OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

POLICY BULLETIN #18-57-ELI

Human Resources Administration Department of Social Services

(To be used with PD #17-26-ELI)

FAMILY HOMELESSNESS AND EVICTION PREVENTION SUPPLEMENT (FHEPS) ONE-CHECK SOLUTION

Date:	Subtopic(s):
September 13, 2018	FHEPS, Benefit Issuance, Replacement Checks
	The purpose of this policy bulletin is to inform all staff that the recurring supplementation for the Family Homelessness and Eviction Prevention Supplement (FHEPS) and the Cash Assistance (CA) rent allowance will be issued as one check per cycle or two (2) checks monthly. This procedure also outlines the process of replacing this type of check, if needed.
Refer to PD #17-26-ELI for additional information on FHEPS.	FHEPS is an ongoing rent supplement that is issued twice a month along with a household's CA shelter allowance. In certain instances, the FHEPS supplement has a city funded component. When this situation arises, the Welfare Management System (WMS) will issue two checks to the landlord semi-monthly. One check is for the city funded portion of the FHEPS supplement and another is for the combined CA shelter allowance and State funded portion of the supplement. In WMS, these benefits will have the same Benefit # (see screen on the next page).
	Effective October 1, 2018, Information Technology Systems (ITS) will implement a new process in which the city funded supplement will be combined with the CA Shelter allowance/State funded supplement and only one paper check will be mailed to landlords for each benefit cycle. See Attachment A for a sample of the combined check.
Recurring Payments Only	Note: This process only applies to the recurring benefits with the following recurring payment codes: • 10 – SHELTER • WE – FHEPS A CITY RECURRING SUPPLEMENT • WF – FHEPS B CITY RECURRING SUPPLEMENT • WG – FHEPS A CITY RECURRING SUPPLEMENT (MULTISUFFIX)

HAVE QUESTIONS ABOUT THIS PROCEDURE? Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Distribution: X

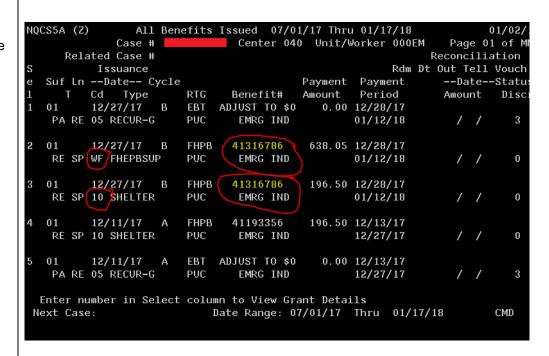
Replacement

Refer to PD #15-22-OPE for additional information of Check Replacement for Restricted Shelter Payments

If these benefits must be replaced, staff must use either Issuance Code **07** (Replacement of lost, stolen or undelivered benefits) or Issuance Code **08** (Replacement of cancelled check) depending on the reason for replacement.

The combined amount of the recurring shelter payment and the FHEPS supplement would be replaced as one check. For example, based on the screen shot below, the replacement would be in the amount of \$834.55 (Issuance Code **WF** + Issuance Code **10**). **Attachment B** provides a sample Public Assistance Single Issuance Authorization Form (**LDSS-3575**) based on the screen shot below.

Screen Shot demonstrating the same Benefit #



Effective October 1, 2018

Related Items:

PD # 17-26-ELI PD #15-22-OPE

Attachment

Attachment A Sample of the Combined Check
Attachment B Sample LDSS-3575 for Replacement

ATTACHMENT A

THE CITY OF NEW YORK DEPT. OF SOCIAL SERVICES PO BOX 181 NEW YORK NY 10274-0181 45

DEC 06, 2017 Date: Check #: 41148644

PUBLIC ASSISTANCE ACCOUNTS

CHECK NUMBER

41148644

TOTAL DOLLARS: ******\$443.17

-01

TO:

FROM:

