



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Adam Waitzman, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #20-47-OPE

HOME ENERGY ASSISTANCE PROGRAM (HEAP) COOLING ASSISTANCE COMPONENT (CAC) OUTREACH LETTER

<p>Date: August 5, 2020</p>	<p>Subtopic(s): HEAP</p>
	<p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff of the Home Energy Assistance Program (HEAP) Cooling Assistance Outreach Letter (FIA-1234).</p> <p>The FIA-1234 form informs HEAP households that beginning on July 1, 2020, households living in public or subsidized housing (like NYCHA or Section 8) with heat included in their rent are now eligible for a HEAP Cooling Assistance Component (CAC) benefit. Previously, households who had heating/cooling expenses covered by their rent were ineligible.</p> <p>Households in the following shelter type codes are now eligible for a CAC benefit:</p> <ul style="list-style-type: none"> • 02 (Rent Public) • 38 (Subsidized Housing Non-Certificate) • 40 (Section 8 Voucher 30% Limit) • 96 (SSI High Shelter) • 97 (SSI Low Shelter). <p>HEAP will provide eligible households with one air conditioning unit per household, fully-installed for free. To be eligible for a CAC benefit, a household member must have a documented medical condition that is exacerbated by extreme heat.</p> <p>Note: Medical documentation for the CAC benefit may be waived for applicants who are unable to obtain documentation due to COVID-19. If this waiver is being applied, it must be annotated in the case record.</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

Households who live in public or subsidized housing with heat/cooling included in their rent (such as NYCHA or Section 8) are now eligible to apply for the CAC before August 31, 2020. Those previously denied with the reason “Ineligible Living Situation” are encouraged to reapply using the “Home Energy Assistance Program Cooling Assistance Request for Benefit” (**LDSS-4992**) form.

Effective Immediately

References:

GIS 20 TA/DC067
GIS 20 TA/DC030
19-LCM-10

Related Items:

[PB #14-53-ELI](#)
[PB#20-37-ELI](#)

Attachments:

FIA-1234 (E)	Home Energy Assistance Program (HEAP) Cooling Assistance Outreach Letter (Rev. 7/17/20)
FIA-1234 (S)	Home Energy Assistance Program (HEAP) Cooling Assistance Outreach Letter (Spanish) (Rev. 7/17/20)
LDSS-4992	Home Energy Assistance Program (HEAP) Cooling Assistance Request for Benefit (Rev. 5/18)



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Home Energy Assistance Program (HEAP) Cooling Assistance Outreach Letter

The NYC Department of Social Services / Human Resources Administration (DSS/HRA) is notifying you that starting July 1, 2020, households living in public or subsidized housing (like NYCHA or Section 8) with heat included in their rent can now be found eligible for a Home Energy Assistance Program (HEAP) Cooling Assistance Component (CAC) benefit. Previously, households who had heating/cooling expenses covered by their rent were ineligible.

The HEAP CAC benefit allows households who have a member with a medical condition made worse by hot temperatures, to receive an Air Conditioner (A/C) fully-installed for free. **During the COVID-19 pandemic, medical documentation for the CAC benefit may be waived for households who are unable to obtain documentation.**

Households who live in public or subsidized housing with heat/cooling included in their rent (such as NYCHA or Section 8) are now eligible to apply before August 31, 2020. Those previously denied with the reason "Ineligible Living Situation" are encouraged to reapply using the "Home Energy Assistance Program Cooling Assistance Request for Benefit" (**LDSS-4992**) form sent with this letter.

If you have any questions, please call HRA's Infoline at **(718) 557-1399**.

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: _____

Número de caso: _____

Nombre del caso: _____

Centro: _____

Programa de Asistencia para la Energía en el Hogar (HEAP) Carta de información a la comunidad sobre la Asistencia para Sistemas de Enfriamiento

Por la presente, el Departamento de Servicios Sociales/ Administración de Recursos Humanos de la Ciudad de Nueva York (*NYC Department of Social Services / Human Resources Administration, DSS/HRA*) le notifica que, a partir del 1 de julio de 2020, los integrantes de un hogar que residan en viviendas subvencionadas o públicas (como *NYCHA* o Sección 8) y que tengan el gasto de calefacción incluido en el alquiler, pueden ahora resultar elegibles para recibir el beneficio de Asistencia para Sistemas de Enfriamiento (*Cooling Assistance Component, CAC*) del programa de Asistencia para la Energía en el Hogar (*Home Energy Assistance Program, HEAP*). Anteriormente, los hogares cuyos gastos de calefacción o de aire acondicionado estaban incluidos en el alquiler no eran elegibles.

El beneficio *CAC* del programa *HEAP* permite a los hogares que tienen un miembro con una condición médica que empeora a causa del calor, recibir gratis un aire acondicionado (A/C) y además cubrir el costo de su instalación. **Los hogares que debido a la pandemia de COVID-19 no logren obtener los documentos médicos obligatorios para tramitar el beneficio de CAC, podrían ser eximidos de tener que presentarlos.**

Los integrantes de un hogar que residan en viviendas subvencionadas o públicas y que tengan el gasto de calefacción incluido en el alquiler (como *NYCHA* o Sección 8), ahora pueden enviar antes del 31 de agosto de 2020 una solicitud para tramitar el beneficio. Se invita a los hogares a los que anteriormente se les haya denegado el beneficio por causa de "situación de vivienda inelegible", a reenviar la solicitud usando el formulario adjunto a esta carta, titulado "Petición del beneficio de Asistencia para Sistemas de Enfriamiento del programa de Asistencia para la Energía en el Hogar" (*Home Energy Assistance Program Cooling Assistance Request for Benefit, LDSS-4992*).

Si tiene preguntas, favor de llamar a la línea directa de la *HRA* al **(718) 557-1399**.

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad? ¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

Home Energy Assistance Program Cooling Assistance Request For Benefit

Date Received: _____

Case Number: _____

APPLICANT INFORMATION				
First Name	MI	Last Name	SSN (last 4 digits)	
Street Address			Apt. No.	City
State	Zip	County		Daytime Phone Number

Was the household in receipt of ongoing TA or SNAP at time of regular benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, is the household still in receipt of ongoing TA or SNAP? (If No, the applicant must file a new application and submit full documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant moved since filing the regular benefit? (If Yes, the applicant must file a new application and submit full documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the applicant household contain an individual that has a medical condition that is worsened by extreme heat? If yes, please provide a note from a physician, physician assistant or a nurse practitioner dated within the previous twelve months prior to the month of application documenting this condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, name: _____	

APPLICANT SIGNATURE	
Signature: _____	Date: _____

FOR AGENCY USE ONLY				
<input type="checkbox"/> Pended	Start: _____	End: _____		
<input type="checkbox"/> Denied	Reason: _____			
<input type="checkbox"/> Approved	Date: _____	Vendor Name: _____	Vendor Number: _____	
Worker Signature: _____	Date: _____	Supervisor's Initials: _____		Date: _____
Comments:				