



OFFICE OF POLICY, PROCEDURES, AND TRAINING  
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**POLICY BULLETIN #21-09-ELI**  
(This Policy Bulletin Replaces PB #20-48-ELI)

**Revision to Cash Assistance (CA) Recertification Process Due to the Coronavirus (COVID-19) Pandemic**

<b>Date:</b> February 18, 2021	<b>Subtopic(s):</b> COVID-19, CA and SNAP benefits
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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

## Revisions to the Original Policy Bulletin

This policy bulletin is being revised to inform staff in the Job Centers that they must not put in the **G70** closing code before the 10<sup>th</sup> day of the 12<sup>th</sup> month recertification period.

Refer to [PB #21-04-ELI](#)

This policy bulletin is also being revised to add a reminder that the Federal Pandemic Unemployment Compensation (FPUC) payment of an additional \$300 per week, which are issued by the New York State (NYS) Department of Labor (DOL), are excluded as income and are excluded as a resource when determining eligibility and benefit level for CA cases.

Lastly, this policy serves to memorialize the fact that households due to recertify in December 2020 - March 2021 who were not previously given a recertification extension, were given up to a 6-month extension on their certification period. The agency has requested additional extensions for future months. Staff will be notified under separate cover if those extensions are granted.

### Purpose

The purpose of this policy bulletin is to inform Job Center staff of the operational changes for the recertification process due to the COVID-19 pandemic for CA cases. This policy bulletin is informational for all other staff.

As a condition of eligibility for continued Cash Assistance, participants must recertify at least once per year. Due to the COVID-19 pandemic, in person Face to Face Recertifications (FFR) will no longer be held in the Job Center. The New York City (NYC) Human Resources Administration (HRA) Family Independence Administration (FIA) will be conducting telephone recertification interviews until further notice.

**W-908T**

Staff sends the Don't lose your benefits! Recertify now! (**W-908T**) form to the CA participants. Center staff prepares and sends the **W-908T**, using the same process they used prior to COVID-19.

**FIA-1167**

Along with the **W-908T**, participants receive the updated Cash Assistance Recertification Form Submission (**FIA-1167**) form. The **FIA-1167** was updated to reflect the alternative ways participants can submit a recertification form.

Revised

The end of the recertification month (i.e. January 31, 2021) is indicated as a due date to participants for submission of the recertification application, but the Job Center must not take action to initiate a closing for failure to submit their recertification until at least 10-days after the identified due date (10<sup>th</sup> day of the 12<sup>th</sup> month). This will allow participants to submit their recertification application and complete their telephone interview during the closing “clock-down” before the recertification end date (i.e. January 31, 2021). They will have an opportunity to have a telephone recertification interview if they submit the recertification application and all required documentation online or in person through the processing month (i.e. 12th month).

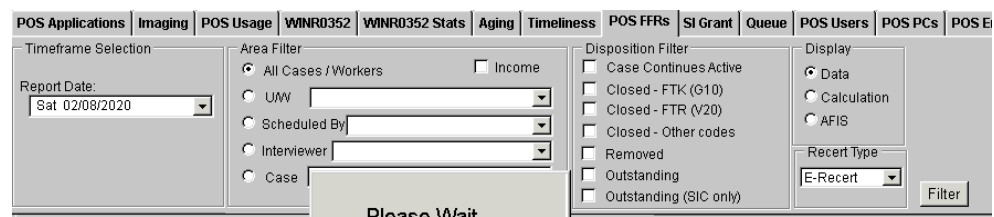
**Online Submission**

Refer to [PB #20-13-ELI](#)

Participants may submit the CA electronic recertification application (**CA E-Recert**) forms (NYC’s electronic version of the New York State Recertification Form for Certain Benefits and Services [**LDSS-3174**] form) and required documents through the ACCESS HRA website or ACCESS HRA mobile app.

Once the **CA E-Recert** is submitted by the participant, the Job Opportunity Specialist (JOS)/Worker will be alerted in Paperless Office System (POS). The cases will be moved to the CA E-Recert Queue.

To track the cases, the Job Center can use the POS FFRs report in the POS Management Console and select "E-Recert" for the Recert Type filter:



The JOS/Worker will call the participant within 10 days to conduct the recertification interview via the telephone. The interview will be conducted in the POS. All relevant eligibility questions will be asked, and all necessary documentation will be requested.

If additional documentation is needed, the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) will be generated and saved to the HRA One Viewer and will be available on ACCESS HRA to the participant upon completion of the telephone interview. Participants will have an opportunity to submit documentation through the ACCESS HRA website.

Refer to [PB #20-13-ELI](#),  
[PB #20-15-ELI](#),  
[PB #20-17-ELI](#),  
[PB #20-64-ELI](#),  
[PB #20-76-OPE](#)

During this period, documentation requirements have been amended to ensure that cases are not “deferred” for documentation unnecessarily. Staff must refer to the Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (**FIA-1227**) form for updated information about verification of eligibility factors. Staff and interviewers must also be sure to check the HRA One Viewer to ensure that any documents requested are not already available in the participant’s electronic case record.

**Office of Child Support Services**

The Office of the Child Support Services (OCSS) referral is made in POS during the recertification interview. The OCSS referral (**140A**) will be made only for participants who did not comply previously with OCSS requirements or if a new child is added to the case. The JOS/Worker will make a referral appointment in NYCWAY (just to identify how many people will be in a Call-in Pool) and tell the participant they will be contacted later. The appointment letter will not be saved in the HRA One Viewer.

**Employment Plan**

Refer to [PB #19-45-EMP](#)

As a part of the recertification interview process the Employment Plan (EP) must be initiated in the New York City Work Accountability and You (NYCWAY) system. Any resulting referral appointments will not be scheduled at this time. Staff must inform participants that any resulting referrals will be scheduled for a later date and that they will be contacted by phone and/or mail. If there are no barriers to employment except a childcare, the JOS/Worker will post a new action code **1CAL** (Needs Engagement Call-In) indicating that the participant is eligible for engagement and will be called in for an assignment at the future date.

**Note:** If someone posted **1CAL** in error into NYCWAY, the action code **1CAX** will cancel the Call-In.

HRA must provide a copy of the completed EP to each participant. Since COVID-19 circumstances prohibit making in-person referrals or assignments, the only persons who will have completed EP’s will be those with exemptions.

Persons who are found as Exempt through the EP interview, and who have an Exempt EP completed (**119U**) will receive a copy of the Employability Assessment and Employment Plan (**W-584A**) by mail. If an individual is identified as an Exempt through the EP interview, the **119U** (an Exempt EP completed) will be posted automatically at the conclusion of the interview. NYCWAY will select all EP's completed by **119U** for mailing of the EP to the participant.

NYCWAY will generate the Employability Assessment and Employment Plan (**W-582A**) mailers for mailing. Copies will be uploaded to HRA One Viewer and they will be available in ACCESS HRA electronically for participants who utilize ACCESS HRA to manage their case.

For the list of possible engagement exemptions during the telephone recertification interview refer to the **Attachment A**.

#### **Domestic Violence**

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

Domestic Violence (DV) screening must be conducted as part of the eligibility interview over the telephone. Staff must ensure to answer the questions in POS, even if the answers are already populated based on the AHRA submission. Any resulting referrals (**191A**) must be communicated to the participant, informing them that a Domestic Violence Liaisons (DVL) will contact them to conduct an assessment over the telephone. Refer to the **Attachment A**.

