
- I must report any losses due to fire or water damage connected to extinguishing a fire to local fire department officials. The fire department report regarding such losses must be provided to the agency. I must provide verification before any replacement or repair is made.
- If I am in need of clothing and/or household items as a result of a fire/disaster, I may be issued a grant to replace the necessary items. The Dwelling Survey Worksheet (W-30FF) should be completed, noting any needed replacement of clothing/housing furnishings.
- If I am in need of clothing and/or household items, and the need for these items did not result from a fire or disaster, Cash Assistance clients must use their recurring Cash grant to purchase any non-fire/disaster related clothing/household items.

### Allowance for Replacement of Household Furniture

Household Items	Amount	Special Instructions
Living Room	\$182	
Bedroom	\$145	
• With a single bed	\$205	
• With two single beds	\$184	
• With a double bed		
Kitchen (excluding appliances)	\$142	\$12 for each additional person \$258 for four or more persons
• Range	\$182	
• Refrigerator	\$182	
Bathroom	\$6	\$4 for each additional person
Other Equipment	\$22	\$82 for five or more persons
• Cabinet for linens	\$72	
• Stove for heating		

### Allowance for Replacement of Clothing

Birth through 5 years	\$48
6 through 11 years of age	\$73
12 years of age through adult	\$89

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.



I have read and understand this information.



## Consent and Additional Information

### **NOTICES, ASSIGNMENTS, AUTHORIZATIONS, and CONSENTS**

**COLLECTION AND USE OF SOCIAL SECURITY NUMBERS** – The collection of Social Security Numbers (SSNs) is authorized for each household member with respect to the Supplemental Nutrition Assistance Program (SNAP), pursuant to the Food and Nutrition Act of 2008 (as amended). Anyone applying for SNAP must provide an SSN in order to receive benefits. If you or anyone applying does not have an SSN, that person must apply for an SSN with the Social Security Administration (visit [www.SSA.gov](http://www.SSA.gov) or call 1-800-772-1213).

With respect to all other programs for which this application form requires an SSN, the collection of SSNs is also mandatory and is authorized under one or more of the following sections of law: Section 205(c) of the Social Security Act (42 U.S. Code 405), Section 1137 of the Social Security Act (42 U.S. Code 1320b-7) and Section 7(a)(2) of the Privacy Act of 1974. See the instruction book (PUB-1301 Statewide) or talk to your social services district if you have questions.

The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. The information will be used to check identity, to verify earned and unearned income, to determine if absent parents can receive health insurance coverage for applicants or recipients, to determine if applicants or recipients can obtain child or spousal support, and to determine if applicants or recipients can receive money or other help. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. Besides using the information you give us in this way, the state will use the information to prepare statistics about all of the people receiving benefits from the Home Energy Assistance Program (HEAP) (see below).

This information may be disclosed to other state and federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. Information collected with respect to applicants for and recipients of Family Assistance and Safety Net Assistance, including SSNs, may be used to assist in the formation of jury pools. If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

SSNs of ineligible household members will also be used and disclosed in the manner above.

Besides using the information you give us in this way, the State also uses the information to prepare statistics about all the people receiving benefits from HEAP. The information is used for quality control by the State to make sure social services districts are doing the best job they can. It is used to verify your energy supplier and to make certain payments to such vendors.

**NONDISCRIMINATION NOTICE** - This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and, in some cases, religion or political beliefs.

The United States Department of Agriculture (USDA) also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a Supplemental Nutrition Assistance Program (SNAP) complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish, or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201, or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

**CONSENT FOR INVESTIGATION** – I agree to any investigation to verify or confirm the information I have given in connection with my request for Public Assistance (PA), Medicaid, Supplemental Nutrition Assistance Program (SNAP) Benefits, Home Energy Assistance Program Benefits, Services or Child Care Assistance. If additional information is requested, I will provide it. I will also cooperate fully with state and federal personnel in any PA and/or SNAP Quality Control Review.

If I am applying for SNAP, I understand that the social services district will request and use information available through the Income and Eligibility Verification System to investigate my application, and may verify this information through collateral contacts if discrepancies are found. I also understand that such information may affect my eligibility for SNAP and/or the level of SNAP Benefits I receive.

**CONSENT FOR RELEASE OF CONFIDENTIAL UNEMPLOYMENT INSURANCE INFORMATION** – I authorize the New York State Department of Labor (DOL) to release any confidential information maintained by DOL for Unemployment Insurance (UI) purposes to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with state and local agency employees working in social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of, Public Assistance, Medicaid, Supplemental Nutrition Assistance Program Benefits, Home Energy Assistance Program Benefits or Child Care Assistance, applied for in this application and for investigations to determine whether I received benefits to which I was not entitled. OTDA may also share the information with the New York State Office of Children and Family Services (OCFS) and the New York State Department of Health (DOH). OCFS will use the information to monitor the Child Care Assistance program.

**RELEASE OF INFORMATION TO SERVICE PROVIDERS** – I give permission to the social services district and New York State to share information regarding Public Assistance or Supplemental Nutrition Assistance Program benefits that I or any member of my household for whom I can legally give authorization have received, for purposes of verifying my eligibility for services and payment related to program administration provided by a State or local contractor. Such services may include, but are not limited to, job placement or training services provided to help me or members of my household obtain and retain employment.

**CHANGE REPORTING** – I agree to inform the agency **promptly** of any change in my address, needs, income, and property, able-bodied adult without dependents (ABAWD) status, pregnancy status or living arrangements, to the best of my knowledge or belief.

If I am applying for Child Care Assistance, I agree to inform the agency **immediately** of any change in family income, who lives in my home, employment, child care arrangements or other changes which may affect my continued eligibility or amount of my benefit.

**PENALTIES** – Federal and state laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Public Assistance, Medicaid, Supplemental Nutrition Assistance Program, Services or Child Care Assistance (“Assistance, Benefits or Services”) or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application or your continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial and continuing eligibility for Assistance, Benefits or Services, or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive Assistance, Benefits or Services. If you are an authorized representative, such Assistance, Benefits or Services must be used for the other person and not for yourself. Federal and state laws provide that any transfer of assets for less than fair market value made by an individual or an individual’s spouse, within 60 months prior to the first of the month in which the individual is both in receipt of nursing facility services and has submitted an application for Medicaid, may render the individual ineligible for nursing facility services or home and community-based waived services for a period of time. It is unlawful to obtain Assistance, Benefits or Services by concealing information or providing false information.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM DISQUALIFICATION PENALTIES** – Any information you provide in connection with your application for the Supplemental Nutrition Assistance Program (SNAP) will be subject to verification by federal, state and local officials. If any information is incorrect, you may be denied SNAP Benefits. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable federal and state laws. Anyone who is violating a condition of probation or parole, or anyone who is fleeing to avoid prosecution, custody or confinement of a felony and is actively being pursued by law enforcement, is not eligible to receive SNAP Benefits.

You may be found ineligible for SNAP or found to have committed an Intentional Program Violation (IPV) if you make a false or misleading statement, or misrepresent, conceal or withhold facts, in order to qualify for benefits or receive more benefits; purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or commit or attempt to commit any act that constitutes a violation of federal or state law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking SNAP Benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system. Additionally, the following is not allowed and you may be disqualified from receiving SNAP Benefits and/or be subject to penalties for actions that include:

- Using SNAP benefits to buy non-food items, such as alcohol or cigarettes;
- Using SNAP benefits to pay for food previously purchased on credit;
- Allowing someone else to use your EBT card in exchange for cash, firearms, ammunition or explosives, or drugs, or to purchase food for individuals who are not members of your SNAP household; or
- Using or having in your possession EBT cards that do not belong to you, without the card owner’s consent.

Individuals found to have committed an IPV either through an administrative disqualification hearing or by a federal, State or local court, or have signed either a waiver of right to an administrative disqualification hearing or a disqualification consent agreement in cases referred for prosecution shall be ineligible to participate in SNAP for a period of:

- 12 months for the first SNAP-IPV;
  - 24 months for the second SNAP-IPV;
  - 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance (Illegal drugs or certain drugs for which a doctor’s prescription is required); or
  - 120 months if the individual is found to have made a fraudulent statement about who he/she is or where he/she lives in order to get multiple SNAP Benefits simultaneously, unless permanently disqualified for a third SNAP IPV.
- Additionally, a court may bar an individual from participating in SNAP for an additional 18 months.

An individual can be permanently disqualified from receiving SNAP Benefits for:

- The first SNAP IPV based on a court finding that the individual used or received SNAP Benefits in a transaction involving the sale of firearms, ammunition or explosives;
- The first SNAP IPV based on a court conviction for trafficking SNAP Benefits for a combined amount of \$500 or more (trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices);
- The second SNAP IPV based on a court finding that the individual used or received SNAP Benefits in a transaction involving the sale of a controlled substance (illegal drugs or certain drugs for which a doctor’s prescription is required); or
- A third SNAP IPV.

**REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES** – Your household must report child care and utility expenses in order to get a Supplemental Nutrition Assistance Program (SNAP) deduction for these expenses. Your household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a SNAP deduction for these expenses. Failure to report/verify the above expenses will be seen as a statement by your household that you do not want to receive a deduction for these unreported/unverified expenses. A deduction for these expenses may make you eligible for SNAP or may increase your SNAP benefits. You may report/verify these expenses at any time in the future. The deduction would then be applied to the calculation of SNAP benefits in future months, in accordance with the rules for change reporting (see Change Reporting, above).

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to apply for Supplemental Nutrition Assistance Program (SNAP) Benefits for you. You can also authorize someone outside your household to get SNAP Benefits for you or to use them to buy food for you. If you would like to authorize someone, you must do so in writing. You may authorize someone by printing the person’s name, address, and phone number immediately below, and having them sign in the signature section at the end of this application. When an Authorized Representative is applying on behalf of a SNAP household that does not reside in an institution, both the Authorized Representative and a responsible adult member of the household must sign and date the signature section at the end of this application, unless the SNAP household has otherwise designated the Authorized Representative to do so in writing.

**NAME, ADDRESS AND PHONE NUMBER OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT):**

**STANDARD UTILITY ALLOWANCE** – I understand that Public Assistance and Supplemental Nutrition Assistance Program (SNAP) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). I also understand that if I have not received a HEAP benefit of greater than \$20 in the current month or previous 12 months, or a similar energy assistance benefit, I must pay for heating or air conditioning separately from my rent in order to receive the heating/cooling standard utility allowance (i.e., a deduction) for SNAP. I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the New York State Office of Temporary and Disability Assistance, the local social services district and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program performance measurement.

**RELEASE OF MEDICAL INFORMATION** – I consent to the release of any medical information about me and any members of my family for whom I can give consent by my primary care provider, any other health care provider or the New York State Department of Health (DOH) to my health plan and any health care providers involved in caring for me or my family, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations; by my health plan and any health care providers to DOH and other authorized federal, state, and local agencies for purposes of administration of Medicaid; and, by my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment, or health care operations. I authorize the release of any health-related information about me and any members of my family for whom I can legally give authorization related to the provision of assistance and services and my ability to participate in work activities, including employment, to the New York State Office of Temporary and Disability Assistance (OTDA), the New York State Office of Children and Family Services or the local social services district, as reasonably necessary for the provision of Public Assistance benefits; for services, including child welfare services; for determining appropriate work activity assignments; for determining the need to apply and for making application for Supplemental Security Income Benefits; for establishing appropriate treatment plans for restoring employability; and for determining eligibility for exemptions from the State sixty-month time limit on cash assistance receipt. If I am required to apply for benefits administered by the Social Security Administration, the information specified above may be shared with the Social Security Administration. I also agree that the information released may include HIV, mental health or alcohol and substance abuse information about me and members of my family, to the extent permitted by law, unless a box is checked below. If more than one adult in the family is joining a Medicaid health plan, the signature of each adult applying is necessary for consent to release information. I understand that my ability to consent to the release of information relating to any minor children for whom I may give consent is limited by the extent to which I can obtain information regarding treatment, diagnosis and procedures on their behalf.



\_\_\_\_\_ Do not disclose HIV/AIDS information \_\_\_\_\_ Do not disclose drug and alcohol information  
\_\_\_\_\_ Do not disclose mental health information

**RELEASE OF EDUCATIONAL RECORDS** – I give permission to the New York State Department of Health and the social services district to: 1) obtain any information regarding the educational records of myself and/or my minor child(ren), herein named, including information necessary for claiming Medicaid reimbursement for health-related educational services; and 2) provide the appropriate federal government agency access to this information for the sole purpose of audit.

**RELEASE OF INFORMATION FOR THE EARLY INTERVENTION PROGRAM** – If my child is evaluated for or participates in the New York State Early Intervention Program, I give permission to the social services district and New York State to share my child’s Medicaid eligibility information with my county or municipal Early Intervention Program for the purpose of billing Medicaid.

**CHILD/TEEN HEALTH PROGRAM** – I understand that if my child is on Medicaid, he or she can get comprehensive primary and preventive care, including all necessary treatment through the Child/Teen Health Program. I can get more information on this program from the social services district.

**MEDICARE** – I authorize payments under “Medicare” (Part B of Title XVIII, Supplementary Medical Insurance Program) to be made directly to physicians and medical suppliers on any future unpaid bills for medical and other health services furnished to me while I am eligible for Medicaid.

**REIMBURSEMENT OF MEDICAL EXPENSES**

**MEDICAID** – You have a right as part of your Medicaid application, or within two years from the date of your application, to request reimbursement of expenses you paid for covered medical care, services and supplies received during the three-month period prior to the month of your application. After the date of your application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid-enrolled providers.

**ASSIGNMENT OF INSURANCE/OTHER BENEFITS AND DIRECT PAYMENT** – For Public Assistance and Medicaid, I agree to file any claims for health or accident insurance benefits, and to pursue any personal injury claims or any other resources to which I may be entitled, and do hereby assign any such resources to the social services district to whom this application is made. In addition, I will assist in making any assigned benefits available to the social services district to whom this application is made.

I authorize payments owed to me or members of my household for health or accident insurance benefits to be made directly to the appropriate social services district for medical and other health services furnished while we are eligible for Medicaid.

**MEDICAID RECOVERIES** – Upon receipt of Medicaid, a lien may be filed and a recovery may be made against your real property under certain circumstances if you are in a medical institution and not expected to return home. MA paid on your behalf may be recovered from persons who had legal responsibility for your support at the time medical services were obtained. MA may also recover the cost of services and premiums incorrectly paid.

I understand that effective April 1, 2014, if I get Medicaid through New York State of Health:

- No lien will be placed on my real property prior to my death.
- Recovery from assets in my estate upon my death is limited to the amount Medicaid paid for the cost of nursing home care, home and community-based services, and related hospital and prescription drug services received on or after my 55th birthday.

**PUBLIC ASSISTANCE RECOVERIES** – Public Assistance (PA) you receive for yourself and for persons for whom you are legally responsible to support is recoverable from property or money you possess or may acquire. You may be required, as a condition of receiving PA, to execute a deed or mortgage of real property you own. Your tax refunds and portions of lottery winnings may be taken to repay your debt for PA.

**AUTHORIZATION TO REPAY PUBLIC ASSISTANCE BENEFITS FROM RETROACTIVE SUPPLEMENTAL SECURITY INCOME** – I authorize the Commissioner of the Social Security Administration (SSA) to use my first payment of Supplemental Security Income (SSI); i.e. my retroactive SSI payment) to reimburse the local social services district (SSD) for Public Assistance (PA) the SSD pays me from State or local funds while SSA decides if I am eligible for SSI. SSA will not reimburse the SSD for PA that was paid using any federal funds.

I will be bound by this authorization only if the State gives notice to SSA that I and an SSD representative have signed it. The State must give notice within 30 calendar days of matching my SSI record with my State record. SSA will not accept it after 30 calendar days. Instead, SSA will send me my retroactive SSI payment under SSA rules.

Only my first payment of SSI can be used. If my first payment is larger than the amount owed to the SSD, SSA will send the rest to me under its rules.

SSA can reimburse the SSD in two situations:

- (1) It will repay the SSD if I apply for SSI and SSA finds me eligible.
- (2) It will repay the SSD if my SSI benefits are reinstated after termination or suspension.

SSA will only reimburse the SSD for PA it paid me during the time I am waiting for an SSA determination of eligibility. This is called “interim assistance.” The period begins: 1) with the first month I become eligible for payment of SSI benefits; or 2) on the first day I am reinstated after my SSI was suspended or terminated. The period includes the month SSI payments actually begin. If the SSD cannot stop my last PA payment, the period ends the next month.

No later than 10 days after SSA reimburses the SSD, the SSD must send me a notice telling me the amount of interim assistance paid. The notice will also tell me that SSA will send me a letter telling me how any remaining SSI money owed to me will be sent by SSA and that, if I do not agree with a state decision, how I can appeal the decision to the state.

Under its rules, SSA may use the date I sign this authorization as the date I first become eligible for SSI. It will do this only if I apply for SSI within the next 60 days.

This authorization applies to any SSI application or appeal I now have pending before SSA. This authorization terminates if my SSI case is completely decided. It terminates when SSA first pays me. The State and I can also agree to terminate the authorization. I must sign a new authorization consistent with NYS rules if I reapply for SSI after this authorization terminates, or if I file a new SSI claim while I have an SSI application or appeal pending.

I will be given an opportunity for a fair hearing if I disagree with a decision the SSD made about reimbursement.

I received a copy of the pamphlet called “What You should Know About Social Services Programs.” I understand what it says about interim assistance.

**SUPPORT** – Applying for or receiving Family Assistance (FA), Safety Net Assistance (SNA) or Title IV-E foster care operates as an assignment to the State and the social services district of any rights to support from any other person that the applicant or recipient may have in his or her own right or on behalf of any other family member for whom the applicant or recipient is applying for, or receiving, assistance (Social Services Law, Sections 158 and 348). This assignment is limited in certain situations. Other sections of this application contain additional assignments.

**ASSIGNMENT OF SUPPORT RIGHTS** – I assign to the state and social services district any rights I have to support from persons having legal responsibility for my support and any rights I have to support on behalf of any family member for whom I am applying for or receiving assistance. Where applying for or receiving Family Assistance or Safety Net Assistance, my assignment of support rights is limited to support which accrues during the period that I and/or any family member receives assistance. However, any support rights that I assigned to the state on behalf of myself or any family member prior to October 1, 2009, continue to be assigned to the state.

**HOME ENERGY ASSISTANCE PROGRAM** – I understand that by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company’s low income programs.

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel

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type, annual fuel cost and payment history to the New York State Office of Temporary and Disability Assistance, the local social services district and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program performance measurement.

**SEXUAL ASSAULT INFORMATION** – If you are a victim of sexual assault, you have the right to request referral information from the social services district. If you request referral information, the social services district must provide you with the addresses and phone numbers of any: 1) local hospitals offering sexual assault forensic examiner services certified by the NYS Department of Health; 2) local rape crisis centers; and 3) local advocacy, counseling, and hotline services appropriate for victims of sexual assault. In addition, the social services district must provide you with the NYS Hotline for Sexual Assault and Domestic Violence numbers: (800) 942-6906 and (800) 818-0656 (TTY).

**CERTIFICATION FOR CHILD CARE ASSISTANCE** – If I am applying for Child Care Assistance, I certify that my family's income does not exceed 85 percent of the State median income for a family of the same size, and my family resources do not exceed \$1,000,000.

**I have read and understand the notices above. I understand and agree to the assignments, authorizations and consents above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the social services district is complete and correct.**



# AUTHORIZATION TO REPAY PUBLIC ASSISTANCE BENEFITS FROM RETROACTIVE SUPPLEMENTAL SECURITY INCOME

I authorize the Commissioner of the Social Security Administration (SSA) to use my first payment of Supplemental Security Income (SSI); i.e. my retroactive SSI payment) to reimburse the local social services district (SSD) for Public Assistance (PA) the SSD pays me from State or local funds while SSA decides if I am eligible for SSI. SSA will not reimburse the SSD for PA that was paid using any federal funds.

I will be bound by this authorization only if the State gives notice to SSA that I and an SSD representative have signed it. The State must give notice within 30 calendar days of matching my SSI record with my State record. SSA will not accept it after 30 calendar days. Instead, SSA will send me my retroactive SSI payment under SSA rules.

Only my first payment of SSI can be used. If my first payment is larger than the amount owed to the SSD, SSA will send the rest to me under its rules.

SSA can reimburse the SSD in two situations:

- (1) It will repay the SSD if I apply for SSI and SSA finds me eligible.
- (2) It will repay the SSD if my SSI benefits are reinstated after termination or suspension.

SSA will only reimburse the SSD for PA it paid me during the time I am waiting for an SSA determination of eligibility. This is called "interim assistance." The period begins: 1) with the first month I become eligible for payment of SSI benefits; or 2) on the first day I am reinstated after my SSI was suspended or terminated. The period includes the month SSI payments actually begin. If the SSD cannot stop my last PA payment, the period ends the next month.

No later than 10 days after SSA reimburses the SSD, the SSD must send me a notice telling me the amount of interim assistance paid. The notice will also tell me that SSA will send me a letter telling me how any remaining SSI money owed to me will be sent by SSA and that, if I do not agree with a state decision, how I can appeal the decision to the state.

Under its rules, SSA may use the date I sign this authorization as the date I first become eligible for SSI. It will do this only if I apply for SSI within the next 60 days.

This authorization applies to any SSI application or appeal I now have pending before SSA. This authorization terminates if my SSI case is completely decided. It terminates when SSA first pays me. The State and I can also agree to terminate the authorization. I must sign a new authorization consistent with NYS rules if I reapply for SSI after this authorization terminates, or if I file a new SSI claim while I have an SSI application or appeal pending.

I will be given an opportunity for a fair hearing if I disagree with a decision the SSD made about reimbursement.

I received a copy of the pamphlet called "What You Should Know About Social Services Programs." I understand what it says about interim assistance.



## Rights and Responsibilities

### PLEASE NOTE:

The following information tells you about many of your rights and responsibilities when you are applying for or getting social services benefits or care.

It is intended to give you a general understanding of rights and responsibilities contained in State and federal laws, rules and regulations. Please ask your worker for further information if you have specific questions.

### YOUR RIGHTS

#### 1. APPLICATION RIGHTS

You have the right to:

- Be told about the programs and help you can get.
- Be told what you need to do to get these programs.
- Apply for these programs.
- Get an Application when you ask for one.
- Turn in (file) the Application the same day you get it (for Temporary Assistance and Supplemental Nutrition Assistance Program Benefits).

NOTE: A Supplemental Nutrition Assistance Program Benefits Application must be accepted if you have filled in at least your name, address (if you have one) and signature. This is important because the amount of your Supplemental Nutrition Assistance Program Benefits is figured from the day you turn in your Supplemental Nutrition Assistance Program Benefits Application. You could get more Supplemental Nutrition Assistance Program Benefits if you turn in your application the same day

- Mail in your application if you are applying only for child care services.
- Have an interview.

