



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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## POLICY BULLETIN #20-21-SYS

### ACCESS HRA CHANGES TO THE ONLINE CASH ASSISTANCE APPLICATION DURING COVID-19

<p><b>Date:</b> April 24, 2020</p>	<p><b>Subtopic(s):</b> Cash Assistance, Domestic Violence Screening, Substance Use Screening, ACCESS HRA</p>
<p>Refer to <a href="#">PD #19-08-ELI</a></p>	<p>The purpose of this policy bulletin is to announce ACCESS HRA (AHRA) changes made to the online Cash Assistance Application. This policy bulletin is intended for Job Center and HASA Center staff. It is informational for all other staff.</p> <p><u>Applicant Screenings</u></p> <p>To help ensure applicant survivors of domestic violence (DV) and/or those with potential substance use (SU) disorders are properly identified, AHRA has integrated both a domestic violence screening as well as a substance use screening. Applicants will be presented with questions to self-identify either or both of these issues.</p> <p>The domestic violence screening will auto-populate the domestic violence screening questions in the Paperless Office System (POS). When an affirmative response is provided by the applicant, ITS generates a report which is emailed to the Office of Domestic Violence (ODV). The ODV distributes cases to Domestic Violence Liaisons (DVLs) who call applicants to conduct a more thorough telephonic assessment. Assessment results will be recorded by DVLs in the New York City Work Accountability and You (NYCWAY) system.</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

## Domestic Violence Screening in AHRA

STEP 3 OF 7

### Domestic Violence Referral

HRA Domestic Violence Liaisons (DVL) offers help to people affected by domestic violence.

Is a family member, partner, or ex-partner doing any of the following to you? Required

- Hitting, slapping, kicking, choking, or in any way hurting you?
- Making you feel like a prisoner or controlling what you do?
- Threatening to harm you, your children, your pet, or someone close to you?
- Stalking you, following you, or checking up on you?
- Shaming or belittling you, putting you down, or telling you that you are worthless?
- Forcing you to have sex when you don't want to or into sexual acts that you do not want to do?
- Making you afraid?

Even if you decide not to answer this question now, you may ask to see a DVL at any time.

Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, gender, income, education, and relationship status.

You do not have to have children, or have left an abusive relationship, to meet with a DVL. Anything you tell the DVL will be kept private except child abuse or neglect. You do not have to give any information or details about a domestic violence situation before you speak to a DVL.

For your safety. The HRA DV Liaison will contact you at the telephone number you provided. If you are unable to safely speak with us at that time you will be given a call back number. If we leave a message we will not identify ourselves as a domestic violence liaison.

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Refer to [PD #12-14-EMP](#)

The substance use screening will similarly auto-populate the substance use questions in POS. Based on the number of affirmative applicant responses, ITS generates a report which is emailed to Customized Assistance Services (CAS). CAS staff refers individuals to Credentialed Alcohol Substance Abuse Counselors, based on the applicant's zip code, to conduct telephonic assessments. Assessment outcomes will be recorded in NYCWAY and may include referrals for treatment.

## Substance Use Screening on AHRA

**Cash Assistance Application** Save & Exit

[< Back](#)  
STEP 3 OF 7

### Substance Use

In the last 12 months have you felt a need or attempted to cut down your drinking or drug use? Required

Yes  
 No

In the last 12 months has anyone ever made comments to you about your drinking or drug use? Required

Yes  
 No

In the last 12 months have you ever felt bad or guilty about your drinking or drug use? Required

Yes  
 No

In the last 12 months have you ever woken up wanting or needing a drink or to use drugs? Required

Yes  
 No

**Next**

## Eligibility Interview

When Job Center (or other staff designated to assist Job Center staff) conduct CA eligibility interviews, they must review the responses provided in POS with the applicant and make any updates, if necessary. If based on the screenings, it is determined that an individual is in need of either a DV assessment or a SU assessment, the interviewer must alert the applicant that they will be contacted for further assessment.