#### **Substance Abuse**

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

Substance Abuse (SA) screening must be conducted as part of the recertification interview over the telephone. Any resulting referrals (**193**, **193M**, or **193O**) must be communicated to the participant, informing them that they will be contacted by a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for a telephonic assessment. Refer to the **Attachment A**.

#### **Wellness, Comprehensive Assessment, Rehabilitation, and Employment (WeCARE)**

Refer to [PD #15-10-ELI](#)

For the medical/mental issues the Wellness, Comprehensive Assessment, Rehabilitation, and Employment (WeCARE) referral **1WAW** pool code will be posted. Refer to the **Attachment A**.

**Child Care**Refer to [PD #16-08-EMP](#)

A participant who is employed and has a child or children that meet the eligibility criteria (Refer to the PD #16-08-EMP) can request to receive a Child Care. The **133S** (Provider needed, and documentation required) code will be posted in NYCWAY. The letter will be sent to the participant instructing them to upload documentation into ACCESS HRA. Once the documentation is submitted, the Child Care specialist will pull the worklist and do outreach to the participant as needed and take an action to initiate a childcare.

**In-person submission**

Participants have an option to submit a recertification application and required documentation in-person at open client facing Job Center in any of the 5 boroughs. To locate the open Job Center, they can either go online at [www.nyc.gov/hra](http://www.nyc.gov/hra) or call Department of Social Services (DSS) Infoline at (718) 557-1399.

**PC Banks**Refer to [PB #18-37-OPE](#)

If participants come to the Job Center, they will be directed to the Personal Computer (PC) Banks where they may submit the recertification application form and required documentation through ACCESS HRA. The JOS/Worker will call them within 10 days and conduct a telephone recertification interview. If participants request to have a recertification interview while they are at the Job Center, they will be directed to a designated workstation for a telephone interview after submission of the completed recertification application (through ACCESS HRA or on paper).

**Paper form**

If the PC Bank is not available, or the participant does not want to complete the recertification application at the PC Bank, they will receive a paper recertification application form (**LDSS-3174**) to complete onsite. Once the form is completed, they will be able to hand the recertification form to the JOS/Worker or drop the completed recertification form into the drop box. The completed **LDSS-3174** will be scanned and indexed into the participant's case record. The JOS/Worker from the center where the participant's case is administered will call them within 10 days and conduct a telephone recertification interview. If participants request to have a recertification interview while they are at the Job Center, they will be directed to a designated workstation for a telephone interview.

**Interview at the Job Center**

Refer to [PB #20-13-ELI](#)

Participants without a telephone, or those who may want to have their interview while they are at the Job Center, may use a telephone located within designated workstations in the Job Center. The participant will be asked to wait by the designated telephone to receive a call from the JOS/Worker assigned to the case for the telephone interview.

**Homebound and Others Unable to Use Available Submission Methods**

Refer to [CD #20-19](#)

For the homebound participants' recertification process, as well as for all others who are not able to use AHRA or avail themselves of other submission methods, refer to the CD #20-19 Telephone Submission Process for Job Center #90 During the COVID-19 Emergency. This alternative method is currently approved through March 31, 2021.

**Note:** At the end of the telephone recertification interview, the JOS/Worker must enter a detailed case note indicating that the recertification was completed over the telephone per the COVID-19 waiver.

**Queues for Recertification Cases**

The following queues are for recertification cases that must be monitored, and cases assigned accordingly:

- Queues for cases that submitted an online recertifications or paper recertification forms (beginning 8/1/2020):  
CA E-RECERT (one for each center)
- Queues for Missed Interviews:  
MISSED RECERT (one for each center); supervisor will move the case to the queue (similar to the missed interview queue for CA applicants);
- Queues for Deferred Cases (case moved after the **W-113K** is generated and action is suspended):  
RECERT DEFER (one for each center);
- Queues for cases without submission - cases to be loaded on August 1, 2020:  
NORECERT SUBMITTED (one for each center).

Revised

## FTR Closing Codes

Revised

There are two Failed to Recertify (FTR) closing codes **G69** and **G70**, and two associated Client Notices System (CNS) closing notices for FTR cases. The **G69** and **G70** codes were activated in the Welfare Management System (WMS) on July 2, 2020. These closing codes also can be used by Job Center #90 staff for homebound cases, as they would apply in the same way as for regular Job Center cases, but all necessary outreaches must be completed prior to initiation of the closing, as per current procedures.

The currently used FTR closing code **G10** (Public assistance has been discontinued because the client failed to appear for face-to-face recertification interview) is specific to the face-to-face scheduled appointments and is not appropriate for the telephone recertification interview during the COVID-19 emergency.

**Note:** The closing code **G10** must not be used to close any cases for failure to complete the recertification until further notice.

Revised

The two FTR closing codes and two associated CNS closing notices are as following:

- **G69** (Participant submits the recertification form but does not have the required recertification interview).

*CNS text: You submitted your recertification form, but you did not complete a recertification interview. We tried to call you at the phone number provided but received no answer.*

- **G70** (Participant does not submit the recertification form AND does not have the required recertification interview).

*CNS text: You did not send us your completed recertification form and you did not complete the required recertification interview.*

New

**Note:** Staff must not put in the **G70** closing code before the 10<sup>th</sup> day of the 12<sup>th</sup> month of the certification period.

**Note:** The JOS/Worker should not open the pending recertification activity in their queue unless the case has FTR. If they open the activity it will block the participant from submitting their E-Recertification from ACCESS HRA.



New  
Refer to [PB #21-04-ELI](#)

### **New FPUC payment of an additional \$300 per week**

The FPUC payment of an additional \$300 per week which are issued by the NYS DOL are excluded as income and are excluded as a resource when determining eligibility and benefit level for CA cases.

**Note:** Regular Unemployment Insurance Benefits (UIB) are still subject to budgeting as unearned income (Income Source Code 36).

*Effective Immediately*

**References:**  
21 TA/DC004  
20 TA/DC113

### **Related Items:**

[CD #20-19](#)  
[PB #18-37-OPE](#)  
[PB #19-45-EMP](#)  
[PB #20-13-ELI](#)  
[PB #20-15-ELI](#)  
[PB #20-17-ELI](#)  
[PB #20-41-ELI](#)  
[PB #20-64-ELI](#)  
[PB #20-76-OPE](#)  
[PB #21-04-ELI](#)  
[PD #12-14-EMP](#)  
[PD #15-10-ELI](#)  
[PD #16-08-EMP](#)  
[PD #19-08-ELI](#)

### **Attachments:**

<b>Attachment A</b>	The Employment Plan during the Telephone Recertification Interview due to COVID-19
<b>FIA-1167 (E)</b>	Cash Assistance Recertification Form Submission (Rev. 07/01/2020)
<b>FIA-1167 (S)</b>	Cash Assistance Recertification Form Submission (Spanish) (Rev. 07/01/2020)
<b>FIA-1227 (E)</b>	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Rev. 04/06/2020)

- W-113K (E)** Documentation Requirements and/or Assessment Follow-Up (Rev. 9/16/2020)
- W-113K (S)** Documentation Requirements and/or Assessment Follow-Up (Spanish) (Rev. 9/16/2020)
- W-908T (E)** Don't Lose Your Benefits! Recertify Now! (Rev. 08/13/2020)
- W-908T (S)** Don't Lose Your Benefits! Recertify Now! (Rev. 08/13/2020)