-- For Medical Assistance (Medicaid/Child Health Plus A/Family Health Plus/ Medicaid Buy-In program for Working People with Disabilities/ Medicare Savings program/Family Planning Benefit program) there is no specific time frame within which you or your representative must be interviewed. However, you must be interviewed before eligibility can be established.

-- For Temporary Assistance, this interview should be within seven working days.

-- For Supplemental Nutrition Assistance Program Benefits, the interview must be scheduled timely in order to ensure a determination of eligibility and benefit issuance within 30 days of application filing.

-- For Supplemental Nutrition Assistance Program Benefits, you have the right to request that the in-office interview be waived in hardship situations.

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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 in during the social services district's office hours. The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income. The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.

If an applicant is unable to attend the interview, he or she can designate in writing an authorized representative, someone who is not a member of the household, to attend the interview for the household. He or she can be a friend, a relative, or anyone else the applicant chooses. This person must have the necessary documentation and be able to give the local department of social services (LDSS) the information it needs to determine eligibility. The selection of an authorized representative is the choice of the household. If an applicant wants someone to act as an authorized representative, both the applicant and the authorized representative must sign the application.

When the application is for Medical Assistance only, the application may be completed and signed by anyone the applicant authorizes to represent him/her in the application process. This representative may attend the interview for the applicant.

**NOTE:** If you are applying for Temporary Assistance, and you tell us today that you have an emergency, we must interview you today about your emergency. We must also tell you in writing today about our decision on your emergency. If you are applying for Supplemental Nutrition Assistance Program Benefits, and you are eligible for expedited processing, your interview and the notice of our decision will be no later than five calendar days after the day you filed your application.

- Bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English. Hearing or speech impaired applicants/recipients may consider utilizing TTY/TTD relay systems to gain access to services.
- Have the same access to social services programs, if you have a disability, as someone who does not have a disability.
- Be told, within 30 days of the date you turned in (filed) your Application for Family Assistance and Supplemental Nutrition Assistance Program Benefits, if your Application is approved or denied; be told within 45 days of the date you turned in (filed) your Application for Safety Net Assistance, if your Application is approved or denied.
- Have a decision made to approve or deny your application for Services within 30 days of the date you turned in (filed) your application, and have written notice of that decision sent to you within 15 days after the decision is made. However, a decision to approve or deny protective services for adults must be made at the time a protective service for adults assessment services plan is completed.
- Be notified if you are eligible for Medical Assistance or if your application is denied when your application for Medical Assistance, including your interview, is completed. The time frame for you to be notified varies:
  - Pregnant women and young children must be told within 30 days of filing the Application;
  - If a person's eligibility is dependent on disability status, the person must be told of the eligibility decision with 90 days of filing the Application; and
  - All other persons must be told within 45 days of filing the Application.
- Get a written notice telling you if your Application is approved or denied:
  - If your Application is approved, this notice will tell you what benefits you will get;
  - If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

**NOTE:** If your application for Temporary Assistance is approved and you are an adult with no children, your category of Temporary Assistance will generally be Safety Net Assistance. Some families with children will receive Safety Net Assistance.

People in Safety Net Assistance cases will not get recurring Temporary Assistance for any period prior to 45 days from the date of application. People in the Safety Net Assistance Category may be able to get help to meet emergencies during the 45 day period that they cannot get recurring benefits. (See LDSS-4148C: "What You Should Know If You Have An Emergency".)

People in the Safety Net Assistance category who are eligible for Supplemental Nutrition Assistance Program Benefits do not have to wait any longer for those benefits than any other applicant.

## 2. NONDISCRIMINATION RIGHTS

Discrimination by the New York State Office of Temporary and Disability Assistance (OTDA), by the New York State Department of Health, by the New York State Office of Children and Family Services or by your local department of social services based on race, religion, ethnic background, marital status, disability, sex, national origin, political belief or age is illegal.

If you think you have been discriminated against in a Temporary Assistance program, which includes Family Assistance and Safety Net Assistance, or that your case has been handled improperly due to some type of discrimination, you can complain by calling or writing to the Bureau of Equal Opportunity Development (BEOD)

**New York State Office of Temporary and Disability Assistance 40 North Pearl Street 13A**

**Albany, New York 12243-0001 (518) 473-8555**

BEOD will refer the complaint to the local department of social services for investigation, and send a copy of the transmittal letter to the complainant. When a complaint has been referred by OTDA to a local department of social services a report must be submitted within 20 days of the date of such request and shall cover fully all matters pertaining to the complaint, as required by 18 NYCRR Part 356.3(e.). If the time limit cannot be met, an interim report should be sent. OTDA may provide feedback to the local department of social services concerning any matters covered in the report pertaining to the complaint, and may undertake further review of the complaint, in consultation with the local department of social services if determined necessary.

If you think you have been discriminated against in the Supplemental Nutrition Assistance Program Benefits program, you can also complain by writing to the:

**USDA  
Director, Office of Adjudication  
1400 Independence Avenue, S.W. Washington, D.C. 20250-9410**

**Fax: (202) 690-7442**

**Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)**

**Voice and TDD: (800) 877-8339 or (800) 845-6136 (Spanish)**

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you think you have been discriminated against on the basis of disability, you can also complain by writing to:

**Disability Rights Section  
P.O. Box 66738  
Washington, D. C. 20035-6738  
or**

**Director  
Office for Civil Rights  
U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 506-F Washington, D.C. 20201  
or**

**call the Office for Civil Rights at 1-800-368-1019 (voice) or 1-800-537-7697(TDD)**

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Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you feel you have been discriminated against in the Medical Assistance program, you can call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book.

If you feel you have been discriminated against in Temporary Assistance, Supplemental Nutrition Assistance Program Benefits and their related employment programs, Medical Assistance, Services or Child Care, you can contact the New York State Division of Human Rights in Albany.

You can also call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book. Some cities and counties in New York State also have human rights commissions that investigate discrimination complaints. Check your telephone book for a listing.

### 3. PERSONAL PRIVACY RIGHTS

The New York State Personal Privacy Protection Law and the federal Privacy Act require the New York State Office of Temporary and Disability Assistance, the New York State Office of Children and Family Services and the New York State Department of Health to tell you what it does with the information, including social security numbers, that you give the State (or, in certain instances, to your local department of social services) about you and your family. The Privacy Act statement is on your application form.

This information, including your social security number, is used to find out which programs can help you, and is also used to find out how much money and other help you can get. Following are some other uses for the information:

- Upon request of a law enforcement officer in certain circumstances, a local department of social services must provide the address of Temporary Assistance and Supplemental Nutrition Assistance Program Benefits recipients.
- In some cases, information you supply is used to form jury pools.
- In some cases, information is shared with the United States Citizenship and Immigration Services (USCIS) (in the Department of Homeland Security).

**Note: Medical Assistance will not give the information you provided concerning your immigration/citizenship status to the United States Citizenship and Immigration Services (USCIS).**

- Information is used for child support purposes.
- Information is shared with other states and agencies that provide similar assistance, in order to prevent duplication and fraud.

Whenever you are asked for information, you must give it so that it can be used to see if you can get money or other help. The parts of law that oblige New York State Office of Temporary and Disability Assistance, New York State Department of Health and local departments of social services to get information about you and to verify this information are Sections 21, 132, 134-a and 366-a of the Social Services Law and Section 1137 of the Federal Social Security Act.

To make sure you are getting the money or other help that you and your family are legally allowed to get, other people may be asked to confirm and add to the information you have already given us. For example:

- To find out if you are or were working, and, if so, how much money you made, your name and social security number are sent to the New York State Department of Taxation and Finance, and also to known employers. In some cases your name and social security number may be sent to government agencies in other states to find out if you worked or got money or other help in those states.

**NOTE:** If you are applying for or getting Temporary Assistance or Medical Assistance, we may give your children's social security numbers to their non-custodial parent in order to enroll the children in their noncustodial parent's health insurance coverage and, if necessary, to begin child support enforcement services. If you are applying for Medical Assistance only, we may pursue the noncustodial parent of your children for medical support only.

- The Unemployment Insurance Division in New York State and similar offices in other states are asked if you are or were getting unemployment benefits.
- Banks may be asked to see if you have a bank account(s), or confirm that you have one and how much money is in your account(s).
- Schools may be asked to confirm that your children go there.
- The New York State Department of Motor Vehicles may be asked if you own a car.
- The Social Security Administration is asked for employment information and to see if you get pension or disability benefits.
- The Departments of Defense and Veterans Affairs are asked if you are eligible for and/or in receipt of compensation and/or pension benefits.
- The Internal Revenue Services may be asked about federal tax information (1099) if you are applying for or in receipt of Temporary Assistance, to determine your income or resources.

Personal privacy rights also apply to all Medical Assistance and Services applicants and participants.

All of the information you provide on a Medical Assistance application will remain confidential. The only people who will see the information are the enrollment facilitators and the State or local agencies, and health plans who need to know this information in order to determine if you (the applicant) and your household members are eligible. The person helping you with your application cannot discuss the information with anyone, except a supervisor or the State or local agencies or health plans which need this information.

You may use a confidential mailing address if you do not want information concerning your eligibility for the Family Planning Benefit Program (FPBP) to go to your regular address. If you need to keep your family planning information confidential from your health insurance provider, tell your worker.

Besides using the information you give us in this way, the New York State Office of Temporary and Disability Assistance (OTDA) also uses the information for program planning and management and to make sure local departments of social services are doing the best job they can ("quality control"). This information is kept by the Deputy Commissioner, Division of Information Technology (DoIT), Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, N. Y. 12243-0001

The New York State Office of Temporary and Disability Assistance (OTDA) is also doing research to learn whether our programs are effective in helping Temporary Assistance applicants and recipients find and keep jobs. This research is very important. It helps us improve services that affect thousands of Temporary Assistance clients like you.

In order to carry out this research, it is necessary to track the wages of samples of Temporary Assistance applicants and recipients for up to 10 years using the State's Wage Reporting System. This wage information is used only for research purposes. It does not affect your eligibility for Temporary Assistance in any way. All the wage information collected for the research is kept strictly confidential. Only the people doing the research see the wage information and they do not have access to the names of individual applicants and participants. If you are included in the research, you will never be named in any report and no information about your wages will ever be given out. If you object to the use of your wage reporting records, you can request that they be excluded from the research by writing to:

**New York State Office of Temporary and Disability Assistance  
Office of Program Evaluation  
40 North Pearl Street  
Albany, New York 12243**

### 4. YOUR RIGHT TO LOOK AT YOUR RECORDS

Once you apply for money or other help, two kinds of records are kept about your case. Usually, you have the right to look at these records.

You may not be able to look at all of your records. For example, you may not be able to look at all or part of child support, adoption, foster care, child protective and preventive records. Your worker can explain these rules to you.

**CASE RECORD** -The first type of record is called your case record and contains all the papers about your case, and is accessible through your local department of social services. Your case record may include your application, copies of birth certificates, pay stubs, notes taken by your worker during your interviews and any other information about your case.

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Usually, you have the right to look at your case record during working hours. However, you must ask your local department of social services ahead of time in order to do this. You can ask for copies of the papers that are in your case record, but you may have to pay for copying these papers. If the papers will be used at or are needed for a Fair Hearing, copies of them must be given to you for free.

**COMPUTER RECORDS** –The second type of record is kept on computer systems maintained by the New York State Office of Temporary and Disability Assistance, (OTDA) the New York State Department of Health (DOH), or the New York State Office of Children and Family Services (OCFS). The information about your case is put in these State computer systems by your local department of social services and/or by voluntary authorized agencies that provided services to you and your family. In most cases, you also have the right to see your computer records kept by the State. In general, you should make your inquiry to the local department of social services to which you applied, or that is providing services to you and/or your family. Consult with your worker where to direct your request.

For copies of your specific Medicaid Protected Health information, a written request must be sent to:

**Claim Detail Unit  
NYS Department of Health  
Office of Medicaid Management  
99 Washington Ave  
7th floor, Suite 729  
Albany, NY 12210**

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, within five working days of when they get your letter, must:

- send you your records; or
- tell you why they will not give you your records; or
- tell you they have your request and they will determine if you are allowed to get your records.

## 5. CONFERENCES and FAIR HEARINGS

If you think any decision about your case is wrong, or you do not understand any decision, talk to your worker right away. If you still disagree or do not understand, you have the right to a Conference and a Fair Hearing.

**CONFERENCE** - A Conference is when you meet with someone other than the person who made the decision about your case. At the Conference this person will review that decision. Sometimes a Conference is the fastest way to solve any problems you may have. We encourage you to ask for one even if you have requested a Fair Hearing. However, Conferences are voluntary, and you can request a Fair Hearing even if you do not request a Conference. To ask for a Conference, call or write your local department of social services.

A CONFERENCE IS NOT A FAIR HEARING. If you are told that your case is being closed, or that the money or other help you are getting will be less, and the problem is not settled through a Conference, you must ask for a Fair Hearing to keep the money or other help you are getting from being stopped or reduced.

**NOTE:** A request for a Conference is not a request for a Fair Hearing. If you want a Fair Hearing, you must request one.

**Fair Hearing** - A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the decision about your case was wrong. The State will then issue a written decision which will state whether the local department of social services decision was right or wrong. The written decision may order the local department of social services to correct your case.

At a Fair Hearing you will have a chance to explain why you think the decision is wrong.

**TIME LIMITS TO ASK FOR A FAIR HEARING** - If you want to ask for a Fair Hearing for Temporary Assistance, Medical Assistance, Supplemental Nutrition Assistance Program Benefits, Services or Child Care, call right away because there are time limits. If you wait too long, you may not be able to get a Fair Hearing.

**NOTE:** If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.

If you do get a notice about your case and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. Be sure to read all of the notice carefully.

If your notice tells you that your Temporary Assistance, Medical Assistance, Services or Child Care has been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within 60 days from the date of the notice.

If your notice tells you that your Supplemental Nutrition Assistance Program Benefits have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within 90 days from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough Supplemental Nutrition Assistance Program Benefits at anytime within the certification period.

If you do not get a notice about your case, and your money or other help is denied, stopped or reduced you can also ask for a Fair Hearing.

## 6. TEMPORARY ASSISTANCE EMPLOYMENT RIGHTS

### For Temporary Assistance

As a Temporary Assistance recipient, you may be expected to look for work and to participate in activities that will help you get and keep a job. If you do not have a high school diploma or equivalent, such as a GED diploma, you may be eligible and may be required to participate in an education activity to improve your basic skills and/or obtain a high school equivalency diploma. You will likely also be expected to participate in employment, work experience or other activities along with the education activity. Let your worker know if you are interested in participating in an education activity.

If you believe you will not be able to comply with some or all the employment requirements because of domestic violence, you may be eligible for a temporary waiver of these requirements. To request a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you have a physical or mental health impairment that substantially limits one or more major life activities, have a record of such impairment or are regarded as having such impairment, you may have rights under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. Physical or mental health impairments include, for example, learning disabilities, mental retardation, depression, mobility impairments, and hearing or vision impairments. Having a disability will not disqualify you from receiving Temporary Assistance.

The local department of social services will ask you if there is anything, including a physical or mental health impairment, that might affect your ability to participate in work activities, including employment. You are not required to tell the local department of social services if you have a disability if you do not want to, however, you may then be required to participate in work activities, including employment, without an accommodation for your disability. Any health information you provide to the local department of social services will be kept confidential and will be used to determine if you need services and reasonable accommodations to help you participate in work activities. Reasonable accommodations may include, for example, reduced or changed work hours to allow for disability related appointments, accessible work sites for those with mobility impairments, and specialized programs. If your disability is adequately documented, the local department of social services will assign you to work activities that are consistent with your limitations.



If you do not agree with your work activity assignment or you think you are unable to perform the assignment due to health related limitations, including if you do not think the local department of social services adequately accommodated your disability, you may request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to talk about why you disagree with your work activity assignment. A person who is not directly responsible for your case will be present at the conference. This person will try to resolve any problems. If you request a conciliation conference, you are still expected to continue to comply with your work activity assignment. You may also request a fair hearing to tell an Administrative Law Judge why you do not agree with your assignment. If you are assigned to an employment or training program provided by a religious organization, you have the right to receive services of similar value from a different provider.

If your local department of social services assigns you to a work activity assignment and you do not do what you are required to do, you may be offered the opportunity to request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to explain why you did not participate. If the local department of social services decides you had good cause for not participating when you were required to, you may not be sanctioned. If you do not agree with your local department of social services that you did not have good cause for not participating, or if you do not request a conciliation conference when you are offered one, and your local department of social services sanctions you, you may also request a Fair Hearing to tell an Administrative Law Judge why you did not participate.

You should inform the local department of social services if you need help with expenses, such as child care or transportation in order to participate in work activities, including employment. If you indicate that you need help with any employment or work activity related expenses, the local department of social services will inform you how to access any available services and provide reimbursement to cover the costs of expenses that the district determines are necessary for you to participate in work activities. If you are unable to locate necessary child care for a child who is under thirteen years of age, the local department of social services will help you locate child care.

### **For Supplemental Nutrition Assistance Program Benefits**

If you do not agree that you are able to work, you should notify the local department of social services that you believe you should be exempt from participation in work activities. You will be notified by the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you are required to participate in Supplemental Nutrition Assistance Program work activities, you may be able to get help paying for certain work-related expenses. You also may be able to receive assistance with child care costs.

You should inform the local department of social services if you need help getting child care or paying for work-related expenses such as transportation. If you are unable to locate necessary child care for a child who is under thirteen years of age, the local department of social services will help you locate child care. For Medical Assistance

### **For Medical Assistance**

Medical Assistance has no employment requirements. However, to be eligible for the Medicaid Buy-In Program for Working People with Disabilities, an individual must be engaged in work.

## **7. RIGHTS OF CHILDREN AND FATHERS WHEN PATERNITY IS ESTABLISHED IN COURT**

When a court has established who is the father of a child, the father and the child each may have rights, as explained below:

A. The child may have the right to:

- Disability benefits if the father becomes disabled
- Death benefits if the father dies
- An inheritance when the father dies
- Child support payments until the age of 21

B. The father may have the right to:

- Get custody of the child
- Visit with the child
- Take part in any foster care, adoption or other permanency planning for the child
- Inherit from the child

## **8. RIGHTS REGARDING PATERNITY AND CHILD SUPPORT LEGAL ACTIONS AND REPRESENTATION**

You have the right to be told about any paternity or child support court actions involving you or your child, including the right to be informed of the time, date and place of such court actions. You have the right, and may be required to, appear in court at the time of any paternity or child support action involving you or your child.

If any paternity or child support actions are brought in court, your local department of social services will have a lawyer or other representative who will only try to prove your child's paternity. This lawyer or representative only represents the local department of social services and not you personally. This lawyer or representative will not handle any custody, visitation or other legal issues not related to child support.

Any information you give this lawyer or representative may not stay private. Any information indicating welfare fraud may be reported.

If you think you need a lawyer to help you, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services office. For the names of other lawyers, call your local Bar Association.

If you believe compliance with paternity establishment or child support enforcement will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from some or all child support activities. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

## **9. RIGHTS REGARDING CHILD CARE**

You have the right to receive information about how to locate a child care provider. This information could be provided in a number of ways.

- Your worker can give you the name and telephone number of a Child Care Resource and Referral Program or other similar program which can help you find a child care provider; or
- Your worker can give you a list with the name, address and telephone numbers of child care providers.
- You have the right to choose the child care provider for your child. This could be a provider who is licensed or registered or it could be a relative, a friend of the family or a trusted neighbor. If you choose someone who is not licensed or registered they will need to complete a child care enrollment form to see if they are eligible for payment.

You have the right to choose child care in lieu of Temporary Assistance (TA). You may decide that instead of receiving TA, what you really need is help paying for child care. Families who are applying for or are receiving TA and need child care in order to work, may be eligible for a child care guarantee for working families. Eligibility for this child care guarantee does not have a 60- month time limit. You can continue to receive child care benefits for as long as you are eligible.

You are eligible for this guarantee if you are applying for TA and choose child care instead of TA or if you are receiving TA and ask that your TA case be closed, and:

- your income is within TA limits;
- you are working the number of hours required by TA;
- you need child care for a child under age 13 so you can work;

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- you are using an eligible child care provider; and

If you are eligible for TA and decide that all you really need is child care, your worker can tell you how to apply for the child care guarantee. If you are already receiving TA and are otherwise eligible for the program, you will need to close your TA case in order to get the child care guarantee. If you change your mind and decide you need Temporary Assistance, you can apply at any time.

If you chose to receive child care assistance instead of receiving TA and child care, you will have to pay part of your child care costs. This is called your family share or fee. The amount that you pay depends on your income. Additionally, if your provider charges more than the market rate, you will need to pay the amount that your child care provider charges above the market rate.

You may still be eligible to get Supplemental Nutrition Assistance Program benefits even if you request to change your application for Temporary Assistance to a request for child care assistance or to close your TA case. If you change your application or close your TA case to get child care assistance then you will receive a separate eligibility determination for Supplemental Nutrition Assistance Program benefits.

If you applied for Medical Assistance at the same time you applied for Temporary Assistance and Supplemental Nutrition Assistance Program, and you choose to receive child care assistance only, your application will be referred to the Medical Assistance program for a separate determination. If you are currently receiving Temporary Assistance and request that your case be closed, your Medical Assistance will continue unless you request that it be closed or your circumstances have changed so that you are no longer eligible for Medical Assistance. You should talk to your Medical Assistance worker, if you are requesting that your case be closed due to increased earnings. You may still be eligible for Medical Assistance or you may be eligible for Transitional Medical Assistance.

**You have the right to request a fair hearing if you have been denied child care benefits, your benefits have been reduced or discontinued or you have been charged with an overpayment.**

### **For Temporary Assistance Recipients:**

Your Temporary Assistance cannot be reduced or ended because you are not participating in work activities if the reason you are not participating is because you don't have appropriate, accessible, affordable and suitable child care for a child under the age of 13.

If you are unable to find a child care provider on your own, your worker must provide you with two choices of child care providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or with New York City Department of Health and Mental Hygiene.

You have the right to be excused from your work activity if you have a child under 13 years of age and you are unable to find a child care provider that is appropriate, accessible, affordable and suitable. However, the time you are excused from your work activity will still count toward your 60-month limit of federally funded and cash Temporary Assistance.

