



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #04-07-ELI

(This Policy Directive Replaces PD #03-58-ELI)

NEW SHELTER ALLOWANCES AND RELATED CHANGES

Date: April 12, 2004	Subtopic(s): Public Assistance and Food Stamps
AUDIENCE	The instructions in this policy directive are for all Job Center staff and are informational for all others.
REVISIONS	<p>This policy has been revised to:</p> <ul style="list-style-type: none">• clarify changes resulting from amendments that went into effect on November 1, 2003;• correct information regarding applicants/participants who fail to submit required landlord information in order to restrict the rent portion of their Public Assistance (PA) grant;• update the W-203K to include pregnant women.• include the following Welfare Management System (WMS) software version changes:<ul style="list-style-type: none">▪ Effective February 22, 2004, a mass rebudgeting of transitional housing cases was done.▪ Effective March 22, 2004, proration indicator codes N (Non-Danks Housing Situation) and S (Danks Housing Situation), were modified to automatically determine the correct prorated actual shelter allowance for households with two suffixes.
POLICY	<p>In July 2003, regulations regarding shelter allowances and other related rules were amended. The changes resulting from these amendments went into effect November 1, 2003. The changes were as follows:</p> <ul style="list-style-type: none">• the Standard Public Assistance (PA) Shelter Allowance for households with children and pregnant women increased;
Enhanced Shelter Allowance	

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*

Clarified information

- it is no longer a criteria for cooperative (Shared Housing) housing situation to have an emergency in order to receive the maximum shelter allowance for each suffix;
- Family Assistance cases must be placed on a mandatory vendor rent restriction to ensure rent is properly paid to the landlord;
- a grant to pay shelter arrears can only be issued once in five years. The grant may cover up to six months of arrears but the agency has the discretion to make additional rent arrears payments in certain situations (Exception to Policy).

OVERVIEW OF CHANGES

Shelter allowances are based on whether there is a child or pregnant woman residing in the same dwelling.

Standard PA Shelter Allowance – In the past, shelter allowances were based on the Public Assistance (PA) household size and whether or not heat was included in the shelter cost. As of November 1, 2003, the shelter allowance is based on the presence of a pregnant woman or child in the household.

To be eligible for the higher shelter level a household must include:

- A child residing in the household who is:
 - under 18 years of age; or
 - under 19 years of age and a full-time student regularly attending a secondary school or the equivalent level of vocational or technical training; or
- A pregnant woman whose pregnancy has been medically verified.

The child and/or pregnant woman does not have to be a member of the case.

Neither the child nor the pregnant woman has to be a member of the PA and/or Food Stamp case for the household to be eligible for the new shelter allowance. Verification of date of birth, presence in home and school attendance for children 18 years of age must be submitted for those children who are not members of the PA or FS case.

A pregnant woman who is not a member of the PA/FS case must submit a statement from her doctor verifying her Expected Date of Confinement (EDC).

The Guide to Budgeting (W-203K) was revised to reflect the new shelter allowance schedules and indicate households with pregnant women are eligible for new shelter allowances.

For example, a single individual in receipt of SNA resides with his sister and her 13-year-old son. The sister and her son are not in receipt of any public benefits. The single SNA participant is entitled to receive up to the maximum shelter allowance for a household size of one, according to the Maximum Semi-Monthly Shelter Allowance With Children rate (Schedule I) listed on the Guide to Budgeting (form W-203K).

The energy grant and the fuel allowance for households that incur a heating expense separate from their shelter expense remains unchanged. The receipt of a fuel allowance does not reduce the maximum shelter allowance.

Note: The higher shelter allowance rate (shelter with children) is automatically applied if a child less than 18 years of age is active on the PA and/or FS case. An entry of an EDC date triggers the system to apply the higher shelter allowance rate for a pregnant woman on the PAFS case.

Shelter Allowance
for Cooperative
(Shared Housing)
Cases

Shelter Allowance for Cooperative (Shared Housing) Cases – Prior to November 1, 2003, when multisuffix households or two or more PA households shared the same dwelling, the shelter allowance was prorated based on the total number of participants. For example, if two PA households, each consisting of two persons, shared an apartment costing \$500 monthly, each household would have received a prorated shelter allowance based on the maximum shelter allowance for a household of four persons (\$312), which in this example would have been \$156.00 for each suffix.

A nonprorated shelter allowance for multiple PA households sharing the same dwelling was allowed only in instances where there were no legal lines of responsibility between the families and sharing the dwelling was necessary in order to avoid homelessness. In the above example, if the two suffixes met the above criteria, they would each receive a monthly shelter allowance of \$250, the maximum shelter allowance for a household of two, resulting in a combined total of \$500.

Shelter allowance is not prorated in multisuffix cases where there are no lines of legal responsibility.

As of November 1, 2003, the shelter allowance is no longer prorated on multisuffix cases or on cases where two or more PA households reside in the same dwelling as long as there are no legal lines of responsibility. Each suffix/case is allowed up to the maximum shelter allowance for the number of individuals on the suffix/case as long as the combined sum of the shelter allowances received does not exceed the actual shelter cost.

This change does not apply to a payee case where the payee of one suffix/case is also the payee of the other suffix/case, even if no legal lines of responsibility exist. For example, for a household where an SSI recipient is the payee for her son on a FA suffix as well as the payee for her 12-year-old nephew on a SNA suffix because of her inability to prove relationship, the shelter and food and other allowance must be prorated.

Shelter allowance must be restricted for FA cases as well as SNA.

Restricted Shelter Allowance for Family Assistance (FA) – Prior to November 1, 2003, restricted shelter payments on FA cases were only allowed if the participant demonstrated mismanagement or voluntarily requested the restriction.

As of November 1, 2003, FIA requires that the shelter allowance on all FA cases be placed on vendor restriction. The following cases are exempt from the mandatory direct vendor rent restriction at this time:

Exemptions

- Cases where the FA applicant/participant is a homeowner and the shelter allowance would otherwise have to be restricted to the mortgage holder.
- FA participants whose total grant is less than the shelter allowance are also exempt from the mandatory vendor rent restriction requirement.

Exemptions requiring RAU approval

In addition, FA participants residing with a non-public assistance primary tenant who has a documented hardship (elderly, disabled, homebound) and/or where the landlord refuses to accept a direct vendor shelter payment may also be exempt from the mandatory rent restriction requirement. However, in these instances, the determination to exempt the household from the mandatory vendor rent restriction must be made by RAU.

Revised information

Court-Imposed Shelter Supplements

Court-Imposed Shelter Supplements – The new regulations will affect the ability to open new Jiggetts and Temporary Shelter Supplement (TSS) cases and will affect the ability to make modifications to existing Jiggetts and TSS cases. Referrals for Jiggetts and TSS, including requests for modifications, should continue to be made, when appropriate, until further notice.

Clarified information

WMS Changes

Transitional Housing Cases

Transitional Housing – In November 2003, the Welfare Management System (WMS) was modified to credit all transitional housing cases, identified by the shelter type codes listed below, with a FS shelter cost based on the appropriate table (with/without children). However, this credit was budgeted as unearned income for PA and resulted in a decrease of FS benefits for most households.

- **06** (Hotel/Motel Temporary)
- **13** (Residential Programs for Victims of Domestic Violence-less than three meals daily)
- **14** (Residential Programs for Victims of Domestic Violence-three meals daily)

- **30** (Scatter Site Homeless Housing Non Tier I/Non Tier II-less than three meals daily)
- **33** (Homeless Shelter Tier I or Tier II-less than three meals daily)
- **34** (Homeless Shelter Tier II-three meals daily)
- **35** (Homeless Shelter Non-Tier I/Non-Tier II)

New information

As of March 2004, WMS was further modified to count the excess income that exceeds the basic maximum PA grant for the family size towards the FS benefits for transitional housing cases with shelter type code **06, 30, 33, 34** and **35** that have income.

In addition, households with shelter type codes **13** and **14** were reverted to the budgetary method used prior to the November 2003 modifications; WMS counts the FS shelter cost as a component of Total FS Household Shelter costs and determines it to be zero unless the case has "available income."

WMS Mass Rebudgeting

WMS conducted a mass rebudgeting on the weekend of February 22, 2004 of all transitional housing cases. CNS notices were generated informing these households of how their PA and FS benefits were affected (see sample notices, Attachments B, C, D and E).

New information

WMS exclusion and error reports

WMS forwarded to FIA Exclusion Reports (**WINRO639**) and Error Reports (**WINRO006**) as a result of the mass rebudgeting. See the "Required Action" section for what actions should be taken for cases listed on these reports.

REQUIRED ACTION

In order to reflect the presence of a pregnant woman or a child in the household, a new **Child** field was added in the budget on the Household Screen **NSBL02**. An entry of "**X**" is required in the **Child** field for PA households that contain the following individuals:

- Children in the household but not part of the PA or FS case.
- Children over the age of 18 but not yet 19, who are still in school full-time.
- A pregnant woman in the household whose pregnancy has been medically verified and is not part of the PA or FS case.

A budget "End Date" is automatically generated for 18-year-olds active on the PA and/or FS case. The "End Date" must be manually entered for households with children age 17 or older or a medically verified pregnant woman, who are not part of the PA or FS case.

In any instance, the "End Date" generates an Expiring Budget Report (**WINRO048**) with the message "EVALUATE FOR SHELTER REBUDGET" that indicates a new budget is required to remove the "X" from the **Child** field. The system will then apply the lower shelter allowance rate (shelter without children). If the budget is reduced as a result of the change in shelter allowance rate applied, the appropriate CNS timely Notice of Intent To Change Your Benefits: Public Assistance, Food Stamp and Medical Assistance must be provided.

Note: Upon receipt of **WINRO048**, Workers must first ensure that there are no other children in the H/H under the age of 19 years old. If there are children under 19 years old in the household, the cash assistance case is still entitled to the shelter allowance rate with children. If the other child(ren) is not on the cash assistance case, the "X" must remain in the **Child** field and the "End Date" adjusted accordingly.

Shared Housing
Proration indicator codes

Proration Indicator Codes Used in Shared Housing Situations – There are currently two proration indicators (**N** or **S**) that must be used to provide up to the maximum shelter allowance for each PA suffix where no legal lines of responsibility exist.

The use of the proration indicators allows the system to accurately apply the Food and Other (F&O), Water and Fuel Allowances.

The **N** indicator is used in situations where there are two or more households (suffixes) living together as one economic unit with no legal responsibility among the household (suffixes). Each suffix receives prorated Basic, HEAI, HEAll & Fuel Allowance and unprorated PA Shelter allowance.

The **S** indicator is used when there are two or more households (suffixes) living together as separate economic units with no legal responsibility among the households (suffixes). Each suffix receives unprorated Basic, HEAI, HEAll & Fuel Allowance and PA Shelter Allowance.

New information

Effective March 22, 2004, proration indicators **N** and **S** were modified in WMS to automatically compare the prorated actual shelter allowance to the PA shelter allowance and apply the appropriate amount to each suffix based on the comparison for shared housing situations involving only two active suffixes.

Three or more active suffixes

See **attachment A** for examples on budgeting three or more active suffixes.

All Cases Not Included in the February 22, 2004 MRB

However, in shared housing situations involving three or more active suffixes, the appropriate share of the shelter cost must be manually determined and then entered in WMS. In these instances, there is no appropriate proration indicator therefore, the proration indicator field in WMS must remain blank and therefore, a bottom line budget must be performed for these cases. For examples on manually computing the PA shelter allowance, see attachment A.

