



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY DIRECTIVE #04-37-ELI *(This Policy Directive Replaces PD #04-27-ELI)*

BUDGETING RULES FOR PA MIXED HOUSEHOLDS WHEN THE FAMILY INCLUDES AN SSI MEMBER

Date: December 29, 2004	Subtopic(s): PA Budgeting
-----------------------------------	-------------------------------------

AUDIENCE The instructions in this policy directive are for all Job Center staff and informational for others.

POLICY The needs of a recipient of Supplemental Security Income (SSI) who would otherwise be required to be included in the filing unit of a Public Assistance (PA) household (H/H) must be included when determining the standard of need for the PA household. Once the standard of need is determined, it is then reduced by the SSI recipient's proportionate share of needs.

REVISIONS This policy has been revised to:

Inform staff of a change in the budgeting method for these households.

BACKGROUND As of July 7, 2004, the needs of an adult or child family member who would otherwise be a mandatory filing unit member if s/he were not in receipt of SSI must be included when determining the standard of need for Family Assistance (FA) households. A similar policy has been in effect since 1994 for Safety Net Assistance (SNA) households that include a legally responsible relative in receipt of SSI under the Rice budgeting methodology.

Refer to Public Assistance Budgeting Manual, pp. 140–143 for more information on Rice budgeting.

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

Distribution: X

For a complete definition of the Filing Unit rules, refer to the Temporary Assistance Source Book (TASB), Chapter 13, p. 15.

A mandatory filing unit member is an individual who must be included in the PA household and case count when a minor dependent child applies for PA assistance. When a minor dependent child applies for PA assistance, his/her natural (whether or not they are legally married) or adoptive parents, and blood-related or adoptive brothers and sisters (who are minor dependent children as well) must also apply for PA and have their income and resources applied toward the PA household if they reside in the same dwelling unit as the applying minor dependent child.

Although the needs of the SSI individual must be considered according to this policy, the SSI income is not budgeted as income against the PA family members' needs.

Exemptions to the policy

The following cases are exempt from this policy:

- Households requesting and found eligible of receiving an emergency shelter allowance for HIV/AIDS cases, whether the household receives enhanced rent or not;
- Cases that are receiving court-ordered shelter supplements such as Jiggetts, and temporary shelter supplements such as those issued under the Employment Incentive Housing Program (EIHP), Housing Stability Plus (HSP), Family Eviction Prevention Supplement (FEPS) and the Long Term Stayers Rent Supplement Program (LTSP); Emergency Assistance to Families (EAF) or Emergency Assistance to Adults (EAA) or Emergency Safety Net Assistance (ESNA) cases; and
- Level II residents in drug and alcohol treatment facilities (handled by Center 52). However, if the resident is a temporary absent individual from a household that is affected by this policy, the Worker must consult PD #03-64-OPE and PD #02-35-ELI.

Examples

The following examples show how this policy affects different types of households:

Example 1:

A mother resides with her two children. The mother and one child are on the PA case. The second child is in receipt of SSI and is only in receipt of Food Stamps (FS). Before July 7, 2004, the mother and first child would have received a full PA benefit based on the standard of need for two people (as shown below) and the child that is in receipt of SSI would be invisible for PA budgeting. As a result of the new policy, the PA mother and child will receive a PA benefit equal to two-thirds of the standard of need for a family of three. The PA grant is reduced by one-third (the SSI child's share of the needs), as shown below.

Semimonthly (S/M) PA budget prior to change in policy for two people:

Pre-added food and other allowance	\$ 89.50
Shelter allowance with children	141.50
Energy grant	+ <u>19.75</u>
Total needs for H/H of two:	<u>\$250.50</u> S/M (rounded down)

Semimonthly PA budget after change in policy for three people, including SSI individual:

Pre-added food and other allowance	\$119.00
Shelter allowance with children	200.00
Energy grant	+ <u>26.50</u>
Total needs for this H/H of three:	<u>\$345.50</u> S/M

Each person's pro rata share: $\$345.50 / 3 = \underline{\$115.00}$ S/M
(rounded down)

Total needs	\$345.50 S/M
Less SSI recipient's share	- <u>115.00</u> S/M

New PA grant for this H/H: \$230.50 S/M

Example 2:

An SSI grandmother receives FA for her two grandchildren. Since the SSI grandmother is not a legally responsible relative and is not otherwise part of the required filing unit, this policy does not apply. The children's PA is based on the full standard of need for two people.