- Appropriate means the provider is open for the hours and days needed for you to participate in your work activity, and is willing to care for your child(ren) including any special needs your child has.
- Accessible means that you are able to get to the provider by driving your own car or by public transportation and the provider is located within a reasonable distance from your home and work. Your worker must tell you what is considered a reasonable distance for your community.
- Suitable means the physical or mental condition of a legally exempt (informal) provider or the physical condition of the legally exempt home would not be detrimental to the health or safety of your children.
- Affordable means you have enough money to pay your share of the child care cost, if you are required to pay a share of the costs.

You have the right to request a fair hearing to appeal the decision to reduce or end your Temporary Assistance if you feel your worker made the wrong decision regarding your refusal to comply with your work activities due to a lack of child care.

### **10. RIGHTS REGARDING SUPPORT PASS-THROUGH AND EXCESS SUPPORT PAYMENTS - TEMPORARY ASSISTANCE**

When you apply for Temporary Assistance, which includes Family Assistance and Safety Net Assistance, and, for as long as you receive Temporary Assistance, you assign to your local department of social services all of your rights to receive support payments on your own behalf and any rights to support on behalf of any family member for whom you are applying for, or receiving, Temporary Assistance.

Effective October 1, 2009, when you apply for Temporary Assistance, and, for as long as you receive Temporary Assistance, you assign to your local department of social services your rights to receive support payments on your own behalf and any rights to support on behalf of any family member for whom you are applying for or receiving assistance, but it is limited to the amount of support that accrues while you or the family member receive Temporary Assistance.

Support Pass-Through: A portion of any assigned child support collections for the current court-ordered obligation, when paid timely, will be given to you in addition to the monthly Temporary Assistance grant. The portion of the child support payment given to you is called a "pass-through payment." The pass-through payment is the lesser of an amount up to the first \$100 of current support collected each month or the amount collected toward the monthly court-ordered obligation. Effective January 1, 2010, the

\$100 pass-through payment will continue where there is one individual under the age of 21 active in the Temporary Assistance case. Where there are two or more individuals under the age of 21 active in the same Temporary Assistance case, the pass-through payment will increase to the lesser of an amount up to the first \$200 of current support collected each month or the amount collected toward the monthly court-ordered obligation. This pass-through payment is not counted against your Temporary Assistance grant, but may reduce your Supplemental Nutrition Assistance Program Benefits.

When your local department of social services receives current support for you, you will be sent a Monthly Report of Support Received. This monthly report tells you whether or not you will receive a pass-through payment, how much, and why. You should compare this report to your benefits receipts for that month.

You will get the pass-through payment the month after your local department of social services receives current support payments for you. The pass-through payment is paid once a month.

A support payment is "current" if it is paid in the month when it is due. A support payment might be paid on time by the noncustodial parent but received late by your local department of social services. This might happen if an employer is taking the support money out of the noncustodial parent's paycheck but sending it in late. Current support also might be received late if the noncustodial parent is making the support payment in another county or state and that office sends the payment in late. As long as the noncustodial parent pays the support in the month when it is due, and your local department of social services receives the support, you will be paid a pass-through payment for that month.

Excess Support Payment: Assigned child support collections received will be paid to the State and to the local department of social services for reimbursement of up to the total amount of Temporary Assistance that has been paid to you. You are entitled to receive any support collected that exceeds the total amount of Temporary Assistance paid to you, in addition to any pass-through payment that you are entitled to receive.

Desk Review: If you feel that you may be entitled to a pass-through payment or excess support, you may call 1-888-208-4485 to obtain a form for requesting a Desk Review of your payments. You should request a Desk Review soon after you believe a mistake has been made because a First-Level Desk Review only covers payments for the calendar year of your request and the year before the year of your request. After you send in the completed form and documentation, the local department of social services will review your case and issue you a written response within 45 calendar days of the date that your written request is received, or under certain circumstances, within 75 calendar days. As part of this Desk Review, you will be able to give information to the desk review staff who will review the appropriate records and any information you provide to make a determination as to whether you are owed any child support. You may ask for help getting information to prove that you are owed more money.

If after the First-Level Desk Review has been completed you are not satisfied with the determination, you may ask for a Second-Level Desk Review by completing the Second-Level Desk Review Form provided with your First-Level Desk Review determination. You must request a Second-Level Desk Review within 20 days of the date of the First-Level Desk Review determination. The Second-Level Desk Review is a review conducted by the New York State Office of Temporary and Disability Assistance (OTDA) of the First-Level determination and of any additional but previously unavailable documentation that you provide. The NYS OTDA will conduct the review and will provide you with their determination



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within 30 calendar days of the date of your request. If you have any questions about this process or need an additional copy of the Second-Level Desk Review request form, you may call 1-888-208-4485.

## 11. YOUR RIGHT TO ASK FOR RESTRICTED PAYMENT FOR TEMPORARY ASSISTANCE

If you are applying for or are getting Temporary Assistance from the Family Assistance program, you have the right to ask your local department of social services to "restrict" all or part of your Temporary Assistance grant to pay your bills such as heat, rent or utilities directly. To "restrict" your Temporary Assistance means that a part of your Temporary Assistance will be paid to someone else for you.

For example, if you ask your local department of social services to restrict your rent, your rent money will be sent right to your landlord every month instead of being given to you in your Temporary Assistance cash benefit. To ask that your Temporary Assistance be restricted, ask for a "Request For Voluntary Restricted Payments" form, fill it out and return it to your local department of social services.

You can stop a voluntary restriction by writing to your local department of social services. The voluntary restriction must be stopped within 30 days of when the local department of social services gets your written request. However, the local department of social services may decide to restrict all or part of your grant for administrative ease.

If you request that your grant be restricted to pay for your heat and/or domestic energy bills, your heating allowance and/or budget billing amount for your domestic energy will be restricted from your grant. At least once a year the local department of social services will compare your energy bill(s) to the amount(s) restricted from your grant. If the total amount billed is less than the amount restricted from your grant, the local department of social services may pay you the difference in cash. If the amount billed is more than the amount restricted from your grant, the difference will be recouped from your future Temporary Assistance grants.

Your local department of social services may refuse to restrict your payment when your Temporary Assistance grant is less than the bill you owe.

You can ask about restricted payments even if your Temporary Assistance does not come from the Family Assistance program.

## 12. YOUR RIGHTS IF YOU ARE SUSPECTED OF FRAUD

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

## 13. YOUR RIGHT TO REGISTER TO VOTE

Any person who wishes to register to vote, regardless of whether they are applying for assistance, can obtain Voter Registration form and assistance in filling out that Voter Registration Form at a government office accepting applications for benefits described in this book. That office will also accept a completed Voter Registration Form and forward it to the local board of elections. For further information, you can contact the New York State Board of Elections at 1-800-FORVOTE (367-8683).

## 14. YOUR RIGHTS REGARDING FAITH BASED SERVICE PROVIDERS

If any of the services and benefits provided are delivered through a religious organization, you have the right to receive services of similar value from a different provider.

# YOUR RESPONSIBILITIES

## 1. GENERAL RESPONSIBILITIES

If you are applying for, or getting Temporary Assistance, Medical Assistance, Supplemental Nutrition Assistance Program Benefits, Services, Child Care benefits or other help, you must:

- answer all questions completely and honestly. False answers may result in penalties, including civil or criminal penalties;
  - be interviewed. If you miss an interview without telling your worker why, your application may be denied or your case may be closed. If you miss an interview and want to reschedule one, it is your responsibility to tell your worker.
- o For Supplemental Nutrition Assistance Program Benefits, reschedule a missed interview before the 30th day after the date you applied to avoid losing Supplemental Nutrition Assistance Program Benefits.
- o For child care benefits, if you are applying only for child care benefits you can apply by mail. If your worker cannot determine your eligibility based on what you mailed in, you may be asked to come for an interview.
- o For Medical Assistance, a personal interview is conducted with you or your representative. You may be interviewed by a facilitated enroller, if you are not applying for long term care.
- give your worker the papers and the information needed to find out if you can get help. If you cannot get these papers and information, your worker must try to help you;
  - If you are able to work, and are applying for Temporary Assistance, you must accept any job offered to you that you are able to do, even if it would pay you less than Temporary Assistance does. Temporary Assistance will pay you a supplemental grant if you need it.
  - If you are a non-legally responsible caretaker relative applying for Temporary Assistance for minor children and not receiving Temporary Assistance yourself, you must provide certain personal information that the federal government requires us to collect and report.
  - If minor children applying for or receiving Temporary Assistance have non-applying or non-recipient brothers or sisters who are also minor children living in the same household, you must provide certain information on the non-applying or non-recipient children that the federal government requires us to collect and report.
  - You must apply for and pursue any benefit that would reduce and/or eliminate your need for Temporary Assistance.

## 2. RESPONSIBILITY TO PROVIDE TRUTHFUL AND ACCURATE INFORMATION

When you are applying for or getting help, or when you are a non-legally responsible caretaker relative applying for or getting Temporary Assistance for minor children and not applying for or getting help yourself, you will be asked to provide proof of certain things such as those listed in "Your Responsibilities", Section 3, "Responsibility To Provide Proof".

If you are applying for or getting Temporary Assistance or Supplemental Nutrition Assistance Program Benefits, and you or someone else in your case has been found guilty of lying about or concealing money, property or resources, you may lose your Temporary Assistance or Supplemental Nutrition Assistance Program Benefits. This is called an Intentional Program Violation (IPV).

If you are found to have committed an IPV by a court or a State Administrative Hearing, you will be "disqualified". This means that you cannot get Temporary Assistance or Supplemental Nutrition Assistance Program Benefits for a certain period of time. The length of time will depend on whether you get Temporary Assistance or Supplemental Nutrition Assistance Program Benefits and whether you have been found guilty of an IPV before and the monetary amount of the violation.

Besides losing your assistance, if you are found to have committed an IPV, you will have to pay back to your local department of social services the money or Supplemental Nutrition Assistance Program s Benefits you should not have gotten.

You will either have to pay back the money or Supplemental Nutrition Assistance Program Benefits or when you begin to get your benefits again, they will be reduced until what you owe is paid back. If you live with other people and the other people continue to get benefits while you are disqualified, the other people might also get less benefits.

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If you are disqualified from getting Temporary Assistance, your Supplemental Nutrition Assistance Program Benefits eligibility will be reviewed to determine if you are eligible for continued Supplemental Nutrition Assistance Program Benefits. Your Medical Assistance eligibility may be reviewed to determine if you are eligible for continued Medical Assistance.

If you are convicted in a federal or State court of having made a fraudulent statement or representation about your place of residence in order to receive Temporary Assistance or Supplemental Nutrition Assistance Program Benefits from two or more states at the same time, you will be ineligible for ten years.

If you did not provide truthful and accurate information when applying for or getting child care benefits, you will have to pay back any benefits that you were not eligible for. If you are convicted of fraud, additional penalties may apply.

If you receive child care assistance or received child care assistance and your case is closed, and you have been convicted of, or voluntarily admit to, fraudulently receiving child care assistance, you will have your child care services suspended or terminated and will not be eligible for subsequent child care services for a period of time determined by the time periods established for Intentional Program Violations listed below.

## **INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR TEMPORARY ASSISTANCE:**

If you have committed a Temporary Assistance IPV, you will not be able to get Temporary Assistance as follows:

- 6 months Disqualification if this is your first IPV, and
  - the IPV is less than \$1,000
- 12 Months Disqualification if this is your second IPV, or
  - the IPV is between \$1,000 and \$3,900
- 18 Months Disqualification if this is your third IPV, or
  - the IPV is greater than \$3,900
- 5 year Disqualification if this is your fourth or subsequent offense

Anyone who makes a false statement about who he/she is or where he/she resides in order to receive multiple Temporary Assistance benefits will not be able to get Temporary Assistance for ten years.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Temporary Assistance.

## **INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR MEDICAL ASSISTANCE:**

Medical Assistance does not have its own IPVs. Single individuals and childless couples who are disqualified from Temporary Assistance because of an IPV are also ineligible for Medicaid. All other applicants/recipients who are disqualified for a TA IPV will have their Medical Assistance eligibility determined separately.

**Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Temporary Assistance.****INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM:**

If you have committed a Supplemental Nutrition Assistance Program Benefits Program IPV, you will not be able to get Supplemental Nutrition Assistance Program Benefits as follows:

- One year disqualification if this is the first IPV
- Two years Disqualification if this is the second IPV
- Permanent disqualification if this is the third IPV.
- A court can also, in certain instances, bar an individual from receiving Supplemental Nutrition Assistance Program Benefits for an additional 18 months.

Anyone found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for Supplemental Nutrition Assistance Program Benefits will never be able to get Supplemental Nutrition Assistance Program Benefits again.

Anyone found guilty in a court of law of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for Supplemental Nutrition Assistance Program Benefits will not be able to get Supplemental Nutrition Assistance Program Benefits for 2 years for the first offense and permanently for the second offense.

Anyone found guilty in a court of law of trafficking in Supplemental Nutrition Assistance Program Benefits worth \$500 or more will never be able to get Supplemental Nutrition Assistance Program Benefits again. Trafficking includes the illegal use, transfer, acquisition, alteration, or possession of Supplemental Nutrition Assistance Program Benefits, authorization cards, or access devices.

Anyone who makes a false statement about who he/she is or where he/she resides in order to receive multiple Supplemental Nutrition Assistance Program Benefits will not be able to get Supplemental Nutrition Assistance Program Benefits for ten years.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Supplemental Nutrition Assistance Program Benefits.

## **3. RESPONSIBILITY TO PROVIDE PROOF**

When you are applying for or getting help, you will be asked to provide proof of certain things such as those listed below. Your worker will tell you which of these things you must prove. Not all of these things are required for every program. You may have to prove some things for one program and not for another. If you bring proof with you when you first come in to apply for assistance, you may be able to get help sooner.

If you drop documentation off at your local department of social services, you should ask for a receipt to prove what documentation you left. The receipt should have your name, the specific documentation that you dropped off, the time, date, district name and the name of the social services worker who provided the receipt.

If you cannot get the proof you need, ask your worker to help you. If the local department of social services already has proof of the things that do not change, such as your social security number, you do not need to prove them again.

If you are applying for Medical Assistance only and are seeking coverage of long term care services, you will have to provide proof of your resources. Pregnant women or persons applying for the Family Planning Benefit Program do not have to tell us about their resources. Usually, children up to the age of nineteen do not have to tell us about their resources.

If you are not seeking coverage of long term care services, you will have to tell us about your resources, but you are allowed to attest to the amount of your resources rather than provide proof. When you apply for or renew your Medical Assistance eligibility, you will be told if you must provide proof of your resources.

## **4. RESPONSIBILITY TO ENROLL IN THE AUTOMATED FINGER IMAGING SYSTEM (AFIS)**

If you are applying for or receiving regular or emergency Temporary Assistance or Supplemental Nutrition Assistance Program s Benefits, you must enroll in the Automated Finger Imaging System (AFIS) if you are an adult (18 years of age or older) or if you are the head of household. For the Medical Assistance program, only those applicant/receipts whose Medical Assistance Identification card must contain a photo image are required to enroll in AFIS. This requirement does not apply to Family Health Plus or to the Family Planning

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Benefit program. Generally, for Medicaid only applicants and recipients, all individuals age 18 and over whose benefit card requires a photo ID must enroll in AFIS. However, there are specific exemptions to this rule, and they may vary by the county in which you live. If you have any questions about whether or not you must be finger-imaged, contact the local department of social services office in your county and inquire how this requirement may apply to your specific situation.

## 5. RESPONSIBILITY TO REPORT CHANGES

### General Information On Changes

If your situation changes in any way while you are waiting to hear about your Application, you should let your worker know as soon as possible.

-You must inform your worker right away of any change in your situation such as income, employment, living arrangements or child care arrangements, or other changes which may affect your continued eligibility or the amount of your benefit.

For Temporary Assistance, you must report changes within 10 days of the change. There is only one exception. If you are receiving temporary assistance for a child and you know that the child will be absent from home for 45 days or more, you must report that change within 5 days of knowing that the child will be absent for that long. These reporting timeframes must be met, even when you receive other benefits, such as Supplemental Nutrition Assistance Programs and Medicaid, and those programs have different reporting requirements. This is very important for Temporary Assistance since failure to report changes may affect your ongoing eligibility.

You must inform the agency of any change including, but not limited to, any change in your needs, (for example, the amount you pay for rent goes up or down), income, resources, living arrangements, residence/address, household size, employment, health status, new information about your child's absent parent, health insurance that becomes available to you or your child, immigration/citizenship status or pregnancy. If you are not sure if you should report a change, REPORT.

If you are only receiving Supplemental Nutrition Assistance Program Benefits and have not been informed that you are a six-month reporter, you must report within 10 days:

- Changes in any sources of income for anyone in your household.
- Changes in your total household earned income, when it goes up or down by more than \$100 a month.
- Changes in your total household unearned income, when it goes up or down by more than \$25 a month, if received from a public source (such as Social Security Benefits, Unemployment Insurance Benefits (UIB), etc.).
- Changes in your total household unearned income, when it goes up or down by more than \$100 a month, if received from a private source (such as Child Support Payments, Private Disability Insurance Payments, etc.).
- Changes of \$100 or more in court-ordered child support paid to a child outside of the Supplemental Nutrition Assistance Program Household.
- Changes in the number of people in your household.
- Your new address, if you move.
- A new or different car, or other vehicle.
- A change in your rent or mortgage expense.
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution, if the total cash and savings of all household members now amounts to \$2,000 or more (\$3,000 or more if one household member is disabled or 60 years old or older).

Whenever you report a change, we must see how it affects your eligibility. Sometimes a change, such as having a baby or your rent going up, may mean that you will get more money or other help. However, a change, such as someone permanently leaving your home, starting a new job or getting more income, may mean that you will get less help.

If you are getting Temporary Assistance, Supplemental Nutrition Assistance Program Benefits or Medical Assistance and are not required to file Quarterly Reports and are not a Supplemental Nutrition Assistance Program six-month reporter, you must tell your worker about changes within 10 days and give your worker proof of the change (such as a pay stub, award letter, landlord statement). If you do not report a change, such as more income, and this means that you get too much money or other help, you may have to pay it back. There could also be legal action taken against you. Also, you may not be able to get Temporary Assistance or Supplemental Nutrition Assistance Program Benefits for a certain amount of time.

If you are receiving Supplemental Nutrition Assistance Program Benefits and are subject to work requirements for Able Bodied Adults Without Dependents (ABAWDS) you must report when your monthly participation in employment or other work activities falls below 80 hours.

The following are examples of the types of changes you must report within 10 days, unless you are a six-month reporter for Supplemental Nutrition Assistance Program Benefits:

- You get a job or you lose a job or the hours that you work change.
- The number of people in your household changes. For example:

o A non-custodial parent returns.

o A child leaves home or comes back.

- You are pregnant, or you just had a baby.
- Your income or actual work hours change.
- You start or stop getting other income, such as:
  - o Social Security Benefits or Supplemental Security Income (SSI)
  - o Child support, alimony or any money from a non-custodial parent or spouse
  - o Unemployment Insurance Benefits (UIB)
  - o Pensions or retirement benefits
  - o Worker's Compensation or an accident settlement
  - o Money from a roomer, boarder, or from renting a house or an apartment to another person
  - o Tax refunds
  - o Earned Income Tax Credit (EITC) (Supplemental Nutrition Assistance Program Benefits Only)
  - o Any other money you get, from working or from other ways.
- Your address changes, the amount of your rent changes or you start getting more help to pay for your housing, such as a subsidy from the government.
- A child under age 18 leaves school (not required if you are applying just for Medical Assistance).
- A child age 16 or older in your home leaves school (not required if you are applying just for Medical Assistance).
- An adult in the home goes into the hospital, gets sick or has a condition which affects his/her being able to work, to participate in an employment activity, or to take care of the children in the household (not required for Medical Assistance).
- You learn any new information about a non-custodial parent, such as where the parent is. (Unless you receive Medicaid Buy-In Program for Working People with Disabilities).
- You get married, separated or divorced.
- You or other family members get health insurance, even if someone else pays for the insurance. (If you are applying for Supplemental Nutrition Assistance Program Benefits only, you do not have to report this).
- You or someone who lives with you receives property.
- You or someone who lives with you transfers any property or money.
- You or someone who lives with you gets hurt in an accident, gets medical treatment paid for by Medical Assistance and is suing the person who caused the accident.
- A child will be out of the home for 45 or more consecutive days or 30 days for Medical

### Assistance Requirement To Report A Lump Sum Payment

A lump sum payment is a one-time payment, such as an insurance settlement, an accumulated retroactive monthly benefit, any inheritance or a gambling winning that, when combined with your other countable monthly income, is more than your monthly Temporary Assistance needs (i.e., the Temporary Assistance grant before income is counted). When a one-time payment is small, that is, when it is combined with your other countable monthly income, is less than your monthly Temporary Assistance needs (this is the Temporary Assistance grant before income is counted), it is not considered a lump sum; it is treated as income. If you or any member of your household gets or expects to get a lump sum

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payment, or a one-time income payment you must tell your worker right away. If you get a lump sum payment, and you are getting Temporary Assistance, your grant may be affected as follows:

1) If you get a lump sum payment, you may be allowed to keep that portion of the lump sum, which together with your countable resources does not go over the resources limit. This is called the resource set aside. The resource limit is

\$2,000 for a person or family, or \$3,000 if the person is, or the family contains, a member age 60 or older.

2) If the remaining amount (what is over the resources level) is less than your monthly Temporary Assistance needs (this is the TA grant before income is counted), this is the remainder of the lump sum payment, and will be counted as income for the month in which you get it. Be sure to look at the Exceptions below.

3) If the remaining amount is more than your monthly Temporary Assistance needs, you must do one of the following options:

#### Option 1

- TURN OVER the lump sum payment to the local department of social services to pay back the money and help you got in the past.
- If the lump sum payment is less than the amount of the assistance that was paid to you in the past, your case may stay open.
- If the lump sum payment is more than the amount of the assistance that was paid to you in the past, the rules in the

"Keep" section below apply.

#### Option 2

KEEP the lump sum payment or the balance of the lump sum payment. Your Temporary Assistance case will then be closed for a certain amount of time. The length of time for which your case will be closed depends on how much the lump sum payment is, and how much your Temporary Assistance needs are.

EXAMPLE: If you get \$4,750 in a lump sum, and had income of \$250 for a total of \$5,000, and you have \$500 in

countable resources, you can keep \$1,500 (\$2,000 resource limit-\$500 in resources). This is the resource limit set aside. If you do not turn the remainder (\$3,500) over to the agency, it will be used to figure out how long you cannot get Temporary Assistance. If your monthly Temporary Assistance needs are \$500, your household cannot get Temporary Assistance for 7 months (\$3,500 divided by \$500 needs = 7 months).

Be sure to look at the Exceptions below.

**NOTE:** If you are receiving child care benefits, some lump sum payments will impact your child care eligibility or the amount of your child care benefits. You must tell your worker about any lump sum payments right away.