For all cases listed on the February 22, 2004 WMS Error and Exclusion Reports (**WINRO006** and **WINRO639**), Workers must:

- Review the Legally Responsible Relative (**LRR**) field or in the **PA Fuel Allowance** field on the H/H budgeting screen **NSBL02**. If there is a number annotated in either field, ensure that it is correct:

The number in the **LRR** field should correspond to the number of **LRR(s) in the H/H that are not part of the PA case**.

Note: This does not apply to a PA H/H where the **LRR(s)** is in receipt of SSI and is the payee for his/her children.

Upon receipt of report, Workers must:

- save and authorize a budget
 - Ensure that the actual shelter amount paid to the facility for transitional shelter type codes **06, 13, 14, 30, 33, and 34** is reflected in the **PA shelter amount** field and that the **FS shelter** field of the budget is blank.
- prepare and send the appropriate notice informing the participant of any change in benefits.

Failure to Provide Required Landlord Information

Restricted Shelter Allowance on FA Cases

In instances where the shelter expense was verified but the applicant/participant fails to submit required landlord information to restrict the rent, the agency must remove the shelter allowance from the PA grant. To remove the shelter allowance from the PA grant, Workers must:

- Access WMS and on the Household/Suffix Financial Data Screen (**NSBL02**), remove the shelter allowance from the PA shelter field; and
- authorize and save the budget.

Corrected information

As per Food Stamp rules, the PA shelter allowance that has been removed from the budget cannot be counted as FS income. In addition, the FS shelter expense cannot be removed from the budget as long as the applicant/participant has verified that s/he has a shelter expense. Therefore, if the applicant/participant incurs a shelter expense, the shelter expense must be allowed for FS purposes and entered in the actual shelter amount field on the **NSBL02** screen.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

After verifying there is a child and/or a pregnant woman in the household, POS Workers must:

Recertification

- At recertification, use the **Case Member Addition** activity to add any children or pregnant women who are in the household whether or not they are part of the PA or FS case (select "None" in **Programs Applied For** field if the child(ren) or pregnant woman is not applying for PA). Then follow the additional instructions section below while in the "Recertification Interview" activity.


Non-recertification-related activity

- If the individual is in service for anything other than recertification and the case status is **AC** or **SI** status, use the **Case Member Addition** activity to add any children or pregnant women who are in the household whether or not they are part of the PA or FS case (select "None" in **Programs Applied For** field). Then follow the additional instructions section below while in the **Change Case Data** activity.

Additional instructions

- Index scanned documentation for pregnant women or minor children that are not on the PA/FS case to the casehead and to the shelter tab.
- Verify that the response to the "Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?" question has the amount of rent the household is billed by the landlord/primary tenant in the **Amount** field.
 - If the **Amount** field mistakenly contains the WMS PA level rent for that household size and not the actual shelter costs, update the field with the actual shelter costs.
 - If there is a third party paying some or all of the excess rent directly to the landlord, record that information in the "Excess Rent" section of the window.

Note: POS will subtract the amount of the contribution from the actual rent and place the correct budgetable amount on the POS/WMS budget.

- For mixed household cases where a Food Stamp household member is the tenant of record, POS will require entries in both the **Amount** field and the **PA Shelter Amt** field. Place the amount charged to the PA household in the **PA Shelter Amt** field. Excess rent will be calculated based on that amount.
- Verify that the landlord information is present and correct in the "Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?" question. If absent or incorrect, update the landlord fields with the correct information.
- Ensure that appropriate "Rent Restriction Type" is selected.
- Make all changes on the POS TAD needed to update the case to comply with this Policy Directive.
- Create and save a new budget in the Budgeting Window after all changes to comply with this Policy Directive have been completed.
- Enter a case comment for all actions performed on a case by clicking on the case comments icon  or pressing <ALT>M on the keyboard.
Note: Use the term "Screening and Consultation," not "Domestic Violence," when making case comments concerning Domestic Violence referrals.
- Scan all non-POS-generated forms and notices that are signed by the individual into the electronic case record, except Domestic Violence-related documents.

Food Stamp Implications

The increase resulting from the increased shelter allowance may reduce the FS benefit amount. A CNS timely Notice of Intent to Change Your Benefits: Public Assistance, Food Stamps and Medical Assistance Coverage Services will be mailed to the participant.

Medicaid Implications

The revised shelter allowance also applies to Medicaid eligibility determinations for PA applicants/participants.

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, that the applicant/participant submits a completed Language Questionnaire (**W-680FF**) and the Worker ensures 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

To avoid inappropriate adverse actions, review the case record, documentation and WMS to ensure that all information is correct.

Conferences at Job
Centers

If the applicant/participant comes to the Job Center to request a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) unit that the applicant/participant needs to be seen by the FH&C Supervisor I/Associate Job Opportunity Specialist I (AJOS I). If the applicant/participant calls the Worker directly, the Worker must tell the applicant/participant to call the FH&C unit.

The FH&C Supervisor I/AJOS I will listen to and evaluate the applicant's/participant's complaint. After reviewing the case record and discussing the issue with the Worker and Group 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 applicant/participant 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 complete and relevant evidence packets must include a copy of the Action Notice, a detailed History Sheet (**W-25**) and any other information to support the action.

REFERENCES 03 ADM 07 Temporary Assistance: New Shelter Allowances and Related Changes

ATTACHMENTS

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

Sample Notices

- W-145** Notice of Intent to Restrict Shelter Allowance (Timely) (Rev. 10/9/03)
- W-145 (S)** Notice of Intent to Restrict Shelter Allowance (Timely) (Rev. 10/9/03) (Spanish)
- W-203K** Guide to Budgeting (Rev. 4/7/04)
- W-904DD** Notice to Applicants/Participants (Rev. 9/25/03)
- Attachment A** Examples for Budgeting Three or More Suffixes in Shared Housing Situations
- Attachment B** CNS Notice – Notice of Decision on Your Public Assistance, Food Stamps and Medical Assistance (Benefit Increase)
- Attachment C** CNS Notice – Notice of Decision on Your Public Assistance, Food Stamps and Medical Assistance (Benefit Increase) (Spanish)
- Attachment D** CNS Notice – Notice of Decision on Your Public Assistance, Food Stamps and Medical Assistance (Benefit Reduction)
- Attachment E** CNS Notice – Notice of Decision on Your Public Assistance, Food Stamps and Medical Assistance (Benefit Reduction) (Spanish)

Form W-145 (face)
Rev. 10/9/03
MLF



The **CITY** of **NEW YORK**
Human Resources Administration
Family Independence Administration

Center No _____ Center Name _____
Center Address 1 _____
Center Address 2 _____
City _____ State _____ Zip Code _____

First Name _____ M.I. _____ Last Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip Code _____

Date: _____

Case Name: _____

Case Number: _____

Caseload: _____

Telephone number to request a conference: _____

FH&C

For questions or help, call your Worker at the telephone number below: _____

Notice of Intent to Restrict Shelter Allowance (Timely)

The Agency's decision(s) regarding your benefit program(s) is/are explained below:

PUBLIC ASSISTANCE

This notice is to inform you that we intend to restrict your shelter allowance effective _____ date. Your shelter allowance will be paid directly to your landlord or primary tenant.

When we restrict your shelter allowance, we will issue a vendor check for \$ _____, representing part or all of your semimonthly grant of _____.

We will send the vendor check directly to your landlord or primary tenant. Only your landlord or primary tenant can cash the vendor check.

If your rent is more than the amount of your shelter allowance, indicated above, you must pay the rest of your rent to your landlord or primary tenant.

The law(s) and/or regulation(s) which allow(s) us to do this is/are 18 NYCRR § 381.3.

If there is a reason why your shelter allowance should not be restricted, you may request a conference to discuss this matter. To request a conference please call the conference number above.

JOS/Worker Signature _____

Date _____

AJOS/Supervisor _____

Date _____

You Have the Right to Appeal This Decision

BE SURE TO READ THE REVERSE FOR CONFERENCE AND FAIR HEARING INFORMATION

Conference and Fair Hearing Information

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes if it is determined that we are in error. You can do both 1 and 2.

1. Ask for a conference with one of our Supervisors.

2. Ask for a State Fair Hearing with a State Hearing Officer.

1. CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on the **front** of this notice or write to us at the address on the **front** 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. If you **only** ask for a conference with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same **only** if you ask for a State Fair Hearing (see the "Keeping Your Benefits the Same" section.)

2. STATE FAIR HEARING

Keeping Your Benefits the Same: Your benefits will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice. If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision.

If you do **not** want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

Deadline for Requesting a Fair Hearing: You have the following number of days from the date of this notice to request a Fair Hearing:

<u>Benefit Area</u>	<u>Time Limit</u>
Public Assistance	60 days

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, writing, fax, or in person.

- (1) **TELEPHONE:** Call (212) 417-6550. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of all pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of all pages of this notice, with the "I want a Fair Hearing" section completed, to: (518) 473-6735.
- (4) **WALK-IN:** Bring a copy of all pages of this notice with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either 14 Boerum Place, Brooklyn or 330 West 34th Street, 3rd floor, Manhattan.

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

Signature of Participant: _____ Date: _____

Print Name: _____ Case Number: _____

Address: _____ Telephone Number: _____
Street Apt. No. City State Zip Code

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 and your lawyer, or other representative, will have a chance to explain why you think we are wrong, and a chance to give the Hearing Officer written papers that explain why you think we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any documents you have, such as: pay stubs, leases, receipts, bills, doctor's statements, etc. At the hearing, you and your lawyer, or other representative, can ask questions of witnesses whom we bring, or you bring, to help your case.

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 your 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 file. If you call or write to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call or write to us, we will send you free copies of other specific documents from your file that 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. Usually, they will be sent to you within three (3) working days of when you ask for them. If you make your request less than five (5) working days before your hearing, your document copies will be given to you within three (3) working days of your request or at your hearing, whichever is earlier.

Form W-145 (S) (face)
Rev. 10/9/03
MLF



The **CITY** of **NEW YORK**
Human Resources Administration
Family Independence Administration

No. del Centro Nombre del Centro

Dirección del Centro 1

Dirección del Centro 2

Ciudad Estado Código Postal

Nombre Apellido

Dirección de Línea 1

Dirección de Línea 1

Ciudad Estado Código Postal

Fecha: _____

Nombre del Caso: _____

Número del Caso: _____

Carga de Casos: _____

Número de teléfono para solicitar una conferencia: _____

FH&C

Si tiene alguna pregunta o necesita ayuda, llame a su
Trabajador al número de teléfono siguiente:

Aviso de la Intención de Restringir la Asignación de Alojamiento (Oportuno)

La(s) decisión(es) de nuestra agencia con respecto a su(s) programa(s) de beneficios se explica(n) más abajo:

ASISTENCIA PÚBLICA

Por el presente le informamos de que hemos decidido restringir su asignación para alojamiento a partir de _____
La asignación de alojamiento se pagará directamente a su casero o inquilino principal. fecha

Al restringir su asignación de alojamiento, emitiremos un cheque del vendedor de \$ _____, cantidad que
representa todo o parte de su subsidio quincenal de \$ _____.

El cheque del vendedor será enviado directamente a su casero o inquilino principal, quienes serán las únicas personas
con derecho a cobrar el mismo.

En caso de que la cantidad de su alquiler sobrepase la de su asignación de alojamiento, indicada más arriba, usted tiene
la obligación de pagar la cantidad restante del alquiler a su casero o inquilino principal.

