



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #19-05-OPE

MONTHLY UPDATES: (DHS-19, EUIP-1, EUIP-1A, EUIP-2, FF-3J, FIA-1103A, FIA-1103B, FIA-1103C, FIA-1157, FIA-1195, HPA-69, HPA-97, W-532A, W-532B, W-532C)

Date: February 5, 2019	Subtopic(s): Forms
Updated and added items	<p>The following forms have been added updated or made obsolete on eDocs:</p> <ul style="list-style-type: none"> • “Agency Referral to Homebase” (DHS-19) is a referral form used for the Department of Correction (DOC) pilot program when a client is processed through a DHS intake center and referred to Homebase for a CityFHEPS and Pathway Home assessment. • The following Emergency Utility and Intervention Program (EUIP) forms were created: <ul style="list-style-type: none"> ▪ “EUIP Dormant Letter Free Interpretation Attachment” (EUIP-1) form lets clients know that interpretation services are available by calling 221-331-3155. This form is sent with the EUIP-1a; ▪ “Dormant Letter” (EUIP-1a) form is sent to individuals, based on a file transfer from utility providers, who have had their utility services cut off at some point during the year to see if they need help paying for their utilities; ▪ “Field Visit Schedule” (EUIP-2) form is used by EUIP caseworkers to track their work done during field visits to clients. • “Fair Fares NYC MetroCards Accountability Monitoring Log” (FF-3j) was revised as follows: <ul style="list-style-type: none"> ▪ The top table was reduced to three (3) rows, one for each completion time period; ▪ 6:45 P.M. replaced “close of” at the bottom of the top of the table; ▪ The titles of forms listed in the top table were moved to the footer;

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

- A new table was added to account for MetroCards that are returned and picked up by accountable staff during their shift at the Fair Fares locations.
- “Do You Still Need Cash Assistance?” (**FIA-1157**) form was revised to reflect changes made to the “Mail-in Recertification/Eligibility Questionnaire” (**M-327h**) and formatted to comply with agency and Local Law 30 requirements.
- “DON’T DELAY. SEND YOUR DOCUMENTS NOW.” (**FIA-1195**) is a system generated form that is sent to Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center applicants and participants who are issued a single issuance SNAP benefit, but have not returned requested documents to verify their eligibility.
- The “NYCHA Warrant Letter” (**HPA-69**) form sent by the Homelessness Prevention Administration was formatted to comply with agency and Local Law 30 requirements.
- “LINC VI Renewal” (**HPA-97**) form is a onetime mailing sent to individuals who currently get LINC VI benefits that received a renewal notice in error. The notice informs individuals that they will receive CityFHEPS after renewing their benefits.
- The following forms were made obsolete and have been replaced by the Re-Engagement and Conciliation Notice (**LDSS-5087 NYC**):
 - “Conciliation Notification/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance” (**FIA-1103a**);
 - “Conciliation Notification for Activity Period Continued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance” (**FIA-1103b**);
 - “Conciliation Notification for Activity Period Discontinued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance” (**FIA-1103c**);
 - “Conciliation Notification” (**W-532A**);
 - “Conciliation Notification for Activity Period Continued” (**W-532B**);
 - “Conciliation Notification for Activity Period Discontinued” (**W-532C**).

Center Directors must ensure that only the latest versions of forms (available on DSS eDocs) are used and that all previous and obsolete versions of the forms are removed from circulation and recycled.

