



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #08-14-OPE

*(This Policy Directive Replaces PD #07-25-OPE)*

### CHECK REPLACEMENT FOR RESTRICTED SHELTER PAYMENTS

<b>Date:</b> April 10, 2008	<b>Subtopic(s):</b> Check Replacements
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#### AUDIENCE

The instructions in this policy directive are for Job Center staff, Division of Check Reconciliation and Investigation (DCRI) staff, Office of Central Processing (OCP) staff and Landlord Ombudsman Services Unit (LOSU) staff. They are informational for all other staff.

#### REVISIONS TO PREVIOUS DIRECTIVE

The following information has been added or changed:

- Special Grant Issuance Code **D0** (One-Shot Deal Rent Replacement Check (Non-Recoupable) is used instead of PA Special Grant Issuance Code **40** when reissuing a rent check for Direct Vendor or Two-Party Check Replacements for a Cash Assistance (CA) case that is currently closed and is applying for a One-Shot Deal to replace a rent payment
- New Reconciliation Code **Z** (Redeemed and then Refunded CA Payment) is used when a CA payment is issued to a participant or third party on behalf of the participant (e.g., New York City Housing Authority [NYCHA] or landlord) and deposited, but the payment is subsequently refunded back to the Human Resources Administration (HRA). This code will assist Workers to more accurately determine the status of a benefit payment when a request for a check replacement is made. If the Reconciliation Code is **Z**, the check can be replaced as a non-recoupable grant
- Revised note on page 10 concerning the Bureau of Reconciliation and Control (BORAC) reimbursement of check cashier fees
- The Division of Automated Check Inventory and Tracking's (DACIT) address and phone number has changed to 180 Water Street, 9th Floor, New York, NY and (212) 331 3750. The fax number is (212) 331 6273
- The Request for Original or Copy of Checks (**M-160J**) has been revised to indicate the new DACIT location

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center*

- All forms attached to this procedure have been revised to update the HRA Logo

**POLICY**

CA grants can be issued to replace restricted (two-party or direct vendor) payments that are lost, stolen or incorrectly issued (incorrect landlord name and/or address). If both the reported lost check and the replacement check have been cashed, the duplicated amount must be recouped.

**REQUIRED ACTION**

**Error Prevention**

Issuing replacement checks raises the potential for duplication of benefits. Therefore, staff must promptly:

Take prompt action to process changes.

- process address changes.
- ensure that the landlord/management agent's name and address are correctly entered in the rent restriction field on the Welfare Management System (WMS) budget:
  - if a previous landlord/managing agent is owed rent, the vendor check was returned to the Job Center, and the correct name and address appear on the check, contact the landlord/managing agent to come to the Center with proper identification to pick up the check. If he/she is unable to come in to the Center, the JOS/Worker must contact the Deputy Director/Administrative Job Opportunity Specialist I (Admin.JOS I) to authorize release of the check(s) to an Agency representative for delivery.
- adjust changes to the shelter allowance, as required.
- prepare and send appropriate notices to participants informing them of changes in the budget resulting from changes in address and shelter costs.

In addition, at Recertification, the JOS/Worker must ensure:

Households with children may be entitled to a higher allowance.

- all nonexempt households are placed on direct vendor rent restriction;
- the participant's rent is up to date and no arrears exist; and
- the correct shelter allowance is being issued.

**Replacing Direct Vendor and Two-Party Rent Checks**

The following five sections outline the required actions for replacing direct vendor and two-party rent checks:

- Change in landlord/management agent.
  - Participant informs the agency.
  - Landlord/management agent informs the Agency.

- Landlord's nonreceipt of restricted shelter payment.
  - Check not issued.
  - Check issued or cancelled.
  - Check cashed.
- Landlord unable to redeem check.
  - Stale-dated checks.
  - Endorsement rejected.
- Direct vendor or two-party check replacements for one-shot deal cases.