Example 3:

A couple and their three minor children reside in temporary housing. The husband receives SSI benefits of \$587.00 per month. Due to the cost of temporary housing, the family's standard of need is very high. The needs for a household of five are prorated to determine the four PA members' share of the standard of need. If the husband's share of the need (one-fifth) is more than his SSI benefit, supplemental SNA must be provided to the husband when he applies for PA. The wife and three children will receive their proportionate share (four-fifths) of FA, if all other eligibility criteria are met.

Semimonthly PA budget prior to change in policy for wife and three children (four people):

Pre-added food and other allowance	\$ 153.50 S/M
Temporary housing allowance (\$72.23 daily rate per family)	1,119.50 S/M
Energy grant	+ <u>34.35 S/M</u>
Total needs for H/H of four:	<u>\$ 1,307.00 S/M</u> (rounded down)

Semimonthly PA budget after change in policy for five people (including SSI individual):

Pre-added food and other allowance	\$ 189.50 S/M
Temporary housing allowance (\$72.23 daily rate)	1,119.50 S/M
Energy grant	+ <u>42.35 S/M</u>
Total needs for H/H:	<u>\$ 1,351.00 S/M</u> (rounded down)

Each person's pro rata share: $\$1,351.00 / 5 = \underline{\$270.00}$ S/M
(rounded down)

Wife and three children's pro rata share and PA grant after change in policy: $\$270.00 \times 4 = \underline{\$1,080.00}$ S/M

Husband will not receive supplemental SNA because his monthly pro rata share of the family's needs (\$540.00 monthly) is less than his monthly SSI income of \$587.00.

Example 4:

A participant in receipt of FA resides with his child from a previous marriage. Also in the household is his current wife, who is in receipt of SSI. Based on the filing unit exception rules, his current wife is not required to be included in the filing unit because she is a stepparent and has no child(ren) in common with her husband. Therefore, this policy does not apply to this household. The PA father and child will continue to receive PA based on the full standard of need for two people.

Reminder: This policy has been in effect for SNA households since 1994. For example, a husband and wife (no children) apply for assistance. The husband receives SNA and his wife receives SSI. The husband will receive a recurring PA grant based on one-half the standard of need for two people.

Refer to the Filing Unit Exceptions in the TASB, Chapter 13, p. 16.

New Information
 Mass rebudgeting of
 active cases

The Office of Temporary and Disability Assistance (OTDA) has revised the budgeting methodology for these cases. A mass rebudgeting for active PA cases affected by this policy was conducted the weekend of December 5, 2004. These cases received a Client Notice System (CNS) letter “Notice of Intent to Change Your Benefit SSI Proration - November 04/NYC” (attached).

New and reapplying applicant cases containing an SSI individual must be evaluated based on the new policy when eligibility is being determined and budgeted according to the directions in the “Required Action” section of this directive.

REQUIRED ACTION

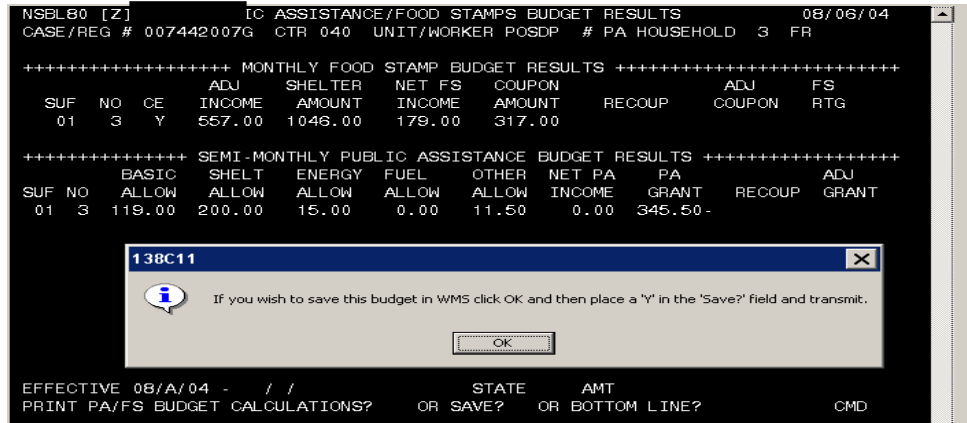
The JOS/Worker must calculate a budget for new and reapplying cases with individual(s) in receipt of SSI who are affected by this policy as follows:

In the Paperless Office System (POS), JOS/Workers must:

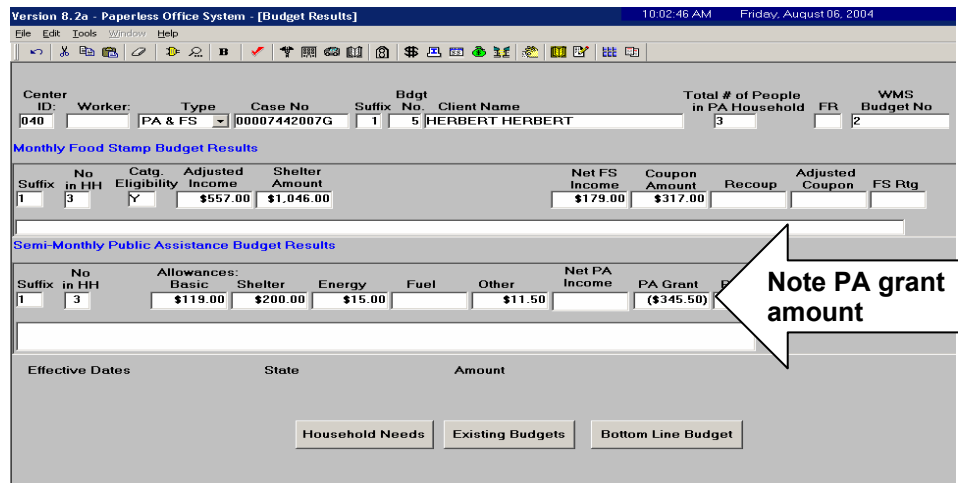
- Make entries in the interview questions as necessary; select **New Budget** in the **Existing Budgets** window.
- Go to the **Budget (Individual Income/Needs)** window.
 - Select the individual with the SSI income.
 - Verify income source code **31** (SSI Benefit) has been entered in the **Income Source** field for the SSI recipient from the SSI income question in the interview and ensure:
 - **M** is displayed in the **Frequency** field;
 - The gross SSI benefit appears in the **Gross** field;
 - **Y** or **N** is entered in the **Rel** field; and
 - **F** is entered in the **Program** field.


(Note: If the above information is not found or is incorrect, return to the SSI income question to complete the required information before calculating the budget.)

- If more than one individual has SSI income, click on the “Change Line No.” button and select the individual(s) with the SSI income and repeat the above instructions.
- Click on the “Calculate/View Results” button.
(Note: POS automatically saves every calculated budget whether or not it is authorized in WMS.)



- The **POS Budget Results** window will appear.



- Click “Y” in the **Save?** field in the WMS screen.
- Authorize this budget on the turnaround document (TAD).
- Enter a case comment for all actions performed on a case by clicking on the case comment icon  or pressing <ALT>M on the keyboard.
- Scan all non-POS-generated forms and forms signed by the individual into the electronic case record, except Domestic Violence–related documents.

Cases that were rebudgeted through the mass rebudgeting (MRB) received a CNS notice advising them of the change in benefits. Applying or reapplying household(s) will be informed of all financial determination actions on the Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (**LDSS-4013A NYC**) and the Action Taken on Your Application: PART B Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) (**LDSS-4013B NYC**).

**PROGRAM
IMPLICATIONS**

Food Stamp
Implications

There is no change in the current policy of including the SSI individual and his/her income in the FS budget. As a result of this new policy, the budgeting may, in most cases, cause a decrease in PA benefits and an increase in food stamps.

Medicaid
Implications

There are no Medicaid implications.