La disposición que nos permite obrar de tal forma es 18 NYCRR § 381.3.

Si existe alguna razón por la cual su asignación de alojamiento no debiera ser restringida, usted puede solicitar una
conferencia para tratar del asunto. Para solicitar dicha conferencia, favor de llamar al número de teléfono más arriba.

Firma del JOS/Trabajador

Fecha

AJOS/Supervisor

Fecha

Usted Tiene el Derecho de Apelar de Esta Decisión

ASEGÚRESE DE LEER AL REVERSO PARA INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES

Información sobre Conferencias y Audiencias Imparciales

Si usted considera que nuestra decisión es errónea, puede peticionar una reconsideración de dicha decisión. Si se determina que nos hemos equivocado, corregiremos nuestro error. Usted podrá proceder de ambas maneras planteadas 1 y 2.

- 1. Pedir una conferencia con uno de nuestros supervisores.
- 2. Pedir una audiencia imparcial estatal con un funcionario de audiencias estatales (Fair Hearing Officer).

1. CONFERENCIA

Si usted estima que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia. Para ello, llame al número de teléfono de la unidad de Audiencia Imparciales y Conferencias (FH&C) o escribanos a la dirección que aparecen en la primera página de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. 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. Si sólo solicita una conferencia, no mantendremos sus beneficios sin cambios mientras usted apela, pero de lo contrario al usted solicitar una Audiencia Imparcial Estatal, sus beneficios seguirán sin cambios. (Vea la sección: "Mantenimiento de Sus Beneficios Sin Cambios".)

2. AUDIENCIA IMPARCIAL ESTATAL

Mantenimiento de Sus Beneficios Sin Cambios: Si nuestra decisión afecta a sus beneficios y usted solicita una Audiencia Imparcial dentro de (10) días de la fecha de este aviso, restituiremos sus beneficios al nivel en que se encontraban previos a este aviso, hasta que una decisión de la Audiencia Imparcial sea emitida. Sin embargo, de ninguna manera continuarán sus beneficios de cupones para alimentos si no ha recertificado como debido su caso de cupones para alimentos. Además, los beneficios de cupones para alimentos no pueden continuar después de la última fecha de su periodo de certificación de cupones de alimentos (remítase a 18 NYCRR § 358-3.6). Si usted pierde la Audiencia Imparcial tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba una decisión.

Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si usted envía este aviso de regreso, marque la casilla a continuación.

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la audiencia sea emitida.

Fecha Limite de la Petición de una Audiencia Imparcial: Usted tiene el siguiente número de días desde la fecha de este aviso para solicitar una Audiencia Imparcial:

Tipo de Beneficio	Limite de Tiempo
Asistencia Pública, Asistencia de Medicaid, o Servicios Sociales	60 días

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

- (1) **POR TELÉFONO:** Llame al (212) 417-6550. (Favor de tener este aviso a la mano cuando llame.)
- (2) **POR CARTA:** Envíe una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Favor de guardar una copia para usted.)
- (3) **POR FAX:** Envíe una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada al número: (518) 473-6735.
- (4) **EN PERSONA:** Traiga una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance una de las direcciones a continuación:
14 Boerum Place, Brooklyn; o 330 West 34th Street, 3rd floor, Manhattan.

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

Firma del Participante: _____ Fecha: _____

Nombre en Letras de Molda: _____ Número de Caso: _____

Dirección: _____ Número de Teléfono: _____

Calle Num. del Apto Ciudad Estado Código Postal

Que Puede Esperar de La Audiencia Imparcial El Estado le enviará un aviso que le informa 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. Usted puede ser representado(a) por un abogado(a), un familiar, un amigo(a) u otra persona. Si no puede estar presente en la audiencia imparcial, puede enviar a un representante, pero si éste no es abogado, debe proporcionarle una carta que indique al funcionario de la audiencia imparcial que usted desea ser representado por el portador. En la audiencia, usted y su abogado o su representante podrán explicar en qué, según usted, hemos errado, y tendrán la oportunidad de presentar al funcionario de la audiencia evidencias que demuestren el error que usted nos imputa. Para defender su planteamiento de nuestro error, debe traer a la audiencia cualquier testigo que pueda favorecer su reclamo, para ser interrogado por usted y su abogado o su representante. Asimismo podrá contrainterrogar a testigos presentados por nuestra parte. Además, debe traer documentos tales como: talones de paga, contratos de alquiler, recibos, facturas, verificación médica, etc.

ASISTENCIA LEGAL: Si necesita asistencia legal gratis, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal de su localidad (Legal Aid Society) u otro grupo legal de abogacía, los cuales puede localizar en las páginas amarillas bajo "lawyers" (abogados).

ACCESO A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si nos llama o nos escribe, le enviaremos copias gratis de los documentos de su expediente, las cuales entregaremos al funcionario de audiencia en la Audiencia Imparcial. Además, si nos llama o nos escribe, le enviaremos copias gratis de otros documentos específicos de su expediente que usted crea que pueda utilizar para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su expediente, llame al (718) 722-5012, envíe un fax al (718) 722-5018 o escriba a la siguiente dirección: HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. Si desea copias de documentos del expediente de su caso, debe solicitarlas con anticipación. Normalmente, las copias le serán enviadas dentro de tres (3) días laborales desde la fecha de solicitud. Si presenta su solicitud en menos de cinco (5) días laborales antes de la audiencia, los documentos del expediente de su caso le serán entregados en lo que resulte más pronto entre las dos siguientes opciones: dentro de tres (3) días laborales desde su solicitud de documentos, o en la misma audiencia.

Guide to Budgeting

Schedule of Semimonthly Pre-Added Allowance (1/1/90)

PA Family Size	1	2	3	4	5	6	Each Additional Person
Amount	\$ 56.00	\$ 89.50	\$ 119.00	\$ 153.50	\$ 189.50	\$ 219.00	\$ 30.00

Special Situations

1. Single persons residing in public shelters can receive a public assistance personal needs allowance of \$22.50 s/m.
2. Homeless persons who refuse placement in a shelter can receive the pre-added, energy and restaurant allowance.
3. For family members joining household for limited periods (e.g., weekends) authorize \$4.00 per day per person.
4. All participants who are billed for rent are entitled to a shelter allowance equal to the rent or the maximum shelter allowance for family size, whichever is less.
5. Persons with HIV/AIDS can receive a shelter allowance of up to \$480 per month and up to \$330 per month for each additional person on the case.

Schedule 1

Maximum Semimonthly Shelter Allowance with Children* (effective 11/1/03)

PA Family Size	1	2	3	4	5	6	7	8 or more
S/M Amount	\$138.50	\$141.50	\$200.00	\$225.00	\$250.50	\$262.00	\$273.00	

* Includes pregnant women

Schedule 2

Maximum Semimonthly Shelter Allowance without Children

PA Family Size	1	2	3	4	5	6	7	8 or more
S/M Amount	\$107.50	\$125.00	\$143.00	\$156.00	\$168.50	\$174.50	\$201.50	\$210.50

Semimonthly Energy Grants

PA Family Size	1	2	3	4	5	6	Each additional person
S/M Amount	\$12.55	\$19.75	\$26.50	\$34.35	\$42.35	\$48.60	\$6.25

Semimonthly Fuel for Heating: Other than Natural Gas (E)

PA Family Size	1	2	3	4	5	6	7	8 or more
S/M Amount	\$35.00	\$35.00	\$36.50	\$38.50	\$41.00	\$44.00	\$46.50	

Semimonthly Fuel for Heating: Natural Gas (E)

PA Family Size	1	2	3	4	5	6	7	8 or more
S/M Amount	\$28.00	\$28.00	\$28.00	\$29.00	\$30.50	\$32.50	\$34.50	\$37.00

Expenses Incident to Employment

Item of Expense	Allowance
Standard Semimonthly Work Deduction	\$45.00
Income Disregard	43% of net earned income

Expenses Incident to Approved Training

Carfare	public transportation expense
---------	-------------------------------

Schedule of Semimonthly Restaurant Allowance (Includes Sales Tax)

Amount per Person	Dinner	Lunch and Dinner	All Meals
Pregnant Women, Persons Under 18 Years of Age and Full-Time Students Who Will Graduate Before 19th Birthday	\$14.50	\$23.50	\$32.00
	\$32.50	\$41.50	\$50.00

Schedule of Emergency Assistance Grants for All Cases

PA Family Size	Daily Rate	
	Pre-Added and Energy Allowance	*Pre-Added, Energy and Restaurant Allowance
1	\$ 4.50	\$ 6.60
2	\$ 7.50	\$ 11.40
3	\$ 9.55	\$ 15.90
4	\$ 12.35	\$ 20.75
5	\$ 15.10	\$ 25.60
6	\$ 17.60	\$ 30.20
7	\$ 20.00	\$ 34.70
8	\$ 22.35	\$ 39.20
9	\$ 24.75	\$ 43.70
10	\$ 27.15	\$ 48.20
Each Additional Person	\$ 2.40	\$ 4.50

* Add \$1.20 per day per individual, if entitled, to the additional \$18.00 s/m.



Notice to Applicants/Participants

(Complete for all mutual cases in which no one in one suffix is legally responsible for anyone in another suffix)

Payee First Name	Middle Initial	Last Name	Case Number
Essential Person First Name	Middle Initial	Last Name	Case Number
Essential Person First Name	Middle Initial	Last Name	Case Number
Essential Person First Name	Middle Initial	Last Name	Case Number

We, the above individuals, affirm that we and our dependents (if any) reside in the same dwelling unit. We agree that the following is true about the financial arrangements of our household :

1. We pool (substantially) all of our income and resources together to meet household and individual expenses:

Yes No

2. We purchase and prepare food together:

Yes No

3. We share in the cost of other major household expenses, such as utilities, fuel, insurance, car maintenance, etc.

Yes No

We understand that if we checked "yes" for ALL three statements above, we will be determined to be living as a single, economic unit. Our public assistance needs will be calculated as if we were one family, and the grant (calculated in this manner) will be divided proportionately among us.

We understand that if we checked "no" to ANY of the three statements above, we will be determined not to be a single economic unit. Our public assistance needs (exclusive of shelter, heat and water, which will be divided proportionately) will be calculated as if we were separate families, and the grant (calculated in this manner) will be the basic grant for each family (except for allowances for shelter, heat and water, which will be added to this amount as appropriate for each family).

We further understand that we have the responsibility to inform the Human Resources Administration (HRA) of any future changes in our household financial arrangements and to have the amount of the grant recomputed.

Signed:

Payee	Date
Essential Person	Date
Essential Person	Date
Essential Person	Date

Worker	Date	Telephone Number
--------	------	------------------

If you have any questions about the budgeting of your public assistance case, please contact your worker.
Filing: A copy is to be permanently filed in the case folder for each suffix.

Aviso a los Solicitantes/Participantes

(Completar para todos los casos mutuos en los cuales, ninguna persona que aparece en un sufijo, es legalmente responsable por la que aparece en otro sufijo)

Nombre del Beneficiario	Segundo Nombre	Apellido	Número del Caso
Nombre de Persona Esencial	Segundo Nombre	Apellido	Número del Caso
Nombre de Persona Esencial	Segundo Nombre	Apellido	Número del Caso
Nombre de Persona Esencial	Segundo Nombre	Apellido	Número del Caso

Nosotros, las personas antemencionadas, afirmamos que nosotros y nuestros dependientes (si existe alguno) residimos en el misma unidad domiciliaria. Hemos acordado que la siguiente información acerca de nuestros arreglos financieros domesticos es verdadera:

- Combinamos (substantialmente) todos nuestros ingresos y recursos para sufragar los gastos familiares e individuales:

Sí No
- Compramos y preparamos juntos las comidas:

Sí No
- Compartimos los costos de otros gastos familiares importantes, tales como servicios públicos, combustible, seguro, mantenimiento de automóvil, etc.