Change in Landlord/  
Management Agent

### Participant Informs the Agency

When a participant informs the Agency that he/she has a new landlord, the JOS/Worker must:

- verify proof of ownership. (Acceptable documentation includes water or tax bill, current mortgage payment receipts or deed.) If the landlord has a designated management agent, ensure that the case record contains documented proof of the agent's name, address, telephone number and entitlement to collect rent on behalf of the landlord.
- verify the amount of rent charged and ensure that the correct shelter allowance is budgeted.
- update the **Shelter** window in the POS case with the new shelter and landlord information. Click **OK** to save the entries.
- review the household's rent restriction status. If the household is receiving two-party rent payments but is not exempt from direct vendor restriction, take action to place the household on a direct vendor rent restriction and issue the Notice to Participant Receiving Restricted Rent Checks (Timely) ([W-146A](#)) and the Direct Vendor Rent Program letter ([W-146Y](#)).
- create a new budget in POS. Review the **Household/Suffix Financial Needs** window to verify the changes made in the **Shelter** window. Calculate and save the new budget to update the vendor rent restriction and rent amount.
- update and save the budget number on the TAD.
- notify the participant and landlord when there is a change in the rent amount, type of payment (e.g., from two-party to direct vendor or removal of restriction) or excess rent balance to be paid by the participant according to current procedure using the following notices:

The new information will not appear in WMS until the supervisor approves the activity in which the changes are made.

- Notice of Intent to Change Benefits: Part A – Public Assistance, Food Stamps Benefits, Medical Assistance Coverage and Services (Timely and Adequate) (NYC) ([LDSS-4015A NYC](#)).
- Notice to Participant Receiving Restricted Rent Checks (Timely) ([W-146A](#)).
- Notice to Landlord/Primary Tenant of Rent Restriction Payment Status ([W-145A](#)).

**Landlord/Management Agent Informs the Agency**

When the landlord/management agent informs the Agency, either in person or by mail, that the participant is no longer residing at the address of record or that the building is under new management, proceed as follows:

D&C notified that participant moved or landlord has changed

- If the notification is made by the landlord/management agent to Disbursement & Collection (D&C) and checks have been returned, the D&C Supervisor must:
  - cancel the check in accordance with current procedure;
  - notify the designated Deputy Director/Administrative Job Opportunity Specialist I (Admin. JOS I) or his/her designee that the Landlord/Management Agent has returned the checks; and
  - send all supporting information received from the landlord/management agent to the Deputy Director/Admin. JOS I for follow-up and control.

Deputy Director/Admin. JOS I responsibilities

New Landlord/Management Agent

The Deputy Director/Admin. JOS I must ensure:

- the JOS/Worker updated the landlord/management agent and rent restriction information on the budget;
- the check was properly cancelled in WMS;
- the JOS/Worker reissued the vendor check to the correct landlord/management agent as a Special Grant Issuance Code **08** (Replacement of Cancelled Check); and
- the release of the check to an Agency representative for delivery is authorized when the landlord/management agent is unable to report to the Center to pick up the check.

JOS/Worker notified that landlord/management agent has changed

If the notification is made by the landlord/management agent directly to the JOS/Worker, the JOS/Worker must:

- forward any returned checks to D&C for cancellation.
- check the case record to determine if the new landlord/management agent information is available. If not, contact the participant to verify the new landlord/managing agent information and send the Letter to Landlord – Request for Residence Verification form (**W-147**) and Two-Party Check Discrepancy form (**W-147L**) to retrieve the landlord/management agent’s updated information.
- upon receipt of the **W-147** and **W-147L** with updated landlord/management agent information or proof of ownership submitted by the participant, reissue the returned check to the correct landlord/management agent as a Special Grant Issuance Code **08**.
- calculate and save a new budget to update the rent and restriction information. Authorization of the new budget will generate a Client Notice System (CNS) notice that is sent to the participant.
- advise the Deputy Director/Admin. JOS I of the actions taken on the case.

BORAC notified that landlord/management agent has changed

If the notification is made by the landlord/management agent directly to the Bureau of Reconciliation and Control (BORAC) Cancellation Unit, the BORAC Worker must:

- cancel the returned check in accordance with current procedure.
- forward the supporting documents (including a copy of the returned shelter payment) via inter-office mail to the Landlord Ombudsman Services Unit (LOSU) located at 180 Water St., 19th Floor, New York, NY 10038.

Upon receipt of the documents the LOSU worker must:

- log in receipt of forwarded documents in the LOSU database.
- scan the documents into the HRA OneViewer.
- perform the necessary corrective action to update the address and/or landlord/management agent information.
- forward to the appropriate Center Director the Routing Control Sheet form (**W-270**) with either the:
  - Transmittal: Notice of Corrective Measures Needed (**W-450Q**) specifying actions to be completed by Job Center staff or
  - Transmittal: Notice of Corrective Measures Taken (**W-450R**) indicating the specific action taken.