Obsolete forms

Effective Immediately

Attachments:

DHS-19	Agency Referral to Homebase (01/14/2019)
DHS-19 (S)	Agency Referral to Homebase (01/14/2019)
EUIP-1 (MLF)	EUIP Dormant Letter Free Interpretation Attachment (10/11/2018)
EUIP-1a	Dormant Letter (10/25/2018)
EUIP-2	Field Visit Schedule (01/08/2019)
FF-3j	Fair Fares NYC MetroCards Accountability Monitoring Log (01/18/2019)
FIA-1157	Do You Still Need Cash Assistance? (01/23/2019)
FIA-1157 (S)	Do You Still Need Cash Assistance? (01/23/2019)
FIA-1195	DON'T DELAY. SEND YOUR DOCUMENTS NOW. (05/02/2017)
FIA-1195 (S)	DON'T DELAY. SEND YOUR DOCUMENTS NOW. (05/02/2017)
HPA-69	NYCHA Warrant Letter (01/02/2019)
HPA-69 (S)	NYCHA Warrant Letter (01/02/2019)
HPA-97	LINC VI Renewal (01/17/2019)
HPA-97 (S)	LINC VI Renewal (01/17/2019)
FIA-1103a	Conciliation Notification/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Obsolete)
FIA-1103b	Conciliation Notification for Activity Period Continued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Obsolete)
FIA-1103c	Conciliation Notification for Activity Period Discontinued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance (Obsolete)
W-532A	Conciliation Notification (Obsolete)
W-532B	Conciliation Notification for Activity Period Continued (Obsolete)
W-532C	Conciliation Notification for Activity Period Discontinued (Obsolete)

Agency Referral to Homebase

This is your referral to Homebase for a CityFHEPS and Pathway Home assessment.

Please bring the following documents with you to Homebase:

- identification for all adults in your household;
- income documentation for all adults in your household.

If you do not have these documents, Homebase can help you get them.

If Homebase finds you eligible for CityFHEPS, you will get an eligibility letter confirming that you have four (4) months to search for an apartment. If you do not find an apartment, you must go back to Homebase for another assessment.

Homebase can also:

- help determine your eligibility for rental assistance programs.
- help you gather and submit the necessary paperwork when you find an apartment.

Appointment Information



Date: _____



Time: _____

SAMPLE

Provider: _____



Address: _____



Telephone Number: _____

For DHS and Homebase Use Only

Client First Name: _____

Date: _____

Client Last Name: _____

CARES ID #: _____

Referral Type:

DOC

Referral Source:

30th Street AFIC Franklin Help USA PATH

The client listed above is potentially eligible for: CityFHEPS Pathway Home

Referido de Agencia para Homebase

Este es su referido de Homebase para una evaluación de CityFHEPS y Pathway Home.

Favor de traer con usted los siguientes documentos a Homebase:

- identificación para todos los adultos del hogar;
- documentos sobre ingresos de todos los adultos del hogar.

Si usted no tienes estos documentos, Homebase le puede ayudar a obtenerlos.

Si Homebase determina que usted es elegible para recibir CityFHEPS, usted recibirá una carta de elegibilidad confirmando que tiene cuatro (4) meses para buscar apartamento. Si no encuentra apartamento, usted debe volver a Homebase para llevar a cabo otra evaluación.

Homebase también puede:

- ayudar a determinar su elegibilidad para programas de asistencia de alquiler.
- ayudar a reunir y presentar los documentos necesarios cuando encuentre apartamento.

Información sobre la cita



Fecha:

SAMPLE

Hora:

Proveedor:



Dirección:

Número de teléfono:



For DHS and Homebase Use Only

Client First Name:

Date:

Client Last Name:

CARES ID #:

Referral Type:

DOC

Referral Source:

30th Street AFIC Franklin Help USA PATH

The client listed above is potentially eligible for: CityFHEPS Pathway Home



Reference #: _____

If you do not understand this notice, call (212) 331-3155 and leave a message in English. Tell us your **name, phone number and native language**. You will be offered free interpretation services. Someone will call you back on the same day or the next working day.

Si usted no entiende este aviso, llame al (212) 331-3155 y deje un mensaje en inglés. Mencione su **nombre, número de teléfono y lengua materna**. Se le ofrecerán servicios de interpretación. Alguien le llamará de vuelta el mismo día o el siguiente día hábil.

