



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY BULLETIN #20-02-OPE

HOME ENERGY ASSISTANCE PROGRAM (HEAP) NOTICE

Date: January 30, 2020	Subtopic: HEAP
	<p>This policy bulletin is being issued to inform the Job Center staff that the Home Energy Assistance Program (HEAP) Auto Payment for Non-Heaters, that was scheduled for 1/13/2020 was postponed, due to a technical problem with the file that was sent from National Grid. The new file was received, and the payment was issued on 1/21/2020. A notice will be sent to participants by Wednesday, 1/29/2020.</p> <p><i>Effective Immediately</i></p> <p>Attachment:</p> <p>HEAP-46A(E)</p>

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



Home Energy Assistance Program (HEAP) Notice of Eligibility Decision – Approval

NOTICE DATE	HRA/HOME ENERGY ASSISTANCE PROGRAM POST OFFICE BOX NO. 1401 CHURCH STREET STATION NEW YORK, NY 10008
CASE NUMBER	
CASE NAME (And C/O Name if Present) AND ADDRESS	

ACTION TAKEN: Your household has been approved for the following Home Energy Assistance Program (HEAP) Benefit:

Regular HEAP Benefits. Amount \$ _____

Heater (You pay for heat separately from your rent.)

Your type of fuel is _____

Your income is \$ _____ This puts you in Tier 1 Tier 2

You have a vulnerable person in the household. Yes No

Heat is included in your rent and you do not pay for heat separately from your rent.

Your income is \$ _____ This puts you in Tier 1 Tier 2

You reside in subsidized housing or a congregate care facility and have been determined to incur minimal costs for heating.

Your household has been approved for the following Home Energy Assistance Program (HEAP) Benefit: for the _____ program year. \$ _____ has been authorized for a HEAP annual heat included benefit.

This benefit is a one-time supplement to assist you in meeting your annual heating costs or as a supplement to your indirect energy costs because you pay rent which includes heating costs. If you pay a vendor directly for heat or utilities, this payment is not intended to replace your personal payments and you must continue to pay your bills.

Emergency HEAP Benefits of:

\$ _____ to prevent shut off or restore natural gas or electric service to heat your home or to operate your primary heating equipment.

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\$ _____ to obtain non-utility fuel for heating.

\$ _____ the household is currently without heating fuel or has a heating fuel supply that is equal to or less than one quarter of the household's fuel tank (for oil, kerosene and propane) or has a heating fuel supply that is less than a 10 day supply (for wood, wood pellets and coal) and cannot get a delivery.

\$ _____ to repair or replace primary heating equipment.

\$ _____ to provide temporary relocation or emergency shelter because your household is facing an emergency home heating situation that is believed by HRA to be dangerous to the health or safety of household members.

- You are eligible for HEAP benefits but we are unable to provide a benefit at this time due to a lack of federal funds. If federal funds become available, a benefit will be issued, you will be notified of your benefit amount.

HOW WILL MY HEAP BENEFITS BE ISSUED?

PLEASE NOTE: BENEFITS WILL NOT BE ISSUED BEFORE THE HEAP PROGRAM YEAR OPENS AND FEDERAL FUNDS ARE AVAILABLE.

- Your benefit will be sent directly to _____ for account number _____.

Allow at least 90 days for the vendor to credit your account. Credits will not be given to you in cash.

- Your benefit will be issued to you electronically since you are in receipt of Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance.

Please see the "Information Section" of this notice on how to access your HEAP benefit.

- Your benefit will be issued as a check to you.

- Your benefit will be issued to you as a two party check and will be mailed

to you to your vendor _____.

The check must be signed by both you and your vendor and will be applied to your account. No cash refunds will be given to you.

PLEASE NOTE: Checks that expire may only be sent out again if the request is made by September 30th of the HEAP program year for which the benefit was issued.

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HOW IS MY HEAP BENEFIT (DECIDED OR ADDED)?