**The Employment Plan during the Telephone Recertification Interview due to COVID-19**

Special Assessment	<b>191A</b> online appointment made (letter not mailed to the participant); exempt EP is completed. DVL will need to outreach the participant
Substance Use	<b>193/M/O</b> pool code is posted, EP is not completed. CASACs will need to perform outreach
Medical/Mental Health	<b>1WAW</b> pool code is posted, EP is not completed (the participant unable to sign HIPAA consent form but this can be done at WeCARE). The participant will be scheduled by WeCARE
Needed at Home	If documentation is available, exempt EP is completed and exemption code is <b>18N/P/S/T</b> or <b>18PN/P/S/T</b> depending upon particulars If documentation is not available, the participant should be advised that they will be called in in the future. The worker should exit EP and post <b>1CAL</b> on these cases
Age 60 (59.75+)	If the participant wishes exemption, exempt EP is completed and <b>185V</b> is posted. If the participant wishes to be engaged, EP proceeds
Caretaker of Child Under 3 Mos	exempt EP is completed, <b>195</b> is posted
Pregnant 8-9 months	exempt EP is completed, <b>184P</b> is posted
Refugee Exemption	exempt EP is completed, <b>912E</b> is posted
Teen in HS FT	exempt EP is completed, exemption code <b>186A/H/T/S/V</b> is posted, based on case circumstances
In Receipt of SSI	exempt EP is completed, <b>194R</b> is posted
Not Employable (citizenship status)	<b>905U</b> is posted (the participant will be called in to TAG in the future)
TAG	case is pooled for batch call-in, <b>13TK</b> is posted
Child Care Return	<b>133S/D</b> appointments can be made (letter not mailed to the participant). These should ONLY be made for Employed persons. Child Care Liaison should be notified.  For persons who are Not employed and need child care, worker should post <b>1CAL</b> and tell the participant they will be called in at a future date. The Worker should exit EP.
No barriers to employment, not in need of child care	The Worker should complete page 5 of the EP and post <b>1CAL</b> . the participant will be called in at a future time. No assignments are available at present.

Participants who have Exempt EP's completed from 7/1/2020 forward will have the Employability Assessment and Employment Plan **W-584A** mailed to them when the process is in place.

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Center: \_\_\_\_\_

## Cash Assistance Recertification Form Submission

You must complete a recertification form so that we can interview you to determine if you can keep getting your benefits.

### **Online Submission:**

The fastest and easiest way to submit your recertification form is online using Access HRA. Visit [www.nyc.gov/accesshra](http://www.nyc.gov/accesshra) or download the Access HRA mobile app and use your mobile device to submit your recertification form. You can also use the Access HRA mobile app to send us your documents before your interview!

### **In-Person Submission:**

If you cannot submit your recertification form electronically, you can visit the open Job Center in the borough that you live. Visit [www.nyc.gov/hra](http://www.nyc.gov/hra) to see which of our locations are open or call DSS Infoline at 718-557-1399. Once you are at the location, you can use our PC Banks to submit online or you can fill out a paper form and leave it in our drop-box.

### **Mail Submission:**

If you want a paper recertification form mailed to you, please call DSS Infoline at 718-557-1399. We will mail you a paper form that you can either leave in a drop-box at one of our open locations, or you can mail it to one of those locations. Visit [www.nyc.gov/hra](http://www.nyc.gov/hra) or call DSS Infoline to find the open locations.

Fecha: \_\_\_\_\_  
Nombre del caso: \_\_\_\_\_  
Número de caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

## Presentación del formulario de recertificación para la Asistencia en Efectivo

Usted debe completar el formulario de recertificación para poder entrevistar(a) y determinar si puede seguir recibiendo sus beneficios.

### **Para presentar el formulario por internet :**

La manera más rápida y fácil de presentar su formulario de recertificación es haciéndolo por Internet, a través de la página de *Access HRA*. Entre a [www.nyc.gov/accesshra](http://www.nyc.gov/accesshra) o descargue la aplicación móvil de *Access HRA* en su dispositivo móvil, para presentar el formulario de recertificación. Además, puede usar la aplicación móvil de *Access HRA* para enviarnos sus documentos antes de entrevistarse.

### **Para presentar el formulario en persona:**

Si no puede presentar el formulario de recertificación electrónicamente, puede ir al Centro de trabajo que esté abierto en el condado donde vive. Entre a la página [www.nyc.gov/hra](http://www.nyc.gov/hra), para ver cuáles ubicaciones están abiertas, o llame a la línea de información del *DSS (DSS Infoline)* al 718-557-1399. Una vez que esté en el centro, puede usar las estaciones de computadoras personales para presentar el formulario por Internet o puede completar un formulario impreso y depositarlo en nuestro buzón (*drop-box*).

### **Para presentar el formulario por correo postal:**

Si desea que se le envíe un formulario de recertificación por correo postal, favor de llamar a la línea de información del *DSS (DSS Infoline)* al 718-557-1399. Le enviaremos el formulario impreso, el cual podrá depositar en uno de los buzones (*drop-box*) de los Centros abiertos, o enviar por correo postal a uno de esos Centros. Entre a la página [www.nyc.gov/hra](http://www.nyc.gov/hra) o llame a la línea de información del *DSS (DSS Infoline)* para ver cuáles ubicaciones están abiertas.



### Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> <b>Identity</b> You must establish identity for each person listed applying for assistance	<ul style="list-style-type: none"> <li>• Photo I.D.</li> <li>• Driver's license</li> <li>• U.S. passport</li> <li>• Naturalization certificate</li> <li>• Hospital/Doctor's records</li> <li>• Adoption papers</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <b>Marital Status</b> If you are married, divorced, separated, or widowed, you must submit documentation	<ul style="list-style-type: none"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Veterans Administration (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable)	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> If you are applying for assistance for yourself and others, you must verify who is living with you	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord or primary tenant (for example a roommate)</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal records/certificate</li> <li>• Hospital records</li> <li>• Adoption papers/records</li> <li>• Naturalization certificate</li> <li>• Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> If the parent(s) of any child in your home is not living with you, you must prove this or give us a written statement of their whereabouts/death	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Survivor's benefit records</li> <li>• Hospital records</li> <li>• VA or military records</li> <li>• Divorce papers</li> <li>• Proof of remarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Newspaper notice</li> <li>• Insurance company records</li> <li>• Institutional records</li> <li>• Agency case records and burial payment files</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Absent Parent Information</b> If the parent(s) of any child in your home is not living with you, you must provide information you have about the individual's: name, address, SSN, birth date, and employment	<p>Examples of the type of information about the absent parent you may provide are:</p> <ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Tax returns</li> <li>• Social Security or VA records</li> <li>• Monetary determination letters</li> <li>• ID cards (health insurance)</li> <li>• Driver's license or registration</li> </ul> <p>If you do not have this documentation you may have to speak to a representative from the Office of Child Support Services at a later date</p>	NA

\*If you are applying for Supplementary Nutrition Assistance Program (SNAP) benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.

## Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Social Security Number</b> For Cash Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> have to provide proof of your SSN unless the SSN you give does not match the SSA's records or cannot be verified by the Agency	<ul style="list-style-type: none"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> A Social Security number is not required for non-citizens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance – only applicants who are pregnant.
<input type="checkbox"/> <b>Citizenship or Current Immigration Status</b> <b>Status</b> – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is <b>not</b> an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal certificate/records</li> <li>• Hospital records</li> <li>• U.S. passport</li> <li>• Military service records</li> <li>• Naturalization certificate</li> <li>• USCIS documentation</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer If you have recently loss your job, you do not have to submit verification of your income from employment.	<div style="font-size: 4em; color: blue; opacity: 0.5; pointer-events: none;">SAMPLE</div>
<input type="checkbox"/> From self-employment	
<input type="checkbox"/> Income from rent or room/board	
<input type="checkbox"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support Received from the Non-Custodial Parent	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Statement from person paying support</li> <li>• Check stubs</li> <li>• Official correspondence from the Child Support Enforcement Unit</li> </ul>
<input type="checkbox"/> Unemployment Insurance Benefits (UIB) If you have filed an application for UIB but have not received a payment yet, you do not have to submit proof	<ul style="list-style-type: none"> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor</li> <li>• Screen shots or images of benefit statement from Department of Labor</li> </ul>
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> </ul>
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> <li>• Veterans Administration official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Award certificate/letter</li> <li>• Check stub</li> </ul>
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> <li>• Statement from school</li> <li>• Statement from bank</li> <li>• Statement from agency administering grant/award letter</li> </ul>
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> <li>• Statement from bank or credit union</li> <li>• Statement from broker/financial institution/agent</li> </ul>

## Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income</b> (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> <li>• Current award letter</li> <li>• Current benefit check</li> <li>• Official correspondence from source of income</li> <li>• Contact with source of income</li> <li>• Current contribution check</li> </ul> <hr style="border-top: 1px dashed black;"/> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>Resources</b> (For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19 and persons eligible for Family Health Plus.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Life insurance</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Real estate other than residence</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Motor vehicle</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Lump sum payment</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other resources</p>	<div style="text-align: center; font-size: 4em; color: blue; opacity: 0.5; font-family: sans-serif; letter-spacing: 0.5em;">SAMPLE</div> <ul style="list-style-type: none"> <li>• Current bank records</li> <li>• Current credit card records</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Stock/bond certificate</li> <li>• Statement from financial institution</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Statement from insurance company</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Bank records</li> <li>• Burial agreement</li> <li>• Burial plot deed</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Refund of EITC check</li> <li>• Statement from tax office</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Deed</li> <li>• Statement from real estate broker</li> <li>• Broker's appraisal/estimate of current value by broker</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Registration (older models)</li> <li>• Title of ownership</li> <li>• Appraisal of current value by dealer</li> <li>• Financing data</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Statement from the source of payment</li> <li>• Lump sum check</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• Statement from household</li> <li>• Statement from nursing home</li> <li>• Household statement of current value</li> <li>• Sales slips</li> <li>• Insurance appraisal</li> </ul>

**(Turn page)**



## Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><input type="checkbox"/> <b>Shelter Expenses</b></p> <p>You must prove how much it costs you to live where you do. (You may need to provide separate documentation for <b>each</b> item of shelter expense)</p> <p>You must submit proof of your shelter expenses even if you have not paid your rent</p> <p><b>Medical Assistance does not require documentation of shelter expenses.</b></p>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Non-heating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<p><input type="checkbox"/> <b>Medical Expenses</b></p> <p>You only need to submit verification of your unreimbursed medical expenses if you are aged/disabled and are also applying for SNAP</p>	<ul style="list-style-type: none"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> </ul>
<p><input type="checkbox"/> <b>Health Insurance</b></p> <p>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this</p>	<ul style="list-style-type: none"> <li>• Insurance policy/card</li> <li>• Statement from provider of coverage</li> <li>• Medicare card</li> <li>• Separation or divorce agreement with court-ordered health coverage</li> </ul>
<p><input type="checkbox"/> <b>Disabled/Incapacitated/Pregnant</b></p> <p>If you or anyone living with you is sick or pregnant, you must provide proof. (For MA only, resource information is not requested from pregnant women, children and persons eligible for Family Health Plus)</p>	<ul style="list-style-type: none"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<p><input type="checkbox"/> <b>Unpaid Bills</b></p> <p>Please submit proof of any unpaid rent or utility bills in your name</p>	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of service and provider services and</li> </ul>
<p><input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b></p> <p>You must provide proof if you <b>pay</b> court-ordered support, child care, recurring loans or for the services of a home health aide or attendant</p>	<ul style="list-style-type: none"> <li>• Court order</li> <li>• Statement from day care center or other child care provider</li> <li>• Statement from aide or attendant</li> <li>• Canceled checks or receipts</li> </ul>

SAMPLE

(Turn page)

### Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Past Management (how did you support yourself before coming to apply for Cash Assistance)</b>  <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> <li>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> <li>• If your most recent employer is closed or no longer in business, please give us the employer's last known address and telephone number. You must sign the statement and date it for our records.</li> </ul>
<input type="checkbox"/> Other  (For cash assistance only)	If you were not supporting yourself from employment/earned income, please bring verification of how you were able to support yourself in the past such as: <ul style="list-style-type: none"> <li>• Bankbook/bank statement</li> <li>• Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>• Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	Statement from person(s) who provided support <ul style="list-style-type: none"> <li>• If you or anyone in the household has applied for and been denied or has been accepted for benefits from any of the following sources, bring the award letter, check or other correspondence: Social Security, court payments, SSI, veteran's benefits, workers' compensation, union benefits, pension, military allotment, railroad retirement, NYS disability or other source</li> </ul>
<input type="checkbox"/> <b>Other</b>	

SAMPLE



Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Center Number: \_\_\_\_\_  
 SNAP Filing Date: \_\_\_\_\_  
 Subject: \_\_\_\_\_

### Documentation Requirements and/or Assessment Follow-Up

To see if you can get, or keep getting, benefits, you must give us the required documents by the due date on this form.

Please see the Eligibility Factors and Suggested Documentation Guide (**W-119D**) sent with this letter for some of the types of documents you can give us.

If you need more time or help getting the documents call the number on page 3 of this notice.

**Due Date:**

#### Forms Reminder

*(Please return the following Agency form(s), completed and signed where necessary.)*

- |  |  |
|--|--|
| <input type="checkbox"/> <b>LDSS-2474</b> SSI Referral and Certification of Contact<br><input type="checkbox"/> <b>W-146E</b> Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance<br><input type="checkbox"/> <b>W-146W</b> Verification of Tenant's Rent in Section 8 Housing<br><input type="checkbox"/> <b>W-147CC</b> Certification of Move Statement<br><input type="checkbox"/> <b>W-147M</b> Landlord's Statement (Regarding Broker's Fee)<br><input type="checkbox"/> <b>W-147Q</b> Verification of Secondary Tenant's Residence and Housing Costs | <input type="checkbox"/> <b>M-15</b> Inquiry Regarding Veteran's Benefits/Allotment<br><input type="checkbox"/> <b>W-274U</b> Attestation of Employment as an Informal Child Care Provider<br><input type="checkbox"/> <b>W-299</b> Notice to Applicants and Participants Regarding Third Party Health Insurance<br><input type="checkbox"/> <b>W-451</b> NYPD – New York Police Department Report/Referral<br><input type="checkbox"/> <b>W-582A</b> Family Care Assessment<br><input type="checkbox"/> <b>W-700E</b> School Attendance Verification Letter |
|--|--|

(Turn page)

**CA Appointment Reminder**

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSS – Office of Child Support Services Appointment <input type="checkbox"/> Career Services Vendor Appointment <input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment	<input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children’s Services Appointment
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The following household member(s) must contact HRA for the reason indicated below:

Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

**Outstanding documentation** – see the **W-119D** for a list of documents that can be used to verify the Eligibility Factors listed.