Sí No

Nosotros entendemos que si marcamos "sí" para **TODAS** las tres declaraciones más arriba mencionadas, se nos considerará una sola unidad económica. Nuestras necesidades de asistencia pública serán calculadas como si fuéramos una sola familia, y la concesión (calculada de esta manera) se dividirá proporcionalmente entre nosotros.

Nosotros entendemos que si marcamos "no" a **CUALQUIERA** de las tres declaraciones antes mencionadas, no seremos considerados como una sola unidad económica. Nuestras necesidades de asistencia pública (con la excepción del albergue, la calefacción y el agua, lo cual será distribuido proporcionalmente) se calculará como si fuéramos familias separadas; y la concesión (calculada de esta manera) será la concesión básica para cada familia (con la excepción de asignaciones para el albergue, la calefacción y el agua, lo cual será añadido a esta cantidad como le corresponda a cada familia).

Nosotros también entendemos que tenemos la responsabilidad de informarle a la Administración de Recursos Humanos (Human Resources Administration - HRA) de cualquier cambio futuro en nuestros arreglos financieros domesticos y solicitar que la concesión se calcule nuevamente.

Firmado:

Beneficiario	Fecha
Persona Esencial	Fecha
Persona Esencial	Fecha
Persona Esencial	Fecha

Trabajador(a)	Fecha	Número de Teléfono
---------------	-------	--------------------

Si usted tiene alguna pregunta respecto al presupuesto de su caso de asistencia pública, favor de comunicarse con su trabajador(a).
Archivar: Una copia debe ser archivada permanentemente en el registro de caso de cada sufijo.

Examples for Budgeting Three or More Suffixes in Shared Housing Situations

The examples below illustrate how the Worker must manually compute the PA shelter allowance in instances where there are three or more active suffixes in shared housing situations.

A. The actual rent exceeds the combined maximum PA shelter allowance for one suffix:

If the prorated actual amount for one suffix exceeds the maximum shelter allowance and is below the maximum shelter allowance for the other suffixes, the appropriate PA shelter allowance must be determined for each active suffix. In addition, a bottom line budget must be performed to apply the appropriate PA shelter allowance.

In order for the household to accurately receive all PA shelter allowances, the excess amount from the one PA suffix must be applied to the other PA suffixes that are below agency maximum.

Example #1

A household consists of four persons and three PA suffixes. Suffix I contains a mother and child; Suffix II and III each contain one adult. The actual shelter cost for the household is \$1000.00 per month. The prorated amount of the actual shelter cost for each PA case is as follows:

PA Suffix I	\$500.00 (2/4 of \$1000.00)
PA Suffix II	\$250.00 (1/4 of \$1000.00)
PA Suffix III	\$250.00 (1/4 of \$1000.00)

According to the **W-203K**, the maximum PA shelter allowance for a H/H with a child for each PA suffix is:

PA Suffix I	\$283.00
PA Suffix II	+277.00
PA Suffix II	<u>+277.00</u>
	\$837.00

The total agency maximum shelter allowance for the entire household is \$837.00.

The difference between the prorated amount and the maximum shelter allowance is compared as follows:

PA Suffix I		PA Suffix II	
\$500.00	prorated actual	\$250.00	prorated actual
<u>- 283.00</u>	PA max.	<u>- 277.00</u>	PA max.
\$217.00	excess for Suffix I	\$-27.00	remaining bal. for Suffix II

	PA Suffix III
\$250.00	prorated actual
<u>- 277.00</u>	PA max.
\$ -27.00	remaining bal. for Suffix III

The excess of PA Suffix I is applied to PA Suffix II and III up to the agency maximum:

PA Suffix I	\$500.00	
	<u>- 283.00</u>	
	\$217.00	\$217.00 / 2 = \$108.50
PA Suffix II	\$250.00	
	<u>+108.50</u>	excess from Suffix I
	358.50	
	<u>-277.00</u>	PA maximum Suffix II
	\$ 81.50	excess rent, household's share
PA Suffix III	\$ 250.00	
	<u>+ 108.50</u>	excess from Suffix I
	358.50	
	<u>- 277.00</u>	PA maximum Suffix III
	\$ 81.50	excess rent, household's share

\$1000.00 actual shelter cost
- 837.00 maximum PA shelter allowance
 \$ 163.00 excess rent, household's share

The household ends up with \$163.00 in excess rent.

B. The actual rent is less than the combined maximum PA shelter allowance for one suffix:

Example #2

A household consists of four persons and three PA suffixes. Suffix I contain a mother and child; Suffix II and III each contain one adult. The shelter cost for the household is \$800.00 per month. The prorated actual shelter amount for each PA suffix is as follows:

PA Suffix I	\$400.00 (2/4 of \$800.00)
PA Suffix II	\$200.00 (1/4 of \$800.00)
PA Suffix II	\$200.00 (1/4 of \$800.00)

The maximum PA shelter allowance according to the **W-203K** for each PA suffix is:

PA Suffix I	\$283.00
PA Suffix II	+277.00
PA Suffix III	+277.00
	<u>\$837.00</u>

The difference between the prorated actual shelter amount and the maximum PA shelter allowance for each suffix is:

PA Suffix I	
\$400.00 actual	
<u>-283.00</u> PA max.	
\$117.00 excess Suffix I	$\$117.00 / 2 = 58.50$

PA Suffix II	PA Suffix III
\$200.00 actual	\$200.00 actual
+ <u>58.50</u> excess from Suffix I	+ <u>58.50</u> excess from Suffix I
\$258.50 PA shelter allowance for Suffix II	\$258.50 PA shelter allowance for Suffix III

Combine shelter allowance for all suffixes. Household will receive:

PA Suffix I	\$283.00 maximum shelter allowance
PA Suffix II	+258.50 shelter allowance
PA Suffix III	+ <u>258.50</u> shelter allowance
	\$ 800.00 household shelter cost

There is no excess rent for the household.

C. The actual rent is less than the maximum PA shelter allowance:

In instances where the prorated actual rent for all suffixes is less than or equal to the maximum shelter allowance for each suffix, an entry in the PA shelter field of the WMS budget will not be required. However, a bottom line budget must also be done on these cases to apply the appropriate PA shelter allowance for each active suffix. For example:

Example #3

A household consists of four persons and three PA suffixes. Suffix I contain a mother and child; Suffixes II and III each contain one adult. The actual shelter cost for the household is \$500.00 per month. The prorated amount of the actual shelter cost for each PA suffix is as follows:

	<u>Prorated Actual Shelter Amount</u>	<u>Max. PA Shelter Allowance W-203K</u>	<u>WMS Applied PA Shelter Allowance</u>
PA Suffix I	\$250.00 (2/4)	\$283.00	\$250.00
PA Suffix II	\$125.00 (1/4)	\$277.00	\$125.00
PA Suffix III	\$125.00 (1/4)	\$277.00	\$125.00
Total	\$500.00	\$837.00	<u>\$500.00</u>

In this example, since the prorated actual shelter amount is **less than** the maximum PA shelter allowance, each suffix will receive only the actual prorated shelter amount covering the full rent of \$500.00.

D. The actual rent exceeds the maximum PA shelter allowance for both suffixes.

When the prorated actual rent for all of the suffixes is greater than or equal to the maximum shelter allowance for all of the suffixes, each suffix will receive the appropriate shelter allowance. No entry is required in the PA shelter field of the budget. A bottom line budget must also be done on these cases to apply the appropriate PA shelter allowance for each active suffix. For example:

Example #4

A household consists of six people and three PA suffixes. Suffix I contain a father and child; Suffix II contains his sister and her child and Suffix III contains the children's grandparents. The actual shelter cost for the household is \$900.00 per month. For example:

	<u>Prorated Actual Shelter Cost</u>	<u>Max. PA Shelter Allowance W-203K</u>	<u>WMS Applied PA Shelter Allowance</u>
PA Suffix I	\$300.00 (1/3)	\$283.00	\$283.00
PA Suffix II	\$300.00 (1/3)	\$283.00	\$283.00
PA Suffix III	\$300.00 (1/3)	\$283.00	\$283.00
Total	\$900.00	\$849.00	\$849.00

In this example, since the prorated actual shelter amount **exceeds** the maximum PA shelter allowance, each suffix receives the maximum PA shelter allowance for a combined total of \$849.00. In this instance the H/H has excess rent of \$51.00 (\$900.00 - \$849.00).

ATTACHMENT B (Benefit Increase)

SL0270 (09/97)

NOTICE NUMBER :

Page: 1

REFUGEE & IMMIGRANT CTR.47
2 WASHINGTON STREET, 8TH FLOOR
NEW YORK, NY 10004

NOTICE OF DECISION ON YOUR
PUBLIC ASSISTANCE, FOOD STAMPS AND
MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPAÑOL, POR FAVOR PORFACILE EN CONTACTO
CON SU TRABAJADOR(A).

NOTICE NUMBER:		DATE: February 16, 2004	CASE NUMBER:	
OFFICE 047	UNIT	WORKER 00025	UNIT OR WORKER NAME	TELEPHONE NO. 212-495-5674

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>212-495-7056</u>	
OR Agency Conference	<u>212-495-7057</u>	
Fair Hearing information and assistance	<u>212-495-7057</u>	
Record Access	<u>212-495-7057</u>	
Child/Teen Health Plan	<u>212-630-1147</u>	

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

PUBLIC ASSISTANCE

You will continue to get the **SAME AMOUNT** of public assistance benefits: \$652.00. Even though we figured your public assistance benefits again, it did not change the amount of public assistance benefits you get.

Your monthly public assistance benefit of \$652.00 will be distributed as follows:

- o Monthly cash grant: \$652.00

The payment for your residential stay will be sent to the facility.

If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.

Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.

This decision is based on Regulation 19 NYCRR 302.29.

How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There are 4 people in your Public Assistance case.
- o There are 3 children under 18 years old in your case.

- o There are 4 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o Your household pays \$0.01 for housing.
- o According to our records, your type of housing is known as Residential Program - Domestic Violence.
- o We allow \$0.01 for housing.
- o Your heat is included in your rent.
- o No one in your suffix is at least four months pregnant.
- o \$277.00 is included for Restaurant Allowances.