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
IMPLICATIONS**

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

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

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

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect or correct but lacking the supporting documentation, the FH&C AJOS/Supervisor I will settle in conference (SIC), prepare the **M-186a**, enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the pending (**08**) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) if the case has been granted aid continuing (ATC) to change the **02** to an **01** or a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment.

Evidence Packets

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

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY **Case Notes** screens.

REFERENCES

04 ADM 05
 Temporary Assistance Source Book, Chapter 13, pp. 15–16
 94 ADM 10

RELATED ITEMS

Public Assistance Budgeting Manual, pp. 140–143
 Policy Bulletin #04-209-ELI

ATTACHMENTS

- Attachment A Notice of Intent to Change Your Benefit SSI Proration - November 04/NYC
- Attachment B Notice of Intent to Change Your Benefit SSI Proration - November 04/NYC (Spanish)

Notice Date:

Case Number:

Loc. Off./Unit/Worker:

General Telephone No. for

Questions or Help:

This notice is to tell you that this agency intends to ~~reduce~~ **change** your Public Assistance (PA) benefits effective _____.

Your total PA benefits will go from \$ _____ to \$ _____.

This change is happening because of a new social services regulation (rule) that tells this agency how to determine your Public Assistance (PA) standard of need. The standard of need is the total of the public assistance allowances for your family before any income is counted.

Your family includes a child or adult in receipt of Supplemental Security Income (SSI) who is:

- a legally responsible relative (LRR) of a member of your case. A LRR is a spouse, or the natural or adoptive parent of a child under age 21; or
- the natural or adoptive child of a case member; or
- a minor (under age 18) blood related or adoptive sibling of a minor case member.

The SSI person's needs are considered when we determine your standard of need. For example, in a family of three with one SSI member, the Public Assistance members' standard of need is based on two-thirds (2/3) of three rather than on just two PA family members.

The SSI person's income does not count when we determine how much PA the non-SSI family members can receive.

This decision is based on 18 NYCRR 352.2(b).

FOOD STAMPS: Your food stamps will change. This is because the amount of your Public Assistance (PA) that we count for food stamps has changed. Generally, for every three dollars (\$3.00) reduction in your PA, you will receive an increase in your Food Stamps of one dollar (\$1.00).

The Regulations which allow us to do this are 18 NYCRR 387.10 and 387.15.

MEDICAID: Your Medicaid benefits will continue unchanged.

The Regulation which allows us to do this is 18 NYCRR 360-3.3.

You have the right to appeal this decision.

Read the information below and on the back of this notice to find out how to appeal this decision.

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

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

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference 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 any problem 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" below.)

2. **STATE FAIR HEARING** – You have **60 days** from the date of this notice to ask for a fair hearing:

KEEPING YOUR BENEFITS THE SAME: We will restore your Public Assistance benefits to the same level they were before this notice, 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 Public Assistance benefits 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 call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want my Public Assistance benefits kept the same until the Fair Hearing decision is issued:

If at the hearing, the hearing officer determines that you are not complaining about an incorrect computation of your benefits or that there has been a misapplication or misinterpretation of Federal Law or regulations, the hearing officer may determine that you were not entitled to have your Public Assistance benefits continue unchanged until the fair hearing decision is issued, and order that the reduction take effect immediately.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of the entire notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

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.)

Phone: 800-342-3334 (Please have this notice with you when you call.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn or 330 West 34th Street, NYC.

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

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

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 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 that explain why 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 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 get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check 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, write or fax 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, write or fax 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 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 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 us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

**AVISO DE CAMBIOS EN SUS PRESTACIONES DE
SSI PRORATEADO - NOVIEMBRE 04/NYC**

Fecha del aviso:

No. de caso:

Oficina Local/Unidad/Trabajador(a):

Nº de teléfono general

para hacer preguntas o pedir ayuda:

Por medio de esta notificación le informamos que esta agencia propone ~~reducir~~ **cambiar** sus beneficios de Asistencia Pública (PA) a partir de _____.

El total de sus beneficios de PA cambiarán de \$ _____ a \$ _____.

Este cambio se debe a una nueva regulación de servicios sociales (regla) la cual instruye a esta agencia a determinar su estándar de necesidad de Asistencia Pública (PA). El estándar de necesidad es el total de asignaciones de asistencia pública designadas a su grupo familiar antes de tomar en cuenta los ingresos.