Name	Eligibility Factor

**(Turn page)**

You may submit any required documents/information by:



**UPLOAD** (*easiest!*) — use your mobile phone or tablet with our ACCESS HRA mobile app at: [www.nyc.gov/accesshramobile](http://www.nyc.gov/accesshramobile)



**IN PERSON** — bring copies of the documents to your Center



**FAX** — send documents to \_\_\_\_\_



**MAIL** copies using envelope provided



**CALL** \_\_\_\_\_ if you need help getting documents or more time to get documents

**Failure to submit verification/documentation or failure to contact your HRA worker on or before the due date may make you ineligible for Cash Assistance and/or SNAP, or may cause a reduction in your Cash Assistance and/or SNAP benefits for a specific period of time.**

**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.

(Turn page)

## THINGS TO REMEMBER



**Pay Stubs:** for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.



**Employer Letter:** If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer must sign and date it.



**Landlord or Primary Tenant Letter:** must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.



Fecha: \_\_\_\_\_

Número de caso: \_\_\_\_\_

Nombre del caso: \_\_\_\_\_

Número del centro: \_\_\_\_\_

Fecha de solicitud de SNAP: \_\_\_\_\_

Tema: \_\_\_\_\_

### Requisito de proveer documentación y/o Seguimiento a la evaluación

Para saber si usted puede obtener o si puede seguir obteniendo beneficios, usted debe proveernos los documentos requeridos antes de la fecha límite de presentación indicada en este formulario.

Para ver alguno de los documentos que puede enviarnos, favor de consultar la Guía de factores de elegibilidad y de documentación sugerida (**W-119D [S]**) que acompaña a esta carta.

Si necesita más tiempo o ayuda para conseguir los documentos, llame al número que aparece en la página 3 de este aviso.

**SAMPLE**

**Fecha límite:** \_\_\_\_\_

**Formularios a devolver** (favor de devolver el(los) siguiente(s) formulario(s) de la Agencia, completado(s) y firmado(s) donde sea necesario).

- |  |  |
|--|--|
| <input type="checkbox"/> <b>LDSS-2474 (S)</b> Remisión para el SSI y Constancia de Comunicación. ( <i>SSI Referral and Certification of Contact</i> )<br><input type="checkbox"/> <b>W-146E (S)</b> Solicitud para Pagar Alquiler Atrasado en Exceso de la Asignación Máxima de Asistencia en Efectivo para Refugio ( <i>Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance</i> )<br><input type="checkbox"/> <b>W-146W</b> - <i>Verification of Tenant's Rent in Section 8 Housing.</i> (Verificación del Alquiler del Inquilino, Sección 8)<br><input type="checkbox"/> <b>W-147CC (S)</b> Declaración de Mudanza. ( <i>Certification of Move Statement</i> )<br><input type="checkbox"/> <b>W-147M</b> - <i>Landlord's Statement (Regarding Broker's Fee)</i> (Declaración del arrendador con respecto a la comisión del agente inmobiliario)<br><input type="checkbox"/> <b>W-147Q (S)</b> Verificación de residencia y costo de vivienda del inquilino secundario. ( <i>Verification of Secondary Tenant's Residence and Housing Costs</i> ) | <input type="checkbox"/> <b>M-15 -Inquiry Regarding Veteran's Benefits/Allotment</b> (Consulta sobre los beneficios/asignaciones de los Veteranos de Guerra)<br><input type="checkbox"/> <b>W-274U (S)</b> Atestación de Empleo como Proveedor de Cuidado Infantil. ( <i>Attestation of Employment as an Informal Child Care Provider</i> )<br><input type="checkbox"/> <b>W-299(S)</b> Aviso a Solicitantes y Participantes con Respecto a Seguros de Salud de Tercera Persona ( <i>Notice to Applicants and Participants Regarding Third Party Health Insurance</i> )<br><input type="checkbox"/> <b>W-451</b> - <i>NYPD – New York Police Department Report/Referral.</i> (Declaración/Referencia del Depto. de Policía de la Ciudad de Nueva York)<br><input type="checkbox"/> <b>W-582A (S)</b> Evaluación de Cuidado Familiar. ( <i>Family Care Assessment</i> )<br><input type="checkbox"/> <b>W-700E(S)</b> Divulgación de Información de Asistencia Escolar. ( <i>School Attendance Verification Letter</i> ) |
|--|--|

(Gire la hoja)

**Recordatorio de citas para la Asistencia en Efectivo (CA)**

<input type="checkbox"/> Cita con el Departamento de Verificación de Elegibilidad (BEV- <i>Bureau of Eligibility Verification</i> ). <input type="checkbox"/> Cita con la Oficina de Servicios para el Sustento de menores (OCSS – <i>Office of Child Support Services</i> ). <input type="checkbox"/> Cita con el Proveedor de servicios para carreras profesionales ( <i>Career Services Vendor</i> ). <input type="checkbox"/> Cita con un(a) Consejero(a) Acreditado(a) para el Abuso del Alcohol y Sustancias (CASAC – <i>Credentialed Alcoholism/ and Substance Abuse Counselor</i> ).	<input type="checkbox"/> Cita con el Proveedor Médico de Bienestar, Evaluación Total, Rehabilitación y Empleo ( <i>WeCARE- Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider</i> ). <input type="checkbox"/> Cita con la Administración de Servicios para Niños ( ACS – <i>Agency for Children’s Services</i> ).
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El(los) siguiente(s) integrantes(s) del hogar deben contactar a la HRA por la razón siguiente:

Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en efectivo.
Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en Efectivo.
Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en Efectivo.
Nombre del integrante del hogar:	<input type="checkbox"/> Para evaluar su aptitud para trabajar	<input type="checkbox"/> Para firmar la solicitud de la Asistencia en Efectivo.

**Documentación pendiente** – para verificar los Factores de Elegibilidad enumerados, vea la guía de documentos sugeridos en el formulario **W-119D (S)**.

Nombre	Factores de Elegibilidad

(Gire la hoja)



Usted puede enviar los documentos/ información por uno de los siguientes medios:



**CARGÁNDOLOS POR INTERNET** (*¡la forma más fácil!*) — use nuestra aplicación móvil de *ACCESS HRA* en su celular o en su tableta; entre a la página web: [www.nyc.gov/accessshramobile](http://www.nyc.gov/accessshramobile)



**EN PERSONA** — lleve las copias de los documentos a su Centro.



**FAX** — envíe los documentos al \_\_\_\_\_



**POR CORREO POSTAL**, enviando las copias en el sobre proporcionado.



**LLAME** al \_\_\_\_\_ si necesita más tiempo o ayuda para conseguir los documentos.

**El no presentar la verificación/documentación o el no contactar a su trabajador(a) de la HRA antes de, o en la fecha límite, podría convertirlo(a) en un(a) participante inelegible para recibir la Asistencia en Efectivo (*Cash Assistance*) y/o de *SNAP*, o podría causar una reducción en sus beneficios de Asistencia en Efectivo y/o de *SNAP*, durante un tiempo específico.**

**¿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.**

**(Gire la hoja)**

## PARA RECORDAR



**Talones de paga:** por cada integrante del hogar que trabaje, debe proporcionar talones de paga que cubran sus pagos recibidos durante las últimas 4 semanas de trabajo.