FOOD STAMPS

Beginning March 1, 2004, your food stamp benefits will be CHANGED from \$180.00 to \$315.00. This is because:

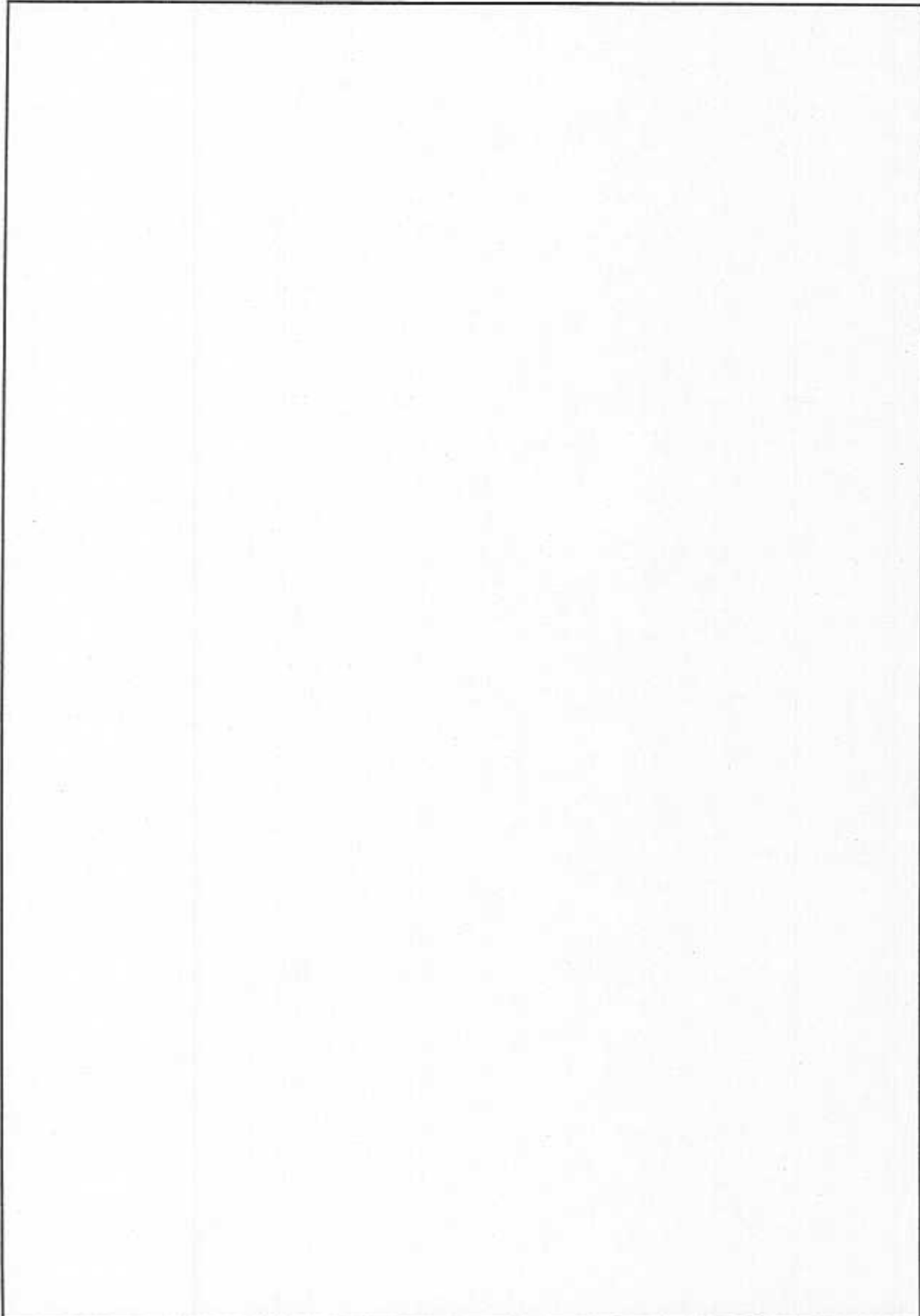
- o Your household no longer has shelter costs.
This decision is based on Regulation 18 NYCRR 387.12(e).

How we figured your Food Stamp Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$315.00 for the month of March, 2004.
- o There are 4 people in your Food Stamp household.
- o You do not pay for housing.
- o According to our records, your type of housing is known as Residential Program - Domestic Violence.
- o Your heat (and /or air conditioning) is included in your rent. You do not pay separately for utilities or phone.
- o There is no one 60 or older or disabled in your Food Stamp household.
- o You have no allowable medical expenses.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
	Public Assistance	\$652.00
	Total Income:	<u>\$652.00</u>
	Countable Income:	<u>\$518.00</u>



MEDICAL ASSISTANCE

We will continue Medical Assistance coverage unchanged for:

Name

Client I.D. #

These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.

CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can request a review of our decision. We will correct our mistakes. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors; and
2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by **April 16, 2004**. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by **May 16, 2004**. This is the deadline even if you asked for a meeting (conference) with us.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (212) 417-6550

When you call, please tell the worker the number of this notice which is

OR FAX: Send a copy of this notice to fax no. (518) 473-6738.

OR ONLINE: Complete the online request form at:
<http://www.otds.state.ny.us/osh/oshforms/erequestform.asp>

OR WALK-IN: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 300 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name :
Address :

District/Office No:
Notice No. :
Case Number:
Telephone :

I do not want to "keep my benefits the same" until the Fair Hearing decision is issued.
ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

LEGAL SERVICES FOR NEW YORK CITY, 90 JOHN STREET, NY, NY 10038

Telephone: (646) 442-3100

LEGAL AID SOCIETY, 166 MONTAGUE ST, BROOKLYN, NY 11201

Telephone: (718) 722-3100

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES 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, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.

Send this "Request for a Fair Hearing" to:

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



ATTACHMENT C (Benefit Increase)

NYCRR 00000

NUMERO DEL AVISO:

Página: 1

HAMILTON JOB CENTER (028)
530 W. 135TH ST
NY, NY 10031

NOTIFICACION SOBRE LA DECISION
DE SU ASISTENCIA PUBLICA,
DE SUS CUPONES DE ALIMENTOS Y
DE SU ASISTENCIA MEDICA.
ESTA NOTIFICACION EN ESPANOL NO LLEVA ACENTOS
DEBIDO A QUE NUESTRO SISTEMA DE COMPUTADORAS
NO OFRECEN LA CAPACIDAD PARA INCORPORARLOS

NUMERO DEL AVISO:		FECHA: Febrero 16, 2004		NUMERO DE CASO:	
OFICINA 028	UNIDAD	TRABAJADOR(A) 00691	NOMBRE DEL TRABAJADOR(A) O DE LA UNIDAD HAMILTON JOB CENTER	NO. DE TELEFONO 212-690-9379	
NUMEROS TELEFONICOS DE LA AGENCIA			NOMBRE DEL CASO Y DIRECCION		
NO. DE TELEFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA					
212-690-9847					

<input type="radio"/> Para Conferencia con la Agencia 212-690-9794 Información y asistencia sobre Vista Imparcial 212-690-9814 Acceso a archivos/records 212-690-9747 Plan de Salud Infantil/Adolescente 212-690-1147					

SI USTED NO ESTA DE ACUERDO CON NINGUNA DE LAS DECISIONES EXPLICADAS EN ESTA NOTIFICACION, USTED TIENE EL DERECHO DE SOLICITAR UNA CONFERENCIA Y/O PEDIR AL ESTADO UNA VISTA IMPARCIAL. LEA LA SECCION SOBRE LA CONFERENCIA Y/O LA VISTA IMPARCIAL PARA AVERIGUAR COMO SOLICITAR UNA CONFERENCIA Y/O UNA VISTA IMPARCIAL.

ASISTENCIA PUBLICA

Usted seguira recibiendo la MISMA CANTIDAD de beneficios de asistencia publica: \$607.00. Aunque nosotros volvimos a calcular sus beneficios de asistencia publica, esto no vario la cantidad de beneficios de asistencia publica que usted recibe.

Su beneficio mensual de asistencia publica de \$607.00 se distribuirá de la siguiente manera:

- Asignación mensual en efectivo: \$607.00

El pago para cubrir su estadia en una residencia se envian a la institucion.

Si hay algun cambio en su hogar, tal como el aumento del alquiler o el traslado a su hogar de otra persona, informele a su trabajador(a) inmediatamente. Un cambio en su hogar podria significar un cambio en la cantidad de su beneficio.

Por favor vea la seccion del calculo del presupuesto de esta notificacion para una explicacion de como calculamos su cantidad de beneficios.

Esta decision esta basada en la Regulacion 18 NYCRR 352.29.

Nosotros volvimos a calcular su presupuesto debido a que:

- Su hogar ha tenido un cambio en ingreso.
Esta decision esta basada en las Regulaciones 18 NYCRR 352.31(a)(2), 352.14 y 352.30.

Como calculamos sus Beneficios de Asistencia Publica:

Fijese en la informacion de abajo y notifiquenos si algo esta incorrecto. Si hay un error, este podria significar que la decision que tomamos acerca de su beneficio no es correcta.

- o Existen 7 personas en su caso de Asistencia Publica.
- o Existen 6 ninos menores de 18 anos de edad en su caso.
- o Existen 7 personas en su sufijo de Asistencia Publica.
- o Su hogar incluye una mujer embarazada o un(a) nino(a) menor de 18 anos de edad o un(a) nino(a) que asiste a tiempo completo la escuela secundaria.
- o Su hogar paga \$219.00 para la vivienda.
- o De acuerdo a nuestros records, su tipo de vivienda tambien es conocido como Programa Residencial - Violencia Domestica.
- o Nosotros permitimos \$219.00 para gastos de vivienda.
- o Los costos de su calefaccion estan incluidos en su renta/alquiler.
- o Nadie en su sufijo tiene cuatro meses de embarazo.

CUPONES DE ALIMENTOS

A partir del Marzo 1, 2004, sus beneficios de cupones de alimentos seran CAMBIADOS de \$464.00 a \$612.00. Esto se debe a que:

- o Los miembros de su hogar ya no tienen gastos de vivienda.
- Esta decision esta basada en la Regulacion 18 NYCRR 387.12(e).

Como calculamos sus Beneficios de Cupones de Alimentos:

Fijese en la informacion de abajo y notifiquenos si algo esta incorrecto. Si hay un error, este podria significar que la decision que tomamos acerca de su beneficio no es correcta.

- o Usted recibira \$612.00 para el mes de Marzo, 2004.
- o Hay 7 personas en su hogar de Cupones de Alimentos.
- o Usted no paga por una vivienda.
- o De acuerdo a nuestros records, su tipo de hogar es conocido como Programa Residencial - Violencia Domestica.
- o Su calefaccion (y/o aire acondicionado) esta incluido(a) en su renta/alquiler. Usted no paga separado por los servicios publicos y el telefono.
- o No hay una persona de 60 o mas anos de edad, o una persona incapacitada, en su hogar de Cupones de Alimentos.
- o Usted no cuenta con gastos medicos permisibles.
- o Nadie en su hogar paga manutencion infantil requerida por la ley.
- o Nosotros permitimos gastos relacionados al cuidado infantil o al cuidado de un dependiente mientras usted esta empleado(a) y esta buscando empleo a traves de la busqueda de un trabajo, o esta en entrenamiento. Usted no paga por el cuidado infantil o el cuidado de un dependiente.
- o Nosotros contamos el siguiente ingreso mensual:

<u>Persona con Ingresos</u>	<u>Tipo de Ingresos</u>	<u>Cantidad Mensual</u>
	Asistencia Publica	\$607.00
	Ingreso Total:	<u>\$607.00</u>
	Ingreso Contable:	<u>\$436.00</u>

ASISTENCIA MEDICA

Nosotros continuaremos la cobertura de la Asistencia Medica sin cambio alguno para:

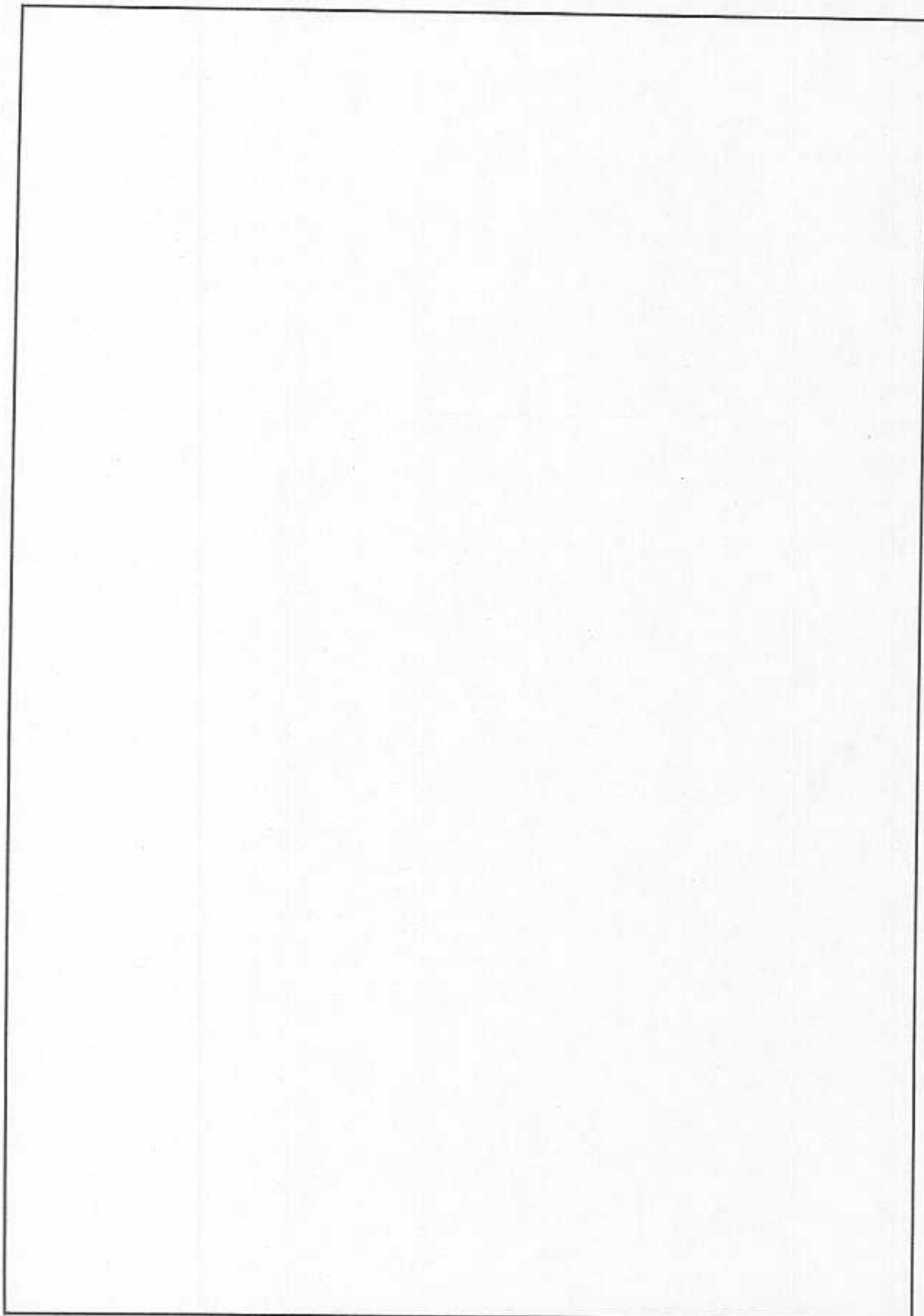
Nombre

No. del I.D. del Cliente

Estas personas continuaran teniendo el derecho a obtener servicios completos bajo el Programa de Asistencia Medica.

Esta decision esta basada en la Regulacion 18 NYCRR 360-2.6.

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SECCION PARA LA CONFERENCIA Y LA VISTA IMPARCIAL

CREE USTED QUE NOS HEMOS EQUIVOCADO?

Si usted cree que nuestra decision es incorrecta, puede solicitar una revision de nuestra decision. Nosotros corregiremos nuestros errores. Puede apelar de las dos maneras siguientes:

1. Solicitando una reunion (conferencia) con uno de nuestros supervisores; y
2. Solicitando una audiencia imparcial estatal con un funcionario estatal de audiencias.

CONFERENCIA (reunion informal con nosotros)

Si usted cree que nuestra decision fue equivocada o si no comprende nuestra decision, o si necesita mas informacion sobre la razon de nuestra decision, sirvase llamarnos y solicitar una reunion. Para hacer esto, llame al numero de telefono para conferencias indicado al comienzo de la pagina 1 de este aviso o escribanos a la direccion impresa al comienzo de la pagina 1 de este aviso. En ciertas ocasiones, esta es la manera mas rapida de resolver problemas. Le recomendamos hacer esto incluso si ha solicitado una vista imparcial.

VISTAS IMPARCIALES ESTATALES

Fecha limite para solicitar una vista imparcial

Si desea que el Estado revise nuestra decision sobre su asistencia publica, usted debe solicitar una vista imparcial antes del **Abril 16, 2004**. Esta es la fecha limite incluso si usted ha solicitado una reunion (conferencia) con nosotros.

Si desea que el Estado revise nuestra decision sobre sus cupones de alimentos, debe solicitar una vista imparcial hasta el **Mayo 18, 2004**. Esta es la fecha limite incluso si usted ha solicitado una reunion (conferencia) con nosotros.

Como solicitar una vista imparcial

Usted puede solicitar una vista imparcial por escrito, por telefono, por facsimil, por electronico o visitando en persona.

- ESCRIBA:** Complete la seccion que se puede arrancar de la Solicitud para una Vista Imparcial en la parte de abajo de esta pagina y enviala a la direccion que aparece en la parte de abajo de la proxima pagina.
- O LLAME AL:** (212) 417-6550
Cuando llame, por favor comunice al empleado(a) el numero de esta notificacion, el cual es
- O POR FACSIMIL:** Envie una copia de esta notificacion al numero de facsimil (518) 473-6735.
- O** Envie su peticion llenando el formulario electronico en: <http://www.otda.state.ny.us/oah/oahforms/erequestform.asp>
- O VISITANDO EN PERSONA:** Traiga una copia de esta notificacion al Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York Al 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

(Lea la siguiente pagina para mas informacion acerca de sus derechos)

SOLICITUD PARA UNA VISTA IMPARCIAL

Yo deseo una vista imparcial. Yo no estoy de acuerdo con la accion de la agencia. (Puede ser util explicar la razon por la que usted esta en desacuerdo abajo, pero usted no tiene que incluir una explicacion por escrito.)

Nombre : _____ No. de Distrito/Oficina: _____
 Direccion: _____ No. de Notificacion: _____
 _____ No. de Caso : _____
 _____ Telefono : _____

Yo no deseo "mantener mis beneficios iguales" hasta que la decision de la Vista Imparcial se enta.

SOLO UTILICE LA PARTE QUE PUEDE SEPARARSE DE ESTA PAGINA (DEBAJO DE LOS PUNTOS) PARA SOLICITAR UNA VISTA ACERCA DE ESTA NOTIFICACION.



Si no puede comunicarse con el Estado por electronico, por telefono o por facsimil, por favor escriba una carta solicitando una vista imparcial antes de la fecha limite para solicitar una vista imparcial.

Que esperar en una vista imparcial

El Estado le enviara un aviso informandole cuando y donde se hara la vista imparcial.

En la vista, usted tendra oportunidad de explicar por que piensa que nuestra decision es equivocada. Usted puede traer un abogado, un familiar o amistad o alguien mas que pueda ayudarle a explicar esto. Si usted no puede venir personalmente, puede enviar a alguien para que le represente. Si en lugar suyo, usted envia a la vista una persona que no es abogado, debe enviar con esta persona una carta demostrando al funcionario de vistas que usted desea que tal persona le represente en la vista.

En la vista, usted y su abogado o cualquier otro representante suyo tendran la oportunidad de explicar por que nos hemos equivocado y de entregar al funcionario de vistas documentos escritos que demuestren por que estamos equivocados.

Usted puede traer a la vista cualquier testigo que pueda ayudarle a explicar por que piensa que nuestra decision es equivocada. Tambien debe traer documentos tales como: Recibos de pago, Contratos de arrendamiento, Recibos, Facturas, Declaraciones de sus medicos.

En la vista, usted y su abogado u otros representantes suyos pueden interrogar a los testigos que nosotros presentemos o que usted traiga como ayuda para su caso.

ASISTENCIA LEGAL

Si usted cree que necesita la ayuda de un abogado para resolver este problema, puede obtener un abogado sin costo alguno de su parte, comunicandose con:

LEGAL AID SOCIETY, 230 EAST 106TH STREET, NEW YORK, NY 10029

Telefono: (212) 426-3000

THE LEGAL AID SOCIETY (HARLEM), 2090 ADAM CLAYTON POWELL, JR. BLVD., NEW YORK, NY 10027

Telefono: (212) 863-3293

HARLEM LEGAL SERVICES, 55 WEST 125TH STREET 10TH FLOOR, NEW YORK, NY 10027

Telefono: (212) 348-7449

Para averiguar los nombres de otros abogados, puede ver las Paginas Amarillas de la Guia de telefonica bajo el titulo "LAWYERS".

ACCESO A SUS ARCHIVOS Y COPIAS DE DOCUMENTOS

Como asistencia en preparacion para la audiencia, usted tiene el derecho a inspeccionar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregaran al funcionario de audiencias durante la audiencia imparcial. Ademas, si usted nos llama, nos escribe o nos manda su petition por facsimil, le enviaremos copias gratuitas de documentos especificos contenidos en su archivo y los cuales usted considere necesarios al prepararse para la audiencia imparcial. Para solicitar documentos o para averiguar como revisar su archivo, llamemos al (718) 722-5012, o por facsimil 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 anticipacion. Generalmente, estas se le enviarian dentro de tres dias laborales contados a partir de la fecha en que las solicita. Si solicita las copias menos de cinco dias laborales antes de la fecha en que se celebrara su audiencia, se le podrian entregar el dia de la audiencia.

Envie esta "Solicitud para una Vista Imparcial" a:

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



ATTACHMENT D (Benefit Reduction)

X10270 (02/07)

NOTICE NUMBER :

Page: 1

RIVERVIEW JOB CENTER (037)
1951 PARK AVENUE
NEW YORK, NY 10037

NOTICE OF DECISION ON YOUR
PUBLIC ASSISTANCE, FOOD STAMPS AND
MEDICAL ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER:		DATE: February 15, 2004		CASE NUMBER:	
OFFICE 037	UNIT	WORKER 00021	UNIT OR WORKER NAME		TELEPHONE NO. 212-690-9257
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			212-690-9230		
OR Agency Conference			212-690-9796		
Fair Hearing information and assistance			212-690-9250		
Record Access			212-690-9257		
Child/Teen Health Plan			212-630-1147		

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

PUBLIC ASSISTANCE

You will continue to get the **SAME AMOUNT** of public assistance benefits: \$463.00. Even though we figured your public assistance benefits again, it did not change the amount of public assistance benefits you get.

Your monthly public assistance benefit of \$463.00 will be distributed as follows:

- o Monthly cash grant: \$463.00

The payment for your residential stay will be sent to the facility.

If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.

Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.

This decision is based on Regulation 18 NYCRR 352.29.

How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There are 5 people in your Public Assistance case.
- o There are 4 children under 18 years old in your case.

- o There are 5 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o Your household pays \$0.01 for housing.
- o According to our records, your type of housing is known as Homeless Shelter.
- o We allow \$0.01 for housing.
- o Your heat is included in your rent.
- o No one in your suffix is at least four months pregnant.