Su familia incluye el siguiente niño(a) o adulto que recibe Seguridad de Ingreso Suplementario (SSI):

- un pariente legalmente responsable (LRR) de un miembro de su caso. Un pariente legalmente responsable (LRR) es un(a) esposo(a) o el padre natural o adoptivo del niño(a) menor de 21 años de edad; o
- el niño(a) natural o adoptivo de un miembro que forma parte del caso; o
- un menor (de menos de 18 años de edad) con parentesco consanguíneo o el hermano(a) adoptivo de un menor que forme parte del caso.

Las necesidades del beneficiario de SSI se toman en cuenta al determinar su estándar de necesidad. Por ejemplo, una familia de tres con uno de los miembros recibiendo SSI, el estándar de necesidad de Asistencia Pública se basa en dos tercios (2/3) de tres en vez de en sólo dos miembros beneficiarios de PA.

El ingreso del beneficiario de SSI no se toma en cuenta al determinar la cantidad de PA que recibirán los miembros que no reciben SSI.

Esta decisión se basa en 18 NYCRR 352.2(b).

CUPONES PARA ALIMENTOS: Sus beneficios de cupones cambiarán. Esto se debe a que la cantidad de Asistencia Pública (PA) que tomamos en cuenta al calcular los cupones ha cambiado. Normalmente, por cada tres (\$3) dólares de deducción en PA, usted recibe un incremento de un dólar (\$1.00) en sus cupones.

Conforme a Reglamentación 18 NYCRR387.10 y 387.15.

MEDICAID: Sus beneficios de Medicaid permanecerán sin cambios.

Esta decisión se basa en Reglamentación 18 NYCRR 360-3.3

USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.

Lea la siguiente información y el reverso de esta notificación para averiguar cómo apelar contra esta decisión.

SECCIÓN DE CONFERENCIAS Y AUDIENCIAS IMPARCIALES –¿CREE USTED QUE NOS HEMOS EQUIVOCADO?

Si cree que nuestra decisión es incorrecta, puede solicitar una revisión de nuestra decisión. Corregiremos nuestros errores. Usted puede escoger ambas acciones, la 1 y la 2:

1. Puede solicitar una reunión (conferencia) con uno de nuestros supervisores;
2. Puede solicitar una audiencia imparcial estatal con un funcionario estatal de audiencias.

1. **CONFERENCIA** (reunión informal con nosotros)– Si usted cree que nuestra decisión es incorrecta o si no comprende nuestra decisión, sírvase llamarnos y solicitar una reunión. Para hacerlo, llame al número de teléfono para conferencias que aparece en la **primera** página de este aviso o mande una carta a la dirección impresa que aparece en la primera página de este aviso. En ciertas ocasiones, ésta es la manera más rápida de resolver problemas. Le recomendamos hacer esto incluso si ha solicitado una audiencia imparcial.

Si **solamente** solicita una reunión con nosotros, haremos cambios en sus beneficios mientras espera por la decisión de apelación. Sus beneficios se mantendrán sin cambios solamente si usted solicita una audiencia imparcial estatal (Vea a continuación, "Cómo mantener los mismos beneficios").

2. AUDIENCIAS IMPARCIALES ESTATALES – Usted tiene **60 días** a partir de la fecha de este aviso para solicitar una audiencia imparcial

CÓMO MANTENER LOS MISMOS BENEFICIOS: Reestableceremos sus beneficios a la misma cantidad que recibía antes de este aviso, si usted solicita una audiencia imparcial antes de la fecha vigencia indicada en este aviso. Si no se decide a su favor en la audiencia imparcial, tendrá que devolver todo beneficio indebido de Asistencia Pública que reciba mientras espera por la decisión de la audiencia.