إذا كنت لا تفهم هذا الإخطار، فاتصل على الرقم (212) 331-3155 واترك رسالة باللغة الإنجليزية. اترك لنا اسمك، ورقم هاتفك ولغتك الأصلية. وسيتم عرض خدمات الترجمة الفورية المجانية عليك. وسيقوم شخص ما بالاتصال بك في نفس اليوم أو يوم العمل التالي.

যদি আপনি এই বিজ্ঞপ্তি বুঝতে না পারেন তাহলে (212) 331-3155 নম্বরে ফোন করে ইংরেজীতে একটি বার্তা জানিয়ে দিন। আপনার **নাম, ফোন নম্বর এবং মাতৃভাষা** আমাদের জানান। আপনাকে বিনামূল্যের দোভাষী পরিষেবা প্রদান করা হবে। একই দিনে বা পরের কর্মদিবসে কেউ আপনাকে ফিরতি ফোন করবেন।

Si vous ne comprenez pas cet avis, appelez le (212) 331 3155 et laissez un message en anglais. Indiquez-nous votre **nom**, votre **numéro de téléphone** et votre **langue maternelle**. Vous recevrez des services gratuits d'interprétation. Un de nos agents vous rappellera dans la journée ou le jour ouvré suivant.

Si ou pa konprann avi sa a, rele (212) 331-3155 epi kite yon mesaj nan lang Angle. Di **non** ou, **nimewo telefòn** ou ak **lang natifnatal** ou. Nou pral ofri ou sèvis tradiksyon gratis. Yon moun ap rele ou menm jou a oswa nan pwochen jou biwo nou louvri a.

본 통지서에 대해 잘 이해가 안 되는 경우 (212) 331-3155 번으로 전화하여 영어로 메시지를 남겨 주십시오. 귀하의 이름, 전화번호 및 모국어를 알려 주십시오. 무료 통역 서비스를 제공받을 수 있습니다. 당일 또는 다음 영업일에 귀하에게 연락을 드릴 것입니다.

Reference #: _____

Jeśli nie rozumie Pan(i) tego powiadomienia, należy zadzwonić pod numer (212) 331-3155 i zostawić wiadomość w j. angielskim. Należy podać **imię i nazwisko, numer telefonu** oraz **język ojczysty**. Zaoferujemy bezpłatne usługi tłumaczeniowe. Nasz pracownik skontaktuje się Panem(-ią) w tym samym dniu lub następnym dniu roboczym.

Если Вы не понимаете, что написано в этом уведомлении, позвоните по номеру (212) 331-3155 и оставьте сообщение на английском языке. Назовите свое **имя, номер телефона** и **родной язык**. Вам будет предложено воспользоваться бесплатными услугами переводчика. Вам перезвонят в течение дня или на следующий рабочий день.

如果您不理解本通知，請致電 (212) 331-3155 並以英語留言。請告知您的**姓名、電話號碼**和您的**母語**。我們將為您提供免費口譯服務。工作人員會在當天或下一個工作日回您電話。

若您無法理解本通知，請致電 (212) 331-3155 並以英文留言。請告知您的**姓名、電話號碼**及您的**母語**。我們將為您提供免費口譯服務。工作人員會在當天或下個工作日回您電話。

اگر آپ اس نوٹس کو نہیں سمجھتے ہیں تو (212) 331-3155 پر کال کریں اور انگریزی میں ایک پیغام چھوڑیں۔ ہمیں اپنا **نام، فون نمبر اور آبائی زبان** بتائیں۔ آپ کو مفت ترجمانی کی خدمات پیش کی جائیں گی۔ کوئی شخص اسی دن یا اگلے کاروباری دن کو آپ کو واپس کال کرے گا۔



Department of Social Services

Human Resources Administration
Department of Homeless Services

Emergency Intervention Services

EUIP-1a (E) 10/25/2018

HUMAN RESOURCES ADMINISTRATION
EMERGENCY AND INTERVENTION SERVICES
EMERGENCY UTILITY INTERVENTION PROGRAM
150 Greenwich Street, 43rd Floor
New York, NY 10007

Date: _____
Reference _____
Number: _____

Dear Resident,

_____ told us that your utility services were shut off at some point this year. This service shut off may have created an unsafe condition for you to live in or impacted your quality of life.