**Carta del empleador:** Si no recibe talones de paga, pídale a su empleador que escriba una carta declarando su paga, la frecuencia de la misma, el nombre de la compañía y el número de teléfono. Su empleador **debe firmarla y fecharla.**



**Carta del arrendador o del inquilino principal:** debe estar firmada y fechada, e incluir:

- el monto del alquiler que se le cobra;
- el monto que paga al arrendador o al inquilino principal por el servicio de calefacción/ aire acondicionado, u otros servicios, si se cobra(n) por separado del alquiler;
- la cantidad de personas que viven en su hogar; y
- el nombre y número de teléfono del arrendador.

SAMPLE

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Fair Hearing & Conference  
Telephone Number: \_\_\_\_\_

## DON'T LOSE YOUR BENEFITS! RECERTIFY NOW!

- Your Cash Assistance Recertification period is now open.
- You have until \_\_\_\_\_ to complete the three steps below

### First, Complete Your Cash Assistance Recertification Form.



- 1 Go to [www.nyc.gov/accesshra](http://www.nyc.gov/accesshra) or use the AccessHRA mobile application
- 2 Log into your account (or set one up)
- 3 Click "Yes" to "Do you want to start your online Recertification now?" on the Home page
- 4 Fill out your information and submit your form

See **page 2** for other ways to submit your Recertification form.

### Then, Submit Required Documentation



Submit any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs and any other changes;

HRA's mobile app is the easiest and fastest way to submit your documentation.

Download the app today! [www.nyc.gov/accesshramobile](http://www.nyc.gov/accesshramobile)

### After You Submit, be ready for our call!



We will call you for your interview within 10 days after you submit your recertification at the telephone number you gave us.

(Turn page)

**Documents you MAY need to submit include:**

- Proof of WHO LIVES IN YOUR HOME (anyone who has moved in or left your home);
- Proof of your household INCOME;
- Proof of your EXPENSES (such as rent, utilities, child care, medical expenses);
- Information about any ASSETS or resources you have (such as bank statements).

A full list of documents you need to give us will be provided after your interview.

**Don't have access to the internet?**

If you don't have access to the internet, contact \_\_\_\_\_ to receive a Recertification form in the mail. When you get the Recertification form in the mail, you can send it back to us:



By fax to:

\_\_\_\_\_



By mail. Please follow the instructions in the recertification application.



In person: visit the Open Center in the borough that you live. Visit [www.nyc.gov/hra](http://www.nyc.gov/hra) to see which of our locations are open or call DSS Infoline at **718-557-1399**. Once you are at the location, you can use your PC banks to submit online or you can fill out a paper form and leave it in our drop box.



For other submission options, please call DSS Infoline at **718-557-1399**.

**Child Care Notice**

If you have children under the age of 13, you may need child care in order to participate in a work activity. If you have a child care provider, have him/her complete the child care provider enrollment form, **which is being sent to you in a separate envelope**. Send it to us in the envelope that comes with it.

**(Turn page)**

## **What happens if I do not have my interview?**

### Cash Assistance

If you do not complete the recertification process (see first page for recertification steps) by \_\_\_\_\_, we will think that you do not want Cash Assistance. We will then close your Cash Assistance case and send you a notice telling you the closing date. This decision is based on 18 NYCRR § 351.22.

### Medical Assistance

You do not need an interview to keep your medical assistance. However, you must tell us about any changes in address, income, resources or household size.

### SNAP Benefits

If you, an adult member of your household or your authorized representative do not give us your recertification form and have an interview by \_\_\_\_\_ your SNAP benefits will stop. You will not get SNAP benefits unless you apply again and are eligible. If any proof is still needed after the interview, you will be told what you need to give, and you will have at least ten days to give it. This decision is based on 18 NYCRR § 387.17.

## **What if I no longer want or need assistance?**

If you do not want or need Cash Assistance, SNAP benefits and/or medical assistance, please tell us. If you want any of these benefits to stop, check the box(es) on **page 4** next to the benefit(s) and tell us the reason why. It is important for you to tell us why you want your case closed because you may be able to get medical assistance for up to a year. You may also be able to get help with your child care expenses.

If you check any of the box(es) on **page 4**, sign, date, and send this form to the address of the Job Center listed on **page 2** of this form.

**(Turn page)**

- I do not want or need **CASH ASSISTANCE**. (If you check this box but still want SNAP benefits, you must give us the recertification form in one of the ways described on **page 1** of this notice. Your medical assistance will continue unless you also check the next box.)
- I do not want **MEDICAL ASSISTANCE**.
- I do not want **SNAP** benefits.

I no longer want the above checked benefits because:

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Case Number**

\_\_\_\_\_  
**Date Signed**

**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.** Use the ***Help For People With Disabilities*** form in this mailing. You can also 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.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE INTERVIEW/APPLICATION RIGHTS FOR SUPPLEMENTAL  
NUTRITION ASSISTANCE PROGRAM BENEFITS AND THE CONFERENCE AND FAIR HEARING  
INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn page)

### **Interview/Application Rights for Supplemental Nutrition Assistance Program (SNAP) Benefits**

You have a right to:

- complete your SNAP interview over the phone.
- ask for an application for SNAP benefits. This office must accept the application as long as it is signed and your name can be read (and address, if you have one).
- apply for SNAP benefits in person, by mail, fax or through an authorized representative. An interview may be required.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may apply for SNAP benefits at the Social Security office instead of turning in your recertification form at the SNAP Center. If you choose to do this, the Social Security office must also get your application by the date noted on **page 3** in the SNAP Benefits section of this notice. They will interview you and send your application and supporting documents to the SNAP Center to see if you can still get SNAP benefits.

### **Services and Other Information**

- ✓ Social services may send you information and education about family planning for up to 90 days from the date stated in this notice. A loss of Cash Assistance and medical assistance benefits will require a review of your eligibility for social services within 30 days of the decision. This does not mean that your services will end. It means that your eligibility for these services will have to be reviewed. For further information, please contact your Worker.
- ✓ Even though you may no longer be eligible for Cash Assistance, SNAP benefits, or medical assistance, you still may be eligible for help with your heating costs. You can find out by applying for the Home Energy Assistance Program (HEAP). Call HEAP Central at (800) 692-0557 for information on HEAP.

**(Turn page)**

## Conference and Fair Hearing Information

### 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 the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice 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 ask for a conference, you are still entitled to a Fair Hearing.

### STATE FAIR HEARING

**Deadline:** If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

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.

**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, in writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy (and keep a copy for yourself) of this 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**
- (3) **FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) **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**
- (5) **ONLINE:** Complete an online request form at:  
**<http://www.otda.state.ny.us/oah/forms.asp>**

(Turn page)



**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 witnesses 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: pay stubs, leases, receipts, bills and/or doctor's statements, 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.

**If you have a disability, and cannot travel,** you may appear through a representative such as a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

**LEGAL ASSISTANCE:** If you need free legal assistance, 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 **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. 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.

**AVAILABILITY OF POLICY MATERIALS:** The Office of Temporary and Disability Assistance (OTDA) policy issuances 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. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

**INFORMATION:** If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

**(Turn page)**

## FAIR HEARING REQUEST

**Continuing Your Benefit(s):** If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued. If you ask for a conference only, and not a State Fair Hearing, your benefits will not be restored to the level that they were at before this notice.