Si no desea que sus beneficios permanezcan sin cambios mientras se remite la decisión, debe notificárselo al Estado ya sea cuando llame para solicitar una audiencia imparcial o cuando usted regrese este aviso puede marcar la(s) casilla(s) abajo:

No quiero que mis beneficios de Asistencia Pública permanezcan sin cambios mientras se remite la decisión de la audiencia imparcial:

Si en la audiencia, el funcionario establece que su queja no tiene que ver con un cálculo erróneo de sus beneficios o con una distribución indebida de beneficios o una interpretación incorrecta de reglamentación o legislación federal; el funcionario de audiencias puede hacer una determinación indicando que usted no tenía derecho a que sus beneficios de Asistencia Pública continuarán sin cambios mientras esperaba por la decisión de la audiencia y a su vez ordenar la reducción inmediata de los mismos.

CÓMO SOLICITAR UNA AUDIENCIA IMPARCIAL: Puede solicitar una audiencia imparcial por **correo**, por **teléfono**, en **persona**, por **fax** o por **internet**.

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por facsímil, en persona o por vía electrónica, favor de solicitar por escrito una audiencia imparcial antes del vencimiento del plazo.

Por correo: Envíe una copia de todas las partes de este aviso a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201*. Favor de quedarse con una copia.

Quiero una audiencia imparcial. No estoy de acuerdo con la decisión tomada por la agencia. (Usted puede explicar a continuación por qué no está de acuerdo, aunque no tiene que incluir una explicación por separado).

Por teléfono: 800-342-3334 (FAVOR DE TENER A MANO ESTE AVISO CUANDO LLAME).

Por facsímil: Envíe por facsímil una copia del anverso y reverso de este aviso al: **(518) 473-6735**

En persona: Traiga una copia de todas las partes de este aviso a la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York al 14 Boerum Place, Brooklyn, New York o al 330 West 34th Street, NYC.

Por internet: Rellene una petición electrónica en el siguiente sitio: <http://www.otda.state.ny.us/oah/forms.asp>

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por facsímil, en persona o por vía electrónica, favor de solicitar por escrito una audiencia imparcial antes del vencimiento del plazo.

LO QUE SUCEDE EN UNA AUDIENCIA IMPARCIAL: El Estado le enviará un aviso informándole cuándo y dónde se realizará la audiencia imparcial.

En la audiencia, usted tendrá la oportunidad de explicar por qué cree que nuestra decisión es incorrecta. Puede traer consigo a un abogado, a un familiar o a un(a) amigo(a), o a alguien más que pueda ayudarle a exponer su caso. Si no puede presentarse, puede enviar a otra persona en su representación. Si en su representación manda a una persona que no es abogado, dicha persona debe presentar una carta dirigida al funcionario a cargo de la audiencia en la que usted declara que desea que dicha persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante, tendrán oportunidad de explicar el porqué de nuestra equivocación, como también la oportunidad de presentar, ante el funcionario de audiencias, documentos que demuestren nuestra equivocación.

Con el fin de ayudarle a exponer el motivo de nuestra equivocación, le sugerimos presentar testigos que puedan avalar su caso. También, le sugerimos presentar documentos tales como: talones de cheque de pago, contratos de arrendamiento, recibos, facturas y estados de cuenta por gastos médicos.

Durante la audiencia, usted y su abogado u otro representante podrán interrogar a nuestros testigos o a los que usted presente para avalar su caso.

ASISTENCIA LEGAL: Si cree que necesita representación legal en la resolución del presente problema, puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (*Legal Aid Society*) u otra asociación de defensa legal de su localidad. Puede encontrar los nombres de otros abogados en la páginas amarillas, bajo "Abogados" ("Lawyers").

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: En preparación para la audiencia, tiene derecho a revisar el archivo de su caso. Si nos llama, nos manda una carta o un fax, le brindaremos, sin cargo, copias de documentos contenidos en su archivo; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si usted nos llama, nos manda una carta o un fax, le brindaremos, sin cargo, copias de documentos específicos contenidos en su archivo y los cuales usted considere necesarios en preparación a la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llame al **(718) 722-5012** o al número de fax **(718) 722-5018** o mande una carta a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán en un lapso de tres (3) días hábiles a partir de la fecha en que las solicita. Si solicita las copias en menos de (5) días antes de la audiencia, las copias se le entregarán el día de la audiencia.

INFORMACIÓN: Si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en el **anverso** de este aviso o mande un carta a la dirección que figura en esa misma página.