If your heat is included in your rent, your regular HEAP benefit is based on your household's gross monthly income.

If you pay for heat directly, your regular HEAP benefit is based on the following factors:

- Your household's gross monthly income and your household size.
- The presence of an individual who is under age 6, age 60 or older, or disabled (Vulnerable Member in Household) must live in your household.
- Primary heating source fuel type.

Emergency HEAP benefits are (decided or added) based on the following factors:

- The type of emergency situation.
- Your household's gross monthly income and your household size.
- Primary heating source fuel type.

The information in the following pages explains in more detail how your specific HEAP benefit has been decided.

This decision is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current NYS HEAP State Plan. The State plan is available online at the New York State Office of Temporary and Disability Assistance at:
<http://otda.ny.gov/programs/heap/stateplan.asp>.

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Table 1
MONTHLY INCOME ELIGIBILITY GUIDELINES

Household Size	Tier I	Tier II
1	\$0 – \$1,315	\$1,316 – \$2,391
2	\$0 – \$1,783	\$1,784 – \$3,127
3	\$0 – \$2,251	\$2,252 – \$3,863
4	\$0 – \$2,719	\$2,720 – \$4,598
5	\$0 – \$3,187	\$3,188 – \$5,334
6	\$0 – \$3,655	\$3,656 – \$6,070
7	\$0 – \$4,123	\$4,124 – \$6,208
8	\$0 – \$4,591	\$4,592 – \$6,346
9	\$0 – \$5,059	\$5,060 – \$6,483
10	\$0 – \$5,527	\$5,528 – \$6,621
11	\$0 – \$5,995	\$5,996 – \$6,918
11+	+\$468 per additional household member	+\$540 per additional household member

Households that pay separately for heat (heater households) and are within the Tier I income guideline have a fixed \$26 HEAP supplement added to their HEAP benefit amount.

SAMPLE

Table 2
REGULAR HEAP BENEFIT

PRIMARY HEAT SOURCE TYPE BASE BENEFIT AMOUNT	HEAP SUPPLEMENT The following amounts are added to the base benefit, if applicable
DELIVERABLE FUELS (Oil, Kerosene, Propane) \$675	+ \$26 for Tier I Household + \$25 for Vulnerable Person in Household
UTILITIES (Natural Gas, PSC Regulated Utilities) \$350	
MUNICIPAL ELECTRIC HEAT \$350	
DELIVERABLE FUELS (Wood, Pellets, Coal, Corn) \$525	

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Home Energy Assistance Program (HEAP) Heating Calculation Worksheet – Regular HEAP