If you lose the Fair Hearing, you will have to pay back any benefits that you received, but should not have received, while you were waiting for the Fair Hearing decision. If you ask for a Fair Hearing and you do not want your benefits to be restored while you wait for the decision to be issued, you must tell the State when you call for a Fair Hearing, OR check the box below and send back this notice.

- I do not want my benefits restored while I wait for the Fair Hearing decision to be issued.
- I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fecha: \_\_\_\_\_

Número de caso: \_\_\_\_\_

Nombre del : \_\_\_\_\_

Número de teléfono de Audiencia  
Imparcial y Conferencia: \_\_\_\_\_

## ¡NO PIERDA SUS BENEFICIOS! ¡RECERTIFIQUE AHORA!

- El periodo de recertificación para recibir su beneficio de Asistencia en Efectivo (*Cash Assistance Recertification*) está abierto.
- Usted tiene tiempo hasta el \_\_\_\_\_ para completar los tres pasos siguientes:

### Primero, complete el formulario de recertificación para Asistencia en Efectivo.



1. Entre a la página web [www.nyc.gov/accesshra](http://www.nyc.gov/accesshra) o use la aplicación móvil de Access HRA.
2. Ingrese a su cuenta (o cree una cuenta nueva).
3. En la página de inicio, donde dice "Do you want to start your online Recertification now?" (¿Quisiera iniciar su recertificación por Internet ahora?) Haga clic en "Yes" (Sí).
4. Complete el formulario con sus datos y envíelo.

Para ver otras maneras de presentar su form. de recertificación, lea la **página 2**.

### Luego, envíe los documentos requeridos.



Presente todo cambio en la situación de vida de su hogar, como por ejemplo: cambios en sus ingresos, recursos, albergue (alquiler, servicios públicos, calefacción, teléfono, etc.), número de integrantes de su hogar, costos de cuidado infantil y cualquier otro cambio;

La aplicación móvil de *HRA* es la manera más rápida y fácil de presentar sus documentos.

¡Descargue la aplicación hoy mismo! [www.nyc.gov/accesshramobile](http://www.nyc.gov/accesshramobile)

### Después de que haya enviado los documentos, ¡esté listo para que lo(a) llamemos!



Lo(a) llamaremos para su entrevista dentro de los 10 días posteriores a la fecha en que haya presentado su recertificación, al número de teléfono que usted nos haya proporcionado.

(Gire la hoja)

**Entre los documentos que usted TENDRÍA que presentar se incluyen:**

- Prueba de QUIÉN VIVE EN SU HOGAR (toda persona que se haya integrado o que se haya mudado del hogar);
- Prueba de los INGRESOS de su hogar;
- Prueba de sus GASTOS (como por ejemplo: alquiler, servicios públicos, cuidado infantil, gastos médicos);
- Información sobre BIENES o recursos que usted tenga (como los estados de cuentas bancarias).

Se le proporcionará la lista completa de los documentos que debe entregarnos luego de llevar a cabo su entrevista.

**¿No tiene acceso a Internet?**

Si no tiene acceso a Internet, contacte a/al

\_\_\_\_\_ para recibir el formulario de recertificación por correo postal. Cuando reciba dicho formulario por correo postal, puede reenviarnoslo:



Por fax al:



Por correo postal. Favor de seguir las instrucciones que aparecen en la solicitud de recertificación.



En persona: visite el Centro que esté abierto en el área donde usted vive. Para ver qué ubicaciones están abiertas, entre a la página web [www.nyc.gov/hra](http://www.nyc.gov/hra) o llame a la Línea Informativa del DSS al **718-557-1399**. Una vez que esté en el centro, puede usar las computadoras (*PC Banks*) para presentar el formulario por Internet o puede completar un formulario de papel y dejarlo en el buzón del centro (*Dropbox*).



Para informarse sobre otros modos de presentar el formulario, favor de llamar a la Línea Informativa del DSS al **718-557-1399**.

**Aviso sobre el Cuidado Infantil**

Si tiene niños de menos de 13 años de edad, es posible que necesite cuidado infantil para poder participar en una actividad de trabajo. Si tiene un proveedor de cuidado infantil, haga que complete el formulario de inscripción para proveedor de cuidado infantil, **el cual se le enviará a usted en una carta por separado**. Reenviénnoslo en el sobre que se incluirá en dicha carta.

**(Gire la hoja)**

## ¿Qué sucede si no llevo a cabo mi entrevista?

### Asistencia en Efectivo (Cash Assistance)

Si no completa el trámite de recertificación (vea los pasos de recertificación en la página uno) de aquí al \_\_\_\_\_, entenderemos que usted no quiere la Asistencia en Efectivo. Entonces, cerraremos su caso de Asistencia en Efectivo y le enviaremos un aviso que incluirá la fecha de cierre. Esta decisión se basa en la sección 351.22 del título 18 de la Compilación Oficial de los Códigos, Reglas y Regulaciones del Estado de Nueva York (18 NYCRR § 351.22).

### Asistencia Médica (Medical Assistance)

Usted no necesita una entrevista para conservar su Asistencia Médica. No obstante, tiene que informarnos sobre cualquier cambio de domicilio, ingresos, recursos o número de integrantes del hogar.

### Beneficios de SNAP

Si usted, un integrante adulto de su hogar o su representante autorizado no nos proporcionan su formulario de recertificación, ni lleva a cabo su entrevista de aquí al

\_\_\_\_\_, sus beneficios de SNAP terminarán. No recibirá los beneficios de SNAP a menos que reenvíe una solicitud y que sea elegible. Si después de que haga su entrevista aún se necesita algún tipo de prueba, será informado(a) acerca de lo que deba enviarnos, y tendrá un plazo de hasta diez días para ello. Esta decisión se basa en la sección 351.22 del título 18 de la Compilación Oficial de los Códigos, Reglas y Regulaciones del Estado de Nueva York (18 NYCRR § 351.22).

## ¿Qué sucede si ya no deseo o no necesito asistencia?

Si usted no desea o no necesita la Asistencia en Efectivo, de SNAP y/o la Asistencia Médica, favor de informarnos. Si desea cancelar alguno de los beneficios, marque en la **página 4** la(s) casilla(s) del beneficio que no desee o no necesite y explique el motivo. Es importante que nos informe por qué desea cerrar su caso, puesto que podría recibir aún la Asistencia Médica hasta por un año. También podría recibir ayuda para cubrir sus gastos de cuidado infantil.

Si marca alguna de las casillas en la **página 4**, favor de firmar, fechar y enviar este formulario a la dirección del Centro de Trabajo listada en la **página 2** de este formulario.

(Gire la hoja)

- No deseo o no necesito el beneficio de **ASISTENCIA EN EFECTIVO (CASH ASSISTANCE)**. (Si marca esta casilla, pero aún desea los beneficios de *SNAP*, tiene que proporcionarnos el formulario de recertificación utilizando uno de los medios descritos en la **página 1** de este aviso. Su Asistencia Médica continuará, a menos que también marque la próxima casilla).
- No deseo el beneficio de **ASISTENCIA MÉDICA (MEDICAL ASSISTANCE)**.
- No deseo los beneficios de **SNAP**.