DOLLAR

VALUE

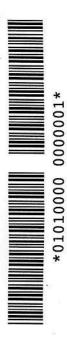
LLC FR I PO BROOKLYN, NY 11230

> BX LLC FR I CASE NUMBER

12/06/2017 CHECK NUMBER 41148644

GROUP# SGC

FROM: GROUP# TO: SGC VALUE 12/07/2017 12/07/2017 12/21/2017 12/21/2017 01 02 WE 09 36.87 406.30



IT IS IMPORTANT THAT YOU RETAIN THIS STUB

DOLLAR

PUBLIC ASSISTANCE ACCOUNTS THE CITY OF NEW YORK DEPT. OF SOCIAL SERVICES PO BOX 181 **NEW YORK** NY 10274-0181 RS 28139824 21611 0 45

THE CITY OF NEW YORK DEPARTMENT OF SOCIAL SERVICES CASH THIS CHECK AT ONCE

BANK OF AMERICA

112 41148644

52-153

DATE

AMOUNT

*******\$443.17

FHPA

DEC 06, 2017

PAY***Four Hundred Forty-Three And 17/100 Dollars

SNNC

PAY TO THE ORDER OF

LLC FR PO BROOKLYN, NY 11230

Attachment B

NQCS5A (Z) All	Benefits	Issued 07/0:	1/17 Thru	u 01/17/18		01/02/
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Re.	Lated Case #					Reconcili	ation
S	Issuance				Rdm	Dt Out Tell	Vouch
e Suf L	nDate C	ycle		Payment	Payment	Date-	-Status
1 T	Cd Type	RTG	Benefit#	Amount	Period	Amount	Disci
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PA R	E 05 RECUR-G	PUC	EMRG IND		01/12/18	/ /	3
2 01	12/27/17	B FHPB	41316786	638.05	12/28/17		
RE S	WF FHEPBSU	P PUC	EMRG IND		01/12/18	/ /	0
3 01	12/27/17	B FHPB	41316786	196.50	12/28/17		
RE S	10 SHELTER	PUC	EMRG IND		01/12/18	/ /	0
4 01	12/11/17	A FHPB	41193356	196.50	12/13/17		96.00
RE S	10 SHELTER	PUC	EMRG IND		12/27/17	/ /	0
2000 - 201 - 202							
5 01	12/11/17	A EBT	ADJUST TO \$0	0.00	12/13/17		
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Next Ca	se:		Date Range: 0	7/01/17	Thru 01/1	7/18	CMD

Combined amount to be replaced \$834.55 (Code WF \$638.05 + Code 10 \$196.50)

Attachment B

	WARNING:	FRAUDULENT OR UNAUTHORIZED USE OF THIS VIOLATORS ARE SUBJECT TO CRIMINAL AND/O	R ADMINISTRATIVE CHARGES	i.	
DSS-3575 (NVC) (7 /95)		WHITE-OUTS AND ERASURES WILL INVALIDATE			
NEWYORKSTATE	PUBLIC A	SSISTANCE SINGLE ISSUANCE A	UTHORIZATION FO		RTMENT OF SOCIAL SERVICES
NAME MOUSE	1				
PICK-UP CO	DES		_		
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				7	
				1	
лтоти. АМОUNT 8 ₁ 3 ₁ 4 ₅ 5		ICARING			
	P	RINT TOTAL DOLLAR AMOUNT	N WORDS		LLARS 5.5 GINTS
P 1	ght hu	ndred thi	ř	ч _г	LIARS 5 5 CENTS
	HERE. Line Out Unused Boxes.				
NAME Land	lord fr	C 1 1 e n t		_	
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στν N e W	Y o r k	STATE NY ZIPCOOE 1	1,1,1,1		
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		T			
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CASELOAD OF WORKER COMPLETING FORM	CONTROL CLERK		DATE	CHTOPERATOR	DATE

NEW YORK STATE WELFARE MANAGEMENT SYSTEM