## EXCEPTIONS

You and anyone who is in your case during the month in which you got the lump sum will not be able to get Temporary Assistance for a certain amount of time, even if the lump sum payment was spent, unless one of the following shortens that amount of time:

- Within ninety days of receipt of the lump sum, you document to us that you have used any or all of the lump sum for the following exempt resources:
  - to purchase an automobile that is exempt from the Temporary Assistance resource limit and needed to seek or retain employment or for travel to and from work activities (maximum amount \$9,300, or higher if set by the local department of social services);
  - to open a separate bank account or bank accounts that is exempt from the Temporary Assistance resources limit such as a First or Replacement Automobile Account for the purpose of purchasing an automobile to seek or retain employment (maximum amount \$4,650), or a College Tuition Account for the purpose of paying tuition at a two year post secondary educational institution (maximum amount \$1,400);
  - to purchase a burial plot that is exempt from the Temporary Assistance resource limit; or
  - to purchase a bona-fide funeral agreement (maximum amount \$1,500) that is exempt from the Temporary Assistance resource limit.

If you use up the remainder of the lump sum within 90 days of receipt and document to us that the remainder has gone into one or more of these exempt resources, we will reopen your case back to the date it was closed if you reapply and are found otherwise eligible. If you have questions about using the lump sum on these exempt resources, talk to your worker before you do anything with the money.

**NOTE:** If the local department of social services determines you have not used any of these exempt resources (set-asides) for the purposes for which they were intended (i.e. you later close out or remove funds and do not use these bank accounts for the purpose for which these funds are set aside, or you otherwise liquidate burial plots or funeral agreements etc.) the local department of social services may calculate an overpayment of assistance granted.

- Something happens which would make your Temporary Assistance go up if you were still getting Temporary Assistance. For example, your rent goes up or you have a special need such as pregnancy.
- Some or all of the lump sum payment was used for a reason that you could not help. Some examples are: your family is faced with an emergency, you have unusually high household expenses such as fuel or shelter or the money is stolen.
- During the time you are ineligible for Temporary Assistance, a family member gets and pays for medical care that would be covered under the Medical Assistance Program.

If your local department of social services finds out that you have countable property or that you may be getting a lump sum payment, they may place a lien against that property or the lump sum payment. This means that before you get any money from the property or lump sum payment, your local department of social services may take the amount of Temporary Assistance you, your spouse and child(ren), including stepchildren, have gotten. Liens may also be placed on personal injury settlements and any real property that you own. Real property includes the home you own and live in, as well as other real estate you may own.

If you are receiving Supplemental Nutrition Assistance Program Benefits and you receive a non-recurring lump sum, it will be counted as a resource starting in the month it was received and will not be counted as income.

If you are receiving Medical Assistance, a lump sum payment may affect your eligibility. You must tell your worker right away about any lump sum payments you receive.

## 6. RESPONSIBILITIES REGARDING YOUR COMMON BENEFIT IDENTIFICATION CARD (CBIC)

To access Temporary Assistance cash or Supplemental Nutrition Assistance Program Benefits you will need your Common Benefit Identification Card (CBIC) and Personal Identification Number (PIN). Your CBIC and your PIN will act as your signature when you access your benefits.

It is your responsibility to keep track of your account balances. If you suspect that your accounts have been accessed without your knowledge, you should contact the EBT Customer Service hotline to disable your CBIC. After doing that you should contact your worker to receive a replacement card.

You will be held responsible for Cash and Supplemental Nutrition Assistance Program Benefits that are accessed using your CBIC card and PIN. If someone else uses your Common Benefit Identification Card (CBIC) and PIN to access your account, no replacement of benefits will be issued even if you claim that you did not receive those benefits.

It is your responsibility to keep your Personal Identification Number (PIN) secret. You should NOT tell your PIN to anyone and you should NOT write it on your CBIC card. Never tell your PIN number; even if the person claims to be from the local department of social services and claims to need the information. NO ONE FROM the local department of social services SHOULD EVER ASK YOU FOR YOUR PIN NUMBER.

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If your Common Benefit Identification Card (CBIC) is lost, stolen or damaged call Customer Service at 1-888-328-6399. To get your card replaced you must call your eligibility worker. Misuse or abuse of your card, such as selling it, may result in an investigation by State and/or Federal authorities. Documented violations will result in sanctions including:

- Disqualification from Program, and/or
- Recovery through recoupment/restitution; and/or
- Prosecution

If you have forgotten your Personal Identification Number (PIN) you may call Customer Service at 1-888-328-6399 to select a new PIN. You may also select a new PIN in person at your local department of social services office, or you can ask your worker to have your current PIN mailed to you by the Electronic Benefit Transfer contractor.

You will also need to show your CBIC card to access Medical Assistance services. To access Family Health Plus services, use the card sent to you by the health plan that you have chosen.

## 7. RESPONSIBILITY TO ACCESS YOUR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS

If you are receiving Supplemental Nutrition Assistance Program Benefits with Electronic Benefit Transfer (EBT):

If you are approved to get Supplemental Nutrition Assistance Program Benefits, your benefits will be issued to your Electronic Benefit Transfer (EBT) Supplemental Nutrition Assistance Program Benefits account on the same date each month. If you do not use your EBT Supplemental Nutrition Assistance Program Benefits account for 365 consecutive days, it will fall into expungement status. This means that any Supplemental Nutrition Assistance Program Benefits that have been available in your account for at least 365 days will be expunged (removed). Expunged Supplemental Nutrition Assistance Program Benefits cannot be replaced.

## 8. RESPONSIBILITY TO REPAY YOUR BENEFIT OVERPAYMENTS

### For Temporary Assistance:

If you get more Temporary Assistance than you should have (overpayment), you must pay it back. If your case is active, we will take back the amount of the overpayment from future Temporary Assistance benefits that you get. If your Temporary Assistance case is closed, the local department of social services will contact you about repayment of the amount you owe.

### For Medical Assistance:

Any Medical Assistance Payments made for services you received or premiums paid on your behalf for a period of time when you were not eligible for Medical Assistance may have to be paid back. The local department of social services will contact you about repayment of the amount you owe.

### For Supplemental Nutrition Assistance Program Benefits:

If you get more Supplemental Nutrition Assistance Program Benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future Supplemental Nutrition Assistance Program Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Supplemental Nutrition Assistance Program Benefits remaining in your account, or you may pay cash.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any expunged Supplemental Nutrition Assistance Program Benefits will be put towards your overpayment. If you apply for Supplemental Nutrition Assistance Program Benefits again, and have not repaid the amount you owe, your Supplemental Nutrition Assistance Program Benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

### For Child Care Benefits:

If you get more Child Care benefits than you should, you must pay them back. If your case is active, your parent share of child costs may be increased or your amount of child care benefits may be reduced until the amount you owe is paid back. If your case is closed, you must still repay the amount you owe or you will not be eligible when you re-apply.

## 9. EMPLOYMENT RESPONSIBILITIES

### For Temporary Assistance:

As an applicant for or recipient of Temporary Assistance you must:

- Continually look for a job, even if you are not assigned to do so, and be prepared to provide evidence that you have been looking for a job. If you need child care in order to look for a job, you must tell your worker.
- Take a job when one is available.
- Participate in an assessment of your ability to work and participate in work activity assignments.
- Unless a determination has been made that you are exempt from work activities, you must participate in work activities as assigned by the local department of social services.

You may also be required to get a medical examination or medical statement to participate in a work activity assignment or to verify that you have a medical condition that prevents you from working.

- If a determination has been made that you are exempt from participation in work activities, you may be required to accept medical care or other employment services to restore your ability to work. You may also be required to attend a meeting with the local department of social services and provide evidence to determine whether or not you continue to be exempt from work requirements.

- **If you have a temporary waiver from employment activities due to domestic violence, you must meet with a domestic violence liaison prior to the end of each waiver period to determine continued eligibility for the waiver. If you do not comply with the above listed requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced.**

**If you do not comply with the above listed requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced.**

You are considered able to work and must participate in work activities unless you are determined by the local department of social services to be:

- 1) disabled, incapacitated, ill or injured to the extent that you are unable to engage in work activities;
- 2) younger than sixteen years of age or sixty years of age or older;
- 3) under the age of nineteen and attending full time a secondary, vocational or technical school;
- 4) needed in the home full time to care for an ill, incapacitated or disabled household member and you are the only one who can reasonably provide such care;
- 5) pregnant and expected to deliver your child within thirty days;
- 6) needed in the home to care for a child under twelve months of age. This exemption shall last no longer than three months after a child is born unless the local department of social services makes a determination to extend the exemption for up to a maximum of twelve months over your lifetime;
- 7) unable to participate due to a lack of child care;
- 8) unable to participate and you have a waiver from employment requirements due to domestic violence granted by a domestic violence liaison. Sanctions for Failure to Comply with a Temporary Assistance Work Assignment:

### Sanctions for Failure to Comply with a Temporary Assistance Work Assignment:



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If you are not exempt from participation in work activities and do not comply with the above requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced. The length of time the benefits will be reduced depends on whether or not your household contains a dependent child and the number of times you have failed to comply.

For a household with dependent children, the household grant will be reduced as follows:

- the first failure to comply – until you comply,
- the second failure to comply – at least three months and until you comply,
- the third failure and subsequent failures to comply – at least six months and until you comply,

For a household without dependent children, the household grant will be reduced as follows:

- the first failure to comply – at least 90 days and until you comply,
- the second failure to comply – at least 150 days and until you comply,
- the third and subsequent failures to comply – at least 180 days and until you comply.

If a local department of social services official determines that you have intentionally misrepresented that you suffer from an impairment that would limit your ability to participate in work activities, your Temporary Assistance grant may be reduced for a period of time. If you are sanctioned for this reason, the sanction also will continue until you are willing to comply with employment requirements and no longer intentionally misrepresent that you suffer from an impairment. (The fact that medical evidence does not support your claim of an impairment does not, in itself, indicate that you will be sanctioned.) For Supplemental Nutrition Assistance Program Benefits:

### **For Supplemental Nutrition Assistance Program Benefits:**

Unless you are exempt from work registration requirements as an applicant for or recipient of Supplemental Nutrition Assistance Program Benefits you must:

- accept a job or a referral to an actual or potential job opening;
- participate in an assessment of your ability to work;
- provide information regarding your employment status and availability for work;
- participate in work activity assignments.

**If you do not comply with the above listed requirements, you may lose your Supplemental Nutrition Assistance Program Benefits.**

You are deemed to be a work registrant and required to comply with work registration requirements unless you are determined by the social services official to be:

- younger than 16 years of age or 60 years of age or older;
- mentally or physically disabled, incapacitated, ill or injured to the extent that you are unable to engage in work activities;
- subject to and complying with a federally funded (TANF) Temporary Assistance work requirements. If you are assigned to TANF work experience, this exemption from Supplemental Nutrition Assistance Program Benefits work requirement does not apply;
- responsible for the care of a dependent child under the age of six. If you are participating in TANF work experience, this exemption from Supplemental Nutrition Assistance Program work requirements does not apply;
- responsible for the care of an incapacitated person;
- an applicant for or recipient of Unemployment Insurance Benefits who is required to register for work as part of the unemployment compensation process;
- a regular participant in a drug or alcohol treatment and rehabilitation program and the local department of social services official determines that you are either unable to work or that assignment to work activities is impractical;
- a student enrolled at least half-time in a recognized school, training program or institution of higher education;
- an applicant for Supplemental Security Income (SSI) and Supplemental Nutrition Assistance Program Benefits under the joint processing provisions until you are either determined to be eligible for Supplemental Security Income (SSI) and, thereby, exempt from work registration, or determined to be ineligible for Supplemental Security Income (SSI); or
- 16 or 17 years old who is not head of household or who is attending school or an employment training program at least half-time.

### **Sanctions for Failure to Comply with a Supplemental Nutrition Assistance Program Benefits Work Assignment:**

If you are not exempt from participation in work activities and do not comply with the above requirements, you may lose your Supplemental Nutrition Assistance Program Benefits. The length of time you will lose your benefits depends on the number of times you have failed to comply.

- the first failure to comply – at least two months and until you comply
- the second failure to comply within a three year period – at least four months and until you comply
- the third and subsequent failures to comply within a three year period – at least six months and until you comply

### **Additional Requirements for Supplemental Nutrition Assistance Program Benefits Recipients who are Able-Bodied Adults without Dependents (ABAWDs):**

If you are a work registrant, you may also be required to meet additional Supplemental Nutrition Assistance Program Benefits eligibility requirements unless you are:

- under 18 years of age or 50 years of age or older;
- pregnant;
- any adult (including a parent) residing in a Supplemental Nutrition Assistance Program household where a member is under 18 years of age.
- unable to work for at least 80 hours per month due to a physical or mental limitation.

If you are a work registrant and not exempt based on one of the above three reasons, you will only be eligible to receive Supplemental Nutrition Assistance Program Benefits for three months in every 36 months unless you are:

- working for at least 80 hours a month; or
- participating in a work program approved by the local department of social services for at least 80 hours a month; or
- fully complying with a work experience assignment.

If you want to continue to receive Supplemental Nutrition Assistance Program Benefits beyond the three month limit, your local department of social services must make a qualifying work or training opportunity available to you. Contact your worker to discuss what work or training opportunities are available.

If you lose your eligibility for Supplemental Nutrition Assistance Program Benefits because you did not meet the above requirement for three or more months during which you received Supplemental Nutrition Assistance Program Benefits, you may begin to again receive Supplemental Nutrition Assistance Program Benefits, if otherwise eligible, after you have met the requirement for a 30-day period or demonstrate that you will do so within 30 days following your application for Supplemental Nutrition Assistance Program Benefits. You would then be required to continue to work or participate in a work program to continue to receive Supplemental Nutrition Assistance Program Benefits.

After you reestablish your eligibility for Supplemental Nutrition Assistance Program Benefits by working or participating in a program, if you lose your job or are unable to participate in your assigned program, you may be eligible to receive Supplemental Nutrition Assistance Program Benefits for up to an additional three months in the same 36-month period without working or participating in a work program. For Medical Assistance:

### **For Medical Assistance:**

# Attachment A

Medical Assistance has no employment requirements. However, to be eligible for the Medicaid Buy-In Program for Working People with Disabilities, an individual must be engaged in work.

## 10. RESPONSIBILITIES REGARDING CHILD CARE

It is your responsibility to look for and choose a child care provider. You must pay promptly any family share of the cost of child care services.

### **For Temporary Assistance Recipients:**

If you need child care in order to participate in work activities and are unable to find a child care provider, you must:

- Let your worker know what you have done to find a provider and ask for help in finding a provider.
- Follow up on all referrals you are given by your worker or other programs that are helping you locate a provider. This means you must contact or visit all providers that you are referred to until you are able to choose a provider that is appropriate, accessible, suitable and affordable.
- If you have contacted all providers you were referred to and are still not able to choose any of these providers, you must let your worker know in writing which providers you contacted and when and why you did not choose any of these providers. Your reasons must include one of the following:
  - - The provider was not open for the days or hours needed or could not care for your child's special needs.
  - - You were unable to get to the provider by car or public transportation.
  - - The provider was not located within a "reasonable distance" from your home or work activity. Each local department of social services has a different meaning of "reasonable distance". The local department of social services must tell you what reasonable distance means in your district.
  - - Friends, relatives or neighbors you considered or contacted were unsuitable.
- If you show that you are unable to locate a provider, your worker must offer you a choice of two providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or New York City Department of Health and Mental Hygiene. You must choose one of these providers or show why they are not appropriate, accessible, affordable or suitable.
  - You must continue to look for a child care provider and follow up on all referrals during the time you are excused from your work activity.
  - If you cannot show that you were unable to locate a provider and that the two choices of providers offered to you were not appropriate, accessible, affordable, or suitable, then your Temporary Assistance cash grant will be reduced if you fail to participate in your work activity.

## 11. RESPONSIBILITIES REGARDING CHILD AND SPOUSAL SUPPORT

As a Temporary Assistance applicant or recipient who is receiving child care, you must cooperate with your local department of social services in establishing paternity and collecting support as follows: SUPPORT COLLECTION – TEMPORARY ASSISTANCE

### **SUPPORT COLLECTION – TEMPORARY ASSISTANCE**

When you sign an Application for Temporary Assistance and for as long as you get Temporary Assistance, you turn over to your local department of social services your right to get any support payments owed to you or anyone else for whom you are applying or getting Temporary Assistance.

This means that as long as you get Temporary Assistance, the local department of social services has the right to get current support and past due support (arrears).

If you are getting support paid directly to you without a support or paternity order, you must report that money to your local department of social services.

Any collections made will be used to reimburse the local department of social services for assistance provided to you and your children, except for the "pass-through" payment or excess support payments. (See "Your Rights," Section 10, Rights Regarding Support Pass-Through And Excess Support Payments-Temporary Assistance".)

Even after your Temporary Assistance case closes, your local department of social services will sometimes have the right to the past due support (arrears). This means that your local department of social services will take legal action to collect these payments.

As a Temporary Assistance applicant or recipient, you must cooperate with the Child Support Enforcement Unit of your local department of social services unless you have a good reason not to. If you feel you have a good reason for not cooperating ("good cause claim"), you must tell your local department of social services.

Your local department of social services will allow your "good cause claim" if:

- your cooperation with the Child Support Enforcement Unit is likely to cause physical or emotional harm to you or your children;
- your child came from a pregnancy due to incest or rape;
- you are working with an authorized adoption agency to have your child adopted.

You will be asked to give as much information and/or documentation as possible about your ex-spouse, or the parent of the child, such as that person's social security number, date of birth, address, employer's name and address and any court information related to paternity or support actions. This information will be used to:

- establish paternity of each child born out of wedlock;
- get child support from the non-custodial parent of each child until each child is 21 years old;
- arrange to have your support payments turned over to the Support Collections Unit of the local department of social services.

You will also be required to appear, as necessary, at the child support office to provide information or documentation and at any court proceeding. If you believe compliance with any of these requirements will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

In the absence of a "good cause claim," if you do not cooperate with the Child Support Enforcement Unit, your Temporary Assistance grant will be reduced by 25% for each incidence of non-compliance, and any Temporary Assistance for your children may be paid to another person, called a "protective payee".

If you do not agree with any of the actions of your local department of social services regarding your "good cause claim," you may ask for a Conference and a Fair Hearing (See "Your Rights," Section 5 "Conferences and Fair Hearings".)

### **CHILD SUPPORT COOPERATION – IS NOT A REQUIREMENT FOR LOW INCOME CHILD CARE ASSISTANCE**

Pursuing child support is not required in order to receive child care assistance. However, establishing paternity and placing responsibility for supporting children on those parents that have the financial resources provides a step toward family self-sufficiency and economic security. Child support is a vital source of income for New York State's single parent households.

Next to the custodial parent's earnings, child support is the second largest source of income for low income families. Obtaining child support income and any health care insurance benefits for your child from the absent parent is important for the well being of your family.

Each local social services district has a Child Support Enforcement Unit (CSEU) that will help to establish paternity of your child. The CSEU will help you file a petition with family court to get a support order that is based on the child support guidelines. Child support may cover some of your child care costs. Also, the CSEU will make sure you get the child support you are entitled to and will help you file a petition with family court to collect unpaid support. Upon your request the CSEU will review your support order and if eligible apply a cost of living adjustment to the child support amount.

# Attachment A

These services are available to you whether the noncustodial parent lives in or outside of New York State. A \$25 dollar annual services fee will be charged when you receive child support services in any year if you have never been in receipt of Temporary Assistance for Needy Families and child support collects at least \$500 for you during a 12-month period beginning October 1st each year.

## **CHILD SUPPORT REFERRAL AND COLLECTION-FOSTER CARE**

If you voluntarily place your child in foster care, or your child has been removed and placed in foster care and you are the child's biological parent, stepparent or adoptive parent, you must cooperate with the local social services district so that the district can determine whether there is a circumstance that exists that would prohibit them from referring you to the child support enforcement unit of the local social services district. If no such circumstance exists, you must cooperate in providing the requested information, including third party health insurance information, and providing any necessary documentation and you have a legal obligation to contribute toward the cost of your child's foster care.

Circumstances or conditions that prohibit a referral to child support are:

- (1) when the appropriate social services official determines that such referral will adversely affect the health, safety or welfare of the child on whose behalf such payments are to be made or other persons in the child's household or will adversely affect the length of the child's placement or impair the ability of the child to return home when discharged from foster care ; or
- (2) when a surrender of a child born out of wedlock has been accepted by the appropriate social services official from the mother or father of such child, the parent surrendering the child must not be referred to the child support enforcement unit of the social services district; or
- (3) in the case of a non-adopting spouse, when a non-adopting spouse is living separate and apart from an adopting spouse pursuant to a written agreement of separation or when a non-adopting spouse has been living separate and apart from an adopting spouse for at least three years prior to the adopting spouse's commencing an adoption proceeding.CHILD SUPPORT COOPERATION - MEDICAL ASSISTANCE

## **CHILD SUPPORT COOPERATION - MEDICAL ASSISTANCE**

When you want to get Medical Assistance for yourself and you are also applying for your child under 21, and the child's other parent is not living with the child or will not help with the child's medical bills, you must cooperate with the Child Support Enforcement Unit of your local department of social services. This is not required if you are pregnant, or it is within two months following the month of the end of your pregnancy or you are only applying for the child. You are required to cooperate with the Child Support Enforcement Unit to try to get help from the noncustodial parent to pay for your child's medical bills, and, if your child is born out of wedlock, to establish paternity.

You are required to pursue medical support only. You are not required to pursue or assign your rights to cash support from a noncustodial parent to the local department of social services. If you are applying for Medical Assistance for your child, your child's eligibility will not be affected if you do not cooperate in establishing paternity.

You must turn over your right to collect money for medical bills or health insurance to your local department of social services. You must also cooperate with the department to get health insurance and money for medical bills from people legally responsible for you and your children.

As a Medical Assistance applicant or recipient, you must cooperate with the Child Support Enforcement Unit unless you have a good reason not to. If you feel you have a good reason for not cooperating ("good cause claim") you must tell your local department of social services. Your local department of social services will allow your "good cause claim" if:

- your cooperation with the Child Support Enforcement Unit is likely to cause physical or emotional harm to you or your children;
- your child came from a pregnancy due to incest or rape; or
- you are working with an authorized adoption agency to have your child adopted.

You will be asked to give as much information and/or documentation as possible about the noncustodial parent of the child, such as the parent's social security number, date of birth, address, employer 's name and address and any court information related to paternity or support actions.

This information will be used to:

- establish paternity of each child born out of wedlock for whom you are applying for or getting Medical Assistance, when the child is at least two months old; or
- get health insurance and money for medical bills from the non-custodial parent of each child until each child is 21 years old.