If this is your situation and you would like to know how we can help you, please call us at **(212) 331-3155**. Leave a message with your name and your reference number. Your reference number is listed under the date on this letter. A Case Manager will call you back.

If we do not hear from you, we will think your situation has been resolved and that you do not need our help.

SAMPLE

Do you need more information about our programs or help to complete an application for benefits?

Please call one of the numbers below:

- If you **are** homebound, call the Emergency Utility Intervention Program at **(212) 331-3150**.
- If you **are not** homebound, call the HRA Infoline at **(718) 557-1399**.

Did you apply for Home Energy Assistance Program (HEAP) benefits?

- If yes, you can call **800-692-0557** to check on the status of your application.

PLEASE NOTE: We do not meet with customers in our office.



FIELD VISIT SCHEDULE

½ Day Field A.M. Full Day Emergency Case
 P.M.

Caseworker's Name: _____

Date to Field: _____

Reference Number	Client's Name	Address	Telephone Number	Contact		Outcome Applications Completed
				YES	NO	
* PLEASE PRINT CLEARLY *						
<input type="checkbox"/> Application Needed	1.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune
<input type="checkbox"/> Application Needed	2.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune
<input type="checkbox"/> Application Needed	3.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune
<input type="checkbox"/> Application Needed	4.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune
<input type="checkbox"/> Application Needed	5.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune
<input type="checkbox"/> Application Needed	6.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune
<input type="checkbox"/> Application Needed	7.					<input type="checkbox"/> OSD <input type="checkbox"/> HEAP (Regular) <input type="checkbox"/> SNAP <input type="checkbox"/> HEAP (EMG) <input type="checkbox"/> Boiler/Cooling/Clean & Tune

SAMPLE

Field Approval Signature: _____

Date: _____

Caseworker's Signature: _____

Date: _____

(Upon return from Field)



Fair Fares NYC MetroCards Accountability Monitoring Log

Location: _____

Date: _____

Director Signature: _____

PRINT NAME OF ACCOUNTABLE PERSON	TIME (am/pm)	METROCARDS RECEIVED			METROCARDS RETURNED	TOTAL AMOUNTS ISSUED			SHORT/OVER	RETURNED BY: (Accountable Person Signature)	RECEIVED BY: (Director/Clerk Signature)
		# OF CARDS	TOTAL	RECEIVED BY: (Signature)	# OF CARDS	FF- 3a	FF- 3b	FF-3d			

Note: To be completed at 8 A.M., 3 P.M. and 6:45 P.M. each day.

PRINT NAME OF ACCOUNTABLE PERSON	CARDS RETURNED		CARDS PICKED UP		DIRECTOR SIGNATURE
	TIME	# OF CARDS	TIME	# OF CARDS	

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Job Center: _____

Do You Still Need Cash Assistance?

Fill out the enclosed form so you can keep getting your benefits.

Do I really have to send in the enclosed Mail-in Recertification/Eligibility Questionnaire (Form M-327h), if I want to keep getting benefits?

Yes. The Human Resources Administration (HRA) has to review your case every 6 months to see if you are still eligible for benefits. If you still want benefits you have to:

- 1) answer EVERY question on the enclosed form.
- 2) sign page 6, and
- 3) send it in with any required papers in the enclosed envelope by _____.

What if I need help completing the enclosed form? What if I have questions about it?

If you need help filling out the enclosed form or you have questions about it, call _____.

What papers do I have to send in with the enclosed form?

The papers you have to enclose depend on your case. The enclosed form explains the documents you have to enclose. If you have questions about what papers to send with the enclosed form, call _____.

