



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #04-31-ELI *(This Policy Directive Replaces PD #04-07-ELI)*

SHELTER ALLOWANCES AND RELATED CHANGES

Date: October 1, 2004	Subtopic(s): Public Assistance and Food Stamps
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AUDIENCE The instructions in this policy directive are for all Job Center staff and are informational for all others.

REVISIONS This policy has been revised to:

- Include changes in policy regarding the restriction of shelter allowances on FA cases, based on Office of Temporary and Disability Assistance (OTDA) clearance that the shelter allowance on all FA cases be placed on vendor restriction even in instances where the total grant is less than the shelter allowances.
- Add information regarding the restriction of Food and Other (F&O) grants for the purpose of paying excess rent.
- Inform staff that the Voluntary Rent/Utility Restriction Notice (Timely) (**W-145K**) has been revised and renamed the Notice of Voluntary Restriction of Partial/Full Food and Other Grant for Payment of Rent/Utility to accommodate changes in policy.

POLICY 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:

Enhanced Shelter Allowance

- The Standard Public Assistance (PA) Shelter Allowance for households with children and pregnant women increased.
- 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.

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*

The grant may cover up to six months of arrears but the agency (through the Rental Assistance Unit [RAU]) has the discretion to make additional rent arrears payments in certain situations.

OVERVIEW OF CHANGES

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 Public Assistance (PA) household size and the presence of a pregnant woman or child in the household.

Applicants/Participants that establish a pregnant woman or child resides in the household will now receive up to the maximum semimonthly Shelter Allowance with Children rate (See schedule 1 on the Guide to Budgeting [form W-203K]). Households that do not contain a pregnant woman or child will receive up to the maximum semimonthly Shelter Allowance without Children rate (See schedule 2 on form W-203K).

Eligibility for higher shelter level

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 do 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.

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 PA household size of one, according to the Maximum Semimonthly Shelter Allowance With Children rate (Schedule I) listed on the Guide to Budgeting (Form W-203K). This means that instead of receiving a shelter allowance of \$215.00 per month (allowance without children), the PA participant will receive a shelter allowance of \$277.00 per month (allowance with children) because there is a child in the household.

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 PA/FS case.

Shared housing or multisuffix 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.

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.

Example:

For a household where a 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 even in instances where the total grant is less than the shelter allowance.

Exemption from the shelter restriction policy

Only cases where the FA applicant/participant is a homeowner and the shelter allowance would otherwise have to be restricted to the mortgage holders are exempt from the mandatory direct vendor rent restriction at this time.

Exemption from the shelter restriction policy 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.

New information

Voluntary Restriction of Food and Other (F&O) Grant for Payment of Excess Shelter Cost – When the actual shelter cost exceeds the PA maximum shelter amount for a PA household, the applicant/participant can choose to have a portion or all of his/her F&O grant restricted for payments towards the excess shelter cost.

The **W-145K** has been revised and renamed

To this end and since the restriction of the standard shelter allowance is now mandatory for both FA and SNA cases, the Voluntary Rent/Utility Restriction Notice (Timely) **W-145K** has been revised and renamed. The **W-145K** is now titled “Notice of Voluntary Restriction of Food and Other Grant and/or Energy Allowance.”

In the instance that an applicant/participant voluntarily chooses to have a portion or all of his/her F&O grant restricted for payment towards excess rent, Workers must ensure that this notice is issued and a copy filed in the case record.

For instructions on how to calculate a budget that restricts part or the entire F&O grant towards payment of excess rent for all cases except those in receipt of Jiggetts relief (shelter code **41**), see page 20 of the PA Budgeting Manual.

Currently, WMS does not allow the restriction of the Food and Other grant for households in receipt of Jiggetts.

As a condition of eligibility for Jiggetts relief for some PA households, OTDA has been stipulating that a portion of the household’s Food and Other grant be restricted for payment of the excess rent. However, WMS does not allow the restriction of the Food and Other grant for PA households in receipt of Jiggetts relief. OTDA has been made aware of this issue and has agreed that until WMS can be reprogrammed to allow this action to be processed, FIA will continue to process the Jiggetts approval without the restriction of the Food and Other grant in cases where OTDA has mandated it.