FOOD STAMPS

Beginning March 1, 2004, your food stamp benefits will be CHANGED from \$400.00 to \$247.00. This is because:

- o Your household has had a change in shelter costs.

This decision is based on Regulation 18 NYCRR 387.12(f).

How we figured your Food Stamp Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$247.00 for the month of March, 2004.
- o There are 4 people in your Food Stamp household.
- o You pay \$501.00 for housing.
- o According to our records, your type of housing is known as Homeless Shelter.
- o Your heat (and /or air conditioning) is included in your rent. You do not pay separately for utilities or phone.
- o There is no one 60 or older or disabled in your Food Stamp household.
- o You have no allowable medical expenses.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
	Public Assistance	\$963.99
	Total Income:	<u>\$963.99</u>
	Countable Income:	<u>\$743.99</u>

MEDICAL ASSISTANCE

We will continue Medical Assistance coverage unchanged for:

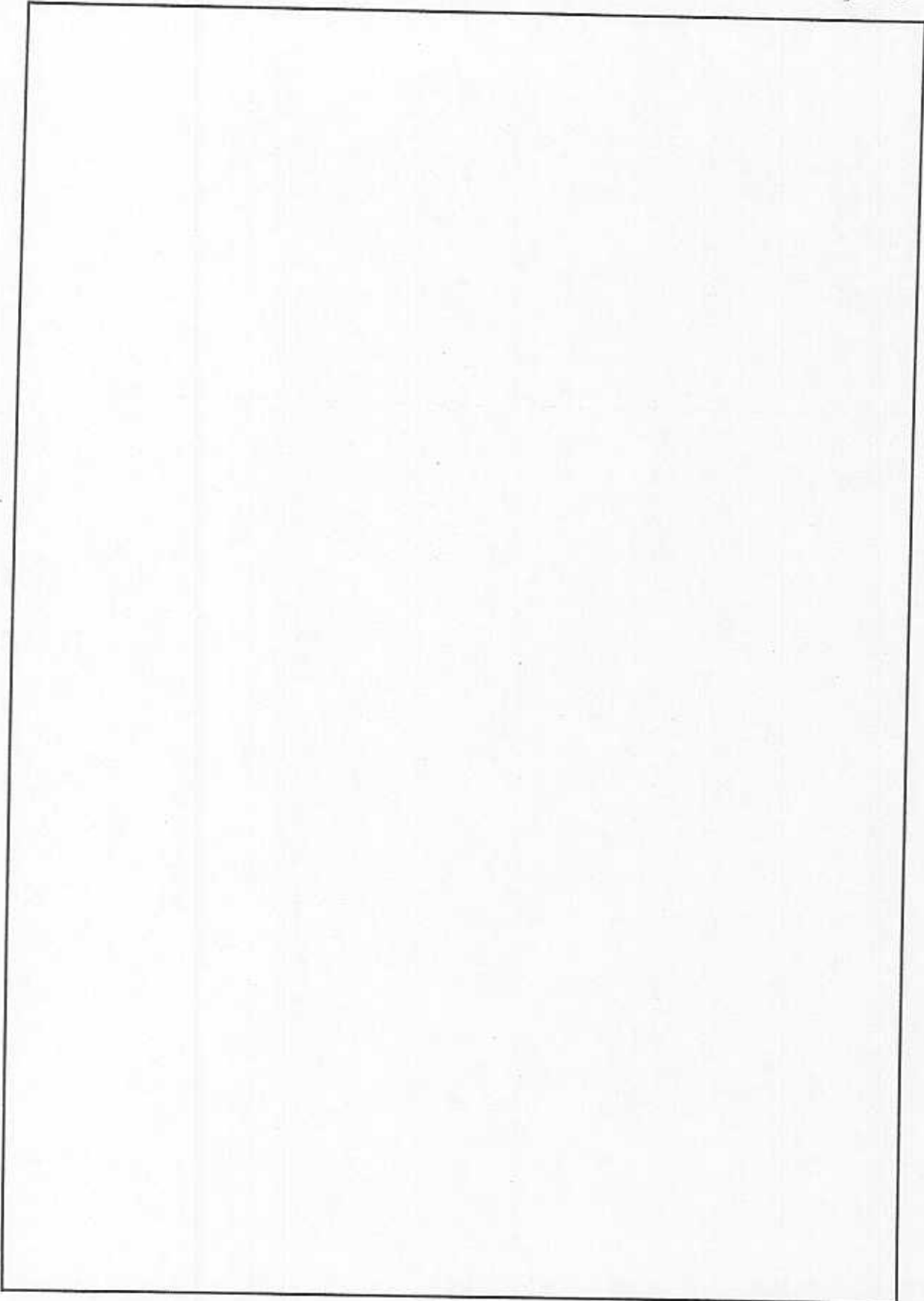
Name

Client I.D. #

These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.





CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can request a review of our decision. We will correct our mistakes. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by April 16, 2004. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by May 16, 2004. This is the deadline even if you asked for a meeting (conference) with us.

Keeping your Benefits the Same

We will not change your food stamps if you ask for a fair hearing about the action we are taking on your food stamps by February 26, 2004.

If you lose the hearing you will have to pay back any food stamps which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (212) 417-8550

When you call, please tell the worker the number of this notice which is

OR FAX: Send a copy of this notice to fax no. (518) 473-6735.

OR ONLINE: Complete the online request form at:
<http://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name :
Address :

District/Office No:
Notice No. :
Case Number:
Telephone :

I do not want to "keep my benefits the same" until the fair hearing decision is issued.
ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



OR WALK-IN: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which 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. You can bring a lawyer, a relative or a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

LEGAL SERVICES FOR NEW YORK CITY, 90 JOHN STREET, NY, NY 10038

Telephone: (646) 442-3100

LEGAL AID SOCIETY, 166 MONTAGUE ST, BROOKLYN, NY 11201

Telephone: (718) 722-3100

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES 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, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.

Send this "Request for a Fair Hearing" to:

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



ATTACHMENT E (Benefit Reduction)

XLC219 00097

NUMERO DEL AVISO:

Página: 1

RIVERVIEW JOB CENTER (037)
1951 PARK AVENUE
NEW YORK, NY 10037

NOTIFICACION SOBRE LA DECISION
DE SU ASISTENCIA PUBLICA,
DE SUS CUPONES DE ALIMENTOS Y
DE SU ASISTENCIA MEDICA.

ESTA NOTIFICACION EN ESPANOL NO LLEVA ACENTOS
DIGITAL A QUE NUESTRO SISTEMA DE COMPUTADORAS
NO OBRAN LA CAPACIDAD PARA INCORPORARLOS

NUMERO DEL AVISO:		FECHA: Febrero 16, 2004		NUMERO DE CASO:	
OFICINA 037	UNIDAD	TRABAJADOR(A) 00021	NOMBRE DEL TRABAJADOR(A) O DE LA UNIDAD		NO. DE TELEFONO 212-690-9257
NUMEROS TELEFONICOS DE LA AGENCIA			NOMBRE DEL CASO Y DIRECCION		
NO. DE TELEFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA					
212-690-9230					
O Para Conferencia con la Agencia					
212-690-9796					
Información y asistencia sobre Vista Imparcial					
212-690-9250					
Acceso a archivos-récords					
212-690-9257					
Plan de Salud Infantil/Adolescente					
212-630-1147					

SI USTED NO ESTA DE ACUERDO CON NINGUNA DE LAS DECISIONES EXPLICADAS EN ESTA NOTIFICACION, USTED TIENE EL DERECHO DE SOLICITAR UNA CONFERENCIA Y/O PEDIR AL ESTADO UNA VISTA IMPARCIAL. LEA LA SECCION SOBRE LA CONFERENCIA Y/O LA VISTA IMPARCIAL PARA AVERIGUAR COMO SOLICITAR UNA CONFERENCIA Y/O UNA VISTA IMPARCIAL.

ASISTENCIA PUBLICA

Usted seguira recibiendo la MISMA CANTIDAD de beneficios de asistencia publica: \$463.00. Aunque nosotros volvimos a calcular sus beneficios de asistencia publica, esto no vario la cantidad de beneficios de asistencia publica que usted recibe.

Su beneficio mensual de asistencia publica de \$463.00 se distribuirá de la siguiente manera:

o Asignacion mensual en efectivo: \$463.00

El pago para cubrir su estadía en una residencia se envían a la institucion.

Si hay algun cambio en su hogar, tal como el aumento del alquiler o el traslado a su hogar de otra persona, infórmele a su trabajador(a) inmediatamente. Un cambio en su hogar podria significar un cambio en la cantidad de su beneficio.

Por favor vea la seccion del calculo del presupuesto de esta notificacion para una explicacion de como calculamos su cantidad de beneficios.

Esta decision esta basada en la Regulacion 18 NYCRR 352.29.

Como calculamos sus Beneficios de Asistencia Publica:

Fijese en la informacion de abajo y notifiquenos si algo esta incorrecto. Si hay un error, este podria significar que la decision que tomamos acerca de su beneficio no es correcta.

o Existen 5 personas en su caso de Asistencia Publica.

- o Existen 4 niños menores de 18 años de edad en su caso.
- o Existen 5 personas en su sufiijo de Asistencia Publica.
- o Su hogar incluye una mujer embarazada o un(a) niño(a) menor de 18 años de edad o un(a) niño(a) que asiste a tiempo completo la escuela secundaria.
- o Su hogar paga \$0.01 para la vivienda.
- o De acuerdo a nuestros records, su tipo de vivienda tambien es conocido como Refugio Para Desamparados.
- o Nosotros permitimos \$0.01 para gastos de vivienda.
- o Los costos de su calefaccion estan incluidos en su renta/alquiler.
- o Nadie en su sufiijo tiene cuatro meses de embarazo.

CUPONES DE ALIMENTOS

A partir del Marzo 1, 2004, sus beneficios de cupones de alimentos seran **CAMBIADOS** de \$400.00 a \$247.00. Esto se debe a que:

- o Los miembros de su hogar han tenido un cambio en los gastos de vivienda. Esta decision esta basada en la Regulacion 18 NYCRR 387.12(f).

Como calculamos sus Beneficios de Cupones de Alimentos:

Fijese en la informacion de abajo y notifiquenos si algo esta incorrecto. Si hay un error, este podria significar que la decision que tomamos acerca de su beneficio no es correcta.