JOS/Worker notified that participant has moved

### Participant Moved

When a participant informs the JOS/Worker of a change in address in writing or in person, the JOS/Worker must process the change of address immediately regardless of whether or not documentation to verify the change is submitted at that time. The JOS/Worker must:

- begin a Change Case Data activity in POS.
- when the **Address Information** window appears, enter the new address.
- calculate and save a new budget with the updated landlord/management agent information.
- inform the participant that the new address and shelter expense must be verified and submitted within ten (10) days or the case will be closed for failure to verify residence (using closing code **V20**).
  - If the participant fails to verify a reported change in shelter cost, remove the FS shelter cost, Standard Utility Allowance (SUA) and CA shelter allowance from the budget.
  - If the participant verifies the address change and shelter cost but fails to promptly verify the landlord/management agent's information, the JOS/Worker must remove only the CA shelter allowance from the budget until the information is provided.

Refer to [PB #04-93-ELI](#),  
Verification of New  
Address and/or Shelter  
Cost

If the request to change an address or shelter cost is made by telephone, the JOS/Worker must not take action until documentation to verify the change is submitted. When the required documentation is provided, the JOS/Worker must:

- enter the updated address information in the **Address Information** window as described above.
- enter the shelter costs and restriction information on the **Shelter (Housing) Expenses** window by clicking Yes to the question Do You (or Anyone Who Lives With You) Have a Rent, Mortgage or Other Shelter Expense?

Refer to [PB #07-99-OPE](#) for additional details.

If the request to change an address or shelter cost is not made in a timely manner and duplicate rent payments (i.e., two separate rent payments covering the same period) are issued to both the prior and new landlord/management agents, the JOS/Worker must initiate a recoupment on the participant's case. A recoupment should not be initiated if the participant has a good cause reason for not reporting the change in a timely manner. Prior to initiating a recoupment, the JOS/Worker must discuss the issue with a Supervisor if fraudulent activity is suspected. If a fraud referral is required, the Supervisor will forward all available information to the Center Director's Administrative Assistant (AA) for referral to the Bureau of Fraud Investigation (BFI). The AA will follow the automated process to complete the Referral to Bureau of Fraud Investigation ([BFI-14](#)) and maintain a log of referrals on the BFI Fraud Referral Log ([W-400B](#)), then forward them to BFI.

Refer to [PD #07-03-OPE](#) for additional details on fraud referrals to BFI.

- BFI will record the information and refer the case to the Division of Claims and Collections for recovery of the rent payment from the prior landlord/management agent.
- The JOS/Worker will initiate a recoupment to recover the duplicate rent payment by completing the PA Recoupment window.
- The Division of Claims and Collections will:
  - request copies of the cancelled checks from BORAC.
  - send a demand letter to the landlord/management agent.
  - if the landlord/management agent does not respond within 10 business days, will prepare the claim for referral for civil litigation and pursue recovery of the rent through the court system.
  - if the rent payment is recovered from the landlord/management agent, notify the appropriate Job Center by sending the Claims and Collections Response form ([W-147FF](#)).
- When the JOS/Worker receives the completed [W-147FF](#) from the Division of Claims and Collections, he/she will prepare the PA Recoupment Data Entry Form – WMS ([LDSS-3573](#)) to delete the recoupment previously initiated and the PA Single Issuance Authorization Form ([LDSS-3575](#)) to supplement the recouped benefits.

Prior landlord/management agent voluntarily returns shelter payments

When the prior landlord/management agent has received and cashed shelter payments that were not due to him/her, the landlord/management agent may voluntarily return the shelter payments to HRA in the form of a money order and send the money order to:

Ms. T. McKune  
 Division of Accounts Receivable and Billing (DARB)  
 180 Water Street, 9th Floor  
 New York, NY 10038

Landlord's Nonreceipt of Restricted Shelter Payment

When a participant or the landlord/management agent claims that he/she has not received a rent payment, the JOS/Worker must view the **Benefit Issuance** screen (**NQCS5A**) in WMS to determine the type of payment (direct vendor or two-party), whether the check was issued and the current payment status:

- Outstanding (Code **0**).
- Returned/cancelled (Code **2**).
- Cashed (Code **3**).
- Stale-dating (Code **S**).
- Redeemed and then Refunded CA Payment (Code **Z**).