However, FIA must keep a list of all cases that have this restriction mandate and as soon as the system allows it, the restriction must be processed for all cases. When processing these cases, the affected households must be informed that this action is a condition of eligibility and that it will be processed as soon as systematically possible.

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.

Homeless shelter and temporary residential program

Transitional Housing Cases – 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)

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.”

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 is/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 household 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/are not on the cash assistance case, the “X” must remain in the **Child** field and the “End Date” adjusted accordingly.

WMS 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, HEA I, HEA II & Fuel Allowances 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, HEA I, HEA II & Fuel Allowances and PA Shelter Allowance.

Currently, proration indicators **N** and **S** 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 of more active suffixes.

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 a bottom line budget must be performed for these cases. For examples of manually computing the PA shelter allowance, see Attachment A.

Restricted Shelter Allowance on FA Cases

Failure to provide required landlord information

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.

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 Recertification


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

- 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.
- 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.
- 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.

Non-recertification-related activity

Additional instructions

- 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 and index 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 There are no Medicaid implications.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.


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.

REFERENCE

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

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- W-145K** Notice of Voluntary Restriction of Partial/Full Food and Other Grant for Payment of Rent/Utility (Rev. 10/1/04)
- W-145K(S)** Notice of Voluntary Restriction of Partial/Full Food and Other Grant for Payment of Rent/Utility (Rev. 10/1/04)
- W-203K** Guide to Budgeting (Rev. 5/25/04)
- W-904DD** Notice to Applicants/Participants (Rev. 10/1/04)
- W-904DD(S)** Notice to Applicants/Participants (10/1/04)
- Attachment A** Notice for Budgeting Three or More Suffixes in Shared Housing Situations



Notice Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

FH&C Telephone Number: _____

Notice of Voluntary Restriction of Food and Other Grant and/or Energy Allowance (Timely)

As per your request, \$ _____ from your semimonthly Food and Other Grant will be restricted effective _____ for payment toward your excess rent.

The amount we will now send your landlord semimonthly is \$ _____. This will reduce the amount of cash you will receive.

Landlord's Name: _____
First M.I. Last

Landlord's Address: _____
Address Line 1
Address Line 2
City State Zip Code

As per your request, your semimonthly Energy Allowance will be restricted effective _____ as a direct vendor payment to your utility company:

Company's Name: _____

Company's Address: _____
Address Line 1
Address Line 2
City State Zip Code

Participating households may discontinue this arrangement at any time. To receive unrestricted payments, send a written request to your Worker asking to terminate the voluntary agreement. The restriction will be terminated within thirty (30) days after the receipt of the written request.

JOS/Worker Signature

Date

Supervisor Signature

Date

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

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit(s) section.)

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd floor, Manhattan**.
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of 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.

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

FAIR HEARING REQUEST

Continuing Your Benefit(s): Your benefit(s) 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: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for public assistance issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

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

SAMPLE

Print Name: _____

Case Number: _____

Address: _____
Street Apt. City State Zip Code

Telephone Number: _____

Signature: _____

Date: _____



Fecha del Aviso: _____
Número del Caso: _____
Nombre del Caso: _____
Centro de Trabajo: _____
Unidad de Casos: _____
Num. de Tel. del FH&C: _____

Aviso de Restricción Voluntaria de la Asignación de Comidas y Otro Subsidio y/o de la Asignación de Electricidad y Gas (A tiempo definido)

A petición suya, la cantidad de su Asignación de Comidas y Otro Subsidio será restringida por \$ _____ a partir del _____ para ayudar con su pago de exceso de alquiler.

La cantidad enviada quincenalmente a su casero será \$ _____. Por lo tanto, la cantidad en efectivo que usted recibe será reducida.

