



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY DIRECTIVE #18-08-OPE

(This Policy Directive replaces PB #14-23-OPE)

PAYMENTS TO APPLICANTS/PARTICIPANTS FOR STORAGE OF FURNITURE AND PERSONAL BELONGINGS (STORAGE FEES)

Date: April 3, 2018	Subtopic(s): Payment of Storage Fees
-------------------------------	--

AUDIENCE This policy directive is for all Job Center staff and is informational for all other staff.

REVISIONS TO THE PRIOR POLICY BULLETIN

This Policy Directive is being issued to update the process and requirements for providing storage fees to meet an applicant's/participant's necessary and reasonable storage needs previously provided in a policy bulletin.

This Policy Directive applies to all new storage requests. Applicants/Participants who currently receive a storage allowance/grant must have their storage allowance/grant continued for currently stored belongings under the previous policy until the current need for storage no longer exists. Any requests for additional storage must be processed under the new policy.

The revisions to the previous bulletin are as follows:

- Applicants/Participants who do not yet have their furniture and personal belongings in storage or are required by the Human Resources Administration (HRA) to move into another storage facility will now be required to provide three (3) storage fee estimates before payment can be made.
- Based on NYS regulations, HRA will limit furniture and personal belongings to be stored. Furniture and personal belongings cannot exceed the amount needed for the household and personal belongings must be reasonable in number and total volume.

New
Office of Temporary and
Disability Assistance
(OTDA) Transmittal:
17-ADM-02

FIA STAFF: 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

- New
 - No other storage options exist: in order to be eligible for a storage fees allowance/grant, the applicant/participant must have no other resources (including resources in the community) available to store his/her furniture and/or personal belongings.
- New
 - Storage is limited to items accessible and being used at the time the circumstance(s) necessitating the storage occurred.
 - Applicants/Participants who refuse an offer of permanent housing without good cause are ineligible for a storage allowance/grant.
- New
 - The NYC HRA Requirements for One-Time Approval of Storage Fees Allowance/Grant for Storage Space Exceeding Limit and Storage Inventory List (to be completed by Applicant/Participant) form (**FIA-1127e**) has been created.
 - The Notice To Applicants/Participants Of The Revised Storage Fee Process And Allowance Requirements (**FIA-1127d**), informing them of the new payment of storage fees policy, has been created.

POLICY

An allowance/grant for storage of furniture and personal belongings must be made when it is necessary for circumstances such as relocation, eviction, or temporary shelter, as long as eligibility for Cash Assistance (**CA**) or Emergency Assistance (**EA**) continues and the circumstances for a storage allowance/grant continue to exist, and no other storage options are available.

Temporary shelter, for purposes of storage fees eligibility, includes homeless shelters and hotels/motels, and may include shared housing (i.e., double-ups) depending on the length of stay and circumstances of the housing arrangement.

A storage allowance/grant must be made in accordance with the needs and size of the applying/requesting household. Generally, households with more members would require more storage space than a household with fewer people. All households are entitled to receive, if otherwise eligible, sufficient storage space to store their furniture and personal belongings. However, **the household's total furniture and personal belongings to be stored must be reasonable in number and total volume.**

Provisions will be made for the storage of furniture and personal belongings of children not residing in the household, for whom an adult member of the applicant/participant household is legally responsible (such as a child who visits the household pursuant to a custody agreement or a child placed in foster care with a goal of family reunification).

BACKGROUND

Prior to recent amendments, 18 NYCRR §§ 352.6(f) and 397.5(k) did not place restrictions on the types and amounts of furniture and personal belongings applicants/participants could place in storage nor did they prohibit applicants/participants from accumulating additional furniture and personal belongings while in temporary housing.

The amendments to 18 NYCRR §§ 352.6(f) and 397.5(k) provide consistency and clarity and alignment with the policy for establishing a home and the replacement of furniture as found in 18 NYCRR § 352.7.

General Restrictions on Furniture For Storage Fees Grant

Furniture to be stored cannot exceed the **normal and reasonable** items found in: one (1) living room; one (1) kitchen, including a cooking range and a refrigerator; one (1) bathroom; up to one (1) bedroom for each household member (depending on living situation prior to the circumstances necessitating the storage need); one (1) linen cabinet; and one (1) stove/heater (These are the rooms and items permitted under the New York State Office of Temporary and Disability Assistance [OTDA] Schedule SA-4a). The furniture to be stored cannot exceed the amount of furniture reasonably needed for the household size.

General Restrictions on Personal Belongings For Storage Fees Grant

Personal belongings to be stored cannot exceed the amount needed for the household size and should be reasonable in number and total volume. Personal belongings to be stored include:

- Legal and identification documents
- Kitchen items, such as tables and chairs, cookware, appliances, dishware, glassware and utensils;
- Bedding and towels
- Clothing of the household members
- Washing machine and dryer
- Assistive medical devices
- Items needed for employment, excluding business inventory
- Household electronic devices
- Items needed for educational purposes, and
- Personal keepsakes, including children's toys, high chairs, and changing tables

New

Maximum Storage Space to be Covered by Storage Fees Grant

There are regulatory limits on the amount that can be paid for storage fees and restrictions on the types of furniture and personal belongings that require storage. Based on these restrictions, HRA will limit the amount of storage space that will be paid for based on household size. The maximum storage space that would be subsidized is 400 cubic feet for a single-person household, up to 1200 cubic feet for households of 6 and larger.

New

The chart below lists the maximum storage space that would be eligible for a storage fees allowance/grant based on household size:

HRA FIA Storage Limit Schedule:

# of Persons in Household	Allowable Storage Space
1	400 Cubic Feet (5' Width x 10' Length x 8' Height)
2 – 3	600 Cubic Feet (7.5' Width x 10' Length x 8' Height)
4 – 5	800 Cubic Feet (10' Width x 10' Length x 8' Height)
6 or more	1200 Cubic Feet (10' Width x 15' Length x 8' Height)

The total amount of furniture and personal possessions must not exceed the total storage space allotted, based on the schedule above for households of various sizes.

Does not exceed maximum storage space.

If a household is applying for/requesting a storage fees allowance/grant to pay for a storage unit that does not exceed the maximum storage space permitted by the “HRA FIA Storage Limit Schedule” above, then the applicant/participant is not required to complete and sign the NYC HRA Requirements for One-Time Approval of Storage Fees Allowance/Grant for Storage Space Exceeding Limit and Storage Inventory List (to be completed by Applicant/Participant) (**FIA-1127e**) as part of the application/request process.

Exceeds maximum storage space.

However, if a household applies for a storage fees allowance/grant for a storage unit that is larger than the maximum storage space allowed, the household must be informed of the OTDA restrictions on storage of furniture and personal belongings.

The applicant/participant must be asked to complete and sign the **FIA-1127e** as part of the application/request process. If the storage unit (for which a storage fees grant is sought) exceeds the guidelines set forth in HRA FIA Storage Limit Schedule above, then the completed **FIA-1127e** will allow HRA to determine whether the stored furniture and personal belongings exceed the amount needed for the household size, and whether the items stored are reasonable in number and total volume.

If the household cannot demonstrate that the furniture and personal belongings stored are reasonable in number and total volume, then the portion that is in excess should be denied.

Payment of Storage Unit Insurance and Other Additional Fees

Insurance for the possessions in storage **will** be paid by HRA, along with any other additional fees **if** they are a mandatory cost, and the storage unit could not be rented without the fees included as part of the monthly storage fee.

No Other Storage Option Exists

In order to be eligible for a storage fees allowance/grant, the applicant/participant must have no other resources (including resources in the community) available to store his/her furniture and/or personal belongings. If any other storage option exists, the applicant/participant **will not** be eligible for a storage fees allowance/grant.

Only Storage for Furniture and/or Personal Belongings at Time of Initial Eligibility for Storage Fees Allowance/Grant

In addition, furniture and personal belongings to be stored must have been in the household's possession at the time the circumstances necessitating the storage occurred. This means that an individual applying for/requesting a storage fees allowance/grant cannot seek to increase his/her storage fees allowance/grant in subsequent months based on additional possessions acquired after the time the circumstances necessitating the storage occurred (such as residing in a DHS Shelter).

Once the applicant/participant receives a storage fees allowance/grant, he/she cannot seek a higher monthly storage fees allowance/grant amount in subsequent months, unless the storage facility has legally increased the charge for the current unit by a reasonable amount.

Restrictions on Use of Storage Fees

Residing in permanent housing

Assistance to pay storage fees is not a benefit meant to continue for an indefinite period of time. If an applicant/participant is residing in permanent housing and resided in such housing when he/she incurred storage expenses, he/she is not entitled to payment of storage fees.

Moved from temporary to permanent housing

If an applicant/participant residing in temporary housing refuses permanent housing without good cause, he/she would be ineligible for a storage allowance.

The payment of storage fees to an applicant/participant under the previous policy must continue until the current need for storage no longer exists. If a new request for storage fees is made and it is determined that there was a break in the need for storage, this policy must be applied.