Could my case be closed if I don't return the enclosed form?

Yes. If you do not return the enclosed form with all of the questions answered AND also enclose all of the required paperwork by _____ your Cash Assistance and/or Supplemental Nutrition Assistance Program case may be closed.

- Remember to:**
- 1) Answer every question
 - 2) Enclose all required papers in the envelope and
 - 3) Sign the enclosed form on page 6 and mail it back by the due date

(Turn page)

Call _____ if you have questions about how to fill out the enclosed form.

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.

SAMPLE



Fecha: _____

Número del caso: _____

Nombre del caso: _____

Centro de trabajo: _____

¿Aún Necesita Usted Asistencia en Efectivo?

Rellene el formulario adjunto para que pueda seguir recibiendo sus beneficios.

¿Es realmente necesario enviar el adjunto Cuestionario de Recertificación/Elegibilidad Por Correo (formulario M-327h [S]) para seguir recibiendo beneficios?

Sí. La Administración de Recursos Humanos (HRA, por sus siglas en inglés) tiene que revisar su caso cada 6 meses para constatar que usted aún sea elegible para beneficios. Si usted aún desea beneficios tiene que:

- 1) contestar TODAS las preguntas del adjunto formulario.
- 2) firmar la página 6, y
- 3) enviarlo con toda documentación solicitada en el sobre adjunto de aquí al

_____.

¿Qué tal si necesito ayuda para rellenar este formulario adjunto? ¿Qué tal si tengo preguntas al respecto?

Si usted necesita ayuda para rellenar el formulario adjunto o si tiene preguntas al respecto, llame al _____.

¿Qué documentos tengo que enviar con este formulario?

La documentación que usted tiene que adjuntar depende de su caso. El adjunto formulario detalla los documentos que usted tiene que adjuntar. Si tiene preguntas sobre qué documentos enviar con el adjunto formulario, llame al _____.

¿Puede cerrarse mi caso si no devuelvo el formulario adjunto?

Sí. Si usted no devuelve el formulario adjunto con contestaciones a todas las preguntas, NI tampoco adjunta toda la documentación solicitada de aquí al

_____, su caso de Asistencia en Efectivo y/o del Programa de Asistencia de Nutrición Suplementaria se puede cerrar.

Recuerde: 1) Conteste todas las preguntas.
2) Adjunte toda la documentación necesaria en el sobre.
3) Firme el formulario adjunto en la página 6 y devuélvalo por orreo para fecha límite.

(Voltee la página)

Llame al _____ si usted tiene preguntas sobre cómo rellenar el formulario adjunto.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? **Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Center: _____

DON'T DELAY. SEND YOUR DOCUMENTS NOW.



—YOU'RE NOT DONE YET WITH YOUR SNAP APPLICATION!

You must send us the documents we asked for, even if you received a benefit. If you do not send us the documents, **one** of the following will happen:

- You will not get SNAP benefits in the future.

OR

- You could get a smaller amount of SNAP benefits in the future.

If you would like to see which documents we received from you, you can check your ACCESS HRA account or call us at (718) 557-1399. Please give us 3 or more business days to process your documents before checking or calling.

SAMPLE



—VIEW CASE INFORMATION ONLINE & SEND US DOCUMENTS ELECTRONICALLY:

Set up an ACCESS HRA account at www.nyc.gov/accesshra and connect to your HRA case profile. To learn how to do this, go to www.nyc.gov/accesshra and click on the **ACCESS HRA User Guide** link under **Get Information**. Once you connect to your case profile, you can see which documents you sent us, a list of the documents we asked for and other important case information.

Use the free ACCESS HRA app on a mobile phone or tablet to send us your documents. Look at the "ACCESS HRA Your Way" flyer we sent with this letter.



—NEED HELP?

Call us immediately at **(718) 557-1399** if you need more time or help getting and sending your documents.

Send us your documents now!