New Reconciliation Code

Follow the steps below according to payment status.

**Check Not Issued**

If the **Benefit Issuance** screen indicates that the check was not issued (e.g., benefit not indicated in WMS), access the **Case Composition** screen (**NQCS3A**) to determine the case status.

- The JOS/Worker may also review the **Household** window in an activity to determine household composition, case status and individual status. The **Household** window is the first window to appear in all activities involving a possible change to the case and the second window to appear in the **Review Case** activity.
- If the case is active:
  - ensure that the household is entitled to the shelter allowance for the period in question.
  - verify the landlord/management agent's name and address.
  - and if the landlord/management agent information is incorrect in WMS or the shelter allowance is not correctly budgeted, update the address and/or shelter cost information as described in the "Participant Moved" section on page 6, and calculate and save a new budget in accordance with current procedure.

Case is active



Refer to [PD #05-28-SYS](#) for detailed instructions on completing the **SI Grant Requests Task List** window.

- on the **Special Grants** window, the JOS/Worker will answer the question, Need to Issue a Generic PA Benefit? If the shelter costs are in arrears, on the **Shelter (Housing) Expenses** window the JOS/Worker will answer the question, Are there Rent Arrears? The JOS/Worker must also complete the SI Grant Requests Task List window.
- issue skipped assistance as a vendor rent payment by completing the **Grants Data Entry** window to prepare a Public Assistance Single Issuance Authorization form (**LDSS-3575**). Use Special Grant Issuance Code **09** (Rent Only).

**Note:** Issue two-party rent checks to households that are exempt from direct vendor rent restriction.

- print the **LDSS-3575** in the Print Forms window.
- make a detailed case record entry of the changes made.

Case is closed

- If the case is closed, do not issue a replacement check, even if it is determined that the participant is entitled to the rent allowance for the period in question.
  - determine if the case was closed in error and should be reopened.
  - reopen the case in accordance with current procedure and issue any skipped assistance if the case was closed in error.

### Check Issued or Cancelled

If the **Benefit Issuance** window indicates that the check was issued but not cashed (Code **0**) or cancelled (Code **2**), proceed as follows based on the type of check originally issued:

#### Direct Vendor Check Replacement Process

If a landlord/management agent requests a replacement of a direct vendor check, the JOS/Worker will:

- ensure that the landlord/management agent information on file is correct.
- print the Benefits Issued with Issuance Codes **08, 11, 05, 96** screen (**NQCS5E**) in WMS that lists the check. On the screen printout:
  - print the JOS/Worker's name and phone number.
  - circle the check in question.
  - write the case name next to the check.

Print screen for check from WMS

Do not replace the vendor check(s) at the Job Center.

- provide the landlord/management agent with a Landlord Request for Replacement of Direct Vendor Payment form (**W-146**) and the Benefits Issued printout. Scan and index the **W-146** in the case record. Advise him/her to complete form **W-146** and mail or fax it along with the printout to:

Bureau of Reconciliation and Control (BORAC)  
 Check Replacement Unit  
 180 Water Street, 9th Floor  
 New York, NY 10038  
 Fax: (212) 331-3723/3724; Telephone: (212) 331-3772

**Note:** In addition to direct vendor checks (**SP** prefix), BORAC also processes replacement requests for emergency checks (**EA** or **EM** prefixes) cashed at a check cashing establishment, but BORAC will not reimburse any additional fees incurred by the check cashier.

Revised

Landlord unwilling to cooperate with the direct vendor check replacement process

If the landlord is unwilling to cooperate with the direct vendor check replacement process, regardless of whether or not a legal action is pending (72-hour eviction), do not request that the landlord contact BORAC for a check replacement. Instead, access the **Case Composition** screen (**NQCS3A**) to determine the case status.