Storage Outside of New York

Although most applicants/participants will store their belongings within New York, on occasion, payments may be requested for storage of items in areas surrounding New York State. This may occur for several reasons:

- When the storage costs are reasonable and do not exceed the cost of storage within New York.
- When the storage facility is more easily accessible to households residing just inside of NYS limits (i.e. may easily get to Connecticut or New Jersey).
- When a storage facility is based in NY and offers a more appropriate space in one of their facilities located in another state (i.e. only two small spaces are available in NY, but one larger space is available in New Jersey which is cheaper than the total cost of the two smaller spaces combined).

Eligibility for storage fees for facilities in any of the states surrounding NYS must be evaluated on an individual basis by the Supervisor/AJOS. If further evaluation is required based on unusual circumstances, consult the Center's Deputy Director or Director. Under no circumstances are storage fees to be paid for storage facilities outside of the surrounding states.

Additionally, HRA will not pay applicant's/participant's travel expenses to or from a storage facility outside of New York.

Examples

Example 1:

Mary Jones, a Cash Assistance participant, lived in the Bronx when she was forced to relocate out of her permanent housing and into temporary housing. Ms. Jones found a storage facility in Connecticut where the cost of storing her belongings in this facility was less than what it would cost for a similar storage unit in the Bronx. Therefore, Ms. Jones would be eligible for storage payments outside of New York because the cost of storing her belongings in the Connecticut storage facility is less than the cost of storing the items in New York City. However, Ms. Jones is responsible for her travel expenses to or from the storage facility since it is outside of New York.

Example 2:

John Smith recently moved from Florida to New York and applied for Cash Assistance in New York. Prior to moving to New York, he stored his belongings in a storage facility in Florida. Mr. Smith asked HRA to pay for his Florida storage facility bill. Mr. Smith is not eligible for any storage payments outside of NY because he voluntarily relocated to NYS and the storage facility was not within New York, or any one of the surrounding states.

**REQUIRED
ACTION****Process for Determining Eligibility Based on Initial
Application/Request for Storage Fees**

All applicants/participants applying for/requesting a storage fees allowance/grant must be given the Notice To Applicants/Participants Of The Revised Storage Fee Process And Allowance Requirements (**FIA-1127d**), informing them of the new payment of storage fees policy.

When an applicant/participant submits his/her initial application/request for storage fees (where HRA has not paid the storage company for storing the individual's possessions under the previous policy), the JOS/Worker must first evaluate whether the applicant/participant already has his/her furniture and personal belongings in storage, or whether h/she is applying for/requesting a storage fees allowance/grant before putting those items in storage.

No furniture or personal belongings yet in storage

If the applicant does not yet have his/her furniture or personal belongings in storage, but is applying prospectively (seeking a storage fees allowance/grant before having items in storage), then process the application with the storage limit guidelines set forth in the HRA FIA Storage Limit Schedule (see page 4).

Furniture or personal belongings already in storage (placed by NYC Marshal's Office, landlord, or household)

An applicant/participant who places his/her belongings in storage before requesting a storage fees allowance/grant may be ineligible because the belongings are not being used and therefore are not considered to be in the possession of the applicant/participant.

HRA may, however, pay storage fees for belongings already in storage at the time of the request for a storage fees allowance/grant, if necessary to meet a current emergency situation and retain/regain access to and/or prevent an auction sale of those belongings and the applicant/participant was otherwise eligible for CA and/or EAA/EAF at the time the items were moved into storage and the amount of stored belongings is reasonable.

Note: The household must also be currently eligible for CA and/or EAA/EAF in order for a grant to be issued.

New

The application/request for a storage fees allowance/grant may be processed without imposing the HRA FIA Storage Limit Guidelines for possessions put into storage before the application/request was submitted, for the prior and/or current month only, if necessary to access, relocate, or prevent an auction sale of the belongings and not in excess of regulatory limits. However, the household must be notified that HRA will be imposing the maximum storage space limits going forward. This will provide the household an opportunity to move its items to a storage space not exceeding the storage space cap, so that the household would not exceed the storage limit for the next month. This would allow the household to be eligible for the grant going forward, if otherwise eligible.

City Marshal must protect tenant's furniture and belongings for 30 days.

Storage of Furniture and Personal Items Due to Eviction

When a tenant is evicted by a City Marshal, the Marshal is required to protect the tenant's furniture and belongings for one month. The Marshal may lock up the apartment for one month or may hire a bonded moving company which is licensed by the New York State Department of Transportation. The Marshal must then direct the moving company to deliver the items removed from the premises to a storage company licensed by the Department of Consumer Affairs.

Unclaimed property will be sold at public auction.

In a full eviction, the Marshal must pay the moving and storage companies for moving the belongings and storing them for one month. Property that is not removed from storage may be sold at auction.

If the landlord chose legal possession (rather than a full eviction) and the tenant does not remove his/her belongings from the apartment, the landlord may move them into a storage facility at the tenant's expense. The storage facility may charge the tenant storage fees and sell the belongings if not paid.

New

Requirement of Three (3) Storage Facility Estimates

If the applicant/participant does not yet have his/her furniture and personal belongings in storage, or is required by HRA to move his/her possessions into another storage facility (because the original storage unit exceeds the space limitation or its cost is unreasonably higher than other available storage units), then the applicant/participant will be required to provide three (3) storage fee estimates from storage facility operators before eligibility can be determined.

Applicants/participants must use the most cost-effective storage option available to meet their storage need.

Revised

Emergency Assistance / One-Shot Deal Applicants

The cost of necessary storage of furniture and personal belongings during relocation, eviction or residence in temporary housing must be met for eligible Emergency Assistance applicants. If an applicant is eligible for EAA (Emergency Assistance for Adults) or EAF (Emergency Assistance for Families), he/she must apply on a monthly basis for an Emergency Assistance grant to pay for monthly storage fees while the circumstances necessitating the storage continue to exist (unless automated monthly storage fees have been authorized for a DHS or HRA shelter resident, as discussed below)

If an Applicant is ineligible for EAA or EAF, staff must explore eligibility for storage benefits under ESNA (Emergency Safety Net Assistance).

Authorization Process

See [PB #14-100-OPE](#)

Storage fees for applicants/participants must be applied for on a month-to-month basis, unless automated monthly payments have been authorized for DHS or HRA residents.

CA participants may apply by phone, fax, mail, or in person. Otherwise, applications must be made in person. If the applicant indicates he/she has an emergency or immediate need for storage, the interview must be conducted and the application processed the same day.

The JOS/Worker must enter all requests for Storage fees in the POS **Single Issuance Record Special Grant Requests** window.

See [PD #14-14-OPE](#)
(Participants)

For CA participants, POS will log in the request for storage fees on the POS automated Participant Request Control Card (**W-111F**) to track the request and the participant must receive the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) indicating receipt of the request.

For participants, a determination must be made within seven (7) business days of receipt of all relevant documentation supporting an applicant's/participant's request for storage fees or earlier if necessary to abate an emergency (such as preventing an auction sale or allowing access to urgently needed items in storage).

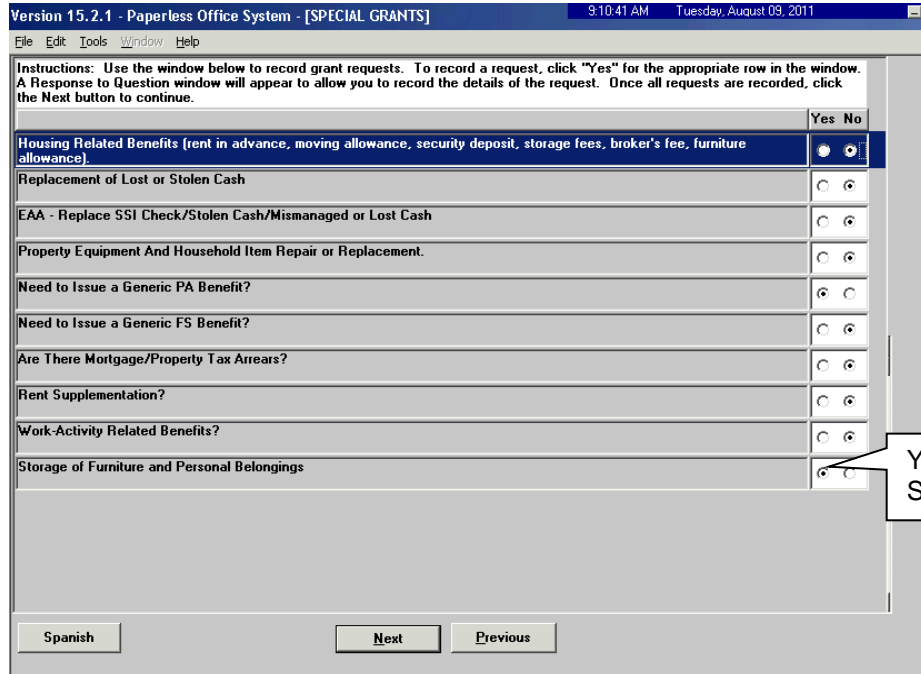
See [PD #17-01-ELI](#)
(Applicants)

For applicants, a same day determination must be made on how HRA will address the emergency. The applicant must also receive Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) on the same day, notifying the applicant of the decision.

