



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

POLICY BULLETIN #18-57-ELI

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

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

Date: September 13, 2018	Subtopic(s): FHEPS, Benefit Issuance, Replacement Checks
<p>Refer to PD #17-26-ELI for additional information on FHEPS.</p> <p>Recurring Payments Only</p>	<p>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.</p> <p>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).</p> <p>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.</p> <p>Note: This process only applies to the recurring benefits with the following recurring payment codes:</p> <ul style="list-style-type: none"> • 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

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 #

NQCS5A (Z) All Benefits Issued 07/01/17 Thru 01/17/18 01/02/18									
		Case #	Center 040		Unit/Worker 000EM	Page 01 of 11			
		Related Case #	Reconciliation						
S	Issuance	Rdm	Dt	Out	Tell	Vouch			
e	Suf Ln	--Date--	Cycle				--Date--	Status	
	T Cd Type	RTG	Benefit#	Payment	Payment		Amount	Disc	
1	01	12/27/17	B	EBT	ADJUST TO \$0	0.00	12/28/17		
	PA RE 05	RECUR-G	PUC	EMRG IND			01/12/18	/ /	3
2	01	12/27/17	B	FHPB	41316786	638.05	12/28/17		
	RE SP WF	FHEPBSUP	PUC	EMRG IND			01/12/18	/ /	0
3	01	12/27/17	B	FHPB	41316786	196.50	12/28/17		
	RE SP 10	SHELTER	PUC	EMRG IND			01/12/18	/ /	0
4	01	12/11/17	A	FHPB	41193356	196.50	12/13/17		
	RE SP 10	SHELTER	PUC	EMRG IND			12/27/17	/ /	0
5	01	12/11/17	A	EBT	ADJUST TO \$0	0.00	12/13/17		
	PA RE 05	RECUR-G	PUC	EMRG IND			12/27/17	/ /	3

Enter number in Select column to View Grant Details
 Next Case: Date Range: 07/01/17 Thru 01/17/18 CMD

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 1
DEPT. OF SOCIAL SERVICES
PO BOX 181
NEW YORK NY 10274-0181
RS [REDACTED] 0 45

Date: DEC 06, 2017
Check #: 41148644

PUBLIC ASSISTANCE ACCOUNTS

CHECK NUMBER 41148644
TOTAL DOLLARS: *****\$443.17

[REDACTED] LLC FR [REDACTED] J
PO [REDACTED]
BROOKLYN, NY 11230

[REDACTED] BX LLC FR [REDACTED] CASE NUMBER [REDACTED]-01 12/06/2017 CHECK NUMBER 41148644

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



01010000 0000001

IT IS IMPORTANT THAT YOU RETAIN THIS STUB

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 1

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

BANK OF AMERICA ⁵²⁻¹⁵³/₁₁₂
41148644

DATE AMOUNT
DEC 06, 2017 *****\$443.17

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

[REDACTED] 40 SNNC FHPA

PAY TO THE ORDER OF [REDACTED] LLC FR [REDACTED]
PO [REDACTED]
BROOKLYN, NY 11230

Signature

[Handwritten signature]

Attachment B

NQCS5A (Z) All Benefits Issued 07/01/17 Thru 01/17/18 01/02/18

Case # [REDACTED] Center 040 Unit/Worker 000EM Page 01 of M

Related Case # Reconciliation

S Issuance Rdm Dt Out Tell Vouch

e	Suf	Ln	--Date--	Cycle	RTG	Benefit#	Payment Amount	Payment Period	--Date--	Status	Disc
1	T		12/27/17	B	EBT	ADJUST TO \$0	0.00	12/28/17			
	PA	RE	05	RECUR-G	PUC	EMRG IND		01/12/18	/ /		3
2	01		12/27/17	B	FHPB	41316786	638.05	12/28/17			
	RE	SP	WF	FHEPBSUP	PUC	EMRG IND		01/12/18	/ /		0
3	01		12/27/17	B	FHPB	41316786	196.50	12/28/17			
	RE	SP	10	SHELTER	PUC	EMRG IND		01/12/18	/ /		0
4	01		12/11/17	A	FHPB	41193356	196.50	12/13/17			
	RE	SP	10	SHELTER	PUC	EMRG IND		12/27/17	/ /		0
5	01		12/11/17	A	EBT	ADJUST TO \$0	0.00	12/13/17			
	PA	RE	05	RECUR-G	PUC	EMRG IND		12/27/17	/ /		3

Enter number in Select column to View Grant Details

Next Case: Date Range: 07/01/17 Thru 01/17/18 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 FORM IS A CRIME. VIOLATORS ARE SUBJECT TO CRIMINAL AND/OR ADMINISTRATIVE CHARGES. WHITE-OUTS AND ERASURES WILL INVALIDATE THIS FORM.

055-3575 (NYC) (7/95)

PUBLIC ASSISTANCE SINGLE ISSUANCE AUTHORIZATION FORM

DEPARTMENT OF SOCIAL SERVICES

NEW YORK STATE		CASE NAME		LAST Mouse		FIRST Mickey		MI		SERIAL NUMBER						
PICK-UP CODES																
SPECIAL ROLL - 1	<input checked="" type="checkbox"/>	SP/PT HR	<input type="checkbox"/>	REG DAY	EUG-2	<input type="checkbox"/>	E CHECK	<input type="checkbox"/>	E CASH	<input type="checkbox"/>	E PPT LINKED - B	<input type="checkbox"/>	E PPT NEXT DAY - B	<input type="checkbox"/>	ISS CENTER	0167
CASE NUMBER	0123456789A			SUFFIX	Q1		DATE FORM PREPARED	03 21 18		AUTHORIZATION NUMBER						

ISSUANCE CODE	AMOUNT		FROM		TO		ROUTING LOCATION	REPLACES CHECK NUMBER	ERA CHECK NUMBER	RESTRICTED INDICATOR
	DOLLARS	CENTS	MO	DAY	YR	MO				
07	834	55								

TOTAL AMOUNT	834 55	DAR HEARING NUMBER	
PRINT TOTAL DOLLAR AMOUNT IN WORDS			
e i g h t h u n d r e d t h i r t y f o u r			
DOLLARS	5	CENTS	5

OPTIONAL FIELDS START HERE. Line Out Unused Boxes.

PAYEE NAME	L a n d l o r d r e c l e i n t										
STREET ADDRESS	1 3 1 3 M o c k i n g b i r d L i n A p t 1 B										
CITY	N e w Y o r k				STATE	N Y		ZIP CODE	1 1 1 1 1		
SHELTER TYPE/RECOUPEMENT INDICATOR	01		CATEGORY	F A							

CONTROL UNIT ONLY

For already issued checks: D & C Date

ELIGIBILITY SPECIALIST	DATE	GROUP SUPERVISOR	DATE	DEPUTY DIRECTOR OF ELIGIBILITY DETERMINATION	DATE
UNIT WORKER		DIRECTOR OF ELIGIBILITY DETERMINATION	DATE	DIRECTOR EDIT/OVERRIDE CODE	DATE
EFFICIENT CASELOAD		CONTROL CLERK	DATE	CITY OPERATOR	DATE
CASELOAD OF WORKER COMPLETING FORM					