Case is closed (direct vendor check replacement process)

Closed case (less than 30 days):

- Determine if the case was closed in error and should be reopened. If the case was closed in error, reopen the case in accordance with current procedure and issue any skipped assistance.
- If the direct vendor check that was not previously issued is still outstanding, place a stop payment on the check using the electronic Stop Payment System. The electronic system is an alternative to the paper process of faxing the Stop Payment Order form (**M-325c**) to DACIT and **MUST** be used instead of the paper process. Refer to the Stop Payments Module User Manual on the FIAweb for detailed instructions and information on this system.
- Once the case is activated, follow the instructions on the next page.

Refer to the Stop Payments Module User Guide for specific instructions.

Paper process for preparing a stop payment on a check

**Note:** When the electronic Stop Payment System is unavailable, place a stop payment on the check by preparing the **M-325c**, completing and signing the form, obtaining the Supervisor's signature and include the WMS Benefit Issuance screen (**NQCS5A**) and fax the **M-325c** to (212) 331-6273. Additional fax numbers are provided on page 10 (see BORAC Check Replacement Unit).

Revised

**Reminder:** If the case was not closed in error, the vendor checks cannot be replaced until the case is reopened.

Case is active; landlord information is correct

Case is active:

- If the landlord/management agent's information on file is correct and the vendor check is still outstanding, initiate the stop payment using the electronic Stop Payment System. DACIT will check the electronic system and confirm that the stop payment is in effect. The Supervisor and JOS/Worker will both be notified electronically, regardless of the outcome.
- Upon confirmation that the stop payment is in effect, prepare an **LDSS-3575** to replace the shelter allowance owed as a direct vendor check using Special Grant Issuance Code **07** (Replacement of Lost/Stolen/Undelivered Checks).
- Prepare the Replacement of Direct Vendor Payments form (**W-147A**) and fax it to BORAC/Check Replacement Unit (see page 10), noting the checks that have been replaced.

**Note:** DACIT cannot provide documentation on Electronic Benefit Transfer reflecting routing code **E220** for Housing Preservation and Development or **E221** for New York City Housing Authority. These payments are electronically transmitted. However, the status of the payments is available on the All Benefits Issued (**NQCS5A**) screen in WMS using the case number and date range.

Case is active (DVP); landlord information is incorrect.

If the landlord/management agent information is incorrect, the JOS/Worker will:

- verify the landlord/management agent's name and mailing address for rent payments.
- update the incorrect information according to the instructions in the "Change in Landlord/Management Agent" section on page 3.
- calculate and save a new budget with the correct landlord/management agent information.
- authorize the budget in accordance with current procedure.

- upon confirmation that the stop payment is in effect, prepare an **LDSS-3575** to replace the shelter allowance owed as a direct vendor check using Special Grant Issuance Code **07**.
- when the electronic Stop Payment System is unavailable, follow the steps on page 11 that describe the paper process for completing a stop payment request.

Two-Party Check Replacement Process

Case is closed

If the case is closed, do not issue a replacement check, even if it is determined that the participant is entitled to the rent allowance for the period in question.

- Determine if the case was closed in error and should be reopened
- If the case was closed in error, reopen the case in accordance with current procedure and issue any skipped assistance

Case is active; landlord information is correct

If the case is active and the landlord/management agent’s information is correct, check WMS and D&C to determine the status of the check:

- If the check was returned to the Center and can be released – release the check to the participant.
- If the check was returned to the Center and has been or should be cancelled – D&C stamp “Cancel” on the check, take the appropriate action to cancel the check in WMS and send the Information and Referral Notice (**W-113E**) with a copy of the cancelled check to the JOS/Worker indicating that the check is cancelled. Once the check has been cancelled, the JOS/Worker must replace it using Special Grant Issuance Code **08**. If the cancellation does not show in WMS the check can be replaced using Special Grant Issuance Code **99** (Other). Refer to PD # 08-10-ELI – Revised Levels of Approval for instructions on processing code **99** requests.

Refer to [PD #05-28-SYS](#) for detailed instructions on completing the **SI Grant Requests Task List** window.

Use of Code **99** requires the Center Director’s approval.

Two-party check lost or stolen prior to endorsement

- If the check was lost or stolen prior to endorsement by the participant or landlord, not returned to the Center, or has not been cancelled and two or more days have elapsed since the expected delivery date of the check – the JOS/Worker must:
  - complete the Request for Emergency Assistance or Additional Allowance (For Participants Only) form (**W-137A**) in POS. The request for the replacement of the lost or stolen check is entered in Section II – “Other” – of the form.
  - initiate an electronic request for stop payment.