Refer to [PD #10-22-SYS](#)

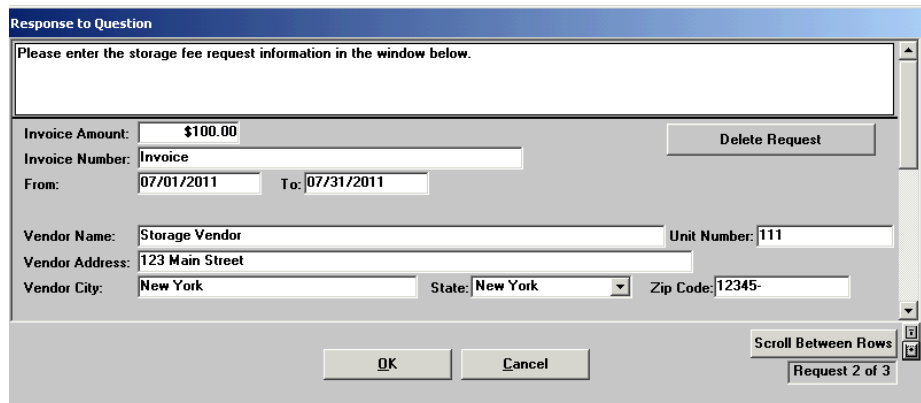
The **Special Grants Requests** window below prompts the JOS/Worker to record the applicable grant requests from the list of possibilities provided.

Special Grants window



- Select **Yes** to “Storage of Furniture and Personal Belongings,” and click **Next**, and the **Response to Question** window appears.

Response to Question window



- Enter the **Invoice Amount, Invoice Number, From** and **To** dates, Vendor name and Address information. Click **OK** and the **Special Grants** window above appears.

- Click **Next** to continue. The status of **Task 2** will change to **Completed** and POS will display the updated **SI Grant Requests and Issuance Task List** screen.

SI Task List window for Task 3

The screenshot shows a window titled "SI Grant Request" with a menu bar (File, Edit, Tools, Window, Help). Below the menu is an "Instructions" section. The main content area lists five tasks:

- Task Name:** SI Grant Needs Identified in Interview
Action: This Task must be completed before proceeding.
Status: No Action Required
- Task Name:** Record Special Grant Requests
Action: This Task must be completed before proceeding.
Status: Completed
- Task Name:** Requests Details
Action: This Task must be completed before proceeding.
Status: This Task is Next
- Task Name:** EAF, E-SNA and EAA Financial Eligibility Determination
Action: Complete the required tasks above before doing this task.
Status: Not Done Yet
- Task Name:** Print Forms for Client to Sign
Action: Complete the required tasks above before doing this task.
Status: Not Done Yet

Buttons for "Next", "Previous", "GO", "Wait", and "NA" are located next to each task. At the bottom of the window are "Next" and "Previous" buttons.

- Click **Go** for the **Request Details** section and the **Request Details** window appears.

Request Details window

The screenshot shows a window titled "Version 15.2.1 - Paperless Office System - [Request Details Window]" with a menu bar (File, Edit, Tools, Window, Help). Below the menu is an "Instructions" section. The main content area contains a form with the following fields:

- Date the requests were recorded in the system:
- Do the requests need to be back-dated? Yes No
- Enter the actual date of the request:
- Enter the reason for the request:
- Does this applicant/client state that this is an emergency? Yes No
- Describe the emergency:
- Is this grant batch related to shelter arrears?
- Does the client need to bring back documents?

At the bottom of the form is a table:

Additional Allowances Requested	Emergency	Non-Emergency	Request Source	Fair Hearing Number	Due Date for Documents
Storage of Furniture and Personal Belongings	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	00/00/0000

Buttons for "Next", "Previous", and "Page 4 of 4" are located at the bottom of the window.

- Once the **Request Details** window is completed, click **Next** to continue. If additional documentation is required, the due date for the documents must be entered in the **Due Date for Documents** field.

Due date for document

A screenshot of a software window titled "Due Date for Documents". It features a text input field containing the date "00/00/0000". The field is highlighted with a blue border, indicating it is the active element.

- Click **Next** to continue once all request details are recorded,

The following message will appear.

“POS will make a permanent record of all the requests shown in this window. Click **OK** to proceed.”

- The status of **Task 3** will change to **Completed** and POS will display the updated **SI Grant Requests and Issuance Task List** screen.
- Click **Go** for **Task 4 (EAF/E-SNA Eligibility Determination)**.

SI Task List window for Task 4

A screenshot of the "SI Grant Requests and Issuance Task List" window. The window title is "Version 15.2.1 - Paperless Office System - [SI Grant Requests and Issuance]". The interface includes a menu bar (File, Edit, Tools, Window, Help) and a toolbar with "Next" and "Previous" buttons. The main content area is titled "SI Grant Request" and contains a list of five tasks. Task 4, "EAF, E-SNA and EAA Financial Eligibility Determination", is highlighted with a blue border and a red hand icon, indicating it is the next task. The status for Task 4 is "This Task is Next".

Task Number	Task Name	Action	Status	Button
1.	SI Grant Needs Identified in Interview	This Task must be completed before proceeding.	No Action Required	NA
2.	Record Special Grant Requests	This Task must be completed before proceeding.	Completed	GO
3.	Requests Details	This Task must be completed before proceeding.	Completed	GO
4.	EAF, E-SNA and EAA Financial Eligibility Determination	This Task must be completed before proceeding.	This Task is Next	GO
5.	Print Forms for Client to Sign	Complete the required tasks above before doing this task.	Not Done Yet	Wait

EAF/E-SNA (Eligibility Determination) window

- Complete the **EAF/E-SNA (Eligibility Determination)** window and advance to **Task 5 - Print Forms for Client to Sign**.

SI Task List window for Task 5

Print Forms for Client to Sign window

Instructions

Listed below are a set of forms and notices that must be printed before you may proceed. Click the Print Forms button then pick up the forms from the printer when POS informs you that it has finished printing. If some of the forms require a signature from the client, you will be prompted to collect that signature after you click the Next button.

If, for any reason, one or more of the forms fails to print correctly (paper jam, toner low etc.), you can either reprint one form by clicking on the form in the list below and then click on the Reprint Selected Form button or you can reprint all the forms by clicking on the Reprint All Forms button.

If there is a request for grants under the EAF category, the EAF Eligibility Determination Worksheet will be saved in the case record.

If there is a request for rent arrears, the Repayment Worksheet for Rent Arrears will be saved in the case record.

If there is a request for utility arrears, the Repayment Worksheet for Utility Arrears will be saved in the case record.

Request Date	Forms to be Printed	
08/18/2011	W-145TT-Determination of Eligibility for Emergency Assistance to Families (EAF)	Storage of Furniture and Personal Belongings

Buttons: Print the E-Forms, Re-Print Selected E-Form(s), Re-Print All E-Forms, Next, Previous

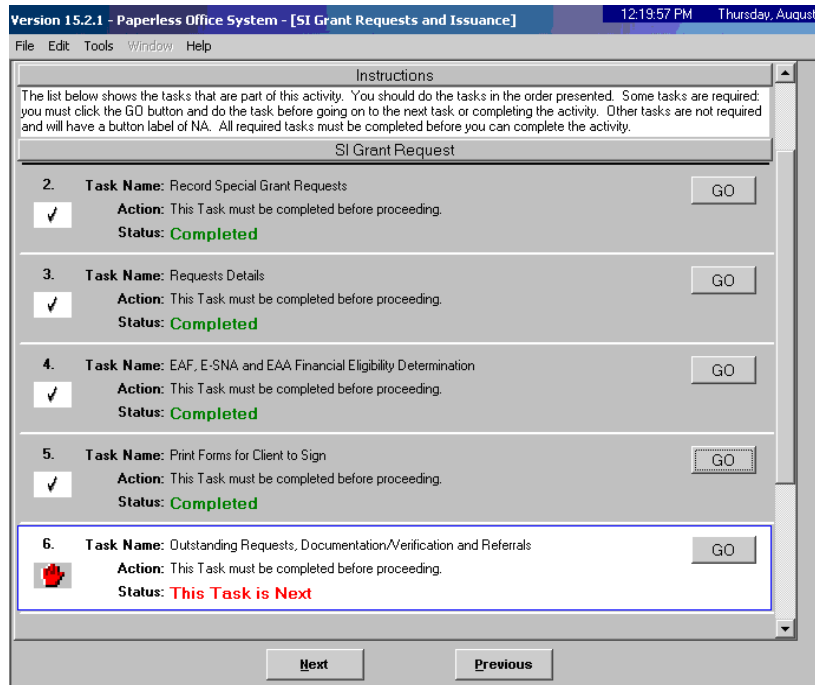
Note: For active CA cases, POS will prefill the Request for Emergency Assistance or Additional Allowance (For Participants Only) (**W-137A**) when a participant requests a payment of storage fees. In the **Print Forms for Client to Sign** window, JOS/Workers will print the **W-137A** form for participants and capture the participant’s signature.

- Once all signatures are saved, click **Next** to continue. The status of **Task 5** will change to **Completed** and POS will display the updated **SI Grant Requests and Issuance Task List** screen.
- Advance to Task 6 – **Outstanding Requests**.