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

NO DEMORE. ENVÍE SUS DOCUMENTOS AHORA.



¡USTED AÚN NO HA TERMINADO SU SOLICITUD DE SNAP!

Usted debe enviarnos los documentos solicitados, aun si ha recibido beneficios. Si no nos envía los documentos, se dará una de las siguientes consecuencias:

- Usted no podrá recibir beneficios de SNAP en el futuro.
- Puede que reciba una cantidad inferior de beneficios de SNAP en el futuro.

Si usted desea verificar cuáles documentos hayamos recibido de parte suya, puede revisar su cuenta de ACCESS HRA o llamarnos al (718) 557-1399. Antes de que revise su cuenta o que nos llame, por favor permítanos 3 o más días laborables para tramitar su documentación.



REVISE POR INTERNET DATOS DEL CASO Y ENVÍENOS DOCUMENTOS ELECTRÓNICAMENTE:

Establezca una cuenta de ACCESS HRA en www.nyc.gov/accesshra y revise su perfil del caso de la HRA. Para ello, ingrese en www.nyc.gov/accesshra y haga clic en el enlace **ACCESS HRA Guía del usuario** por debajo de **Obtenga más información**. Una vez revise su perfil del caso, puede verificar cuáles documentos nos haya presentado, un listado de los documentos solicitados, así como otros datos importantes del caso.

Sírvase gratuitamente de la aplicación de ACCESS HRA en su teléfono inteligente o tableta para presentarnos la documentación. Revise el folleto "ACCESS HRA del Modo Más Conveniente" que incluimos con esta carta.



¿Necesita ayuda?

Llámenos de inmediato al **(718) 557-1399** si necesita más tiempo o ayuda para obtener o presentar su documentación.

¡Envíenos sus documentos ahora mismo!



Date: _____

Dear _____:

SAMPLE

The New York City Housing Authority (NYCHA) told us that it has a **warrant of eviction for your NYCHA apartment**. This means that NYCHA may evict you!

We may be able to help you avoid eviction.

NYCHA told us that you have rent arrears. Rent arrears means **overdue rent**. Unless you pay the rent you owe, they will serve the warrant and proceed with the eviction. **We urge you to take care of your rent arrears and we may be able to help!**

You may be eligible for Emergency Rental Assistance through the New York City Human Resources Administration. This assistance helps you to pay your rent arrears, **protect your tenancy, and avoid eviction**.

We can also refer you for legal services if you have a dispute with NYCHA, need legal assistance, and are eligible.

Please call me at the telephone number below as soon as possible.

Sincerely,

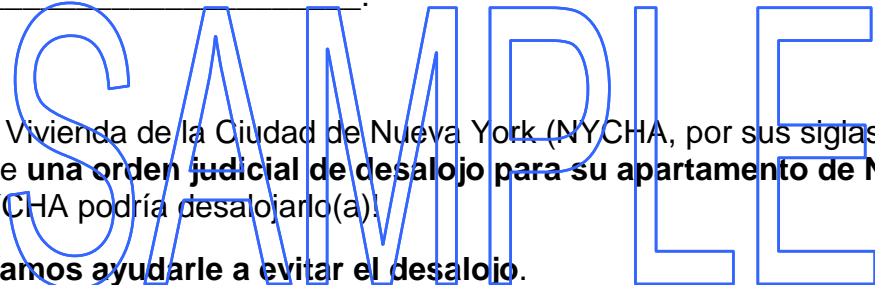
Early Intervention Outreach Team
HRA

Telephone Number



Fecha: _____

Estimado(a) _____:



La Autoridad de Vivienda de la Ciudad de Nueva York (NYCHA, por sus siglas en inglés) nos informó que tiene **una orden judicial de desalojo para su apartamento de NYCHA**. ¡Esto significa que NYCHA podría desalojarlo(a).

Nosotros podríamos ayudarle a evitar el desalojo.