You will also be required to appear, as necessary, at the child support office to provide information or documentation and at any court proceeding.

If you do not cooperate with the Child Support Enforcement Unit, you cannot get Medical Assistance for yourself, unless you have "good cause" for not cooperating, or you are pregnant, or it is within two months following the month in which your pregnancy ended.

## **CHILD SUPPORT DISREGARD - MEDICAL ASSISTANCE**

Generally, the first \$50.00 of current child support collected each month is not counted when the local department of social services decides if you can get Medical Assistance. When a child is certified blind or certified disabled, one third of any support payment the child receives from an absent parent is not counted.

## **SUPPORT YOURSELF**

You are required to cooperate in pursuing medical support from an absent spouse or, where applicable, an ex-spouse. You are required to tell us if a spouse or ex-spouse, is, or may be, required to help pay for your medical bills or provide you with health insurance coverage. You must do so unless you are pregnant, within two months following the month in which your pregnancy ended, or you have "good cause" not to cooperate. If you do not agree with any of the actions of your local department of social services regarding your "good cause claim," you may ask for a Conference and a Fair Hearing. (See "Your Rights," Section 5 "Conferences and Fair Hearings.")

## **12. RESPONSIBILITY TO COMPLETE ALCOHOL AND SUBSTANCE ABUSE SCREENING REQUIREMENTS FOR TEMPORARY ASSISTANCE**

All adult and head of household applicants for and recipients of Temporary Assistance must complete the Alcoholism and Substance Abuse Screening Questionnaire. After completing the Questionnaire, you may be required to go to a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for a formal assessment to determine whether or not you have an alcohol or substance abuse problem. After completing the assessment the local department of social services will determine what treatment, if any, will be required. If it is determined that a treatment program is required, you must sign a consent form for disclosure of treatment information and must document compliance with your treatment progress to your local department of social services.

If you believe compliance with alcohol and substance abuse assessment or treatment will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you fail to participate in the screening or assessment process or fail to sign the consent form to release information from the treatment program, you will not be eligible for Temporary Assistance and your family's Temporary Assistance grant will be reduced. The Safety Net Assistance program will provide benefits to all otherwise eligible household members.

If you fail to:

- participate in or complete the required treatment;
- document treatment compliance; or
- attend the treatment program that the social services district determines appropriate for you;

you may be sanctioned from receiving Temporary Assistance. Additionally, if you leave a residential treatment program prior to completion, you will not get any personal needs allowance (PNA) which accumulated while you were in the treatment program.



## 13. RESPONSIBILITY TO COMPLETE ALCOHOL AND SUBSTANCE ABUSE SCREENING FOR MEDICAL ASSISTANCE

Certain Medical Assistance applicants and recipients are required to comply with the alcohol and substance abuse screening, assessment and treatment requirements. The following Medical Assistance applicants and recipients must meet these alcohol and substance abuse requirements: a person who is between 21 and 65 years of age and not pregnant, certified blind, or certified disabled; a husband or boyfriend of a pregnant woman with no other children in the household; a stepparent with no children of his/her own in the household when the birth parent is also in the household; a single individual; or a childless couple.

Persons applying for or in receipt of Family Health Plus or the Family Planning Benefit program are not required to participate in alcohol and substance abuse screening.

## 14. RESPONSIBILITIES REGARDING THE USE OF MEDICAL ASSISTANCE PROVIDERS

Before you get medical care, you must make sure that the doctor, pharmacist or other person you want help from agrees to bill Medical Assistance. Not all medical providers accept Medical Assistance.

If you need medical care after you apply for Medical Assistance but before you get your Common Benefit Identification Card (CBIC), you must still make sure the provider accepts Medical Assistance. If you have to pay a bill, after you apply for Medical Assistance but before you get your CBIC, we can only pay the bill if you are determined eligible for Medical Assistance and the provider accepts Medical Assistance.

When you are approved for Medical Assistance, you may be able to join a Medicaid Managed Care health plan. In some counties, you may have to join a plan. You will get information from your local department of social services about whether or not you have to join, and your plan choices. If you have a doctor you want to keep seeing, you need to check to see if he or she is in the Medicaid Managed Care health plan you join. When you join a Medicaid Managed Care health plan, you will get a health insurance card from your plan.

You must use your CBIC to access your Medical Assistance Benefits. Even if you join a Medicaid Managed Care health plan, you will still use your CBIC card for some services such as pharmacy. It is important to use your CBIC in a responsible manner when you use it to get medical care.

If you are eligible for Family Health Plus, you must receive all of your health care from the managed care plan that you selected. If you receive another health plan card for the family planning services, you will use that card just for family planning.

If you abuse Medical Assistance, you will be placed in the Recipient Restriction Program (RRP). This program limits the range of Medical Assistance providers from which you receive medical care, unless you have an emergency. A Medical Assistance provider is a person or facility that gives medical care. Some reasons why you might be restricted in your choice of Medical Assistance providers are:

- You are getting care from several doctors for the same problem.
- You are getting medical care more often than needed.
- You are using prescription medicine in a way that may be dangerous to your health.

If you are in the Recipient Restriction Program, you may ask to change your single Medical Assistance provider every three months or sooner if there is a good reason.

Some good reasons are:

- You or your Medical Assistance provider moves, and it is hard to get to your provider.
- Your Medical Assistance provider no longer accepts Medical Assistance.
- Your Medical Assistance provider does not want to see you.

The first time you abuse Medical Assistance, you will be assigned to one Medical Assistance provider for two years. If the abuse happens a second time, you will be restricted for a new 3-year period. If you abuse Medical Assistance again, you will be restricted for six years.

## 15. RECERTIFICATION RESPONSIBILITIES

Federal and State regulations require that your case be reviewed to see if you are getting all the help you should be getting. This review is called Recertification or Renewal.

You will be asked many of the same questions to determine if your circumstances have changed. If you have any questions or have trouble filling out any of the forms, ask for help.

If you miss a required interview without telling your worker why, your case may be closed. Therefore, you must make sure to tell your worker the reason. If you have a good reason, your case will not be closed. An example of a good reason would be being ill

on the day of the interview. You must meet all recertification requirements in order to keep getting help. As one of these requirements, if you are asked to provide certain papers or proof, you should do so within ten days, or your benefits may be reduced or stopped.

You will not be required to complete a personal interview to renew your Medical Assistance or Child Care Assistance. Persons receiving Medical Assistance only or Child Care Assistance only will receive a renewal package in the mail with instructions for completing and returning the renewal to your local department of social services. If you are receiving Supplemental Nutrition Assistance Program Benefits and Medical Assistance or Supplemental Nutrition Assistance Program Benefits and Child Care Assistance, your Supplemental Nutrition Assistance Program interview may also serve as your Medicaid renewal or your Child Care Assistance Renewal.

## 16. MINOR PARENTS RESPONSIBILITIES APPLYING FOR OR GETTING TEMPORARY ASSISTANCE

If you are under 18 and you are a parent who is not married and who is caring for a child and have no children under twelve weeks of age, you must be working toward a high school diploma or its equivalent (if you have not completed high school), or participating in an alternative educational program approved by your worker.

If you believe compliance with minor educational requirements will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you are pregnant and under 18 or are a parent who is under 18 and not married, you must live with a parent, legal guardian, or other relative. If your worker determines that this is not possible or not in your child's best interest, the local department of social services will decide if your current living arrangement is appropriate. If it is not, the local department of social services will assist you in finding other appropriate living arrangements.

These rules do not apply to Medical Assistance.

## 17. YOUR RESPONSIBILITIES REGARDING TEMPORARY HOUSING IF YOU ARE HOMELESS

If you need Temporary Housing Assistance because you are homeless, it is very important that you read this!

You might not get Temporary Housing Assistance if you do not follow some important rules.

Sometimes, if you lose Temporary Housing Assistance because you do not follow the rules, you may be able to get that help again right away if you will follow the rules.

Other times, if you lose Temporary Housing Assistance you may not get Temporary Housing Assistance again for a specified period of time even if you agree to follow the rules. The amount of time that you may lose eligibility for Temporary Housing Assistance will depend on which rule you violate.

# Attachment A

Some of the rules that you will have to follow in order to prevent losing Temporary Housing Assistance help are listed below:

- You must help the local department of social services staff to find out if you are eligible for emergency housing assistance.
- You may be required to meet with the local department of social services staff or a person appointed by the local department of social services to help develop an Independent Living Plan for you. If an Independent Living Plan is developed for you, you will receive a copy of the plan. The Independent Living Plan will tell you about the rules that you must follow.
- You must actively look for permanent housing and you must not unreasonably refuse permanent housing that is offered by the local department of social services staff.
- You must behave in a manner that does not interfere with the orderly operation of the Temporary Housing Facility where you are staying. You must not commit acts which endanger anybody's health or safety.

It is important for you to know that if you fail to follow the rules, you and your family might lose eligibility for Temporary Housing Assistance for a period of time!

You will also be required to comply with all the other eligibility requirements for receiving Temporary Assistance, such as complying with employment requirements. If you fail to comply with these other Temporary Assistance requirements, and you do not have good cause for failing to comply, you may be sanctioned, or lose eligibility for Temporary Assistance, depending upon which requirement you fail to comply with. Losing eligibility for a Temporary Assistance grant will make you and your family ineligible for Temporary Housing assistance. Being sanctioned, which will result in a reduction in your grant, may also result in the loss of Temporary Housing if there is not sufficient money in your grant to pay for Temporary Housing.

## **18. RESPONSIBILITY TO APPLY FOR SUPPLEMENTAL SECURITY INCOME (SSI)**

If you have a medical condition that prevents you from working, you may be required to file for Supplemental Security Income (SSI).

If you have a physical or mental medical condition or conditions that is or are so bad that it prevents you from working, you must report this information to your worker. If your worker agrees that your medical condition may be preventing you from working, your worker will require you to apply for SSI at the Social Security Administration.

This means that:

- You must apply for SSI.
- You must cooperate with all the requirements for SSI.
- You may not withdraw a pending application for SSI while you are receiving Temporary Assistance.
- If your SSI application is denied, you must appeal this denial unless your worker tells you that you don't have to file an appeal.

If you fail to meet these requirements, you will not be eligible for Temporary Assistance.



## **Electronic Signature**

---



I declare I have read and understood the rights and responsibilities.



I am electronically signing this application in a manner that is legally equivalent to a signature by hand. The application can be signed by a responsible adult member of the household or an Authorized Representative, if one has been designated.



I certify, under penalty of perjury, that everything on this application is the truth to the best of my knowledge. I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature is legally equivalent to a signature by hand.



I further certify that I am a resident of this borough.

**RAIN SAMUALJAMES (8/10/1999)**

**Today's Date:** 10/18/2021

**Borough of Residence:** Manhattan

**Initials:** ss

Rev. English 4/15, 10/15



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**Bronx**  
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Bronx, NY 10457  
Tel: 1.718.299.9017

**(Optional) Register to donate your organs and tissues**

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life™* Registry online at [www.nyhealth.gov](http://www.nyhealth.gov) or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.



Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle Initial  Suffix \_\_\_\_\_

Address \_\_\_\_\_

Apt. Number \_\_\_\_\_ Zip code \_\_\_\_\_

City \_\_\_\_\_

Birth date  /  /  Sex  M  F

Eye color \_\_\_\_\_ Height  Ft.  In.

**By signing below, you certify that you are:**

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

# NYS Agency-Based Voter Registration Form

**"If you are not registered to vote where you live now, would you like to apply to register here today?"**

**YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below

**NO** because I choose not to register **OR**

I am already registered at my current address **OR**

I asked for and received a mail registration form

*If you do not check any box, you will be considered to have decided not to register to vote at this time.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please Print Name

**Important!**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

## VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink**  Yes, I would like to be an Election Day worker

<b>1</b>	<b>Are you a U.S. citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form</small>	<b>2</b>	<b>Will you be 18 years old on or before election day?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form unless you will be 18 by the end of the year</small>	<b>For Board Use Only</b>	
<b>3</b>	Last Name	First Name	Middle Initial	Suffix	
<b>4</b>	Address where you live (do not give P.O. box)		Apt. No.	City/Town/Village	Zip Code County
<b>5</b>	Address where you get your mail (if different than above)		F.O. Box, Star Route, etc.	Post Office	Zip Code
<b>6</b>	Date of Birth	<b>7</b>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<b>8</b>	Telephone (optional) Email (optional)
<b>10</b>	The last year you voted	Your address was (give house number, street and city)		<b>9</b>	<b>ID Number</b> (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number
	In county/state	Under the name (if different from your name now)			
<b>11</b>	<b>Political Party</b> <b>I wish to enroll in a political party</b> <input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party <input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party <input type="checkbox"/> Green party <input type="checkbox"/> Other _____ <input type="checkbox"/> Working Families party <b>I do not wish to enroll in a political party</b> <input type="checkbox"/> No party			<b>12</b>	<b>Affidavit: I swear or affirm that</b> <ul style="list-style-type: none"> <li>I am a citizen of the United States.</li> <li>I will have lived in the county, city or village for at least 30 days before the election.</li> <li>I will meet all requirements to register to vote in New York State.</li> <li>This is my signature or mark on the line below.</li> <li>The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.</li> </ul>
				_____/_____/_____ Signature or Mark in ink	_____/_____/_____ Date

## (Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number	City/Town/Village	Zip Code
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color	Height	Ft. In.

**By signing below, you certify that you are:**

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

# Attachment A

## Qualifications for Registration

### You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

### To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

## Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections

40 North Pearl St, Suite 5

Albany, NY 12207-2729

Telephone: 1-800-469-6872;

TDD/TTY users contact the New York State Relay at 711;

or visit our web site - [www.elections.ny.gov](http://www.elections.ny.gov)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

---

## Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

## To complete this form:

**It is a crime to procure a false registration or to furnish false information to the Board of Elections.**

*Box 9:* You must make one selection. For questions refer to Verifying your identity above.

*Box 10:* If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

*Box 11:* Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

---



## HRA CA Case Changes & Special Grant Requests

### Case Changes & Emergency Grants

Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant.  
Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.

### What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.

I need to change my case:



I need financial help to:



### Complete your CA Case Changes and/or Special Grant Requests

For participants receiving Cash Assistance benefits, ACCESS HRA will offer the ability to request case changes and/or Special Grants.

Case changes include changing residential address, changes to income, removing a case member, etc. Special Grants include benefits for emergencies or an additional benefit that was not originally given for your case.

Participants will need to provide documentation supporting the request upon submission.

## Case Changes & Emergency Grants

Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant.  
Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.

### What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.

**⚠** To request help moving into a new apartment, please speak to shelter staff to start this request as soon as possible.

Due to COVID-19, you do not need to come into the Center. If an interview is needed, this interview will be done by telephone.

I need to change my case:

 Change case member(s)	 Change address	 Make changes to my income
--	--	--

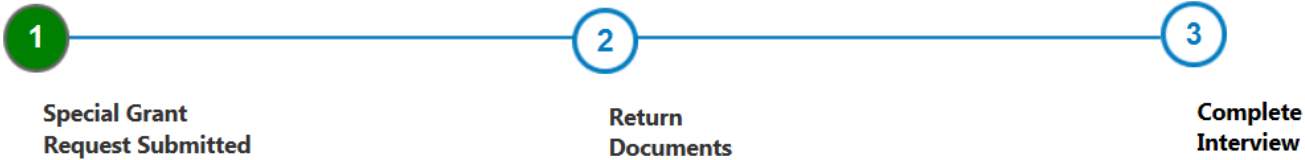
I need financial help to:

 Pay for housing costs I owe	 Pay for utility bills I owe	 Pay moving costs
 Pay for home repairs	 Pay for storage	 Get a restaurant allowance
 Get ready for a new baby	 Recover after a crisis	

For more information on how to get help paying for other expenses like child care, work-related expenses, or burial costs or if the help you need is not available above please [go to the CA FAQ page](#).



## Special Grant Request - Next Steps




**1 Success! Submitted on 8/1/2019 at 10:42AM**  
**Confirmation Number: 7098653762**

You asked for help with the following:

- **Help Buying Furniture**
- **Add an adult (18 and over)**

A confirmation email will be sent to you (if you gave us your email). Want a copy? [Click here.](#)

After submitting the online request, participants receive a time stamp, confirmation number, and next steps that include documents needed to process the request.

**2 You're not done yet! You must return the documents below.** 

Your eligibility for assistance to meet an immediate or emergency need cannot be determined until you have provided the requested documentation.

**Missing some documents? Have questions?** Skip to Step 3 and a worker will help.

Proof Of	For	Suggested Documents
		Photo I.D. or Driver's License

## Upcoming Appointments

**Tuesday, December 1, 2020**

**We will call you for your interview to review your request for rent you owe today or the next business day.**

 John Smith (1/1/1980)



**This Week**  
Clinton Hill Center  
495 Clermont Avenue  
Brooklyn, NY 11238

**Wednesday, December 2, 2020**

**We will call you for your interview to review your request to add an adult(s) to your case. Please make sure the new adult is available to interview.**

 Mary Smith (1/1/1980)



**This Week**  
Clinton Hill Center  
495 Clermont Avenue  
Brooklyn, NY 11238

**Thursday**  
**10**  
**December**

### **DUE DATE**

**CA Case Change Documents Required - return documents by this date or your requested change will not be processed.**

Interviews will be conducted by telephone.

Documents must be returned by the due date listed, or the requested change(s) will not be processed.

## ACCESS HRA CA Close My Case

### Case Changes & Emergency Grants





Because of COVID-19, you do not need to come to your Center for an interview or appointment. We will contact you about your request for a case change or emergency grant.

Please ignore ANY instructions that tell you to come to your Center. Do not come to your Center.









### What do you need help with?

Select the case changes or grants you would like to apply for. You can select more than one. Click each box for more details about what you can apply for.

I need to change my case:

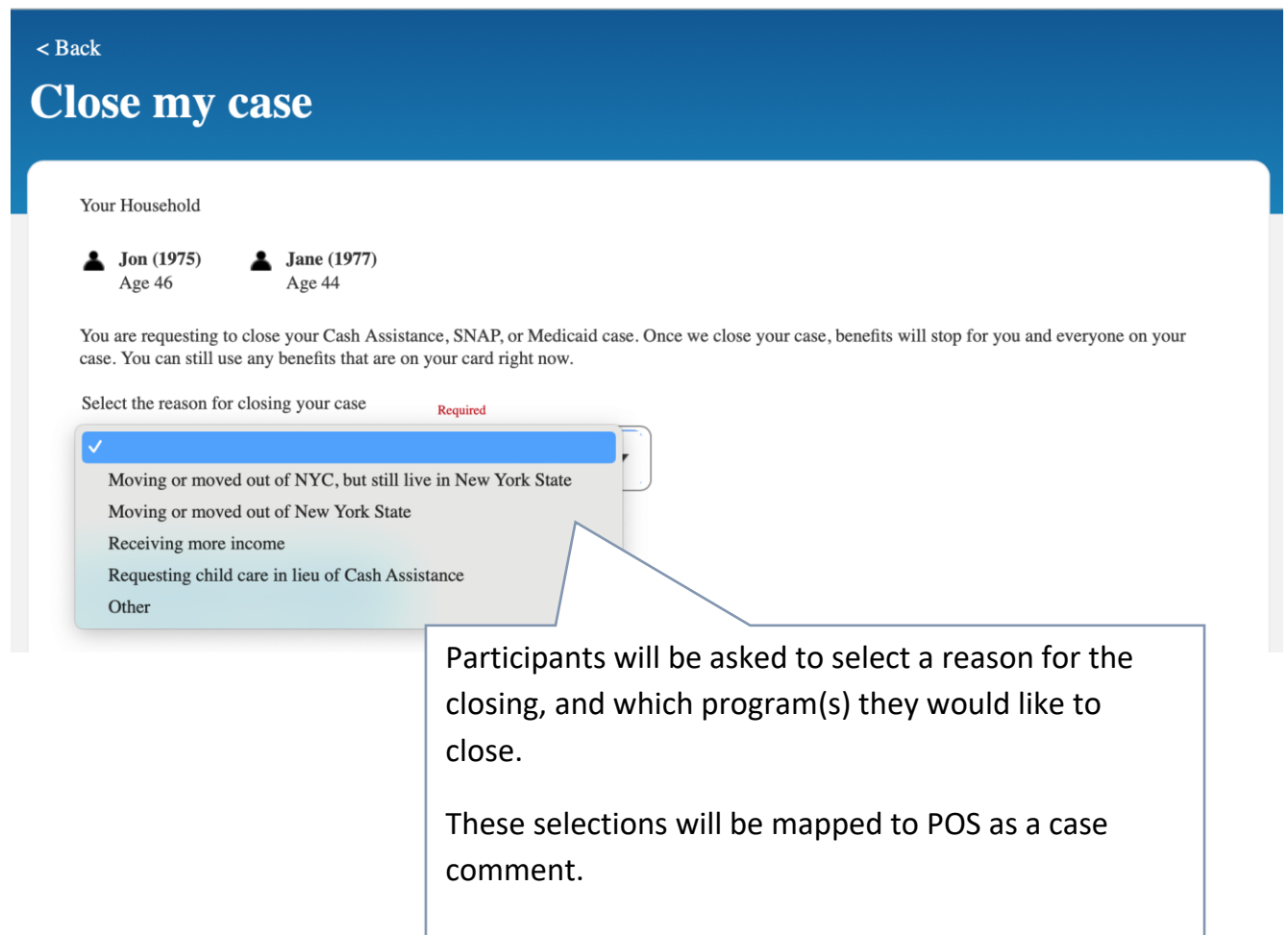
-  Change case member(s)
-  Change address
-  Make changes to my income
-  Close my case

I need financial help to:

-  Pay for housing costs I owe
-  Pay for utility bills I owe
-  Pay moving costs
-  Pay for home repairs
-  Pay for storage
-  Get a restaurant allowance
-  Get ready for a new baby
-  Recover after a crisis

For more information on how to get help paying for other expenses like child care, work-related expenses, or burial costs or if the help you need is not available above please [go to the CA FAQ page](#).

CA cases in AC status can close their CA case online.



CA participants that select the following closing reasons will be shown an Income Summary and Resources summary, and given the option to update this case information:

- Receiving more income
- Other

Refer to the following screenshots.

**Note:** If the address was changed, AHRA will ask for rent and utility details.

## Contact Information

We have this as the address where you live:

Rented apartment or house  
1 WEST STREET 2333,  
NEW YORK, NY 10001

Do you want to change your residential address? **Required**

Yes

No

We have this as your mailing address:

1 WEST STREET 2333,  
NEW YORK, NY 10001

Do you want to change your mailing address? **Required**

Yes

No

We have this as your phone number:

412-224-9898 - Cell

Do you want to change your phone number? **Required**

Yes

No

Next

< Back

# Review Income

You may be eligible to continue getting some benefits that are called transitional benefits. Please make sure your income information below is correct so we can determine if you are eligible for these benefits.