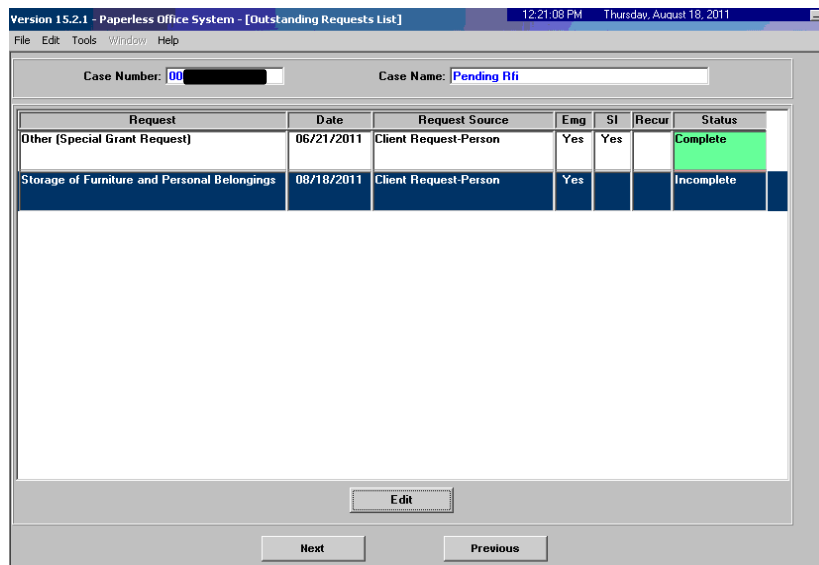
Note: Staff are reminded that all documents related to the request, either submitted by the applicant/participant or forms manually completed by the applicant/participant at the time of the request or at a return appointment must be scanned and indexed.

All documents related to the request must be scanned and indexed

SI Task List window for Task 6



Outstanding Request List window



- Select the Storage Fee request and click **Edit** and the **Request Action** window appears. The JOS/Worker must enter the decision for the request in this window.

Request Action window

Refer to [PB #11-85-SYS](#)

Request approved

Approved Requests

- If the agency will pay the storage fee, select **Accept**, to accept the request, enter the **Approved Amount**, **From** and **To** dates and click **Close** and the **Outstanding Requests** window appears.
- Click **Next** on the **Outstanding Requests** window to continue and click on the Grant Data Entry section, and the **Single Issue Grant Summary** window appears. POS prefills the Special Grant code **21** (Storage Fees) in the **Grant Summary** window.
- Click **Grant Details** to access the **Single Issue Benefit Data Entry** window to prepare the Single Issue Grant and a Public Assistance Single Issue Authorization (**LDSS-3575**) Form.

Single Issue Benefit Data Entry window

Refer to [PB #11-85-SYS](#)

- The JOS/Worker must enter the required information on this window and click **Done**.

Note: Storage fee payments of **\$999.99** or less require the approval of the AJOSI. Payments that exceed **\$999.99**, require the approval of the AJOSII.

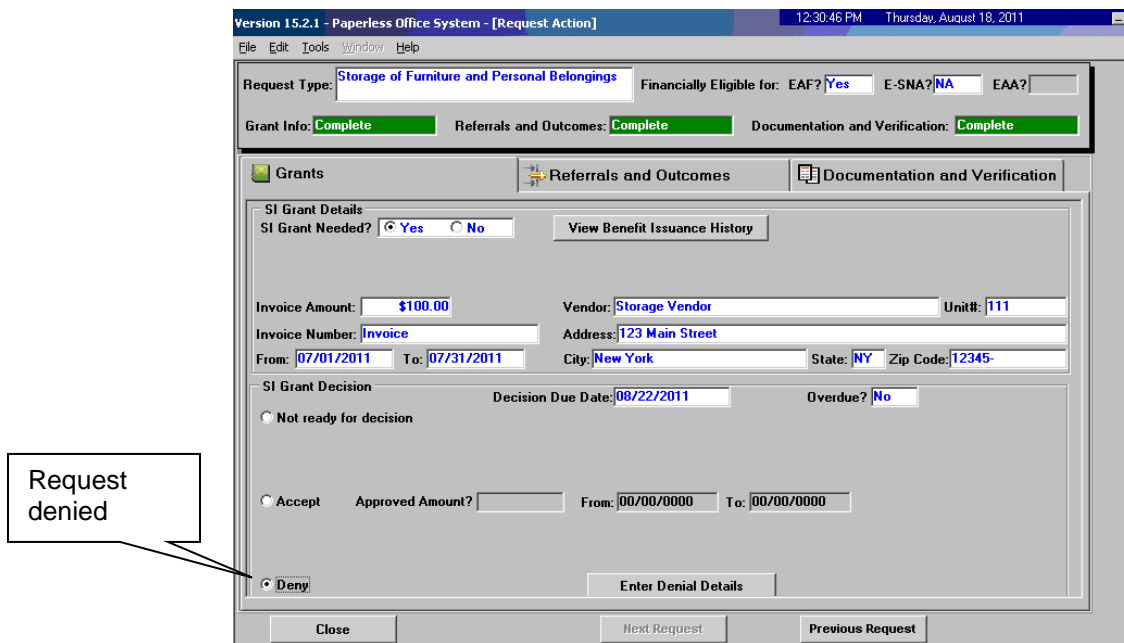
- The JOS/Worker sends the case to his/her Supervisor for approval.
- The Supervisor must approve the grant request and the grant data entry windows and will print either the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) to notify an applicant of the approval or denial of the request, or the Action Taken on Your Request for Emergency Assistance or the Additional Allowance Form (For Participants Only) (**W-137B**) to notify a participant.

Refer to [PB #09-132-OPE](#) for details on use of the **W-145HH**.

Denied Requests

If the storage fee request will be denied, the JOS/Worker must:

- Access Task 6 (Outstanding Requests), select the Storage Fee request and click the **Edit** button to access the **Request Action** window.
- Select **Deny** in the **SI Grant Decision** section to deny the request, enter the denial reason and click **Close** to return to the **Outstanding Requests** window appears.



- The JOS/Worker sends the case to his/her Supervisor for approval.
- The Supervisor must approve the denial and will print either the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) to notify an applicant of the denial of the request, or the Action Taken on Your Request for Emergency Assistance or the Additional Allowance Form (For Participants Only) (**W-137B**) to notify a participant.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

POS implications are included in the directive.

Supplemental Nutrition Assistance program (SNAP) Implications

There are no SNAP implications.

Medicaid implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT (LEP) AND DEAF/HARD-OF HEARING IMPLICATIONS

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or deaf/hard-of-hearing. Please refer to PD #16-14-OPE and PD #17-19-OPE for detailed instructions.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

Should the applicant/participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal be properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets

All Evidence Packets must contain a detailed history, e.g. copies of POS "Case Comments" and/or New York City Work, Accountability and You (NYCWAY) "Case Notes" screens, copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

RELATED ITEMS


[PB #09-132-OPE](#)
[PB #14-100-OPE](#)

[PD #17-01-ELI](#)
[PD #14-14-OPE](#)
[PB #11-85-SYS](#)
[PD #10-22-SYS](#)

REFERENCES

18 NYCRR § 352.6(f)
 18 NYCRR § 397.5(k)
 NY Social Services Law, § 303(1)(k)
 02-ADM-02
 17-ADM-02
 OTDA Schedule SA-4a at 18 NYCRR 352.7(a)(2)
Temporary Assistance Source Book, Chapter 12, Section D. 12.
Temporary Assistance Source Book, Chapter 16, Sections A, F.
Temporary Assistance Source Book, Chapter 27, Section A at pg. 27-5.

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

FIA-1127e	NYC HRA Requirements for One-Time Approval of Storage Fees Allowance/Grant for Storage Space Exceeding Limit and Storage Inventory List (to be completed by Applicant/Participant)(03/30/18)
FIA-1127d	Notice To Applicants/Participants Of The Revised Storage Fee Process And Allowance Requirements (03/30/18)
W-111F	Participant Request Control Card (Rev. 09/02/11)
W-137A	Request for Emergency Assistance, Additional Allowances, or to Add A Person to the Cash Assistance Case (For Participants Only) (Rev. 7/1/14)
W-137A (S)	Request for Emergency Assistance or Additional Allowance (Spanish) (Rev. 7/1/14)
W-137B	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add A Person to the Cash Assistance Case (For Participants Only) (Rev. 4/27/17)
W-137B (S)	Action Taken on Your Request for Emergency Assistance or Additional Allowance (Spanish) (Rev. 4/27/17)
W-145HH	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 1/4/17)
W-145HH (S)	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Spanish) (Rev. 1/4/17)



Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____

NYC Human Resources Administration Family Independence Administration One-Time Approval of Storage Fees Grant for Storage Space Exceeding Limit

I applied for a storage fee grant. I understand that my belongings and/or the number of storage units I have exceeds the Human Resources Administration (HRA) storage limit.

I understand that HRA may approve a **one-time** storage fee grant. HRA may approve a subsidy up to the total amount due for one additional month of storage.

In the following month(s), I am expected to reduce the amount of items I have in storage to meet the HRA storage limit requirement.