Stop payment in effect (two-party check); check not cashed

If the stop payment is in effect:

- prepare the Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check (**M-325t**) in duplicate. Check the **M-325t** box on the left side at the top of the form. Be sure to include all check replacement information and have the form notarized. Scan and index one copy into the case record and forward the original to the Control Unit to be filed. A BFI referral is not required since no fraud is involved.
- issue a check replacement using Special Grant Issuance Code **07**.

Case is active (two-party check); landlord information is incorrect

If the landlord information is incorrect, verify the landlord's name, address and rent amount, then calculate and save a new budget to enter the correct landlord's information, as described in the "Participant Moved" section on page 6.

Stale-dated two-party check

Participant claims nonreceipt of a two-party check with an issuance date over 180 days ago:

- Initiate an archive retrieval to obtain a copy of the benefit issuance history if the period is no longer visible in WMS.
- If the check was not cashed, reissue the check as Special Grant Issuance Code **99**.

See page 19 for the replacement process for one shot deals.

**Note:** Case must be active (in SI or AC status) to issue a replacement check.

- If the check was cashed, print the **NQCS5E** screen from WMS (refer to the instructions on page 10) and follow the instructions in the "Check Cashed" section of this policy directive (see below).

**Check Cashed**

If the **Benefit Issuance** screen indicates that the check was cashed (Code **3**), the JOS/Worker must:

Do not put a stop payment on cashed checks.

- not put a stop payment on the check.
- ensure that the landlord information on file is correct.
- print the **NQCS5E** screen that lists the check.
- if the landlord states that the name and/or endorsement on the check is invalid, prepare the Request for Original or Copies of Checks form (**M-160j**) in duplicate and complete the following steps:

Landlord/agent states endorsement is invalid

- Scan and index a copy of the **M-160j** in the case record.
- Forward the original **M-160j** and the screen printout(s) to:

Revised

Division of Automated Check Inventory and Tracking  
 180 Water Street, 9th Floor  
 New York, NY 10038  
 ATTN: Supervisor, Check Services Inventory Control Unit  
 Fax: (212) 331-6273  
 Telephone: (212) 331-3767

**Note:** Remember that when you request an original check, a messenger must pick it up from DACIT.

Direct Vendor Process for Suspected Fraud/Forgery

In addition to the above and upon receipt of the copy of the check from DACIT, the JOS/Worker must:

Do not replace the check at the Job Center.

- complete section 1 of the Affidavit of Improper Negotiation of Public Assistance Check (**W-147Y**). Do not reissue the check.
- make a copy of the **W-147Y** after completing section 1.
- give the landlord (or designated management agent) the original **W-147Y** and a copy of both sides of the vendor rent check:
  - The JOS/Worker will advise him/her to complete section 2 of the **W-147Y** when the name on the check does not correspond to the endorsement, submit the form to a notary public to be notarized, and mail the original **W-147Y** and a copy of the check(s) to:

Bureau of Reconciliation and Control (BORAC)  
 Fraud and Forgery Tracking Unit  
 180 Water Street, 9th Floor  
 New York, NY 10038

Fraud and Forgery Specialist

- Upon receipt of the notarized **W-147Y** and copy of the check(s) from the landlord/management agent, the BORAC Fraud and Forgery Specialist will:
  - examine the signatures on the check copies.
  - submit the documents to the bank and await a determination.
  - if the bank confirms that the money has been collected and credited back to the Family Independence Administration, process the **LDSS-3575** to reissue the check.
  - if the check should not be replaced, forward the denial letter from the bank notifying the landlord/management agent the bank denied the check replacement.

Refer to [PD #07-03-OPE](#)

- scan and index copies of the **W-147Y** and check into the case.
- through his or her Supervisor, prepare the automated **BFI-14** and submit to BFI. Send the **W-147Y** and a copy of the check to BFI under separate cover to:

Bureau of Fraud Investigation  
 250 Church Street, 3rd Floor  
 New York, NY 10013  
 ATTN: Information Control Division

- if there is a rent demand, a court case, or a legal proceeding is pending, the JOS/Worker must issue the shelter allowance owed until a decision is received from BFI.
  - Do not forward the Landlord Request for Replacement of Direct Vendor Payment (**W-146**) to BORAC.
  - Reissue the check as a Special Grant Issuance Code **40** (Rent in Advance to Avoid Eviction).
  - Initiate an automatic recoupment by entering the appropriate recoupment indicator on the **LDSS-3575**.
  - If BFI has determined that the landlord/management agent redeemed the check, inform the landlord that the shelter allowance has already been paid to him.