### Repayment Agreements

Refer to [PD #17-24-ELI](#) for Utility Arrears

Refer to [PD #15-21-ELI](#)

As a condition of eligibility for a shelter arrears grant or a utility arrears grant, applicants may be required to sign a repayment agreement. To ensure the signature is captured without requiring an in-person Job Center visit, or potential delays in mailing, the language of both repayment agreements has been incorporated into the online CA application (both ongoing and one-shot deals). Applicants will be able to electronically sign these agreements along with the application itself. The applicant's electronic signature is recorded on the online application summary available in the HRA OneViewer. Staff must not defer applications, or the issuance of utility arrears or shelter arrears grants, as long as the electronic signature is on the online application summary and the repayment agreement if required.

Rent Arrears Question on AHRA

**Note:** The repayment agreement language will only appear if the applicant indicates that they have either shelter arrears or utility arrears.

### Behind in Payments

Do you owe back rent or are you behind in payments? Required

Yes

No

How much do you owe? Required

When was your first missed or partial payment? Required

M/D/YYYY

Due date on the last unpaid bill? Required

M/D/YYYY

Have you been served papers or are you in court for this bill? Required

Have you received Housing Court papers requesting your appearance or response to the arrears claim? If so, please select "yes."

Yes

No

Utility Arrears  
Repayment Agreement

**Utility Arrears Repayment Agreement**

As a condition of eligibility for receiving this utility arrears assistance to restore or to prevent termination of service, I agree to repay the Human Resources Administration up to the amount of: \$<"How much do you owe" amount entered by client>

I agree to repay this amount in twenty-four (24) monthly installments up to the amount of: \$<"How much do you owe" amount entered by client / 24>

I understand that each payment is due on the date indicated on the monthly bill I will receive from the Human Resources Administration.

I understand that the Human Resources Administration's Division of Accounts Receivable and Billing will send me a monthly bill. My check or money order must be made payable to the Human Resources Administration and must include my address and case number. I understand that payments must be mailed in the provided addressed postage-free return envelope to:

Human Resources Administration  
Division of Accounts Receivable and Billing  
150 Greenwich Street, 34th Floor  
New York, NY 10007

I understand that I will not be eligible for subsequent utility arrears assistance to restore or prevent termination of service unless I have fully repaid any prior utility arrears payments that were subject to repayment; or I am repaying this assistance in accordance with the terms of any Repayment Agreement(s); or my household's income is below the temporary assistance standard of need for my household size as of the date of application for such subsequent assistance. I also understand that if I fail to repay this assistance within the twenty-four (24) month period, the Human Resources Administration will enforce this Repayment Agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages, in appropriate cases.

I understand that the Human Resources Administration also has the right to require that I sign a lien on my real property for receiving a utility arrears payment authorized under Emergency Safety Net Assistance or Emergency Assistance to Needy Families. If a lien is taken, that portion which represents this arrears payment will be reduced by payments made under this agreement.

If I later become eligible for recurring temporary assistance, any unpaid balance of this utility arrears payment will be suspended until I am no longer receiving recurring temporary assistance. At that time, the unpaid balance will become due to the Human Resources Administration under the terms of this agreement.

**Utility Arrears 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 by signing this form, I agree to all of the above conditions. Required

Today's Date

<M/D/YYYY>

Please type your initials here: Required

*Effective April 27, 2020*

**References:**

- GIS 20 TA/DC028
- GIS 20 TA/DC016
- 98-ADM-03
- 02-ADM-02
- 06-INF-25
- 18 NYCRR § 351.2 (k)
- 18 NYCRR § 351.2 (i)
- 18 NYCRR §352.5(e) and (f)
- 18 NYCRR § 352.7(g)(3) and (4);370.3;372;397.5(l)(3)

**Related Items:**

[PD #19-08-ELI](#)

[PD #17-24-ELI](#)

[PD #15-21-ELI](#)

[PD #12-14-ELI](#)