I understand that future applications for a storage fee grant **will not** be approved above the allowable amount if the storage space sought exceeds the storage limit based on the HRA Family Independence Administration (FIA) Storage Limit Schedule below:

HRA FIA Storage Limit Schedule

Number of Persons in Household	Allowable Storage Space
1	400 Cubic Feet (5' Width x 10' Length x 8' Height)
2-3	600 Cubic Feet (7.5' Width x 10' Length x 8' Height)
4-5	800 Cubic Feet (10' Width x 10' Length x 8' Height)
6 or more	1200 Cubic Feet (10' Width x 15' Length x 8' Height)

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Bedroom 1

ITEMS	Amount
Mattresses	
Box Springs	
Waterbeds	
Chests	
Vanity	
Clocks	
Rugs	
Telephone	

ITEMS	Amount
Lamps	
Pictures	
Mirrors	
Nightstands	
Window treatments	
Radio	
TV sets	

Bedroom 2

ITEMS	Amount
Mattresses	
Box Springs	
Waterbeds	
Chests	
Vanity	
Clocks	
Rugs	
Telephone	

ITEMS	Amount
Lamps	
Pictures	
Mirrors	
Nightstands	
Window treatments	
Radio	
TV sets	

SAMPLE

Bedroom 3, 4, 5

ITEMS	Amount
Mattresses	
Box Springs	
Waterbeds	
Chests	
Vanity	
Clocks	
Rugs	
Telephone	

ITEMS	Amount
Lamps	
Pictures	
Mirrors	
Nightstands	
Window treatments	
Radio	
TV sets	

I plan to move the following items into storage **OR** I have the following items currently in storage:

Clothing

ITEMS	Amount

ITEMS	Amount

Livingroom

ITEMS	Amount
Chairs	
Tables	
Rugs	
Lamps	
Pictures	
Mirrors	
Piano/Organ	
Clocks	

ITEMS	Amount
Window treatments	
Fireplace	
TV sets	
VCR/DVD/ Blue-Ray Players	
Stereo	
VCR cassettes	
DVD/Blue-Ray Discs	
CDs/games	

SAMPLE

Family Room

ITEMS	Amount
Chairs	
Tables	
Rugs	
Lamps	
Pictures	
Mirrors	
Piano/Organ	
Clocks	
Window treatments	

ITEMS	Amount
Fireplace	
Games (board/electronic/etc.)	
TV sets	
VCR/DVD/ Blue-Ray Players	
Stereo	
VCR cassettes	
DVD/Blue-Ray Discs	
CDs	

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Dining Room

ITEMS	Amount
Chairs	
Tables	
China cabinet	
Lamps	
Pictures	
Mirrors	
Dinnerware	

ITEMS	Amount
China	
Clocks	
TV sets	
Rugs	
Window treatments	
Telephone	
Glassware	

Kitchen

ITEMS	Amount
Chairs	
Tables	
Rugs	
Lamps	
Pictures	
Mirrors	
Utensils	
Clocks	
Stove/oven/range	

ITEMS	Amount
Window treatments	
Dishes	
TV sets	
Refrigerator	
Freezer	
Microwave	
Radio	
Small Appliances	

SAMPLE

Laundry

ITEMS	Amount
Washer	
Dryer	
Detergents	

ITEMS	Amount

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Linens

ITEMS	Amount
Sheets	
Pillow cases	
Blankets	
Spreads/comforters	
Tablecloths	
Napkins	

ITEMS	Amount
Towels/washcloths	
Bathmats	

Personal Belongings (Jewelry, documents, instruments, etc.)

ITEMS	Amount

ITEMS	Amount

SAMPLE

Other

ITEMS	Amount

ITEMS	Amount

(Turn page)

Applicant's/Participant's Signature: _____ Date: _____

Worker's Name: _____ Date: _____

Worker's Signature: _____ Date: _____

Supervisor's Name: _____ Date: _____

Supervisor's Signature: _____ Date: _____

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 del caso: _____
 Nombre del caso: _____
 Centro: _____
 Número de casos: _____

**La Administración de Recursos Humanos de NYC
 La Administración de la Independencia Familiar
 Aprobación única para subsidio de cuota de almacenamiento
 para espacio de almacenamiento que excede el límite**

SAMPLE

Yo solicité el subsidio para la cuota de almacenamiento. Comprendo que mis pertenencias y el número de unidades de almacenamiento que tengo excede el límite de almacenamiento de la Administración de Recursos Humanos (HRA, por sus siglas en inglés).

Comprendo que la HRA podría aprobar **una sola vez** el subsidio para la cuota de almacenamiento. La HRA podría aprobar la cantidad del subsidio hasta alcanzar la cantidad total adeudada para cubrir la cuota de un mes adicional de almacenamiento.

Se espera que en el mes/los meses siguiente(s) yo reduzca la cantidad de artículos que tengo almacenados para cumplir con el requisito del límite de almacenamiento de la HRA.

Comprendo que las solicitudes posteriores para el subsidio de la cuota de almacenamiento **no serán** aprobadas por una cantidad más alta de lo permitido, si el espacio de almacenamiento buscado excede el límite de almacenamiento basado en el siguiente Plan de Límite de Almacenamiento de la HRA y la Administración de la Independencia Familiar (FIA, por sus siglas en inglés):

Plan de límite de almacenamiento de la HRA y la FIA

Número de personas en el hogar	Espacio de almacenamiento permitido
1	400 pies cúbicos (5' ancho x 10' largo x 8' alto)
2-3	600 pies cúbicos (7.5' ancho x 10' largo x 8' alto)
4-5	800 pies cúbicos (10' ancho x 10' largo x 8' alto)
6 o más	1200 pies cúbicos (10' ancho x 15' largo x 8' alto)

(Voltee la página)

Tengo planificado almacenar los siguientes artículos **O** tengo almacenados actualmente los siguientes artículos:

Dormitorio 1

ARTÍCULOS	Cantidad
Colchones	
Base de colchones	
Camas de agua	
Armarios	
Tocador	
Relojes	
Alfombras	
Teléfono	

ARTÍCULOS	Cantidad
Lámparas	
Cuadros	
Espejos	
Mesas de noche	
Cortinas	
Radio	
Televisiones	

Dormitorio 2

ARTÍCULOS	Cantidad
Colchones	
Base de colchones	
Camas de agua	
Armarios	
Tocador	
Relojes	
Alfombras	
Teléfono	

ARTÍCULOS	Cantidad
Lámparas	
Cuadros	
Espejos	
Mesas de noche	
Cortinas	
Radio	
Televisiones	

Dormitorio 3, 4, 5

ARTÍCULOS	Cantidad
Colchones	
Base de colchones	
Camas de agua	
Armarios	
Tocador	
Relojes	
Alfombras	
Teléfono	

ARTÍCULOS	Cantidad
Lámparas	
Cuadros	
Espejos	
Mesas de noche	
Cortinas	
Radio	
Televisiones	

(Voltee la página)

Tengo planificado almacenar los siguientes artículos **O** tengo almacenados actualmente los siguientes artículos:

Ropa

ARTÍCULOS	Cantidad

ARTÍCULOS	Cantidad

Sala

ARTÍCULOS	Cantidad
Sillas	
Mesas	
Alfombras	
Lámparas	
Cuadros	
Espejos	
Piano/Órgano	
Relojes	

ARTÍCULOS	Cantidad
Cortinas	
Chimenea	
Televisiones	
Reproductores de VCR/DVD/Blue-Ray	
Estéreo	
Casete de VCR	
Discos de DVD/Blue-Ray	
CDs/Juegos	

Sala de estar

ARTÍCULOS	Cantidad
Sillas	
Mesas	
Alfombras	
Lámparas	
Cuadros	
Espejos	
Piano/Órgano	
Relojes	
Cortinas	

ARTÍCULOS	Cantidad
Chimenea	
Juegos (de tablero, electrónicos, etc.)	
Televisiones	
Reproductores de VCR/DVD/Blue-Ray	
Estéreo	
Casetes de VCR	
Discos de DVD/Blue-Ray	
CDs	

(Voltee la página)

Tengo planificado almacenar los siguientes artículos **O** tengo almacenados actualmente los siguientes artículos:

Salón comedor

ARTÍCULOS	Cantidad
Sillas	
Mesas	
Vitrina/Chinero	
Lámparas	
Cuadros	
Espejos	
Juego de platos	

ARTÍCULOS	Cantidad
Vajilla de porcelana	
Relojes	
Televisiones	
Alfombras	
Cortinas	
Teléfono	
Cristalería	

Cocina

ARTÍCULOS	Cantidad
Sillas	
Mesas	
Alfombras	
Lámparas	
Cuadros	
Espejos	
Utensilios	
Relojes	
Estufa/horno	

ARTÍCULOS	Cantidad
Cortinas	
Platos	
Televisiones	
Refrigerador	
Congelador	
Microondas	
Radio	
Electrodomésticos pequeños	

Lavandería

ARTÍCULOS	Cantidad
Lavadora	
Secadora	
Detergentes	

ARTÍCULOS	Cantidad

(Voltee la página)

Tengo planificado almacenar los siguientes artículos **O** tengo almacenados actualmente los siguientes artículos:

Ropa de hogar

ARTÍCULOS	Cantidad
Sábanas	
Fundas de almohada	
Cobijas	
Cubrecamas/colchas	
Manteles	
Servilletas	

ARTÍCULOS	Cantidad
Toallas/Toallas personales	
Alfombras de baño	

Artículos personales (joyas, documentos, instrumentos, etc.)