Ya no deseo los beneficios anteriormente marcados porque:

Firma del/ de la participante

Número de caso

Fecha de la firma

SAMPLE

**¿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.~~ Utilice el formulario titulado ***Ayuda para las personas con discapacidades*** que le entregamos o que le enviamos con este correo postal. También puede llamarnos al 212-331-4640. Además, puede pedir ayuda cuando visite las oficinas de la *HRA*. La ley le da derecho a pedir este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.  
ASEGÚRESE DE LEER LOS DERECHOS DE ENTREVISTA/SOLICITUD PARA LOS  
BENEFICIOS DEL PROGRAMA DE ASISTENCIA DE NUTRICIÓN SUPLEMENTARIA  
Y LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS IMPARCIALES  
DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

(Gire la hoja)

## **Derechos de entrevista/solicitud para los beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP)**

Usted tiene el derecho de:

- realizar su entrevista de *SNAP* por teléfono.
- pedir una solicitud de beneficios de *SNAP*. Esta oficina debe aceptar la solicitud, siempre que esté firmada y que su nombre sea legible (y su domicilio, si tiene uno).
- presentar una solicitud de beneficios de *SNAP* en persona, por correo, por fax o mediante un representante autorizado. Se puede requerir entrevista.

Si todos los miembros de su hogar actualmente reciben Ingreso Suplementario de Seguridad (*SSI*) o tienen pensado presentar una solicitud de *SSI*, usted podría presentar una solicitud de beneficios de *SNAP* en la oficina de Seguro Social, en vez de entregar su formulario de recertificación en el Centro de *SNAP*. Si elige hacer esto, la oficina de Seguro Social también debe recibir su solicitud para la fecha indicada en la **página 3** en la sección de beneficios de *SNAP* de este aviso. Usted será entrevistado(a) y su solicitud y documentos de prueba serán enviados al Centro de *SNAP* para verificar si usted aún puede recibir dichos beneficios.

### **Servicios y otras informaciones**

- ✓ La oficina de Servicios Sociales le puede enviar información y material educativo sobre planificación familiar por un periodo de hasta 90 días, contando a partir de la fecha indicada en este aviso. La pérdida de los beneficios de Asistencia en Efectivo y de Asistencia Médica resultará en una revisión de su elegibilidad de los servicios sociales, dentro de los 30 días de la fecha de la decisión. Esto no significa que sus servicios terminarán, sino que su elegibilidad para estos servicios tendrá que revisarse. Para más información, favor de comunicarse con su trabajador(a) de caso.
- ✓ A pesar de que usted tal vez ya no sea elegible para los beneficios de Asistencia en Efectivo, de *SNAP*, o Asistencia Médica, aún puede ser elegible para obtener ayuda con sus gastos de calefacción. Puede averiguar sobre ello enviando una solicitud para el Programa de Asistencia para Energía en el Hogar (*HEAP*). Para obtener información sobre *HEAP*, llame a "HEAP Central" al (800) 692-0557.

**(Gire la hoja)**

## Información sobre Conferencias y Audiencias Imparciales

### CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aún si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

### AUDIENCIA IMPARCIAL ESTATAL

**Fecha Límite:** Si usted desea que el Estado revise nuestra decisión, para asuntos de Asistencia en Efectivo, Asistencia Médica, o de servicios sociales tiene que solicitar una Audiencia Imparcial dentro de los sesenta (60) días contando a partir de la fecha de este aviso; y para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP) tiene que presentar la solicitud dentro de los noventa (90) días de la fecha de este aviso.

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

**Cómo Solicitar una Audiencia Imparcial:** Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

**(1) POR TELÉFONO:** Llame al **(800) 342-3334**.  
(Favor de tener a mano este aviso cuando llame).

**(2) POR ESCRITO:** Envíe una copia ( y guarde una para usted mismo) de todo este aviso, con la sección "Petición de Audiencia Imparcial" completada, a:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

**(3) FAX:** Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" completada, al número: **(518) 473-6735**.

**(4) EN PERSONA:** Lleve una copia de todo este aviso con la sección "Petición de Audiencia Imparcial" completada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (*Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance*) a la siguiente dirección: **14 Boerum Place, Brooklyn, NY 11201**.

**(5) POR INTERNET:** Complete el formulario electrónico entrando a la siguiente página web:  
<http://www.otda.state.ny.us/oah/forms.asp>

(Gire la hoja)



**Qué Puede Esperar de La Audiencia Imparcial:** El Estado le enviará una notificación que le informará sobre cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia tendrá la oportunidad de explicar porqué considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, puede traer a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia todo documento escrito relacionado con su caso; por ejemplo: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que lo represente. Si tal representante no es abogado, debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que es su representante. Para explicar el caso, usted, su abogado o su representante pueden también interrogar a nuestros testigos o a los suyos durante la audiencia.

**Si usted padece una discapacidad, y no puede trasladarse,** puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

**ASISTENCIA LEGAL:**

Si necesita asistencia legal gratuita, podría obtenerla si se comunica con La Sociedad de Ayuda Legal (The *Legal Aid Society*) de su localidad o con otro grupo de ayuda legal. Para hallar La Sociedad de Ayuda Legal u otro grupo de ayuda legal más cercano a su domicilio, busque en las Páginas Amarillas (*Yellow Pages*) bajo la palabra *Lawyers* (abogados).

**ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS:** Para prepararse para la audiencia, tiene el derecho de revisar los archivos de su caso. Si nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los mismos documentos de su archivo que se entregarán al Funcionario de Audiencias durante la audiencia imparcial. Además, si nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de aquellos documentos específicos contenidos en su archivo que usted considere necesarios para prepararse. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Estas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos solo se le enviarán por correo si así lo solicita específicamente.

**DISPONIBILIDAD DE MATERIALES DE POLÍTICA:** Las publicaciones sobre la política de la HRA y las de la Oficina de Asistencia Temporal y para Discapacitados (*OTDA*) están disponibles para usted y para su representante, ya sea para determinar si se debe solicitar una audiencia imparcial, o para prepararse para la misma. Las publicaciones y manuales de la política de la *OTDA* se publican en el sitio web de la *OTDA* en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la *HRA*, hay disponibles publicaciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar publicaciones de políticas y manuales, llame al **(718) 722-5012**, envíe un fax al **(718) 722-5018**, envíe un correo electrónico a [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

**INFORMACIÓN:** Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

**(Gire la hoja)**

## PETICIÓN DE AUDIENCIA IMPARCIAL

**Continuación de su(s) Beneficio(s):** Si nuestra decisión afecta sus beneficios y usted solicita una Audiencia Imparcial dentro de los diez (10) días a partir de la fecha de este aviso, nosotros restauraremos sus beneficios al nivel anterior a este aviso, hasta que se emita la decisión de la Audiencia Imparcial. Si usted solicita sólo una conferencia, en vez de una Audiencia Imparcial Estatal, no se restaurarán sus beneficios al nivel anterior a este aviso.

Si usted pierde la Audiencia Imparcial, tendrá que devolver cualquier beneficio que haya recibido sin derecho a ello, mientras esperaba la emisión de la decisión. Si solicita una Audiencia Imparcial y no desea que sus beneficios se restauren mientras espera la decisión de la Audiencia Imparcial, usted debe informar al Estado al llamar para una Audiencia Imparcial, o marcar la casilla a continuación y devolver este aviso.

**No deseo que se restauren mis beneficios mientras espero que se emita la decisión de la Audiencia Imparcial.**

**Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:**

SAMPLE

Nombre en  
letra de  
molde:

Nombre

Inicial 2do  
Nombre

Apellido(s)

Número de caso: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_