NYCHA nos informó que usted tiene atrasos de alquiler. El atraso de alquiler quiere decir que usted tiene pagos de alquiler pendientes. A menos que usted pague el alquiler pendiente, ellos entregarán la orden y procederán con el desalojo. **¡Le exortamos que se encargue de los atrasos y nosotros le podríamos ayudar!**

Usted podría ser elegible para recibir la Asistencia de Alquiler de Emergencia a través de la Administración de Recursos Humanos de la ciudad de Nueva York. Esta asistencia le ayuda a pagar el alquiler que debe, **a proteger su arrendamiento y a evitar el desalojo.**

Nosotros también podríamos referirle para recibir servicios legales si tiene alguna disputa con NYCHA, si necesita asistencia legal y si es elegible.

Favor de llamarme lo antes posible al número que sigue a continuación.

Atentamente,

Equipo de Ayuda Comunitaria de la HRA
para Intervención Temprana

Número de teléfono



Date: _____

LINC VI Renewal

Dear: _____,

We recently sent you a letter and renewal application saying your LINC VI rental assistance was going to change to CityFHEPS. This letter and application were sent in error. Your LINC VI will not change to CityFHEPS.

However, you do need to complete the attached renewal application and return it to us by _____ in order to continue to receive LINC VI.

If you have any questions or concerns about your LINC VI renewal, contact the Rental Assistance Call Center at **929-221-0043**.

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: _____

Renovación de LINC VI

Estimado(a): _____,

Recientemente nosotros le enviamos una carta y solicitud de renovación informándole que su asistencia de alquiler iba a cambiar a CityFHEPS. Esta carta y solicitud fueron enviadas por error. Su LINC VI no cambiará a CityFHEPS.

No obstante, usted tiene que rellenar la solicitud adjunta de renovación y devolvérsela de aquí al _____ para seguir recibiendo LINC VI.

Si usted tiene cualquier pregunta o dudas sobre la renovación de LINC VI, comuníquese con el Centro de Asistencia de Alquiler al **929-221-0043**.

SAMPLE

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification/Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

This notice may affect your household's temporary assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Center below by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or stopped.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why on _____ you:

OBSOLETE

If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate.

To avoid having your household's temporary assistance and/or SNAP benefits reduced or stopped, you must report to the location below. At the meeting, you must provide a good cause reason why you did not comply with your work activity assignment or document that you are exempt from work requirements. Even if you do not have a good cause reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. At the meeting, the conciliation worker will instruct you on how to demonstrate compliance in order to avoid a SNAP sanction and a reduction in your SNAP benefits.

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.**

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

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

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any proof that will help document what occurred. The Conciliation Worker may require you to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the proof to the meeting with the Conciliation Worker. The Conciliation Worker will use this proof to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you claim you are exempt from SNAP work requirements, you must provide proof so we can decide whether or not you should be exempt from these requirements. Exemptions from participation in SNAP work activities may include, but are not limited to, being under 16 or 60 years of age or older, or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you **do not** report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance benefits and/or SNAP benefits, or that your temporary assistance benefits and/or SNAP benefits will be reduced or stopped. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Continued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

This notice may affect your household's temporary assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or stopped.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. You may continue your work activity while a determination is being made. Child care and transportation services will continue as long as you participate.

To avoid having your household's temporary assistance and/or SNAP benefits reduced or stopped, you must report to the location below. At the meeting, you must provide a good cause reason why you did not comply with your work activity assignment or document that you are exempt from work requirements. Even if you do not have a good cause reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. At the meeting, the conciliation worker will instruct you on how to demonstrate compliance in order to avoid a SNAP sanction and a reduction in your SNAP benefits.