## Current Employment Income



Name	Employer/Company	How Often?	
Jon (1987) Calculated Monthly Income	Target Start Date: 8/8/2014		<a href="#">Edit</a>

## New Employment Income



[+ Add New Employment...](#)

## Current Self-Employment Income



Name	Income Type	Avg Monthly Hours (Income Tax Method)	
Jon (1987) - Applying Avg Monthly Hours (3-Month Method) N/A	Bakery Calculated Monthly Income \$500	30	<a href="#">Edit</a>

< Back

## Review Resources

You may be eligible to continue getting some benefits that are called transitional benefits. Please make sure your resource information below is correct so we can determine if you are eligible for these benefits.

### Current Cash / Checking Account / Savings Account



Name  
John (1980)

Type  
Checking Account

Approximate Value  
\$450

[Edit](#)

### New Cash / Checking Account / Savings Account



Add New Cash/Checking Account/Savings Account...

### Current Other Resources



Name  
John (1980)

Type  
IRA, KEOGH, 401k, or Deferred  
Compensation Account(s)

Approximate Value  
\$800

[Edit](#)

### New Other Resources



Add New Resource...

Next

< Back

## Close my case

### Important Information about Closing Your Case

I understand that by closing my Cash Assistance case, even if I am still otherwise eligible, my Cash Assistance benefits will stop. If I also requested to close my Medicaid case, my SNAP case, or both, those benefits will also stop. HRA will send me a notice in the mail telling me the date(s) when my benefits will stop. I may request a Fair Hearing if I disagree with any information on the notice. The notice will tell me how to request a Fair Hearing and by what date I will need to make that request. I may reapply for Cash Assistance or any of the other benefit programs I am requesting to close at any time.

HRA will notify me of any action taken based on this request in writing.

HRA will not allow a client to submit another request of the same type until the active request is processed.

I have read and understand this information. Required

Next



## Cash Assistance Application

Do any of these apply to you?

### Housing Needs

- No Place to Stay or Homeless
- Pending Eviction or Housing Court
- Fuel or Utility Shutoff
- Moving Costs
- Storage Fees
- Fire or Other Disaster
- Emergency Repairs for an Appliance

### Family Needs

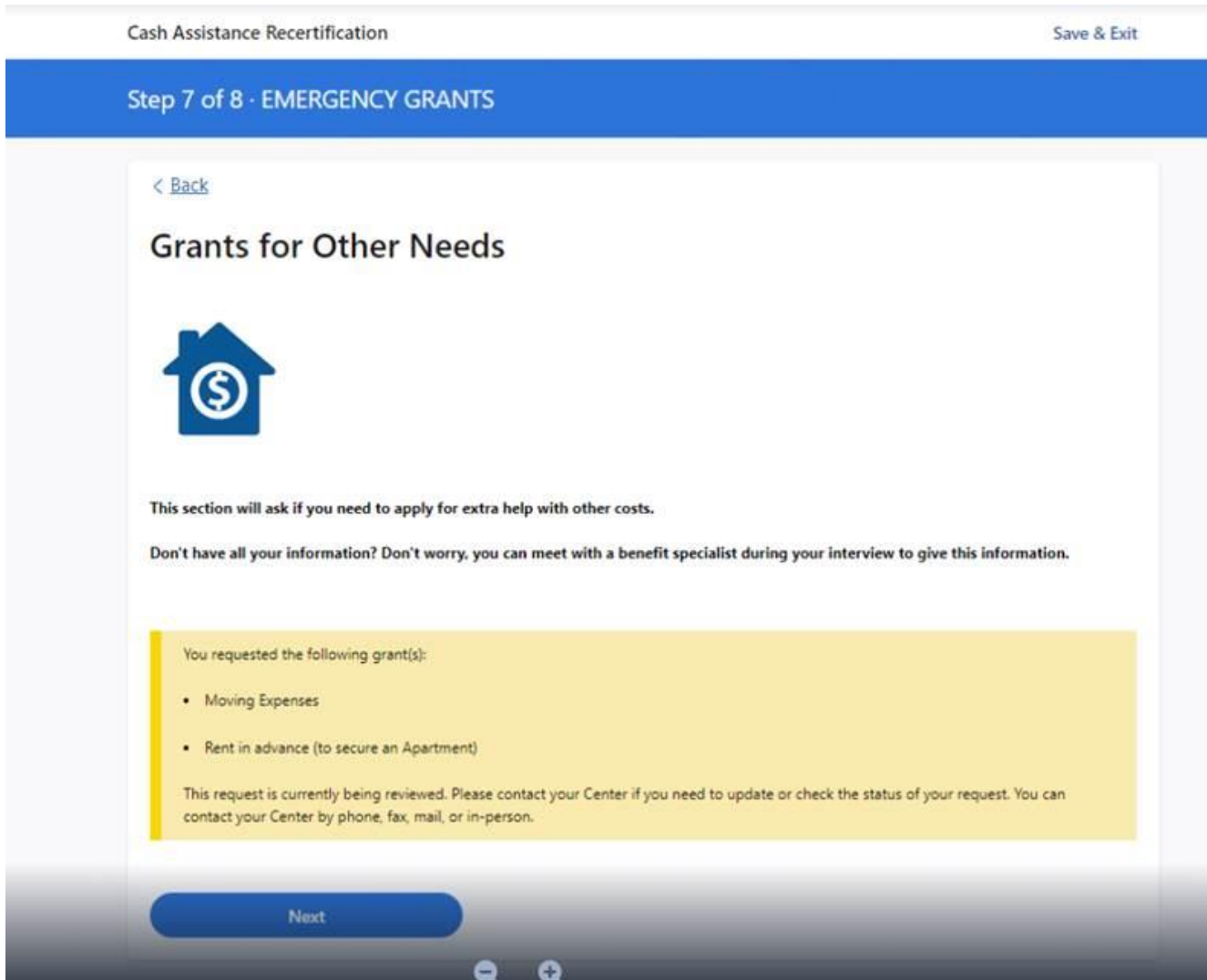
- Need Child Care
- Need Foster Care
- Need Child Support
- Need to Establish Paternity
- Urgent Family Problem

### General

- Other
- Other Emergency

### Food Related

For the CA Application, applicants can select the relevant checkboxes on the "Immediate Needs" page to request the Emergency Grant(s) as part of the online CA application submission.



This is the Emergency Grant Introduction page. It informs the applicant/participant of any Pending Grants through the display of alerts.

The screenshot shows a web application interface for a 'Cash Assistance Application'. At the top left, there is a home icon and the text 'Cash Assistance Application'. At the top right, there is a 'Save & Exit' link. Below the header, there is a blue navigation bar with a '< Back' link and 'STEP 7 OF 8' text. The main heading is 'Pay moving costs'. The central content area contains a question: 'Do you need help to pay for any of these moving costs?' followed by a red 'Required' label. Below the question is a bulleted list of costs: 'Moving Expenses', 'Security Deposit', 'Broker's Fee', 'Rent in Advance', and 'Buying Furniture'. There are two radio button options: 'Yes' and 'No'. A blue 'Next' button is positioned below the options. At the bottom of the page, there is a footer with links for 'Contact Us', 'Terms of Use', and 'Privacy Policy', and a language dropdown menu currently set to 'English'.

The CA applicant/participant can submit Emergency Grant requests for:

- Moving Expenses
- Security Deposit
- Broker's fee
- Rent in Advance
- Buying furniture

After submission, the CA applicant/participant will need to provide documentation supporting their request.

The screenshot shows a web application interface for a 'Cash Assistance Application'. At the top left, there is a home icon and the text 'Cash Assistance Application'. At the top right, there is a 'Save & Exit' link. Below the header, there is a blue navigation bar with a '< Back' link and 'STEP 7 OF 8' text. The main heading is 'Pay for home repairs'. The central content area contains a question: 'Do you need financial help fixing or replacing any of the following?' followed by a red 'Required' label. Below the question is a bulleted list: '• Appliances', '• Furniture', and '• Damage to your home'. There are two radio button options: 'Yes' and 'No'. A blue 'Next' button is positioned below the radio buttons. At the bottom of the page, there is a footer with links for 'Contact Us', 'Terms of Use', and 'Privacy Policy', and a language dropdown menu currently set to 'English'.

The CA applicant/participant can submit Emergency Grant requests for getting financial help to:

- fix or replace appliances
- furniture
- damage to home.

After submission, the CA applicant/participant will need to provide documentation supporting their request.

Cash Assistance Application Save & Exit

[< Back](#)

STEP 7 OF 8

## Pay for storage

Do you need help to pay for any of these storage costs? Required

- Getting a new storage unit
- Paying rental fees on a storage unit

Yes

No

[Next](#)

[Contact Us](#)   [Terms of Use](#)   [Privacy Policy](#)   English ▾

The CA applicant/participant can submit Emergency Grant requests for getting financial help for a:

- new storage unit
- paying rental fees on a storage unit.

After submission, the CA applicant/participant will need to provide documentation supporting their request.

The screenshot shows a web application interface for a 'Cash Assistance Application'. At the top left, there is a home icon and the text 'Cash Assistance Application'. At the top right, there is a 'Save & Exit' link. Below the header, there is a blue navigation bar with a '< Back' link and 'STEP 7 OF 8' text. The main heading is 'Recover after a crisis'. The central content area is a white box with a question: 'Do you need financial help to replace any of these items after a crisis?' followed by a red 'Required' label. Below the question is a bulleted list: '• Clothing' and '• Furniture'. There are two radio button options: 'Yes' and 'No'. At the bottom of the white box is a blue 'Next' button. The footer contains links for 'Contact Us', 'Terms of Use', and 'Privacy Policy', along with a language dropdown menu currently set to 'English'.

The CA applicant/participant can submit Emergency Grant requests for getting financial help to replace clothing and furniture. After submission, the CA applicant/participant will need to provide documentation supporting their request.

< Back

STEP 6 OF 8

## Review Grant Requests

### Pay moving costs

Need help paying moving costs?

Yes

Move-in Date

08/01/2021

New address

1 West Street 2333, New York, NY, 10004

Rent in advance?

No

Broker's fee?

Yes

Security deposit?

Yes

Edit

Moving expenses?

No

New furniture?

No

### Pay for home repairs

Item

Furnace

Reason

Needed for health and safety

Own the item?

No

Edit

Remove



Add New Home Repair

### Pay for storage

Need help to pay for storage costs?

Yes

Reason

Homeless, living on the street

Belongings in storage now?

Yes

Edit

Items scheduled for auction?

No

### Recover after a crisis

Need financial help after a crisis?

Yes

Unexpected Event

Fire, flood, or other natural disaster

Forced to leave home?

Yes

Edit

Need to replace clothing?

Yes

Need to replace furniture?

No

Next



Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Center: \_\_\_\_\_

### Confirmation of Contact With Your Center

This letter serves to prove that \_\_\_\_\_  
was in our office or contacted our office on \_\_\_\_\_  
to: \_\_\_\_\_

This letter is not intended to provide an outcome or result from the visit.

Please contact us if you have any questions.

Thank you.

SAMPLE

\_\_\_\_\_  
Center Name

\_\_\_\_\_  
Telephone Number





Fecha: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Centro: \_\_\_\_\_

### Confirmación de Comunicación con su Centro

Por la presente se ha comprobado que \_\_\_\_\_  
estuvo en nuestra oficina o se comunicó con la misma el \_\_\_\_\_  
para: \_\_\_\_\_.

La presente no tiene por objeto informarle del resultado de la visita.

Ante cualquier pregunta, por favor comuníquese con nosotros.

Gracias.

SAMPLE

\_\_\_\_\_  
Nombre del Centro

\_\_\_\_\_  
Número del Teléfono



## ACCESS HRA Special Grants Desk Guide

POS Queue Name	Special Grant Description
CA ESG HOUSEMERG	Housing arrears emergency (evicted, eviction/marshal's notice, or in foreclosure)
CA ESG HOUS ARR	Housing arrears non-emergency
CA ESG UTILEMERG	Utility emergency (low on fuel, lights are out, have a shut off date)
CA ESG UTIL ARR	Utility arrears non-emergency
CA ESGEMERG	Emergency Special Grant requests (restaurant allowance, no heat, no hot water, displaced due to disaster, move in date is in 5 business days, pending eviction, have an auction date)
CA ESG	Special Grant requests, non-emergency
CA ESG CMUEMERG	Add an adult and an emergency special grant request
CA ESG CMU	Add an adult (standalone) or with a non-emergency request

Special Grant	Processing Steps
Adding an Adult	<ol style="list-style-type: none"> <li>1. Register the line in WMS using <b>CA Case Member Addition</b> POS activity.</li> <li>2. If the adult appears at the Job Center, they will be sent to CMU directly to conduct their interview.</li> <li>3. If the adult does not appear for their interview, we need to reject their line and deny the request on the <b>W-137B</b>.</li> </ol>
Adding a child / newborn / unborn	<ol style="list-style-type: none"> <li>1. Register the line in WMS using <b>CA Case Member Addition</b> POS activity.</li> <li>2. If all documents are submitted, process a new budget using <b>CA Change Case Data</b>, if not FA.</li> <li>3. If documents are missing, issue a <b>W-113A</b> from the SI Task List.</li> <li>4. Process a new budget using <b>CA Change Case Data</b>. An unborn can be added as soon as the EDC date is verified. The participant is eligible for a pregnancy allowance beginning in the fourth month of a pregnancy, or the month the pregnancy is verified, whichever is later.</li> </ol>
Housing Arrears above Agency level	<ol style="list-style-type: none"> <li>1. Assign Non-Food Emergency Special Grant to HDU JOS/Worker to assess the rent arrears.</li> <li>2. If documentation is complete, fill out the RAU packet and forward to RAU for a decision.</li> <li>3. If documents are needed, indicate deferral for documentation.</li> </ol>
Housing Arrears and other Special Grant	<ol style="list-style-type: none"> <li>1. Assign Non-Food Emergency Special Grant to HDU JOS/Worker to assess the rent arrears.</li> <li>2. At <b>Task 6</b> of the SI Task List, POS will split the grants into two activities – Non-Food Special Grant and HDU Intake.</li> <li>3. Using the POS In-Center referral, forward the Non-Food Emergency Special Grant to the appropriate Job Center liaison to review the secondary request.</li> <li>4. Proceed to process the HDU intake/interview as usual.</li> </ol>

(Turn page)

## W-137B Issuance

- a) Each Special Grant request receives its own **W-137B** form.
- b) Supervisors approving each activity need to print the **W-138B** form from **Task 8** of the SI Task List.
- c) In order for this form to be completed, staff need to complete **Tasks 1-7** of the SI Task List.
- d) If a **W-137B** form is not generating, please forward that case to ITS Help Desk with screenshots and the case number.

## Indexing Documents

- a) Once the JOS/Worker receives a Special Grant request, check the HRA OneViewer for necessary documents.
- b) If they are not there, check Center **088**'s queue in the POS Indexing Tool to index any pending documents for that case.
- c) If documents are not pending to be indexed, continue to initiate a deferral for the documents the Agency needs to render a decision.

SAMPLE



## 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"/> <b>Identity</b> You must establish identity for each person listed applying for assistance	<ul style="list-style-type: none"> <li>• Photo I.D.</li> <li>• Driver's license</li> <li>• U.S. passport</li> <li>• Naturalization certificate</li> <li>• Hospital/Doctor's records</li> <li>• Adoption papers</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <b>Marital Status</b> If you are married, divorced, separated, or widowed, you must submit documentation	<ul style="list-style-type: none"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Veterans Administration (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable)	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> If you are applying for assistance for yourself and others, you must verify who is living with you	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord or primary tenant (for example a roommate)</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal records/certificate</li> <li>• Hospital records</li> <li>• Adoption papers/records</li> <li>• Naturalization certificate</li> <li>• Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> 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"> <li>• Death certificate</li> <li>• Survivor's benefit records</li> <li>• Hospital records</li> <li>• VA or military records</li> <li>• Divorce papers</li> <li>• Proof of remarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Newspaper notice</li> <li>• Insurance company records</li> <li>• Institutional records</li> <li>• Agency case records and burial payment files</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Absent Parent Information</b> 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"> <li>• Pay stubs</li> <li>• Tax returns</li> <li>• Social Security or VA records</li> <li>• Monetary determination letters</li> <li>• ID cards (health insurance)</li> <li>• Driver's license or registration</li> </ul> <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**.

**(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"/> <b>Social Security Number</b> For Cash Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> 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"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> 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"/> <b>Citizenship or Current Immigration Status</b> <b>Status</b> – 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 <b>not</b> 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"> <li>• Birth certificate</li> <li>• Baptismal certificate/records</li> <li>• Hospital records</li> <li>• U.S. passport</li> <li>• Military service records</li> <li>• Naturalization certificate</li> <li>• USCIS documentation</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer If you have recently lost 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"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support Received from the Non-Custodial Parent	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Statement from person paying support</li> <li>• Check stubs</li> <li>• Official correspondence from the Child Support Enforcement Unit</li> </ul>
<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"> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor</li> <li>• Screen shots or images of benefit statement from Department of Labor</li> </ul>
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> </ul>
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> <li>• Veterans Administration official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Award certificate/letter</li> <li>• Check stub</li> </ul>
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> <li>• Statement from school</li> <li>• Statement from bank</li> <li>• Statement from agency administering grant/award letter</li> </ul>
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> <li>• Statement from bank or credit union</li> <li>• Statement from broker/financial institution/agent</li> </ul>

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

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income</b> (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr/> <p><input type="checkbox"/> Other unearned income</p> <hr/> <hr/>	<ul style="list-style-type: none"> <li>• Current award letter</li> <li>• Current benefit check</li> <li>• Official correspondence from source of income</li> <li>• Contact with source of income</li> <li>• Current contribution check</li> </ul> <hr/> <hr/>
<p><input type="checkbox"/> <b>Resources</b> (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/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr/> <p><input type="checkbox"/> Life insurance</p> <hr/> <p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p> <hr/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr/> <p><input type="checkbox"/> Real estate other than residence</p> <hr/> <p><input type="checkbox"/> Motor vehicle</p> <hr/> <p><input type="checkbox"/> Lump sum payment</p> <hr/> <p><input type="checkbox"/> Other resources</p>	<div style="font-size: 4em; opacity: 0.5; text-align: center; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE</div> <ul style="list-style-type: none"> <li>• Current bank records</li> <li>• Current credit card records</li> <li>• Stock/bond certificate</li> <li>• Statement from financial institution</li> <li>• Insurance policy</li> <li>• Statement from insurance company</li> <li>• Bank records</li> <li>• Burial agreement</li> <li>• Burial plot deed</li> <li>• Refund of EITC check</li> <li>• Statement from tax office</li> <li>• Deed</li> <li>• Statement from real estate broker</li> <li>• Broker's appraisal/estimate of current value by broker</li> <li>• Registration (older models)</li> <li>• Title of ownership</li> <li>• Appraisal of current value by dealer</li> <li>• Financing data</li> <li>• Statement from the source of payment</li> <li>• Lump sum check</li> <li>• Statement from household</li> <li>• Statement from nursing home</li> <li>• Household statement of current value</li> <li>• Sales slips</li> <li>• Insurance appraisal</li> </ul>

**(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"/> <b>Shelter Expenses</b></p> <p>You must prove how much it costs you to live where you do. (You may need to provide separate documentation for <b>each</b> item of shelter expense)</p> <p>You must submit proof of your shelter expenses even if you have not paid your rent</p> <p><b>Medical Assistance does not require documentation of shelter expenses.</b></p>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Non-heating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<p><input type="checkbox"/> <b>Medical Expenses</b></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"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> </ul>
<p><input type="checkbox"/> <b>Health Insurance</b></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"> <li>• Insurance policy/card</li> <li>• Statement from provider of coverage</li> <li>• Medicare card</li> <li>• Separation or divorce agreement with court-ordered health coverage</li> </ul>
<p><input type="checkbox"/> <b>Disabled/Incapacitated/Pregnant</b></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"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<p><input type="checkbox"/> <b>Unpaid Bills</b></p> <p>Please submit proof of any unpaid rent or utility bills in your name</p>	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of service and provider services and</li> </ul>
<p><input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b></p> <p>You must provide proof if you <b>pay</b> 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"> <li>• Court order</li> <li>• Statement from day care center or other child care provider</li> <li>• Statement from aide or attendant</li> <li>• Canceled checks or receipts</li> </ul>

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"/> <b>Past Management (how did you support yourself before coming to apply for Cash Assistance)</b>  <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> <li>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> <li>• 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.</li> </ul>
<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"> <li>• Bankbook/bank statement</li> <li>• Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>• Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	Statement from person(s) who provided support <ul style="list-style-type: none"> <li>• 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</li> </ul>
<input type="checkbox"/> <b>Other</b>	