ARTÍCULOS	Cantidad

ARTÍCULOS	Cantidad

Otras cosas

ARTÍCULOS	Cantidad

ARTÍCULOS	Cantidad

(Voltee la página)

Firma del solicitante/participante: _____ Fecha: _____

Nombre del trabajador: _____ Fecha: _____

Firma del trabajador: _____ Fecha: _____

Nombre del supervisor: _____ Fecha: _____

Firma del supervisor: _____ Fecha: _____

SAMPLE

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



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements

In 2017, State regulations and policy on the storage grant for furniture and personal belongings changed. Please note the following important information:

- HRA will now require applicants/participants to provide three (3) storage fee estimates from an established list of storage facility operators before payment can be made.
- Applicants/Participants can utilize a storage facility operator that meets the newly established guidelines, for his/her storage needs.
- There are limits and restrictions on the types and amounts of furniture and personal belongings that can be stored.
- The amount paid for a storage unit will be based on household size (see page 2).
- Payment of storage fees will be based on a minimum/maximum amount allowed for a storage unit with regard to the storage unit size (see page 2).

Applicants/Participants Requesting a Storage Fees Allowance/Grant For The First Time

Applicants/Participants applying for payment of storage fees for the first time must abide by the rules listed above at the time of request.

Unless you are a DHS/HRA shelter resident receiving an automated storage payment or, are not receiving ongoing Cash Assistance, you must apply every month you need a storage fee allowance/grant.

Applicants/Participants will have up to **10 days** to return to the Center with the provided **W-113A** (Documentation Request Form) or **W-113K** (Documentation Requirements and/or Assessment Follow-up form) along with three (3) storage estimates for consideration of payment.

(Turn page)

Important Information about Storage Fees

Storage fees are only available for furniture and personal belongings you have and use at the time you were evicted, relocated, or entered shelter or other temporary housing.

The type of items that can be stored with this grant are limited to furniture and the following items:

- Legal and identification documents
- Kitchen items: tables, chairs, cookware, appliances, dishware, glassware, utensils
- Bedding and towels
- Clothing of household members
- Assistive medical devices
- Washing machine and dryer
- Items needed for employment (not business inventory)
- Household electronic devices
- Items needed for educational purposes
- Personal keepsakes

The amount that can be stored must be reasonable and limited to the needs of your household size at the time you apply for the storage fee grant. HRA defines a reasonable amount as the following:

Number of Persons in Household	Allowable Storage Space
1	400 Cubic Feet (5' Width x 10' Length x 8' Height)
2-3	600 Cubic Feet (7.5' Width x 10' Length x 8' Height)
4-5	800 Cubic Feet (10' Width x 10' Length x 8' Height)
6 or more	1200 Cubic Feet (10' Width x 15' Length x 8' Height)

Late fees **will not** be paid by HRA, and are solely the responsibility of the Applicant/Participant.

(Turn page)

HRA may deny your request for a storage fee grant if:

- You currently have or were offered permanent housing
- You are moving from permanent housing and to permanent housing
- You did not give us a storage bill
- You applied or gave us a storage bill late
- The amount of items you are storing or intend to store is not reasonable
- You have income or resources to meet the storage need or have other storage options
- You are not eligible for emergency or Cash Assistance
- You increase the amount of items in storage beyond what is allowed, as indicated above
- After receiving a one-time grant for a storage space exceeding the limits described above, you did not reduce and move your belongings into an allowable storage space for your household size by the subsequent month.

Applicant's/Participant's Signature: _____ Date: _____

Worker's Name: _____ Date: _____

Worker's Signature: _____ Date: _____

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad de Casos: _____

Aviso a los Solicitantes/Participantes de Modificaciones al Trámite de Cuota de Almacenamiento y a los Requisitos de Asignación

En 2017 cambiaron las reglas y la política del Estado respecto al subsidio de almacenamiento de muebles y artículos personales. Favor de notar la siguiente importante información:

- La HRA ahora exige de que antes que se pueda efectuar pago, los solicitantes/participantes provean tres (3) presupuestos de cuota de almacenamiento de una lista establecida de operadores de almacenes.
- Para el almacenamiento que necesiten, los solicitantes/participantes pueden utilizar un operador de almacén que cumpla las pautas nuevamente establecidas. Hay límites y restricciones respecto al tipo y la cantidad de muebles y artículos personales que se pueden almacenar.
- La cantidad que se pagará por unidad de almacenamiento se basará en el número de integrantes del hogar (Vea la página 2).
- El pago de cuotas de almacenamiento se basará en una cantidad mínima/máxima permitida para una unidad de almacenamiento correspondiente a sus dimensiones (Vea la página 2).

Para los solicitantes/participantes que peticionan por primera vez una asignación/subsidio de cuota de almacenamiento

Al presentar por primera vez su petición de pago de cuotas de almacenamiento, los solicitantes/participantes deben acatar las reglas listadas arriba.

A menos que usted sea residente de refugio de DHS/HRA que reciba pagos automatizados de almacenamiento, o que no reciba Asistencia en Efectivo continua, debe presentar solicitud todos los meses que necesite asignación/concesión de cuotas de almacenamiento.

Para que se considere el pago, los solicitantes/participantes contarán con hasta **10 días** para regresar al centro con tres presupuestos (3) de almacenamiento y el provisto **W-113A (S)** (Formulario para Solicitar Documentación) o **W-113K (S)** (el formulario Requisitos de la Documentación y/o Seguimiento de Evaluación).

(Voltee la página)

Información importante sobre cuotas de almacenamiento

Hay cuotas de almacenamiento disponibles sólo para muebles y artículos personales que usted posea y utilice a la hora de su desahucio, reubicación, o ingreso a refugio o a otra vivienda temporaria.

Los artículos que se pueden almacenar con este subsidio se limitan a muebles y lo siguiente:

- documentos legales y de identificación
- artículos de cocina: mesas, sillas, ollas y sartenes, enseres, platos, cristalería, utensilios
- ropa de cama y toallas
- ropa de los miembros del hogar
- dispositivos médicos asistenciales
- máquinas de lavar y secar
- artículos necesarios para empleo (a diferencia de inventario comercial)
- dispositivos electrónicos domésticos
- artículos necesarios para fines educativos
- objetos de valor nostálgico

La cantidad de artículos a ser almacenados debe ser razonable y limitarse a lo que necesitan los miembros de su hogar, a la hora de presentar solicitud para el subsidio de cuota de almacenamiento.

Número de personas en el hogar	Espacio de almacenamiento permitido
1	400 pies cúbicos (5 pies de ancho x 10 pies de largo x 8 pies de alto)
2-3	600 pies cúbicos (7.5 pies de ancho x 10 pies de largo x 8 pies de alto)
4-5	800 pies cúbicos (10 pies de ancho x 10 pies de largo x 8 pies de alto)
6 o más	1200 pies cúbicos (10 pies de ancho x 15 pies de largo x 8 pies de alto)

La HRA **no** pagará recargos por tardanza, las cuales son responsabilidad exclusiva del solicitante/participante.

(Voltee la página)

La HRA podría rechazar su petición de concesión de cuota de almacenamiento en caso de que:

- usted tenga vivienda permanente actualmente o se le haya ofrecido
- usted se esté mudando de una vivienda permanente a otra vivienda permanente
- usted no nos haya proporcionado factura de almacenamiento
- usted presentó solicitud o nos proporcionó una factura almacenamiento tardía
- no sea razonable el número de artículos que usted está almacenando o que tiene la intención de almacenar
- usted cuente con ingresos o recursos para cubrir el almacenamiento que necesita o tenga otras opciones de almacenamiento
- usted no sea elegible para asistencia de emergencia o Asistencia en Efectivo
- usted aumente el número de artículos almacenados en exceso de lo permitido, como se indica arriba
- usted, tras recibir el subsidio único para el espacio de almacenamiento que excede los límites detallados arriba, no reduzca ni traslade sus pertenencias, de aquí al mes siguiente, a un espacio permitido de almacenamiento, en función del número de miembros de su hogar.