Applicant's Name: _____ Reference Number: _____ Date: _____

Enter Amounts

1. Main Heating Source Type

Your household's main heat type is: _____ \$ _____

2. Vulnerable Person in Household.
Your household contains someone:

- Under age 6 Age 60 or older Disabled
 None of the above

\$ _____

3. Income Tier

Monthly Income: \$ _____ Household Size: _____
Income Tier: _____ \$ _____

Note: The \$ _____ HEAP supplement applies to Tier I

4. Add Lines 1, 2, and 3

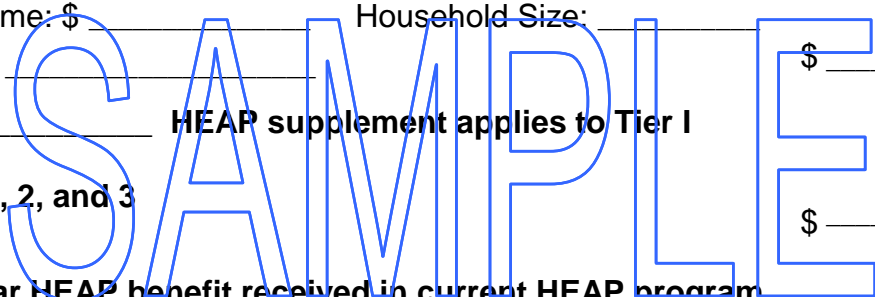
\$ _____

5. Prior Regular HEAP benefit received in current HEAP program year, if any

\$ _____

6. Subtract Line 5 from line 4

Total Benefit \$ _____



Emergency HEAP Benefit Amounts

Emergency Situation (Fuel Type)	
PSC Heat Related Domestic Only	\$140
Natural Gas Heat Only	\$350
Natural Gas Combined with Heat Related Domestic	\$490
Electric Heat	\$490
Wood, Pellets, Coal, Corn	\$525
Non-Utility Heating (oil, kerosene and propane)	\$675

NOTE:

The Emergency HEAP benefit amounts, listed in the table above, are set forth in the current New York State HEAP Plan. Pursuant to the current New York State HEAP Plan, the New York State Office of Temporary and Disability Assistance may change the Emergency HEAP eligibility criteria and/or the Emergency HEAP benefit amount based on the availability of funds. For the most current information on the HEAP Program please refer to the New York State Office of Temporary and Disability Assistance website at:

<http://otda.ny.gov/programs/heap/stateplan.asp>.

INFORMATION SECTION

HEAT INCLUDED BENEFIT ISSUED ON AN EBT CARD: Your benefit may be issued electronically if you are in receipt of Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance (TA). You can access your benefit using your EBT (Electronic Benefit Transfer) card and PIN number. You will receive your benefit when you access your cash account AFTER the HEAP funds become available.

You may check your cash account balance by calling the toll-free number at 1-888-328-6399. The HEAP benefit will automatically expire 90 days from the date of issuance and can only be re-issued if the request is made by September 30th of the HEAP program year for which the benefit was issued.

HEATER BENEFITS: Any HEAP benefit you are eligible for is paid directly to your vendor. Funds remain on your account until used up. Funds paid directly to a vendor not expended within 24 months of receipt by your vendor will be returned to NYS and will not be re-issued or cashed out. HEAP funds will not be cashed to you for any reason. Your benefit is for your household's use only. Unspent funds are not issued to estates. Fuel purchased with HEAP funds may not be resold. Vendor funds may be re-issued to another vendor if you change vendors.

You may be referred for weatherization assistance or to your utility company's low income program. You may be contacted by the weatherization provider and/or your utility company about these services. You are not obligated to accept these services.

You may also be eligible for food assistance. Check your eligibility and apply for SNAP at <https://www.mybenefits.ny.gov>.

CONFERENCE AND FAIR HEARING INFORMATION

AGENCY 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 (212) 331-3126 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 participate in a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

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, writing, fax, in person or online.

(1) TELEPHONE: Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) ONLINE: Complete an online request form at:
<http://otda.ny.gov/oah/>

(3) WRITE: Send a copy of the 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**
(Please keep a copy for yourself.)

(4) FAX: Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(5) 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**.

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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 witness 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: a lease, bills, pay stubs, 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.

Legal Assistance: If you need free legal advice, 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 (212) 331-3126, (718) 557-1399, fax (212) 620-5063 or write to **HRA Home Energy Assistance Program, P.O. Box 1401, Church Street Station, New York, NY 10008**. 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.

In any request for documents, please provide the Case Name, Case Number and Date listed on Page # 1 of this notice.

AVAILABILITY OF POLICY MATERIALS: The New York State Office of Temporary and Disability Assistance (OTDA) 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. The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These 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. To request policy issuances and manuals, call (718) 722-5012, or fax (718) 722-5018, or email CRO@hra.nyc.gov, or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

FAIR HEARING REQUEST

Deadline: You have 60 days from the date of this notice to request a Fair Hearing.

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.

I want a Fair Hearing. The Agency decision is wrong because:

SAMPLE

Print Name: _____ Case Number: _____
 First Name M.I. Last Name Center: _____

Address: _____ Telephone: _____
 Street Apartment

 City State Zip Code

Signature: _____ Date: _____