



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #04-05-ELI

(This PD Replaces PD #03-01-ELI)

EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN (EAF)

Date: March 19,2004	Subtopic(s): 200% Federal Poverty Level Guidelines
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AUDIENCE

The instructions in this policy directive are for FIA Workers in Job Centers and are informational for all other staff.

REVISION TO PRIOR PROCEDURE

This policy directive has been revised to inform staff that:

- the language in the Determination of Eligibility for Emergency Assistance to Families (EAF) form (**W-145TT**) has been revised to clarify policy; and
- the Federal Poverty Level Guidelines have been updated effective April 1, 2004.

POLICY

Emergency Assistance to Needy Families (EAF) is a federally funded program dedicated to meeting the emergency needs of families with children. The emergency situation must be a result of a sudden occurrence or set of circumstances requiring immediate attention and individuals claiming an emergency need must have a same-day interview.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call (718) 557-1313 then press 2 at the prompt followed by 765 or-
send an e-mail to *FIA Call Center*

Distribution: X

- Eligibility Criteria
- To be eligible for EAF, the household must contain an individual with a medically verified pregnancy or a child under the age of 18 or under the age of 19 and regularly attending a secondary school or the equivalent level of vocational or technical training. In addition, the following criteria must be met:
- the child must be currently living with an adult related by blood, marriage or adoption;
 - the children, parents or other eligible relatives are without immediately accessible resources necessary for meeting their needs, and those needs cannot be met by an advance allowance;
 - the child is facing destitution or requires emergency assistance to provide living arrangements for him/her in a home;
 - the emergency could not have been foreseen by the individual and was not under his/her control.

EAF cannot be granted in the following instances:

- When the emergency is the result of a refusal to accept employment, or training for employment without good cause;
- When the emergency is the result of mismanagement of the public assistance grant; or
- To replace or duplicate assistance for which a person would otherwise be eligible were it not for an employment or other program sanction.
 - However, if the emergency assistance does not include the share of the person in sanction status and the amount of the assistance would be sufficient to overcome the household's emergency, EAF can be granted.

- Financial Eligibility
- Financial eligibility for EAF is not based on financial eligibility for public assistance, but rather on actual income and resources available to meet the emergency need.

In order to be financially eligible for EAF, all applicants must meet one of the following requirements:

- The gross available income of the applicant on the date of application must be at or below 200% of the federal poverty level for that household size; or
- The household must be financially eligible to receive public assistance (PA).

The gross available income standards do not apply to households receiving child protective, child preventative or any other child welfare services paid for under EAF. Such households must, however, continue to include one member in receipt of PA or Supplemental Security Income (SSI).

EAF is generally provided as a nonrecoupable grant. However, shelter payments made in excess of the Agency maximum for that household size are recoupable. In addition, Non-Public Assistance households (“one-shot deals”) are required to sign a repayment agreement to be eligible for utility assistance granted under EAF.

REQUIRED ACTION


When assessing eligibility for payments under EAF, Workers must determine whether or not income and/or resources sufficient for meeting the needs of the household are available.

- If sufficient income and/or resources are available, determine if the available income or resources are at or below 200% of the federal poverty level for the month of application for that household (see attached form **EXP-76D**);

Please Note: The **EXP-76D** has been revised to reflect the income eligibility standards as of April 1, 2004. For eligibility standards prior to April 1, 2004, please use the prior version of this chart.

- If the applicant’s available gross income on the date of application is above the 200% federal poverty level guideline for that family size, assistance under EAF cannot be granted and alternative solutions must be sought. Workers should explore other types of assistance available such as Emergency Safety Net Assistance (ESNA).

Note: ESNA is available to meet emergency needs of households not eligible for EAF, ongoing public assistance, Emergency Assistance for Adults (EAA) or HEAP.

 Refer to PB #04-33-ELI

Workers are reminded that EAF applicants must be finger imaged and referred to the Bureau of Eligibility Verification (BEV) (see PB #04-33-ELI).

Refer to PB #04-40-ELI

LDSS-4013A NYC must be issued to inform the applicant about the eligibility determination (refer to PB #04-40-ELI).

PROGRAM IMPLICATIONS

Food Stamp Implications

If an application for food stamps has also been filed, ensure that the household has been screened for expedited processing of the Food Stamp application and that the Food Stamp benefits are made available to eligible households within the required time frames.