- o Usted recibira \$247.00 para el mes de Marzo, 2004.
- o Hay 4 personas en su hogar de Cupones de Alimentos.
- o Usted paga \$501.00 por una vivienda.
- o De acuerdo a nuestros records, su tipo de hogar es conocido como Refugio Para Desamparados.
- o Su calefaccion (y/o aire acondicionado) esta incluido(a) en su renta/alquiler. Usted no paga separado por los servicios publicos y el telefono.
- o No hay una persona de 60 o mas años de edad, o una persona incapacitada, en su hogar de Cupones de Alimentos.
- o Usted no cuenta con gastos medicos permisibles.
- o Nadie en su hogar paga manutencion infantil requerida por la ley.
- o Nosotros permitimos gastos relacionados al cuidado infantil o al cuidado de un dependiente mientras usted esta empleado(a) y esta buscando empleo a traves de la busqueda de un trabajo, o esta en entrenamiento. Usted no paga por el cuidado infantil o el cuidado de un dependiente.
- o Nosotros contamos el siguiente ingreso mensual:

<u>Persona con Ingresos</u>	<u>Tipo de Ingresos</u>	<u>Cantidad Mensual</u>
	Asistencia Publica	\$963.99
	Ingreso Total:	<u>\$963.99</u>
	Ingreso Contable:	<u>\$743.99</u>

ASISTENCIA MEDICA

Nosotros continuaremos la cobertura de la Asistencia Medica sin cambio alguno para:

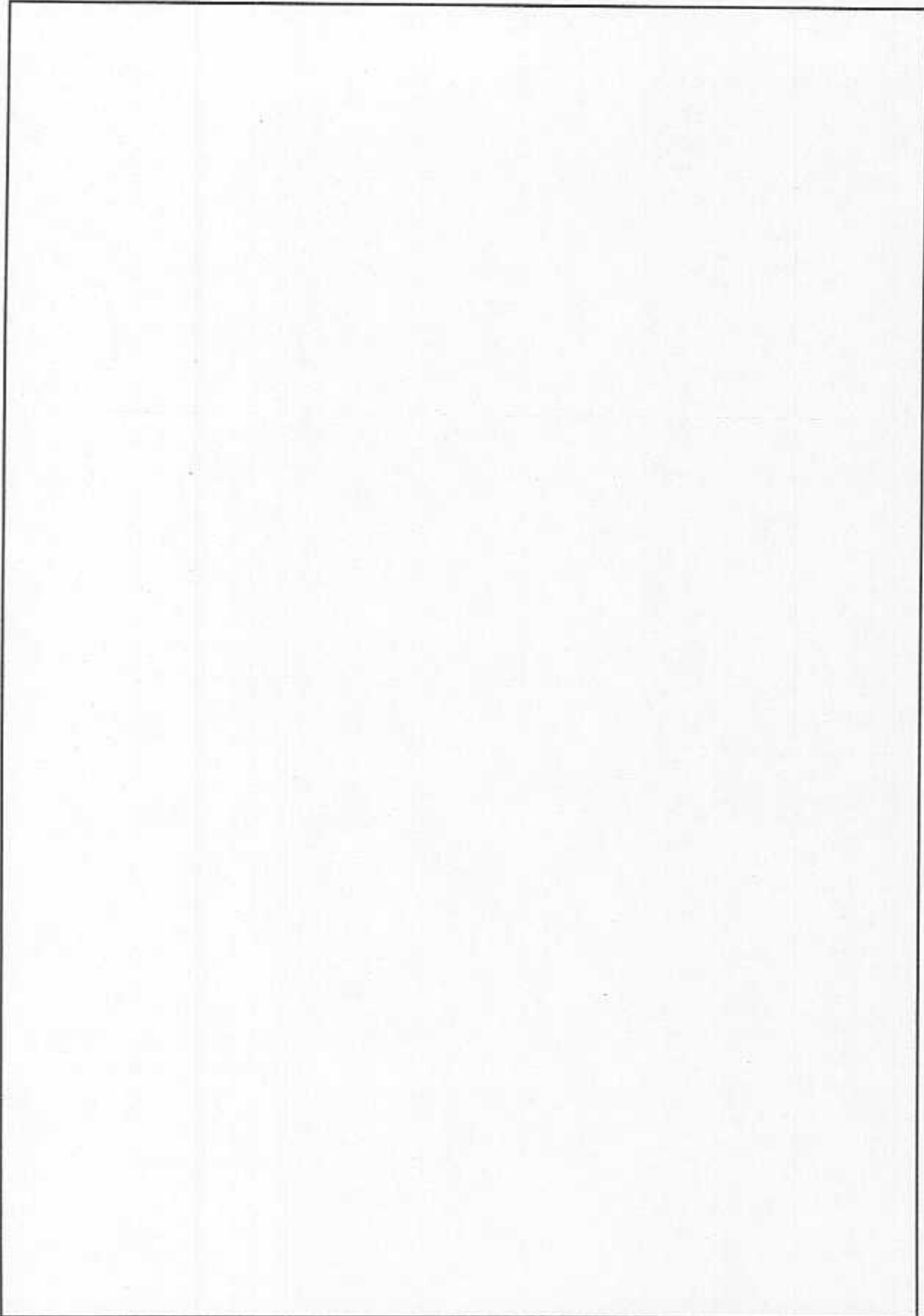
Nombre

No. del I.D. del Cliente

Estas personas continuaran teniendo el derecho a obtener servicios completos bajo el Programa de Asistencia Medica.

Esta decision esta basada en la Regulacion 18 NYCRR 360-2.6.

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SECCION PARA LA CONFERENCIA Y LA VISTA IMPARCIAL**CREE USTED QUE NOS HEMOS EQUIVOCADO?**

Si usted cree que nuestra decision es incorrecta, puede solicitar una revision de nuestra decision. Nosotros corregiremos nuestros errores. Puede optar de las dos maneras siguientes:

1. Solicitando una reunion (conferencial) con uno de nuestros supervisores; y
2. Solicitando una audiencia imparcial estatal con un funcionario estatal de audiencias.

CONFERENCIA (reunion informal con nosotros)

Si usted cree que nuestra decision fue equivocada o si no comprende nuestra decision, o si necesita mas informacion sobre la razon de nuestra decision, sirvase llamarnos y solicitar una reunion. Para hacer esto, llame al numero de telefono para conferencias indicado al comienzo de la pagina 1 de este aviso o escribanos a la direccion impresa al comienzo de la pagina 1 de este aviso. En ciertas ocasiones, esta es la manera mas rapida de resolver problemas. Le recomendamos hacer esto incluso si ha solicitado una vista imparcial.

Si usted solo solicita una reunion con nosotros, no mantendremos iguales sus beneficios durante su apelacion. Sus beneficios solo seguiran siendo los mismos si solicita una vista imparcial estatal. (Vea Como mantener sus beneficios iguales.)

VISTAS IMPARCIALES ESTATALES**Fecha limite para solicitar una vista imparcial**

Si desea que el Estado revise nuestra decision sobre su asistencia publica, usted debe solicitar una vista imparcial antes del **Abril 15, 2004**. Esta es la fecha limite incluso si usted ha solicitado una reunion (conferencial) con nosotros.

Si desea que el Estado revise nuestra decision sobre sus cupones de alimentos, debe solicitar una vista imparcial hasta el **Mayo 16, 2004**. Esta es la fecha limite incluso si usted ha solicitado una reunion (conferencial) con nosotros.

Como mantener sus beneficios iguales

Si usted solicita una vista imparcial hasta el **Febrero 26, 2004** sobre la medida que estamos tomando respecto de sus cupones de alimentos, no cambiaremos sus cupones de alimentos.

Si la decision de la vista es en su contra, usted debera devolver los beneficios de cupones de alimentos recibidos y que no debia haber recibido, mientras esperaba la decision de la vista.

Si usted no desea que sus beneficios permanezcan iguales hasta que se emita la decision, debe informar al Estado cuando usted escriba o llame por telefono para solicitar una vista imparcial.

Como solicitar una vista imparcial

Usted puede solicitar una vista imparcial por escrito, por telefono, por facsimil, por electronico o visitando en persona.

ESCRIBA: Complete la seccion que se puede arrancar de la Solicitud para una Vista Imparcial en la parte de abajo de esta pagina y envíela a la direccion que aparece en la parte de abajo de la proxima pagina.

(Lea la siguiente pagina para mas informacion acerca de sus derechos)

SOLICITUD PARA UNA VISTA IMPARCIAL

Yo deseo una vista imparcial. Yo no estoy de acuerdo con la accion de la agencia.
(Puede ser util explicar la razon por la que usted esta en desacuerdo abajo, pero usted no tiene que incluir una explicacion por escrito.)

Nombre :	No. de Distrito/Oficina:
Direccion:	No. de Notificacion:
	No. de Caso :
	Telefono :

Yo no deseo "mantener mis beneficios iguales" hasta que la decision de la Vista Imparcial se emita.

SOLO UTILICE LA PARTE QUE PUEDE SEPARARSE DE ESTA PAGINA
(DEBAJO DE LOS PUNTOS) PARA SOLICITAR UNA VISTA ACERCA DE ESTA NOTIFICACION.



CONTINUADO EN LA PROXIMA PAGINA ...

O LLAME AL: (212) 417-6550

Quando llame, por favor comunique al empleado(a) el numero de esta notificación, el cual es

O POR FACSIMIL: Envíe una copia de esta notificación al numero de fax: (516) 473-6725.**O** Envíe su petición llenando el formulario electrónico en: <http://www.otda.state.ny.us/oah/oahforms/erequestform.asp>**O VISITANDO EN PERSONA:** Traiga una copia de esta notificación al Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York al 14 Scerif Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

Si no puede comunicarse con el Estado por electrónico, por teléfono o por facsimil, por favor escriba una carta solicitando una vista imparcial antes de la fecha límite para solicitar una vista imparcial.

Que esperar en una vista imparcial

El Estado le enviara un aviso informandole cuando y donde se hara la vista imparcial.

En la vista, usted tendra oportunidad de explicar por que piensa que nuestra decision es equivocada. Usted puede traer un abogado, un familiar o amistad o alguien mas que pueda ayudarlo a explicar esto. Si usted no puede venir personalmente, puede enviar a alguien para que le represente. Si en lugar suyo, usted envia a la vista una persona que no es abogado, debe enviar con esta persona una carta demostrando al funcionario de vistas que usted desea que tal persona le represente en la vista.

En la vista, usted y su abogado o cualquier otro representante suyo tendran la oportunidad de explicar por que nos hemos equivocado y de entregar al funcionario de vistas documentos escritos que demuestran por que estamos equivocados.

Usted puede traer a la vista cualquier testigo que pueda ayudarlo a explicar por que piensa que nuestra decision es equivocada. Tambien debe traer documentos tales como: Recipos de pago, Contratos de arrendamiento, Recibos, Facturas, Declaraciones de sus medicos.

En la vista, usted y su abogado u otros representantes suyos pueden interrogar a los testigos que nosotros presentemos o que usted traiga como ayuda para su caso.

ASISTENCIA LEGAL

Si usted cree que necesita la ayuda de un abogado para resolver este problema, puede obtener un abogado sin costo alguno de su parte, comunicandose con:

LEGAL SERVICES FOR NEW YORK CITY, 90 JOHN STREET, NY, NY 10038

Telefono: (940) 442-3100

LEGAL AID SOCIETY, 166 MONTAGUE ST, BROOKLYN, NY 11201

Telefono: (718) 722-3100

Para averiguar los nombres de otros abogados, puede ver las Paginas Amarillas de la Guia de telefonica bajo el titulo "LAWYERS"

ACCESO A SUS ARCHIVOS Y COPIAS DE DOCUMENTOS

Como asistencia en preparacion para la audiencia, usted tiene el derecho a inspeccionar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos

Envie esta "Solicitud para una Vista Imparcial" a:

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



copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregaran al funcionario de audiencias durante la audiencia imparcial. Ademas, si usted nos llama, nos escribe o nos manda su peticion por facsimil, le enviaremos copias gratuitas de documentos especificos contenidos en su archivo y los cuales usted considere necesarios al prepararse para la audiencia imparcial. Para solicitar documentos o para averiguar como revisar su archivo, llamemos al (718) 722-5012, o por facsimil 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 anticipacion. Generalmente, estas se le enviarian dentro de tres dias laborales contados a partir de la fecha en que las solicita. Si solicita las copias menos de cinco dias laborales antes de la fecha en que se celebrara su audiencia, se le podrian entregar el dia de la audiencia.

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