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.**

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

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

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any proof that will help document what occurred. The Conciliation Worker may require you to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the proof to the meeting with the Conciliation Worker. The Conciliation Worker will use this proof to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you claim you are exempt from SNAP work requirements, you must provide proof so we can decide whether or not you should be exempt from these requirements. Exemptions from participation in SNAP work activities may include, but are not limited to: being under 16 or 60 years of age or older, or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you **do not** report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or SNAP benefits, or that your temporary assistance benefits and/or SNAP benefits will be reduced or stopped. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Discontinued/ Supplemental Nutrition Assistance Program (SNAP) Demonstrated Compliance

This notice may affect your household's temporary assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or stopped.

OBSOLETE

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. Until a determination is reached, you must stop participating in the assigned work activity. Although your child care will continue, your transportation services have been terminated.

To avoid having your household's temporary assistance and/or SNAP benefits reduced or stopped, you must report to the location below. At the meeting, you must provide a good cause reason why you did not comply with your work activity assignment or document that you are exempt from work requirements. Even if you do not have a good cause reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. At the meeting, the conciliation worker will instruct you on how to demonstrate compliance in order to avoid a SNAP sanction and a reduction in your SNAP benefits.

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.**

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

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

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any proof that will help document what occurred. The Conciliation Worker may require you to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the proof to the meeting with the Conciliation Worker. The Conciliation Worker will use this proof to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

if you claim you are exempt from SNAP work requirements, you must provide proof so we can decide whether or not you should be exempt from these requirements. Exemptions from participation in SNAP work activities may include, but are not limited to: being under 16 or 60 years of age or older or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you **do not** report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance benefits and/or SNAP benefits, or that your temporary assistance benefits and/or SNAP benefits will be reduced or stopped. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

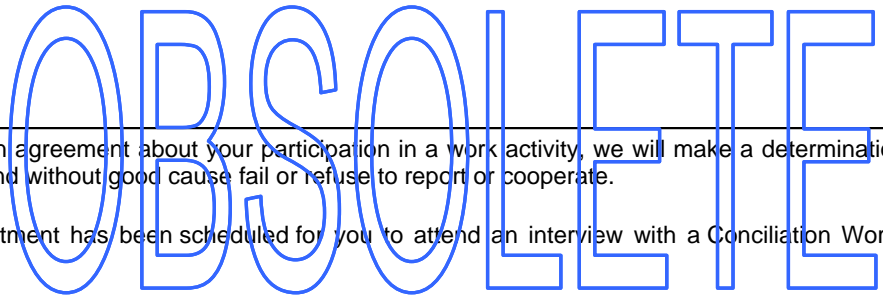
Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification

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

This notice may affect your household's temporary assistance and SNAP benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or discontinued.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why on _____ you:



If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate.

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

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

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any evidence that will help document what occurred. The Conciliation Worker may require you to provide documentation to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable documents may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the document(s) to the meeting with the Conciliation Worker. The Conciliation Worker will use this documentation to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you do not report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or SNAP, or that your temporary assistance benefits and/or SNAP benefits will be reduced. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

OBSOLETE

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Continued

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

This notice may affect your household's temporary assistance and SNAP benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or discontinued.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. You may continue your work activity while a determination is being made. Child care and transportation services will continue as long as you participate.

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

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

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any evidence that will help document what occurred. The Conciliation Worker may require you to provide documentation to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable documents may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the document(s) to the meeting with the Conciliation Worker. The Conciliation Worker will use this documentation to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you do not report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or SNAP, or that your temporary assistance benefits and/or SNAP will be reduced. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

OBSOLETE

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Discontinued

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

This notice may affect your household's temporary assistance and SNAP benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or SNAP benefits for your household may be reduced or discontinued.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. Until a determination is reached, you must stop participating in the assigned work activity. Although your child care will continue, your transportation services have been terminated.

The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address below:

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

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any evidence that will help document what occurred. The Conciliation Worker may require you to provide documentation to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable documents may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the document(s) to the meeting with the Conciliation Worker. The Conciliation Worker will use this documentation to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you do not report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or SNAP, or that your temporary assistance benefits and/or SNAP will be reduced. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

OBSOLETE