If the application for emergency assistance is denied or the case is closed because the emergency need has been met, a separate Food Stamp determination must be made. Be sure to complete the **LDSS-4013B NYC** for EAF applicants that are also applying for Food Stamps.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE. Supervisors must also ensure the following actions are taken:

- At application/recertification, the applicant/participant submits a completed Language Questionnaire (**W-680FF**) and that his/her language is correctly recorded in WMS.
- Selected forms have been translated and are available on the FIAweb in Arabic, Chinese, Haitian Creole, French, Korean, Russian, Vietnamese and Yiddish (in addition to Spanish). Workers must provide both the appropriate translated form and the English version of a form to applicants/participants whose primary reading language is one of the translated languages.
- For POS Centers, when a multilingual form is not available in POS, a manual form is completed. When imaging forms for the case record, make sure to include both the English and the translated version of the form. The **W-680FF** must be included in the imaged case record.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution Applicants/participants are entitled to request a Fair Hearing regarding the denial of benefits. Remember to give the participant an opportunity to resolve the issue. Check the budget to ensure accuracy, and make every attempt to help the individual understand the action being taken.

Conferences If an applicant receives a notice and comes to the Job Center to request a conference, the Receptionist must inform the Fair Hearing and Conference (FH&C) unit that the individual is to be seen by an FH&C Supervisor I/Associate Job Opportunity Specialist I (AJOS I). If the participant contacts the Worker/Job Opportunity Specialist (JOS) directly, the Worker/JOS must advise the individual to call the FH&C unit.

The FH&C Supervisor I/AJOS I will listen to, and evaluate, the individual’s complaint regarding the issue. After reviewing the case record and discussing the issue with the Supervisor, the FH&C Supervisor I/AJOS I will make a decision. The FH&C Supervisor I/AJOS I is responsible for ensuring that further appeal by the individual through a Fair Hearing request is properly controlled, and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets All evidence packets must include verifying documentation such as pay stubs, an employer letter, the Determination of Eligibility for Emergency Assistance to Families (EAF) (**W-145TT**) and **LDSS-4013A NYC, LDSS-4013B NYC**.


REFERENCES

GIS 04 TA/DC004
 02 ADM 2
 04-INF-03
 TASB Chapter 2, Section C, page 2
 18 NYCRR 372.1

RELATED ITEMS

PB #04-33-ELI
 PB #04-40-ELI

ATTACHMENTS

 Forms can now be accessed through Print on Demand at all Job Centers.

EXP-76D 2004 Federal Poverty Level Guidelines
W-145TT Determination of Eligibility for Emergency Assistance to Families (EAF) (Rev. 3/19/04)

2004 Federal Poverty Level Guidelines
(Effective April 1, 2004)

Size of Family Unit	Annual	Monthly
1	\$18,620	\$1,552
2	\$24,980	\$2,082
3	\$31,340	\$2,612
4	\$37,700	\$3,142
5	\$44,060	\$3,672
6	\$50,420	\$4,202
7	\$56,780	\$4,732
8	\$63,140	\$5,262
9	\$69,500	\$5,792
10	\$75,860	\$6,322
For each additional member	\$6,360	\$530



Determination of Eligibility for Emergency Assistance to Families (EAF)

Case Name:	Case Composition:
Case Number/Suffix:	
Caseload:	
Center:	
Type of Emergency:	
Onset of Emergency:	

As set forth in 18 NYCRR 372.1, and 97 ADM-20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

I. This Crisis Situation is Due to the Following Circumstances:

<input type="checkbox"/> Fire or other disaster. <input type="checkbox"/> Asked to leave shared apartment by relative or friend who is prime tenant. <input type="checkbox"/> Emergency medical expenses required all available resources to be diverted from rent. <input type="checkbox"/> Sudden loss of employment due to layoff or other reason not brought about by voluntary quit. <input type="checkbox"/> Landlord refused late or partial rent payment.	<input type="checkbox"/> Eviction by landlord for reasons other than nonpayment of rent (specify): _____ _____ <input type="checkbox"/> Eviction by landlord due to nonpayment of rent as part of a complex set of problems which constitute an emergency for the family. <input type="checkbox"/> Victim of domestic violence (adult and/or child). <input type="checkbox"/> Other (specify): _____
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II. EAF Eligibility Determination Checklist:

In order to determine participant's eligibility for EAF, respond to each of the following items:

1. Is there at least one child under the age of 18, or under age 19 and attending full-time secondary school who is currently residing with an adult caretaker who is related by blood, marriage or adoption? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* The term caretaker who is related by blood, marriage or adoption shall include the following:	
(1) the child's father, mother, brother, sister, grandfather, great-grandfather, great-great-grandfather, grandmother, great-grandmother, great-great-grandmother, uncle, great-uncle, great-great-uncle, aunt, great-aunt, great-great-aunt, of whole or half blood;	
(2) the child's first cousin, nephew and niece, of whole or half blood;	
(3) the child's stepfather, stepmother, stepbrother, stepsister, but no other steprelative;	
(4) in the case of a child who has been surrendered to an authorized agency or who has been adopted;	
(i) any of the blood or steprelatives included in the preceding paragraphs of this subdivision; and	
(ii) the child's adoptive parents and:	
(a) the other children of the adoptive parents and the children of such children;	
(b) the parents, grandparents and great-grandparents of the adoptive parents;	
(c) the brothers and sisters of the adoptive parents and the children of such brothers and sisters; and	
(d) the aunts, uncles, great-aunts and great-uncles of adoptive parents;	
(5) the spouse of any person described in the preceding paragraphs, even though the marriage may have been terminated by death, divorce or annulment; and	
(6) in the case of a child born out of wedlock, any relative in the maternal line included in the preceding paragraphs of this subdivision and, if paternity has been adjudicated or acknowledged in writing, any relative in the maternal and paternal lines included in the preceding paragraphs.	
2. Is there a woman of any age with a medically verified pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you checked "Yes" to either question 1 or 2 above, proceed.</i>	
<i>If you checked "No" to both questions, Stop – Ineligible for EAF.</i>	
3. Does the family have resources to meet their needs or available income at or above 200% of the most recently published federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for that family size?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Will the emergency grant being applied for duplicate or replace a public assistance grant already made under *18 NYCRR 352.2(a)(b)(c)? Yes No

(Do not answer "Yes" if the duplication will replace lost or stolen public assistance.)

Each social services district shall utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of section 352.2 to provide for all items of need, exclusive of:

- (i) shelter;
- (ii) fuel for heating;
- (iii) additional cost of meals for persons who are unable to prepare meals at home;
- (iv) purchase of necessary and essential furniture required for the establishment of a home;
- (v) replacement of necessary and essential furniture for persons in need of public assistance who have suffered the loss of such items as the result of fire, flood, or other like catastrophe;
- (vi) essential repairs of heating equipment, cooking stoves and refrigerators;
- (vii) allowances for occupational training.

If you check "No" to questions 3, 4 and 5, proceed.

If you check "Yes" to any of questions 3, 4 or 5, **Stop**. Applicant is ineligible for EAF.

6. Is the necessary payment a diversion payment? Yes No

If you check "Yes" to Number 6, **Stop** – EAF eligible.

If you check "No" to Number 6, Go to Number 7.

7. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control? Yes No

If you check "Yes" to Number 7, **Stop** – EAF eligible.

If you check "No" to Number 7, Ineligible for EAF

III. Is This Case Eligible for EAF? Yes No

In accordance with 18 NYCRR 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

JOS/Worker	Date
Supervisor	Date

IMPORTANT: If you have determined that this case is eligible for EAF, HAVE YOU:

- Completed all questions on this form?
- Signed and dated this form, and obtained your supervisor's signature?
- Entered an "F" in element 270 of the TAD?

Note: Attach to this form any documentation and the history sheet containing information about this determination. Annotate the case record to indicate this is an active EAF case. Complete a TAD to designate the case EAF in WMS.

(file copy in case record)

(cut)

(cut)

(cut)

**For CIS/OCP Use Only
 EAF Indicator Data Entry**

Case Name _____

Case Number

0	0								
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Suffix

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Center

0		
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Item 270

F

 OCP Control Clerk Date

 Control Clerk Date

 OCP CRT Operator Date

 Error

 Resubmit Date

 Control Clerk Date