Nombre del Casero: _____
Nombre I. Apellido

Dirección del Casero: _____
Dirección Línea 1
Dirección Línea 2
Ciudad Estado Código Postal

A petición suya, la cantidad de su Asignación de Electricidad y Gas será restringida a partir del _____ como pago directo del contratista a su compañía de electricidad y gas:

Nombre de la Compañía: _____

Dirección de la Compañía: _____
Dirección Línea 1
Dirección Línea 2
Ciudad Estado Código Postal

Las personas en el programa de Asistencia Familiar (Family Assistance) pueden discontinuar este arreglo en cualquier momento. Para recibir pagos sin restricciones, envíe una solicitud por escrito a su Trabajador pidiendo que termine el acuerdo voluntario. La restricción será terminada dentro de treinta (30) días de recibir la solicitud por escrito.

JOS/Trabajador Fecha Supervisor Fecha

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

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) que aparece en la **primera página** de este aviso, o escribanos a la dirección que también aparece 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 pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su(s) Beneficio(s).)

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

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

(2) POR ESCRITO: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Favor de guardar una copia para usted.)

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

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o **330 West 34th Street, 3rd floor, Manhattan**.

(5) POR INTERNET: Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.state.ny.us/oah/forms.asp>

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

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de obogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil 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 pedirlos con anticipación. Generalmente, éstas se le enviarán dentro de tres días laborales a partir de la fecha en que las pida. Si solicita las copias menos de cinco días laborales antes de la fecha en que se celebrará su audiencia, se le podrían entregar el día de la audiencia.

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

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Su(s) beneficio(s) continuará(n) sin cambios, hasta que se emita la decisión por parte de la Audiencia Imparcial, si usted solicita una Audiencia Imparcial antes de la fecha de entrada en vigor indicada en el presente aviso.

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la 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 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 Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia pública.

Si no logra comunicarse con la New York State Office of Temporary and Disability Assistance (Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

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

Nombre en Letra de Molde: _____ Número de Caso: _____

Dirección: _____ Número de Teléfono: _____
Calle Apto. Ciudad Estado Código Postal

Firma: _____ Fecha: _____

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 11/1/00)

PA Family Size	1	2	3	4	5	6	7 or more
S/M Amount	\$138.50	\$150.00	\$160.00	\$225.00	\$250.00	\$270.00	\$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	\$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)

	Dinner	Lunch and Dinner	All Meals
Amount per person	\$14.50	\$23.50	\$32.00
Pregnant Women, Perinatal Loss, and Full-time Students Who Will Graduate Before 19th Birthday	\$32.50	\$41.50	\$50.00

Schedule of Emergency Assistance Grants for All Cases

Daily Rate		
PA Family Size	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	M.I.	Last Name	Case Number
Essential Person First Name	M.I.	Last Name	Case Number
Essential Person First Name	M.I.	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 so that the grant amount can be recomputed if necessary.

Signed:

Payee	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.

Include in "A" Kit/Recert Packet



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	I.	Apellido	Número del Caso
Nombre de Persona Esencial	I.	Apellido	Número del Caso
Nombre de Persona Esencial	I.	Apellido	Número del Caso

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

1. Combinamos (substancialmente) todos nuestros ingresos y recursos para sufragar los gastos familiares e individuales: Sí No
2. Compramos y preparamos juntos las comidas: Sí No
3. Compartimos los costos de otros gastos familiares importantes, tales como electricidad y gas, 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 este modo) 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 domésticos para que la concesión se calcule nuevamente si es necesario.

Firmado:

Beneficiario	Fecha	
Persona Esencial	Fecha	
Persona Esencial	Fecha	
Trabajador	Fecha	Número de Teléfono

Si tiene alguna pregunta respecto al presupuesto de su caso de asistencia pública, favor de comunicarse con su Trabajador.
Archivo: Una copia debe ser archivada permanentemente en el registro de caso de cada sufijo.

Include in "A" Kit/Recert Packet

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
<u>- 837.00</u> 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	<u>+277.00</u>
	\$837.00

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	<u>\$125.00 (1/4)</u>	<u>\$277.00</u>	<u>\$125.00</u>
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	<u>\$283.00</u>
PA Suffix III	<u>\$300.00</u> (1/3)	<u>\$283.00</u>	<u>\$283.00</u>
Total	\$900.00	\$849.00	<u>\$849.00</u>

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).