SAMPLE



## Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factores de elegibilidad	Para probar este factor, proporcione: UNO de los siguientes ↓ O	DOS* de los siguientes:
<input type="checkbox"/> <b>Identidad</b> Debe probar la identidad de cada persona listada.	<ul style="list-style-type: none"> <li>• Documento de identidad con foto</li> <li>• Licencia de conducir</li> <li>• Pasaporte norteamericano</li> <li>• Certificado de naturalización</li> <li>• Hospital/Archivos médicos</li> <li>• Documentos de adopción</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de otra persona</li> <li>• Certificado de nacimiento/bautismo</li> <li>• Número de Seguro Social válido (SSN)</li> </ul>
<input type="checkbox"/> <b>Estado civil</b> Si es casado, divorciado, separado o viudo debe enviar documentación	<ul style="list-style-type: none"> <li>• Certificado de matrimonio/ defunción</li> <li>• Acuerdo de separación</li> <li>• Divorcio</li> <li>• Registros del Seguro Social</li> <li>• Registros del Departamento de Asuntos para Veteranos (VA)</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración del clero</li> <li>• Registros del censo</li> <li>• Aviso publicado en el diario</li> <li>• Declaración de otra persona</li> </ul>
<input type="checkbox"/> <b>Relación</b> Si tiene algún lazo de parentesco con un niño que vive en su hogar, debe probarlo.	<ul style="list-style-type: none"> <li>• Certificado de nacimiento (formulario de versión extensa)</li> <li>• Documentos de adopción/ registros</li> <li>• Registros de la Corte</li> <li>• Archivos médicos</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración del solicitante</li> <li>• Aviso del diario</li> <li>• Declaración del clero</li> <li>• Declaración de otra persona</li> </ul>
<input type="checkbox"/> <b>Domicilio</b> Debe probar que vive en la dirección que haya indicado (si corresponde).	<ul style="list-style-type: none"> <li>• Declaración del arrendador/ inquilino principal</li> <li>• Recibo actual de alquiler o renta</li> <li>• Registro de hipoteca</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de otra persona</li> <li>• Correo actual</li> </ul>
<input type="checkbox"/> <b>Composición y tamaño del hogar</b> Si esta solicitando asistencia para usted o para otras personas, debe probar quiénes viven con usted.	<ul style="list-style-type: none"> <li>• Declaración del arrendador que no sea un pariente o del inquilino principal (por ejemplo: un compañero de cuarto).</li> </ul>	<ul style="list-style-type: none"> <li>• Declaración de otra persona(s)</li> </ul>
<input type="checkbox"/> <b>Edad</b> Debe probar la edad de cada persona que solicite asistencia, en el caso que sea necesario.	<ul style="list-style-type: none"> <li>• Certificado de nacimiento</li> <li>• Certificado o registro de bautismo</li> <li>• Archivos de hospital</li> <li>• Documentos de adopción/ registros</li> <li>• Certificado de naturalización</li> <li>• Licencia de conducir</li> </ul>	<ul style="list-style-type: none"> <li>• Fóliza de seguro</li> <li>• Registros del censo</li> <li>• Declaración de otra persona</li> <li>• Declaración del médico</li> <li>• Correspondencia oficial de la Administración del Seguro Social (SSA)</li> </ul>
<input type="checkbox"/> <b>Ausencia/ Muerte de padres</b> Si el padre y/ o la madre de algún niño que vive en su hogar, no está viviendo con usted, debe probarlo o enviar una declaración escrita acerca del paradero o de la muerte de dicha persona.	<ul style="list-style-type: none"> <li>• Certificado de defunción</li> <li>• Registros de los beneficios del sobreviviente</li> <li>• Archivos del hospital</li> <li>• Registros militares o de Veteranos de Guerra (VA)</li> <li>• Documentos de divorcio</li> <li>• Prueba de haberse vuelto a casar</li> </ul>	<ul style="list-style-type: none"> <li>• Aviso publicado en el diario</li> <li>• Registros de la compañía de seguros</li> <li>• Registros institucionales</li> <li>• Registro de caso de la Agencia y documentos de pago de entierro</li> <li>• Declaración de otra persona</li> </ul>
<input type="checkbox"/> <b>Información sobre los padres ausentes</b> Si el padre y/o la madre de algún niño que vive en su hogar no está viviendo con usted, debe proporcionar toda información disponible sobre dicha persona: nombre, dirección, número de seguro social, fecha de nacimiento y empleo.	<p>Ejemplos de tipos de documentos sobre el padre o madre ausente que es posible presentar:</p> <ul style="list-style-type: none"> <li>• Talones de pago</li> <li>• Reembolso de impuestos</li> <li>• Archivos del Seguro Social o de Veteranos de Guerra (VA)</li> <li>• Cartas de determinación monetarias</li> <li>• Tarjetas de identificación (seguro de salud)</li> <li>• Licencia de conducir o registro</li> </ul> <p>Si no tiene estos documentos, es posible que deba hablar con un representante de la oficina de Sustento de Menores (<i>Child Support</i>), en una fecha posterior.</p>	<p>No corresponde</p>

\*Si envía una solicitud para **solamente** obtener los beneficios del programa de Asistencia de Nutrición Suplementaria (*SNAP*) o de Asistencia médica, debe proporcionar **un formulario por cada casilla de los factores de elegibilidad que esté marcada.**

**(Gire la hoja)**

## Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<input type="checkbox"/> <b>Número de Seguro Social</b> Para Asistencia en Efectivo ( <i>Cash Assistance</i> ), beneficios de <i>SNAP</i> y Asistencia médica <b>solamente, no</b> debe proporcionar prueba de su número de seguro social ( <i>SSN</i> ), salvo que el <i>SSN</i> que usted proporcione no coincida con el número que tenemos en nuestros archivos o no pueda ser verificado por la agencia.	<ul style="list-style-type: none"> <li>• Tarjeta del Seguro Social</li> <li>• Correspondencia oficial de la Administración del Seguro Social ( <i>SSA</i> )</li> </ul> Solamente no se requiere un número de seguro social para las personas que no tienen ciudadanía norteamericana y que solicitan Asistencia médica porque requieren un tratamiento de emergencia, o para las que son consideradas como Asistencia médica - solicitantes embarazadas.
<input type="checkbox"/> <b>Ciudadanía o estado migratorio actual.</b> <b>Estado</b> – Los ciudadanos norteamericanos son elegibles para la Asistencia temporal ( <i>Temporary Assistance</i> ), el Programa de Asistencia de Nutrición Suplementaria ( <i>SNAP</i> ) y la Asistencia médica. Todo extranjero debe poseer un estado migratorio satisfactorio para poder ser elegible para la Asistencia temporal, el <i>SNAP</i> y la Asistencia médica. El estado migratorio <b>no</b> es un factor de elegibilidad para embarazadas, ni para niños inmigrantes que soliciten el plan de seguro de salud "Salud Infantil Plus B" ( <i>Child Health Plus B</i> ). Los inmigrantes indocumentados y las personas que están aquí temporalmente y que no son inmigrantes, son elegibles solamente para ser tratados en caso de emergencia médica.	<ul style="list-style-type: none"> <li>• Certificado de nacimiento</li> <li>• Certificado de bautismo/registro</li> <li>• Archivos de hospital</li> <li>• Pasaporte norteamericano</li> <li>• Archivos del servicio militar</li> <li>• Certificado de naturalización</li> <li>• Documentos de inmigración de <i>USCIS</i></li> <li>• Evidencia de residencia continua en los Estados Unidos desde antes de 1/1/72</li> </ul>
<input type="checkbox"/> <b>Ingresos ganados</b>  <input type="checkbox"/> del empleador Si ha perdido recientemente su trabajo, no tiene que enviar verificación de sus ingresos provenientes de empleo	
<input type="checkbox"/> del trabajador por cuenta propia	
<input type="checkbox"/> Ingresos provenientes de rentas o de alojamiento con casa & comida.	<ul style="list-style-type: none"> <li>• Talones actuales de pago de salario y Declaración de propinas</li> <li>• Sobres de pago</li> <li>• Contacto con el empleador</li> <li>• Carta en papel timbrado que incluya: la paga por hora, cantidad de horas trabajadas por semana, fecha de primera paga si es un empleado nuevo y número de teléfono del empleador</li> <li>• Si dejó de trabajar, una declaración firmada por usted, con el nombre e información de contacto de su ex empleador/ lugar de trabajo</li> </ul>
<input type="checkbox"/> Ingresos no ganados  <input type="checkbox"/> Sustento de menores ( <i>Child support</i> ) pagados por el padre o madre que no tiene la custodia	<ul style="list-style-type: none"> <li>• Registro de negocio</li> <li>• Registro de impuestos</li> <li>• Registros y documentos relativos a los ingresos de su trabajo por cuenta propia y gastos</li> <li>• Crédito <i>EITC</i> del 2018 (o del 2019 si ya los ha presentado)</li> </ul>
<input type="checkbox"/> Beneficios del seguro de desempleo ( <i>UIB</i> ). Si ha enviado una solicitud para recibir <i>UIB</i> , pero aún no ha recibido ningún pago, no tiene que proporcionar prueba.  <input type="checkbox"/> Beneficios del Seguro Social (incluyendo <i>SSI</i> )	<ul style="list-style-type: none"> <li>• Declaración de la Corte de Familia</li> <li>• Declaración de la persona que paga el sustento</li> <li>• Talones de cheques</li> <li>• Correspondencia oficial de la Unidad para el Cumplimiento del sustento de menores (<i>Child Support Enforcement Unit</i>)</li> </ul>
<input type="checkbox"/> Beneficios para Veteranos de guerra ( <i>VA</i> )	<ul style="list-style-type: none"> <li>• Certificado actual de adjudicación del beneficio</li> <li>• Correspondencia oficial del Dept. del Trabajo del Estado de NY</li> <li>• Captura de pantalla del sitio web o imágenes de la declaración de beneficio del Departamento del Trabajo (<i>Department of Labor</i>)</li> </ul>
<input type="checkbox"/> Seguro de compensación laboral ( <i>Worker's Comp.</i> )	<ul style="list-style-type: none"> <li>• Certificado o carta actual de adjudicación del beneficio</li> <li>• Cheque actual del beneficio</li> <li>• Correspondencia oficial de <i>SSA</i></li> </ul>
<input type="checkbox"/> Becas y préstamos de educación	<ul style="list-style-type: none"> <li>• Correspondencia oficial de la Administración de Veteranos de Guerra</li> <li>• Certificado o carta actual de adjudicación del beneficio</li> <li>• Cheque actual del beneficio</li> </ul>
<input type="checkbox"/> Intereses/dividendos/regalías	<ul style="list-style-type: none"> <li>• Certificado o carta actual de adjudicación del beneficio</li> <li>• Talón de cheque</li> </ul>
	<ul style="list-style-type: none"> <li>• Declaración de la escuela</li> <li>• Estado de cuenta del banco</li> <li>• Declaración de la agencia administradora de la beca o carta de asignación</li> <li>• Estado de cuenta del banco o de la cooperativa de crédito</li> <li>• Declaración del agente intermediario/ institución financiera/ agente</li> </ul>

(Gire la hoja)

## Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<p><b>Ingresos no ganados (continuación)</b></p> <p><input type="checkbox"/> Jubilaciones privadas/anualidades</p> <hr/> <p><input type="checkbox"/> Otros ingresos no ganados</p> <hr/> <hr/>	<ul style="list-style-type: none"> <li>• Carta actual de adjudicación del beneficio</li> <li>• Cheque actual del beneficio</li> <li>• Correspondencia oficial de la fuente de ingresos</li> <li>• Contacto con la fuente de ingresos</li> <li>• Cheque actual de la contribución</li> </ul> <hr/> <hr/>
<p><input type="checkbox"/> <b>Recursos</b></p> <p>No se requiere información sobre recursos solo cuando los solicitantes de Asistencia médica son: mujeres embarazadas, niños menores de 19 años y personas elegibles para el seguro de Salud Familiar Plus (<i>Family Health Plus</i>).</p> <p><input type="checkbox"/> Cuentas bancarias: corriente, ahorro, pensión (<i>IRA y Keogh</i>), cooperativas de crédito</p> <hr/> <p><input type="checkbox"/> Acciones, bonos, certificados y fondos mutuales de inversión</p> <hr/> <p><input type="checkbox"/> Seguro de vida</p> <hr/> <p><input type="checkbox"/> Fideicomiso o fondo de entierro, sepultura o acuerdo de funeral</p> <hr/> <p><input type="checkbox"/> Crédito de impuestos por ingresos obtenidos o Reembolso de impuestos por ingresos obtenidos (<i>Earned Income Tax Credit, EITC</i>)</p> <hr/> <p><input type="checkbox"/> Bien(es) inmueble(s) distinto(s) al lugar donde vive</p> <hr/> <p><input type="checkbox"/> Vehículo automotor</p> <hr/> <p><input type="checkbox"/> Sumas de dinero por pago único</p> <hr/> <p><input type="checkbox"/> Otros recursos</p>	<p style="text-align: center; font-size: 2em; color: blue; opacity: 0.5;">SAMPLE</p> <ul style="list-style-type: none"> <li>• Estado de cuenta actual del banco</li> <li>• Registro actual de tarjeta de crédito</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Certificado de bonos/ acciones</li> <li>• Declaración de la institución financiera</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Póliza de seguro</li> <li>• Declaración de la compañía de seguro</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Estado de cuenta del banco</li> <li>• Acuerdo de entierro</li> <li>• Escritura de parcela de cementerio</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Cheque de reembolso de <i>EITC</i></li> <li>• Declaración de la oficina de impuestos</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Escritura</li> <li>• Declaración del agente inmobiliario</li> <li>• Estimación del agente hipotecario/estimación o valor actual según el agente inmobiliario</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Matrícula del vehículo (modelos viejos)</li> <li>• Título de propiedad</li> <li>• Estimación o valor actual según el vendedor de vehículos</li> <li>• Datos de financiación</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Declaración de la fuente emisora de pago</li> <li>• Cheque de la suma de dinero por pago único</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Declaración del hogar</li> <li>• Declaración del asilo de ancianos</li> <li>• Declaración del hogar o valor actual</li> <li>• Recibo de ventas</li> <li>• Estimación del seguro</li> </ul>

**(Gire la hoja)**

## Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<p><input type="checkbox"/> <b>Gastos del albergue</b></p> <p>Debe probar el costo del lugar donde vive. (Es posible que deba proporcionar documentación por cada gasto relativo al albergue). Debe proporcionar prueba de los gastos de albergue aún cuando no haya pagado su alquiler. <b>La Asistencia médica no requiere documentación de gastos de albergue.</b></p>	<ul style="list-style-type: none"> <li>• Recibo actual de alquiler/renta/ registro o cuaderno de hipoteca</li> <li>• Registro de propiedad y archivos de impuestos de escuela</li> <li>• Declaración del arrendador</li> <li>• Facturas del agua y de la cloaca</li> <li>• Facturas o recibos de fastos de recolección de residuos o basura</li> <li>• Registros del seguro del propietario de vivienda</li> <li>• Facturas de gas/ Aviso de interrupción del servicio de energía</li> <li>• Facturas de servicios que no son de calefacción</li> <li>• Facturas de teléfono (o una declaración del hogar que explica que se tiene dicho gasto)</li> </ul>
<p><input type="checkbox"/> <b>Gastos médicos</b></p> <p>Solamente debe proporcionar prueba de los gastos médicos que no fueron reembolsados, si usted es una persona anciana o con discapacidades y que además solicita los beneficios de <i>SNAP</i></p>	<ul style="list-style-type: none"> <li>• Declaración correspondiente a la prima del seguro médico o proveedor</li> <li>• Copias de las facturas médicas (pagas e impagas)</li> <li>• Tarjeta de Medicare para medicamentos recetados</li> </ul>
<p><input type="checkbox"/> <b>Gastos de salud</b></p> <p>Si usted, u otra persona que está solicitando beneficios, tiene cobertura de seguro médico (aunque sea pagada por un tercero), debe probarlo</p>	<ul style="list-style-type: none"> <li>• Tarjeta o póliza del seguro</li> <li>• Declaración de cobertura por parte del proveedor</li> <li>• Tarjeta de Medicare</li> <li>• Acuerdo de separación o divorcio con orden de cobertura medica por parte de la Corte</li> </ul>
<p><input type="checkbox"/> <b>Discapacitado/Incapacitado/Embarazada</b></p> <p>Debe probar si usted o alguien que vive con usted está enfermo(a) o embarazada. (No se requiere información sobre recursos solo cuando los solicitantes de Asistencia médica son: mujeres embarazadas, menores de edad y personas elegibles para el seguro <i>Family Health Plus</i>).</p>	<ul style="list-style-type: none"> <li>• Declaración del doctor, clínica u hospital comprobando el embarazo, fecha estimada del nacimiento del bebé</li> <li>• Declaración del médico o profesional</li> <li>• Comprobante de los beneficios de <i>SSA/SSI</i> para los no videntes y para otras discapacidades.</li> </ul>
<p><input type="checkbox"/> <b>Facturas impagas</b></p> <p>Debe presentar prueba de alquiler y de servicios públicos impagos que estén a su nombre</p>	<ul style="list-style-type: none"> <li>• Copia de cada factura detallando la cantidad impaga, el periodo del servicio y el proveedor.</li> </ul>
<p><input type="checkbox"/> <b>Otros gastos/ Costo del cuidado de un dependiente</b></p> <p>Debe proporcionar prueba si <b>paga</b>: sustento que haya sido ordenado por la Corte, cuidado infantil, gastos periódicos o por servicios a domicilio para el cuidado de salud prestados por un asistente o cuidador</p>	<ul style="list-style-type: none"> <li>• Orden de la Corte</li> <li>• Declaración de la guardería infantil o de otro proveedor de servicios para el cuidado infantil</li> <li>• Declaración del cuidador o asistente</li> <li>• Cheques cancelados o recibos</li> </ul>

(Gire la hoja)

## Factores de elegibilidad para Asistencia en Efectivo (*Cash Assistance, CA*) y Guía para la documentación sugerida (durante la pandemia de COVID-19)

Factor de elegibilidad	Para probar este factor, proporcione UNO de los siguientes:
<input type="checkbox"/> <b>Gestión pasada (cómo se mantenía a sí mismo antes de solicitar la Asistencia en Efectivo [<i>Cash Assistance</i>])</b>  <input type="checkbox"/> Ingresos ganados	<ul style="list-style-type: none"> <li>• Carta del empleador especificando la fecha de empleo, cantidad ganada y razón (es) por haber dejado el trabajo.</li> <li>• Si su último empleador está cerrado o ya no existe, favor de proporcionar la última dirección conocida del empleador y su número de teléfono. Debe firmar y fechar la declaración para nuestros archivos.</li> </ul>
<input type="checkbox"/> Otro (Para Asistencia en Efectivo solamente)	<p>Si usted no estaba manteniéndose a sí mismo gracias a su empleo/ ingresos ganados, favor de proporcionar prueba de cómo se mantenía a sí mismo. Por ejemplo:</p> <ul style="list-style-type: none"> <li>• Estado de cuenta del banco/ libreta bancaria</li> <li>• Verificación de beneficios que terminaron (compensación del trabajador, discapacidad, Seguro Social, <i>UIB</i>, etc (<i>workers' compensation, disability, Social Security, UIB</i>, etc.))</li> <li>• Declaración de la persona(s) que le proporcionó sustento.</li> </ul>
<input type="checkbox"/> <b>Beneficios potenciales</b>	<p>Declaración de la persona(s) que le proporcionó sustento.</p> <ul style="list-style-type: none"> <li>• Si usted o alguna persona de su hogar ha solicitado beneficios de las siguientes fuentes, y se les han sido otorgados o no, traer la carta de adjudicación, cheque u otra correspondencia: Seguro Social, pagos de la Corte, <i>SSI</i>, beneficios de Veteranos de Guerra, compensación del trabajador, beneficios de uniones o sindicatos, pensión, asignación militar, pensión del trabajador ferroviario, discapacidad de <i>NYS</i> u otra fuente.</li> </ul>
<input type="checkbox"/> Otro	

SAMPLE

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Job Center: \_\_\_\_\_

### UTILITY ARREARS/EMERGENCY HEATING

#### APPLICANT/PARTICIPANT INFORMATION

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Caseload: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Program Type (check  one):  
\_\_\_\_\_  CA  NCA SNAP  SSI  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### UTILITY ARREARS

Utility Company: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name on Account: \_\_\_\_\_ Service is:  On  Off Date: \_\_\_\_\_  
**HEAP payment received?**  Yes  No  Utility guarantee/restriction in effect – code:\* \_\_\_\_\_  
Is the utility service required to provide heat or operate heating equipment?  Yes  No  
Additional Information: \_\_\_\_\_

\_\_\_\_\_  
JOS/Worker's Signature Date

#### EMERGENCY HEATING

**Type of Heating Equipment:**  Boiler/Furnace  Other: \_\_\_\_\_  
 Oil: Vendor's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
**HEAP payment received?**  Yes, amount: \$ \_\_\_\_\_  
 No  Pending: HEAP Application Date: \_\_\_\_\_  
**Emergency HEAP payment received?**  Yes, amount: \$ \_\_\_\_\_  
 No  Pending: HEAP Application Date: \_\_\_\_\_  
**Resource Amount Available:** \_\_\_\_\_ **Other Household Income:<sup>†</sup>** \_\_\_\_\_

Does the applicant/participant own the home?  Yes  No  
Is the applicant/participant the tenant of record?  Yes  No

\* Enter code from Element 044 of the TAD

<sup>†</sup> Verification required

**EMERGENCY HEATING** (continued)

**Vendor Status** (check  one) (Refer to Participating Vendor List):

- Participating Vendor       Non-Participation Vendor

**Non-Participating Vendor Payment Plan Type** (check  the type of plan in which the applicant/participant is currently enrolled.)

- Pre-Payment Purchase Plan     Price Per Gallon Capped or Locked in Plan     Monthly Budget Plan  
 Annual Service Contract Plan     Other Type of Contract Plan

If applicant/participant is **NOT ENROLLED** in a Price Protection Plan, Budget Plan or Service Contract with a Non-Participating Vendor, ask the applicant/participant to switch to a participating vendor.

Is the applicant/participant willing to select a new vendor?  Yes     No    If Yes, complete vendor information below:

New Vendor Name: \_\_\_\_\_ Old Vendor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_

**UTILITY LIAISON RECOMMENDATION**  
(Breakdown)

Amount	From	To
\$		
\$		
\$		
\$		

Service is:     On     Off  
 Turn-off notice:     Yes     No

Date of termination: \_\_\_\_\_  
 Heating     Heat-Related

If applicant/participant has a payment plan with a non-participating vendor, obtain verification from vendor and indicate how plan was verified:

If applicant/participant has chosen a participating vendor, obtain verification that the new vendor will accept the applicant/participant as a customer.

**Refer applicant/participant to HEAP Central?**  Yes    Application initiated on \_\_\_\_\_  No  
 (date)

**\*If yes**, do not request an extension from the utility company; an extension will be obtained at HEAP Central. If the emergency is imminent, obtain the extension and notify HEAP Central. If **no**, provide reason and additional information.



**UTILITY LIAISON RECOMMENDATION (continued)**

**Extension Granted at Center:**  Yes    Expiration date: \_\_\_\_\_  
Reason Requested: \_\_\_\_\_

No    Reason: \_\_\_\_\_

**PAYMENT RECOMMENDED:** Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Period Covered: \_\_\_\_\_  
Abeyance amount: \$ \_\_\_\_\_ Forms/letters required: \_\_\_\_\_

**HEATING EQUIPMENT:**  Replacement amount: \$ \_\_\_\_\_  Repair Amount: \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_

**UTILITY LIAISON INFORMATION**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Group Supervisor's Name: \_\_\_\_\_

Group Supervisor's Telephone No: \_\_\_\_\_

Group Supervisor's E-mail Address: \_\_\_\_\_

Utility Liaison's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEAP REFERRAL OUTCOME**

Date HC Sent to Job Center: \_\_\_\_\_ Time: \_\_\_\_\_  
(HEAP comp. sys. populates in real time) (HEAP comp. sys. populates in real time)

Regular Approved: \_\_\_\_\_

Primary (Heating) Emergency Approved: \_\_\_\_\_

Heat-Related Emergency Approved: \_\_\_\_\_

Regular HEAP Case Pended: Reason: \_\_\_\_\_

Case Denied: Reason: \_\_\_\_\_

**SUPERVISORY REVIEW**

**Applicant/participant eligible for HEAP?**  Yes    If Yes, amount: \_\_\_\_\_ Code: \_\_\_\_\_

No    **If No, is a payment authorized by Center?**  
 Yes  No

**Is verification of HEAP evaluation in the case record?**  Yes  No

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Date \_\_\_\_\_

---

---

**MANAGERIAL REVIEW**

- Evidence of emergency HEAP evaluation in case record\*       Case action correct
- Issuance code is correct

\*\*\*REMINDER\*\*\*

**\*DO NOT** provide authorization for payment of a heat-related emergency unless there is verification that the household was **first** evaluated and has been determined **ineligible** for emergency HEAP benefits.