SAMPLE

Firma del solicitante/participante: _____ Fecha: _____

Nombre del trabajador: _____ Fecha: _____

Firma del trabajador: _____ Fecha: _____

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

Participant Request Control Card

Job Center No. _____ Group _____

Month _____ Year _____

Page _____ of _____

Request Date	No. of Ext. Days	Participant's Name	Case Number	Case-Load	Participant Request						Action Taken		Sign Off Date	Req. Iss. Date	Act. Iss. Date
					H/H Add.	Other Add. Allow (Specify)	Emergencies			Approved	Denied				
							Shelter	Utility	Other (spec)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

SAMPLE

Group Total _____ Job Center Total _____

Date: _____
Case Name: _____
Case Number: _____
Caseload: _____
Center: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

SAMPLE

Remember:

- (1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.
- (2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

See next page 

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- | | |
|--|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the: | |

Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
Telephone: (718) 473-8310

- | | |
|---|---|
| <input type="checkbox"/> Expenses related to moving: | |
| <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Furniture and other household items |
| <input type="checkbox"/> Security deposit/agreement | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher | |

New Address: _____
(include apartment number)

City State Zip Code

When did you move? _____ New rent: \$ _____

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apartment number)

City State Zip Code

See next page 

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- | | |
|---|---|
| <input type="checkbox"/> Clothing for participants in job search activities who have exceptional circumstances, such as homelessness or a recent fire and lack of appropriate clothing | <input type="checkbox"/> Child care allowance within approved limits, if needed |
| <input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items | <input type="checkbox"/> Necessary public transportation |
| | <input type="checkbox"/> Other work activity-related supportive services: |

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SAMPLE

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- | | |
|---|---|
| <input type="checkbox"/> New Baby | <input type="checkbox"/> Spouse who previously applied and was denied because of immigration status and his/her status has changed now |
| <input type="checkbox"/> Child entered home | <input type="checkbox"/> Myself/Adult payee to the case |
| <input type="checkbox"/> Child under 18 years of age (whose immigrant status has changed since my last application/recertification) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance) | <input type="checkbox"/> Other _____ |

Name: _____

Name: _____

Date moved in/returned: _____

Date moved in/returned: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number (if known): _____

Social Security Number (if known): _____

Participant's Signature

Date of Request

Time of Request AM PM

Worker's Name

Date

Fecha: _____
Nombre del Caso: _____
Número del Caso: _____
Unidad de Casos: _____
Centro: _____
Núm. Telefónico del
Trabajador: _____
Núm. Telefónico
de FH&C: _____

Petición de Asistencia de Emergencia, Asignaciones Adicionales, o de Añadir a una Persona al Caso de Asistencia en Efectivo (Sólo para Participantes)

Favor de llenar este formulario si necesita asistencia de emergencia, asignaciones adicionales, o para añadir una persona al caso.


Recuerde:

- (1) Puede que se le pida comprobante de los datos que usted nos proporcione. Si tiene problemas al obtener pruebas, su trabajador tiene que ayudarlo.
- (2) Puede que usted aún necesite reunirse con su Trabajador. En tal caso, se le programará una cita.

SECCIÓN I: ASISTENCIA DE EMERGENCIA

Solicito el siguiente tipo de asistencia de emergencia:

La razón por la cual necesito la asistencia de emergencia se reseña a continuación:

Vea la próxima página 

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECCIÓN II: ASIGNACIONES ADICIONALES

Solicito la(s) siguiente(s) asignación(es) para necesidad(es) especial(es):

- | | |
|--|---|
| <input type="checkbox"/> Alquiler atrasado | <input type="checkbox"/> Asignación adicional para combustible |
| <input type="checkbox"/> Reparación de artículos de primera necesidad del hogar | <input type="checkbox"/> Reparaciones a la propiedad |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados | <input type="checkbox"/> Reemplazo de ropa perdida debido a desastres tal como falta de albergue o incendio |
| <input type="checkbox"/> Asignación para embarazo | <input type="checkbox"/> Otras asignaciones: |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas en donde vivo | |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en la:
Burial Claims Unit
25 Chapel Street, Sala 606
Brooklyn, NY 11201
Teléfono: (718) 473-8310 | |

Gastos relacionados con la mudanza:

- | | |
|---|---|
| <input type="checkbox"/> Gastos de mudanza | <input type="checkbox"/> Muebles y otros artículos del hogar |
| <input type="checkbox"/> Depósito/acuerdo de garantía | <input type="checkbox"/> Almacenamiento de muebles y artículos personales |
| <input type="checkbox"/> Cuota/comprobante de agente | |

Nueva Dirección: _____
(con número de apartamento)

Ciudad Estado Código Postal

¿Cuándo se mudó? _____ Nuevo alquiler: \$ _____

Nombre del casero: _____

Nombre del inquilino principal: _____

Dirección: _____
(con número de apartamento)

Ciudad Estado Código Postal

Vea la próxima página 

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Solicito los siguientes servicios de apoyo:

- | | |
|---|--|
| <input type="checkbox"/> Ropa para participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en circunstancias excepcionales , tales como la carencia de techo o incendio reciente y falta de vestimenta adecuada. | <input type="checkbox"/> Asignación de cuidado infantil dentro de los límites aprobados, de ser necesario. |
| <input type="checkbox"/> Cuota de autorización, relacionada con actividad/participación, de uniformes o bienes duraderos dentro de los límites aprobados, a la hora de presentar la documentación que compruebe la necesidad de dichos artículos. | <input type="checkbox"/> Transporte público necesario |
| | <input type="checkbox"/> Otros servicios de apoyo relacionados con actividades de trabajo: |
-

Se brindarán los servicios necesarios al usted empezar una actividad de trabajo. Si se produce algún cambio en sus necesidades, o si usted no está recibiendo un servicio necesario, debería solicitar una asignación adicional.

SECCIÓN IV: AÑADA A UNA PERSONA AL CASO

Si usted no cuenta con toda esta información, aún puede presentar este formulario a su Trabajador.

Deseo añadir a la(s) siguientes persona(s) a mi caso de Asistencia en Efectivo:

- | | |
|---|---|
| <input type="checkbox"/> Recién nacido | <input type="checkbox"/> Cónyuge quien anteriormente haya presentado solicitud y haya sido rechazado por su estado migratorio, pero dicho estado ya ha cambiado. |
| <input type="checkbox"/> Niño ingresado al hogar | <input type="checkbox"/> Yo mismo(a)/Beneficiario adulto al caso |
| <input type="checkbox"/> Niño menor de 18 años de edad (cuyo estado migratorio haya cambiado desde mi última solicitud/recertificación) | <input type="checkbox"/> Otra Persona _____ |
| <input type="checkbox"/> Cónyuge/Adulto que viva conmigo quien no haya presentado solicitud anteriormente (Para recibir asistencia dicha persona debe llenar una solicitud.) | <input type="checkbox"/> Otra Persona _____ |

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguridad Social (de saberlo): _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguridad Social (de saberlo): _____

Firma del Participante

Fecha de la Petición

Hora de la Petición AM PM

Nombre del trabajador

Fecha

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On _____, you requested Emergency Assistance
(Date) Additional allowance for:

Your request for _____ has been accepted. You will receive:

- One payment in the amount of \$ _____ .
Period covered, if applicable: _____ .

Method of payment:

- Broker's or finder's fee/voucher
- Check to be picked up by you at your Job Center
- Check mailed to your home
- As an addition to your regular public grant, which can be obtained through the EBT system
- Security deposit agreement
- Direct vendor check

Other action: _____

You will receive a second notice informing you as to how your ongoing benefits will be affected.

See next page 

On _____, you were referred to the Burial Claims Unit at 25 Chapel Street, Room 606, Brooklyn, NY 11201, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30 | <input type="checkbox"/> Additional Allowance for Fuel § 352.5 | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7 (g) | <input type="checkbox"/> Back Rent § 352.7 (g) |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a) | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a) | <input type="checkbox"/> Moving Expenses § 352.6(a) |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b) | <input type="checkbox"/> Pregnancy Allowance § 352.7(k) | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e) | <input type="checkbox"/> Rent Security Deposit/ Letter of Guarantee § 352.6(a) |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | <input type="checkbox"/> Restaurant Allowance § 352.7(c) | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |

SAMPLE

Other (specify): _____

JOS/Worker's Name Date

Supervisor's Name Date

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

See next 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>

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.

See next page



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 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.

FAIR HEARING REQUEST

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 del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad de Casos: _____
Núm. de Teléfono del Trabajador: _____
Núm. de Teléfono de FH&C: _____

Medida Tomada con Respecto a su Petición de Asistencia de Emergencia, Asignaciones Adicionales, o Añadidura de una Persona al Caso de Asistencia en Efectivo (Sólo para Participantes)

La(s) decisión(es) de la Agencia con respecto a su(s) programa(s) de beneficio(s) se reseña(n) a continuación, junto a la(s) casilla(s) marcada(s)

El presente sólo corresponde a su solicitud de una asignación adicional para satisfacer determinada necesidad, un cambio en la concesión o una solicitud de asistencia de emergencia. En caso de denegarse su solicitud de asistencia adicional, no se verá afectado su caso de Asistencia en Efectivo continua.

El _____, usted solicitó Asistencia de Emergencia
(Fecha) Asignación adicional para:

Se ha aceptado su solicitud de _____ . Usted recibirá:

Un pago en la cantidad de \$ _____ .

Período de cobertura, si corresponde: _____ .

Método de pago:

Pago/comprobante de agente o intermediario

Cheque a ser recogido por usted en su Centro de Trabajo

Cheque enviado por correo a su hogar


Un suplemento a su concesión pública normal, obtenible mediante el sistema de EBT

Acuerdo de depósito de garantía

Cheque directo al contratista

Otra medida: _____

Usted recibirá un segundo aviso que le informará de cómo se verán afectados sus beneficios continuos.

Vea la próxima página 

El _____, se le ha enviado a la Unidad de Reclamos de Sepultura en 25 Chapel Street, Sala 606, Brooklyn, NY 11201, (718) 473-8310, para solicitar una asignación de sepultura.