Approved

\_\_\_\_\_  
Signature of Assistant to the Deputy Director

\_\_\_\_\_  
Date

- Not Approved** (HEAP evaluation required)       **Not Approved** – Inappropriate issuance code

\_\_\_\_\_  
Signature of Assistant to the Deputy Director

\_\_\_\_\_  
Date

SAMPLE



**Section 3 – Clothing Report – (complete this section if damage to clothing occurred)**

Bedroom		Occupants		Age Groups			Replacement Indicated
List Number	First Name	Last Name	0-5	6-11	12-Adult		
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	

SAMPLE

**Section 4 – Action Taken by Job Center**

Special Grant	Type of Payment (check <input checked="" type="checkbox"/> one)		Allowance (Specify)	Amount
	SR	"E" Check		

Comments:

\_\_\_\_\_  
 Job Opportunity Specialist (JOS) Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Assistant Deputy Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Deputy Director/Director Signature

\_\_\_\_\_  
 Date



**Sección 3 – Reporte de Vestimenta – (Llene esta sección en caso de que se haya dañado la ropa)**

Dormitorio	Ocupantes		Grupos de edad			Sustituto Indicado
	Número de Lista	Nombre	Apellido	0-5	6-11	
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No

SAMPLE

**Sección 4 – Medida tomada por el Centro de Trabajo**

Concesión Especial	Tipo de Pago (Marque <input checked="" type="checkbox"/> una.)		Asignación (En concreto)	Cantidad
	SR	Cheque electrónico		

Comentarios:

\_\_\_\_\_  
 Nombre del Especialista de Oportunidad de Trabajo (JOS)

\_\_\_\_\_  
 Fecha

\_\_\_\_\_  
 Firma del Subdirector Adjunto

\_\_\_\_\_  
 Fecha

\_\_\_\_\_  
 Firma del Director Adjunto

\_\_\_\_\_  
 Fecha

## Participant Request Control Card

Job Center No. \_\_\_\_\_ Group \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Request Date	No. of Ext. Days	Participant's Name	Case Number	Case-Load	Participant Request						Action Taken		Sign Off Date	Req. Iss. Date	Act. Iss. Date
					H/H Add.	Other Add. Allow (Specify)	Emergencies			Approved	Denied				
							Shelter	Utility	Other (spec)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

SAMPLE

Group Total \_\_\_\_\_ Job Center Total \_\_\_\_\_





You may submit any required documents/information by:



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



**IN PERSON** — bring copies of the documents to your Center



**FAX** — send documents to \_\_\_\_\_



**MAIL** copies using envelope provided



**CALL** \_\_\_\_\_ if you need help getting documents or more time to get documents

SAMPLE

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



Fecha: \_\_\_\_\_

Número de caso: \_\_\_\_\_

Nombre del caso: \_\_\_\_\_

Número del centro: \_\_\_\_\_

### Formulario de petición de documentación

( Retornar este documento para subsidio especial)

Favor de enviar los documentos listados a continuación.

**Fecha límite de retorno:**

SAMPLE

Favor de retornar su acuerdo de reembolso de pago para la fecha indicada arriba.

Debe ver al Trabajador de casos cuando retorne los documentos

Tipo de petición	Documentación	Nombre

Si por alguna razón no puede cumplir con la fecha límite de retorno acordada, debe contactar a la *HRA* antes de dicha fecha. Si no cumple con enviar los documentos listados arriba, es posible que su petición para una asignación adicional sea denegada.

(Gire la hoja)

Usted puede enviar los documentos/ información por uno de los siguientes medios:



**CARGÁNDOLOS POR INTERNET** (*¡la forma más fácil!*) — use nuestra aplicación móvil de *ACCESS HRA* en su celular o en su tableta; entre a la página web: [www.nyc.gov/accesshramobile](http://www.nyc.gov/accesshramobile)



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



**FAX** — envíe los documentos al \_\_\_\_\_



**POR CORREO POSTAL**, enviando las copias en el sobre proporcionado.



**LLAME AL** \_\_\_\_\_ si necesita más tiempo o ayuda para conseguir los documentos.

SAMPLE

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad? ¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la *HRA* debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la *HRA*. La ley le da derecho a pedir este tipo de ayuda.



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

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

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

**Remember:**

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

---

**SECTION I: EMERGENCY ASSISTANCE**

**The type of emergency assistance I am requesting is:**

**The reason I need emergency assistance is:**

---

**(Turn page)**

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

---

## SECTION II: ADDITIONAL ALLOWANCES

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

- |   |  |
|---|--|
| <input type="checkbox"/> Back rent  | <input type="checkbox"/> Additional allowance for fuel   |
| <input type="checkbox"/> Repair of essential household items  | <input type="checkbox"/> Property repairs  |
| <input type="checkbox"/> Back mortgage and/or taxes   | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living  |  |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the:<br>Office of Burial Services<br>33-28 Northern Boulevard, 3rd Floor<br>Long Island City, NY 11101<br>Telephone: 718-473-8310 |  |

- Expenses related to moving:**
- |  |   |
|--|---|
| <input type="checkbox"/> Moving expenses               | <input type="checkbox"/> Furniture and other household items          |
| <input type="checkbox"/> Security deposit/agreement    | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher |   |

New Address: \_\_\_\_\_  
(include apartment number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When did you move? \_\_\_\_\_ New rent: \$ \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Primary tenant's name: \_\_\_\_\_

Address: \_\_\_\_\_

(include apartment number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

(Turn page)

---

**SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES**

I am requesting the following supportive services:

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing for participants in job search activities who have <b>exceptional</b> circumstances, such as homelessness or a recent fire and lack of appropriate clothing | <input type="checkbox"/> Child care allowance within approved limits, if needed |
| <input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items      | <input type="checkbox"/> Necessary public transportation                        |
|   | <input type="checkbox"/> Other work activity-related supportive services:       |
|   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>         |

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

---

**SECTION IV: ADD PERSON TO CASE**

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>New Baby</b>  | <input type="checkbox"/> <b>Spouse</b> who previously applied and was denied because of immigration status and his/her status has changed now |
| <input type="checkbox"/> <b>Child entered home</b>  | <input type="checkbox"/> <b>Myself/Adult payee to the case</b>  |
| <input type="checkbox"/> <b>Child under 18 years of age</b> (whose immigrant status has changed since my last application/recertification)                  | <input type="checkbox"/> <b>Other</b> _____   |
| <input type="checkbox"/> <b>Spouse/Adult living with me</b> who has not previously applied (this person must complete an application to receive assistance) | <input type="checkbox"/> <b>Other</b> _____   |

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date moved in/returned: \_\_\_\_\_

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Time of Request  AM  PM

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Date



Fecha: \_\_\_\_\_  
Nombre del caso: \_\_\_\_\_  
Número de caso: \_\_\_\_\_  
Unidad de casos: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Tel. del trabajador(a): \_\_\_\_\_  
Teléfono de FH&C: \_\_\_\_\_

## Petición para la Asistencia de Emergencia, asignaciones adicionales, o para añadir una persona al caso de Asistencia en Efectivo (solo para participantes)

Favor de completar este formulario si necesita asistencia de emergencia, asignaciones adicionales o para añadir una persona al caso.

### Recuerde:

- (1) Se le podría pedir prueba de los datos que usted proporcione. Si tiene problemas para obtener las pruebas, su trabajador debe ayudarle.
- (2) Podría tener que reunirse con su trabajador de casos. En tal caso, se le programará una cita.

---

### SECCIÓN I: ASISTENCIA DE EMERGENCIA

---

Solicito el siguiente tipo de asistencia de emergencia:

La razón por la que necesito la asistencia de emergencia es:

---

(Gire la hoja)

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

---

---

## SECCIÓN II: ASIGNACIONES ADICIONALES

Solicito la(s) siguiente(s) asignación(es) por necesidad especial:

- |  |  |
|--|--|
| <input type="checkbox"/> Alquiler atrasado   | <input type="checkbox"/> Asignación adicional para combustible   |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad  | <input type="checkbox"/> Reparaciones a la propiedad   |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados  | <input type="checkbox"/> Reemplazo de ropa perdida debido a desastres, tal como falta de albergue o incendio |
| <input type="checkbox"/> Asignación para embarazo  | <input type="checkbox"/> Otras asignaciones:   |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde vivo   |  |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en esta dirección: |  |

Office of Burial Services  
33-28 Northern Boulevard, 3rd Floor  
Long Island City, NY 11101  
Teléfono: 718-473-8310

SAMPLE

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Gastos relacionados con la mudanza:</b>   |   |
| <input type="checkbox"/> Gastos de mudanza  | <input type="checkbox"/> Muebles y otros artículos del hogar              |
| <input type="checkbox"/> Depósito/acuerdo de garantía   | <input type="checkbox"/> Almacenamiento de muebles y artículos personales |
| <input type="checkbox"/> Comisión del agente inmobiliario o del intermediario/vale de pago ( <i>voucher</i> ) |   |

Nueva dirección: \_\_\_\_\_  
(incluya el número de apartamento)

\_\_\_\_\_  
Ciudad Estado Código postal

¿Cuándo se mudó? \_\_\_\_\_ Nuevo alquiler: \$ \_\_\_\_\_

Nombre del arrendador: \_\_\_\_\_

Nombre del inquilino principal: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(incluya el número de apartamento)

\_\_\_\_\_  
Ciudad Estado Código postal

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---

(Gire la hoja)



**SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO**

**Solicito los siguientes servicios de apoyo para:**

- Vestimenta para los participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en circunstancias excepcionales, tales como la falta de vivienda o incendio reciente y falta de vestimenta adecuada.
- Actividad/participación relacionada con obtener alguna licencia, uniformes o alguna tarifa de bienes duraderos, dentro de los límites aprobados, a la hora de presentar documentación que compruebe la necesidad de dichos artículos.
- Asignación para cuidado infantil dentro de los límites aprobados, de ser necesario.
- Transporte público necesario
- Otros servicios de apoyo relacionados con actividades de trabajo:

Se proporcionarán los servicios necesarios cuando usted inicie alguna actividad de trabajo. Si se produce algún cambio en sus necesidades o si no está recibiendo algún servicio necesario, debería solicitar una asignación adicional.

**SECCIÓN IV: AÑADIR UNA PERSONA AL CASO**

**Usted puede presentar este formulario a su trabajador de casos aunque no tenga toda la información necesaria.**

**Deseo añadir la(s) siguiente(s) persona(s) a mi caso de Asistencia en Efectivo:**

- recién nacido
- un menor que se ha integrado al hogar
- un niño menor de 18 años (cuyo estado migratorio ha cambiado desde mi última solicitud/recertificación)
- un cónyuge/ adulto que vive conmigo quien no haya presentado solicitud anteriormente (para poder recibir asistencia dicha persona debe completar una solicitud).
- un cónyuge quien anteriormente haya presentado solicitud y haya sido rechazado por su estado migratorio, pero dicho estado ya ha cambiado.
- A mí mismo/adulto beneficiario del caso
- Otra persona \_\_\_\_\_
- Otra persona \_\_\_\_\_

**Nombre:** \_\_\_\_\_  
**Fecha de mudanza/regreso:** \_\_\_\_\_  
**Fecha de nacimiento:** \_\_\_\_\_  
**Número de Seguro Social (de saberlo):** \_\_\_\_\_

**Nombre:** \_\_\_\_\_  
**Fecha de mudanza/regreso:** \_\_\_\_\_  
**Fecha de nacimiento:** \_\_\_\_\_  
**Número de Seguro Social (de saberlo):** \_\_\_\_\_

\_\_\_\_\_  
Firma del/de la participante      Fecha de la petición      Hora de la petición       AM     PM

\_\_\_\_\_  
Worker's Name [Nombre del trabajador(a)]      Date [Fecha]



Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Center: \_\_\_\_\_

Caseload: \_\_\_\_\_

Worker Telephone No.: \_\_\_\_\_

FH&C Telephone No.: \_\_\_\_\_

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

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On \_\_\_\_\_, you requested  Emergency Assistance  
(Date)  Additional allowance for:

SAMPLE

\_\_\_\_\_

Your request for \_\_\_\_\_ has been accepted. You will receive:

- One payment in the amount of \$ \_\_\_\_\_ .
- Period covered, if applicable: \_\_\_\_\_ .

How we will pay:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Broker's or finder's fee/voucher paid to broker/finder  | <input type="checkbox"/> You must pick up check at your Job Center                     | <input type="checkbox"/> Check mailed to your home              |
| <input type="checkbox"/> We will add it to your regular Cash Assistance grant which you can get through the EBT system | <input type="checkbox"/> Security deposit/agreement/ voucher paid/provided to landlord | <input type="checkbox"/> Check sent directly to landlord/vendor |

Other action: \_\_\_\_\_

You will receive a second notice informing you as to how your ongoing benefits will be affected.

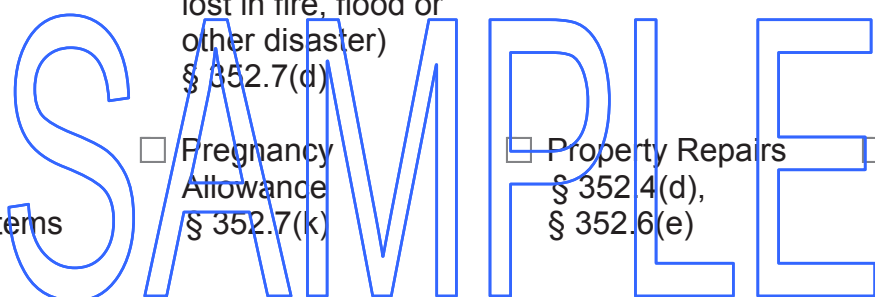
(Turn page)

On \_\_\_\_\_, you were referred to the Office of Burial Services at 33-28 Northern Boulevard, 3rd Floor, Long Island City, NY 11101, (718) 473-8310, to apply for a burial allowance.

Your request for \_\_\_\_\_ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30                    | <input type="checkbox"/> Additional Allowance for Fuel § 352.5  | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7 (g)            | <input type="checkbox"/> Back Rent § 352.7 (g)                                   |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a)       | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a)    | <input type="checkbox"/> Moving Expenses § 352.6(a)                              |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b)    | <input type="checkbox"/> Pregnancy Allowance § 352.7(k)   | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e)           | <input type="checkbox"/> Rent Security Deposit/ Agreement § 352.6(a)             |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | <input type="checkbox"/> Restaurant Allowance § 352.7(c)  | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |



Other (specify):

\_\_\_\_\_

\_\_\_\_\_  
JOS/Worker's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Date

(Turn page)

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

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION  
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

SAMPLE

**(Turn page)**

## 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 (a conference is an 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

**Deadline:** If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

**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 (and keep a copy for yourself) of this 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**

(3) **FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) **IN PERSON:** Bring a copy of this 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.state.ny.us/oah/forms.asp>**

(Turn page)

**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.

**If you have a disability, and cannot travel,** you may appear through a representative such as a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

**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.

**AVAILABILITY OF POLICY MATERIALS:** The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

**INFORMATION:** If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

(Turn page)

### FAIR HEARING REQUEST

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE



Fecha: \_\_\_\_\_  
 Número de caso: \_\_\_\_\_  
 Nombre del caso: \_\_\_\_\_  
 Centro: \_\_\_\_\_  
 Unidad de casos: \_\_\_\_\_  
 Teléfono del trabajador: \_\_\_\_\_  
 Teléfono para programar conferencias FH&C: \_\_\_\_\_

**Medida tomada en cuanto a su Petición para la Asistencia de Emergencia, las asignaciones adicionales o para añadir a personas al caso de Asistencia en Efectivo (solo para participantes)**

A continuación, se ofrece la explicación (junto a la casilla marcada con ) sobre la decisión de la Agencia en cuanto a su(s) programa(s) de beneficio(s).

Este aviso solo se aplica a su petición para recibir una asignación adicional, con el fin de satisfacer una necesidad especial, de cambiar a algún subsidio o alguna solicitud para la asistencia de emergencia. Si se niega la petición para recibir asistencia adicional, su caso continuo de Asistencia en Efectivo no se verá afectado.

El día \_\_\_\_\_, usted pidió:  Asistencia de emergencia  
 (Fecha)  Asignación adicional para:

- Su petición para \_\_\_\_\_ ha sido aceptada. Usted recibirá:  
 Un pago de \$ \_\_\_\_\_ .  
 Plazo de tiempo cubierto, si corresponde: \_\_\_\_\_ .

Cómo se hará el pago:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Por vale/comisión, a nombre del agente inmobiliario o del intermediario             | <input type="checkbox"/> Por cheque, a ser recogido en su centro de trabajo                                 | <input type="checkbox"/> Por cheque, enviado a su vivienda                             |
| <input type="checkbox"/> Por medio del sistema de la tarjeta EBT, añadido a su Asistencia en Efectivo normal | <input type="checkbox"/> Por medio del depósito de seguridad/contrato/vale de pago/ entregado al arrendador | <input type="checkbox"/> Por cheque, enviado directamente al arrendador/ representante |

Otra medida:

- Usted recibirá un segundo aviso informándole cómo se verán afectados sus beneficios continuos.

**(Gire la hoja)**



El día \_\_\_\_\_, usted fue referido para que solicitara la asignación para entierros en la Oficina de Servicios para Entierros (Office of Burial Services), ubicada en el 33-28 Northern Boulevard, 3rd Floor (3er piso), Long Island City, NY 11101, teléfono (718) 473-8310.

Su petición para \_\_\_\_\_ ha sido rechazada porque:

La(s) ley(es) y/o el reglamento que nos permite hacer esto es el artículo 18 NYCRR (favor de ver a continuación las secciones ( § ) del reglamento que aplican):

Adición al hogar § 352.30       Asignación adicional para combustible § 352.5       Hipoteca y/o impuestos atrasados § 352.7 (g)       Alquiler atrasado § 352.7 (g)

Comisión del agente inmobiliario o del intermediario/vale de pago § 352.6(a)       Pérdida por catastrófe (reemplazo de ropa y muebles destruidos por fuego, inundación u otro tipo de desastre) § 352.7(d)       Muebles y otros artículos del hogar § 352.7(a)       Gastos de mudanza § 352.6(a)

Reparación de artículos esenciales para el hogar § 352.7(b)       Asignación para el embarazo § 352.7(k)       Reparaciones a la propiedad § 352.4 (d), § 352.6(e)       Depósito de seguridad/ contrato de alquiler § 352.6(a)

Actividad de trabajo relacionada a los Servicios de Apoyo § 385.4       Asignación para restaurantes § 352.7(c)       Asignación quincenal de combustible para calefacción § 352.5(b)       Almacenamiento de muebles y artículos personales § 352.6(f)

Otro (especifique):

\_\_\_\_\_

\_\_\_\_\_  
Nombre del trabajador(a)/JOS

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del supervisor(a)

\_\_\_\_\_  
Fecha

**(Gire la hoja)**

**¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?**

¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.  
ASEGÚRESE DE LEER LA SECCIÓN ADJUNTA A ESTE AVISO SOBRE  
CONFERENCIAS Y DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER  
CÓMO APELAR ESTA DECISIÓN.**

SAMPLE

**(Gire la hoja)**

## Información sobre Conferencias y Audiencias Imparciales

### CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

### AUDIENCIA IMPARCIAL ESTATAL

**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 en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporaria y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

**Cómo solicitar una Audiencia Imparcial:** Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, 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 al llamar.)
- (2) POR ESCRITO:** Envíe una copia (y guarde una copia para sí) de todo este 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**
- (3) FAX:** Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga consigo una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporaria y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:  
**14 Boerum Place, Brooklyn, NY 11201.**
- (5) POR INTERNET:** Llene un formulario de petición electrónica en:  
**<http://www.otda.state.ny.us/oah/forms.asp>**

(Gire la hoja)

**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 errónea nuestra decisión. 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 esa 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 padece una discapacidad, y no puede trasladarse,** puede comparecer mediante un representante, tal como un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

**ASISTENCIA LEGAL:** Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar 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 fax, le proporcionaremos copias gratuitas de los documentos de 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 fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax 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 solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

**DISPONIBILIDAD DE MATERIALES DE POLÍTICA:** Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov), o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

**INFORMACIÓN:** Si usted desea más información sobre su caso, cómo solicitar 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 **página 1** de este aviso.

**(Gire la hoja)**

### PETICIÓN DE AUDIENCIA IMPARCIAL

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

Nombre en  
letra de  
molde:

Nombre

Inicial  
2do  
nombre

Apellido

Número de caso: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Ciudad: \_\_\_\_\_

Estado: \_\_\_\_\_

Código  
postal: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

SAMPLE

## NYPD – Job Center Report/Referral

**Part I – To be filled in by referring agency**

**Date:** \_\_\_\_\_

To:	From:
Complainant's Name:	Case Number (if applicable):
Complainant's Address:	Apt. No./Fl.:
Check <input checked="" type="checkbox"/> One: <input type="checkbox"/> CA/SNAP Participant <input type="checkbox"/> SSI Participant <input type="checkbox"/> Applicant	

**Part II – For Job Center use only**

Incident to be reported:			
Type of check:	Check No.:	Amount \$	(if applicable)
Action required:			
Worker's Signature:			Date:

**Part III – For police use only**

SAMPLE

The above-named complainant reported the following incident (check one below) to the _____ today.			
		Precinct No. _____	
The incident occurred on _____ at _____			
Date		Place/Address	
The complaint has been recorded under _____ by _____			
UF 61 No. _____		Police Official _____	Shield Number _____
<input type="checkbox"/> Burglary	<input type="checkbox"/> Rape	<input type="checkbox"/> Mugging	
<input type="checkbox"/> Physical abuse (battered woman)	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other (specify) _____	
The following items(s) were reported as lost/stolen or destroyed. Check <input checked="" type="checkbox"/> appropriate box(es).			
Cash Assistance check	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	Check No's., if known _____
SSI check	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Other check (specify) _____	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	Amount: \$ _____
Cash	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Property (specify) _____	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	<input type="checkbox"/> destroyed
Police Official's Signature			Date
Applicant/Participant's Signature			Date

- Instructions**
1. Take the original and duplicate copies to the Police Precinct.
  2. Return the completed and signed original to the Job Center.