Se ha denegado su petición de _____ debido a que:

La(s) ley(es) y/o regla(s) que nos permite(n) hacer esto es/son 18 NYCRR (favor de ver el número de sección a continuación):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Añadidura de una Persona al Hogar § 352.30 | <input type="checkbox"/> Asignación Adicional para Combustible § 352.5 | <input type="checkbox"/> Pagos Atrasados de Hipoteca y/o Impuestos § 352.7(g) | <input type="checkbox"/> Alquiler Atrasado § 352.7(g) |
| <input type="checkbox"/> Pago/Comprobante de Agente o Intermediario § 352.6(a) | <input type="checkbox"/> Pérdida Catastrófica (reemplazo de ropa y muebles perdidos en incendio, inundación u otro desastre) § 352.7(d) | <input type="checkbox"/> Muebles y Otros Artículos Domésticos § 352.7(a) | <input type="checkbox"/> Gastos de Mudanza § 352.6(a) |
| <input type="checkbox"/> Reparaciones de Artículos Domésticos Indispensables § 352.7(b) | <input type="checkbox"/> Asignación para Embarazo § 352.7(k) | <input type="checkbox"/> Reparaciones a la Propiedad § 352.4(d), § 352.6(e) | <input type="checkbox"/> Depósito de Garantía de Alquiler/Carta de Garantía § 352.6(a) |
| <input type="checkbox"/> Servicios de Apoyo Relacionados con Actividad de Trabajo § 385.4 | <input type="checkbox"/> Asignación para Restaurante § 352.7(c) | <input type="checkbox"/> Asignación Quincenal de Combustible para Calefacción § 352.5(b) | <input type="checkbox"/> Almacenamiento de Muebles y Pertenencias Personales § 352.6(f) |

Otro caso (en concreto): _____

Nombre del JOS/Trabajador Fecha

Nombre del Supervisor Fecha

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Vea la próxima página 

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, aun 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, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

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 este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, 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" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, 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: Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: 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 le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Vea la próxima página



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 usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. 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. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA

Las expediciones y manuales de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de 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 expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones y manuales de políticas, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a 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.

PETICIÓN DE AUDIENCIA IMPARCIAL

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

En Letras

de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker
Telephone Number: _____
FH&C
Telephone Number: _____

Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only)

The Agency's decision(s) regarding your application(s) is/are explained below next to the marked box(es) .

Immediate Needs

This notice applies only to your request for assistance to meet an immediate need. If you have also applied for ongoing Cash Assistance, this notice does not affect your application for ongoing Cash Assistance. You will also receive a notice advising you of this Agency's decision on your application for ongoing Cash Assistance when your eligibility has been determined.

If your application for ongoing Cash Assistance is denied for failure to comply with eligibility requirements, a second request for an immediate needs/emergency grant for "no food" or items relating to personal care, filed within three months of the original application denial, may also be denied unless you can document good cause for your original failure to comply.

On _____, you requested assistance to meet an immediate need of:

We are giving you this notice to tell you that your request for an immediate needs grant was evaluated and the following decision was made:

- An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____.
(Date)
- An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for _____.
- A Goodwill Voucher has been provided in the amount of \$ _____ for _____ on _____.
(Date)
- If this box is checked, you are responsible for repaying \$ _____ as shown:
 - This amount must be repaid to us in accordance with the agreement to repay that you signed on _____.
(Date)
 - You must repay the amount shown above because it is more than the Human Resources Administration (HRA) shelter maximum of \$ _____ for your family size of _____ for each month of arrears that HRA agreed to pay.

Immediate Needs (Continued)

- Assistance to meet a food-related immediate need is denied because you:
- failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - were issued same day SNAP
 - other reason for denial (please specify):

- Assistance to meet a nonfood-related immediate need is denied because you:
- failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - applied for Cash Assistance on _____ (Date) (within the last three months) and were issued one of the following:
 - immediate need(s) grant(s)
 - Goodwill Voucher(s)
 - other grants (please specify):

and subsequently, failed to comply with the eligibility requirements without good cause. The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- Other action taken on your application:

Medical Assistance

- If you need help with your medical bills, you must apply separately for Medical Assistance. If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**.
- Your Medical Assistance stays the same.
- Your application for Medical Assistance is being reviewed. We will send you our decision within 30 days.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Section

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

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>

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 manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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.

FAIR HEARING REQUEST

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.

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

SAMPLE

Print Name: _____ Case Number: _____

Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Unidad de Casos: _____
Nombre del Trabajador: _____
Núm. de Tel. del Trabajador: _____
Núm. de Tel. de FH&C: _____

Aviso de Decisión sobre la Asistencia para Satisfacer una Necesidad Inmediata o Asignación Especial (Sólo para Solicitantes)

La(s) decisión(es) de la Agencia respecto a su(s) solicitud(es) se explica(n) a continuación junto a la(s) casilla(s) marcada(s) .

Necesidades Inmediatas

Este aviso sólo corresponde a su solicitud de asistencia para satisfacer una necesidad inmediata. Si usted también ha solicitado Asistencia en Efectivo continua, el presente no afecta su solicitud de dicha asistencia. En cuanto se determine su elegibilidad, usted también recibirá un aviso que le informará de la decisión de esta Agencia sobre su solicitud de Asistencia en Efectivo continua.

Si se deniega su solicitud de Asistencia en Efectivo continua por usted no cumplir los requisitos de elegibilidad, puede que también se deniegue una segunda solicitud de concesión de necesidad inmediata/de emergencia para artículos "no alimentarios" relacionados con el cuidado personal, a menos que usted pueda documentar motivo justificado por su incumplimiento inicial de los requisitos de elegibilidad. Esta última solicitud sólo se considerará si se presenta dentro de tres meses tras la denegación inicial de solicitud.

El _____, usted solicitó asistencia para satisfacer una necesidad inmediata de:

Por el presente le informamos que se ha revisado su solicitud de una concesión para satisfacer necesidades inmediatas y se ha tomado la siguiente decisión:

- Una concesión de emergencia de preinvestigación por la cantidad de \$ _____ estará a su disposición el _____.
(Fecha)
- Se le ha otorgado una concesión única de emergencia por la cantidad de \$ _____ para _____.
- Se le ha otorgado un Comprobante de Buena Voluntad de \$ _____ para _____ el _____.
(Fecha)
- Si se marca esta casilla, usted es responsable de reintegrar la suma de \$ _____ tal como indicado:
 - Esta cantidad se nos debe reembolsar conforme al acuerdo de reintegro que usted ha firmado el _____.
(Fecha)
 - Usted debe reembolsar la suma indicada más arriba por ésta ser superior al máximo de albergue de la Administración de Recursos Humanos (HRA) de \$ _____ para el tamaño de su familia con _____ personas, para cada mes de atrasos que la HRA ha aceptado pagar.

Necesidades Inmediatas (Continuación)

Se le ha denegado la asistencia para satisfacer una necesidad inmediata relacionada con la alimentación por usted:

- no establecer/no documentar su identidad
- disponer de recursos en demasía
- ser extranjero sin documentación
- recibir una concesión para necesidades inmediatas en los últimos 90 días y no cumplir posteriormente los requisitos de elegibilidad
- haber recibido beneficios de SNAP el mismo día
- Otro motivo por la denegación (en concreto por favor):

Se le ha denegado la asistencia para satisfacer una necesidad inmediata no relacionada con la alimentación por usted:

- no establecer/no documentar su identidad
- disponer de recursos en demasía
- ser extranjero sin documentación
- recibir una concesión para necesidades inmediatas en los últimos 90 días y no cumplir posteriormente los requisitos de elegibilidad
- solicitar Asistencia en Efectivo el _____ (dentro de los últimos tres meses), y haber recibido

uno de los siguientes:

- concesión(es) para necesidades inmediatas
- comprobante(s) de Buena Voluntad
- otras concesiones (en concreto por favor):

y posteriormente, usted no cumplió los requisitos de elegibilidad sin motivo justificado. Las reglas que nos permiten tomar esta medida son 18 NYCRR § 351.1, § 351.8, y § 352.7.

Otra medida tomada respecto a su solicitud:

Asistencia Médica

- Si usted necesita asistencia para saldar las facturas médicas, debe solicitar Asistencia Médica por separado. Si desea más información sobre elegibilidad para Asistencia Médica, llame al número de teléfono del Trabajador en la **página 1**.
- Su Asistencia Médica permanecerá sin cambios.
- Se está revisando su solicitud de Asistencia Médica. Nos comunicaremos con usted respecto a nuestra decisión dentro de 30 días.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS
IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, 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, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, 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 este aviso a la mano al llamar.)

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

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

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

(4) EN PERSONA: Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, 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: Llene un formulario de petición electrónica en: <http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera errónea nuestra decisión. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: 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 le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

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 usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. 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. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

DISPONIBILIDAD DE LOS MATERIALES DE POLÍTICA: Las expediciones y manuales de política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) están publicados en el sitio web de la OTDA en <http://www.otda.ny.gov/legal>. Estas expediciones y estos manuales están disponibles para que usted o su representante determinen si deben solicitar una Audiencia Imparcial o para prepararse para la misma. Además, previa solicitud a su distrito local de servicios sociales, habrá disponibles expediciones y manuales concretos de política de la OTDA, para asistirle a usted o a su representante.

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 escríbanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

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

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.

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

SAMPLE

Nombre en Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

Firma: _____ Fecha: _____