Two-Party Check Process for Suspected Fraud/Forgery

Make referral to BFI

- In addition to requesting a copy of the check(s), prepare the **BFI-14** and attach the copy of the check. Forward packet to BFI for an investigation

Two-party check lost or stolen after participant's endorsement

- If the participant or landlord claims that the two-party rent check was lost or stolen after the participant's endorsement, the check is considered lost cash and the participant must file a police report and furnish evidence of the police report (a stop payment order cannot be put on lost cash). If, in this instance, the participant requires shelter arrears payments to prevent an eviction, a referral to the Rental Assistant Unit (RAU) is required prior to authorizing an emergency check (E-check). With RAU's approval an E-check can be issued as a Special Grant Issuance Code **40**

RAU approval required to issue Code **40**

Stop payment attempted on lost/stolen check that was cashed

- If the stop payment order was attempted because the check was originally reported as lost or stolen, but the check was cashed:
  - determine if the participant or landlord received the check.
  - contact RAU for approval to reissue the rent if the participant is pending eviction and the landlord did not cash the check.
  - reissue the rent as a Special Grant Issuance Code **40** if RAU approves the request.
  - initiate an automatic recoupment by entering the appropriate recoupment indicator on the **LDSS-3575**.

Direct Vendor or Two-Party Check(s) Cashed By Wrong Landlord/Management Agent

Landlord/agent states former landlord/agent cashed check(s)

If the landlord states that the former landlord/management agent cashed the check(s), upon receipt of the copy of the check from DACIT, the JOS/Worker must:

- verify with the current or new landlord/management agent that his/her name and address on file are correct.
- not refer the new landlord to BORAC. This is not a direct vendor payment check replacement situation.
- issue the shelter allowance owed to the correct landlord/management agent as an emergency allowance at the Job Center as a Special Grant Issuance Code **99** to reissue the check(s) and make a detailed case note in the electronic case record.
- prepare form [W-113E](#) in duplicate and forward the original with a copy of the check(s) attached to:

Division of Claims and Collections  
 250 Church Street, 5th Floor  
 New York, NY 10013  
 ATTN: Director

- The [W-113E](#) must include a notation that the wrong landlord cashed the original check(s), the participant's name, address, case number and the old landlord's name and address. Also include the amount of the rent payment and the periods covered.



## Landlord Unable to Redeem Check

### Stale-Dated Checks

#### Direct Vendor Check Process

Check dated over 180 days prior to return date

- If the vendor check is returned to D&C after 180 days from the date of issuance and the Reconciliation Code is **S**:
  - the D&C Supervisor must alert the JOS/Worker that the check has been returned.
  - the JOS/Worker must first determine if a replacement check has already been issued.
- If the stale-dated check is returned to D&C but has not been replaced, the JOS/Worker must contact the landlord/management agent to come to the Center to retrieve the stale-dated check. Instruct the landlord/management agent to mail the **W-146** form and the stale-dated check directly to BORAC (see address on page 10). BORAC will confirm the stale-dated check and reissue, if possible. Do not replace returned stale-dated direct vendor checks at the Job Centers.

#### Two-Party Check Process

- If the two-party check is returned to D&C after 180 days from the date of issuance:
  - The D&C Supervisor must alert the JOS/Worker that the check has been returned.
  - The JOS/Worker must check the Benefits Issuance screens to determine if the benefit has already been replaced. If the benefit is no longer visible in WMS, request an archive retrieval to obtain a copy of the benefit issuance history.
  - If the case is active and the check has been cancelled, issue the replacement check with Special Grant Issuance Code **08**. If the cancellation does not show in WMS the check can be replaced using Special Grant Issuance Code **99**.
- If a participant returns a two-party check that has not been cashed because the issuance date was more than 30 days (but less than 180 days) ago, advise the participant that the landlord can deposit the check and that the bank will issue payment. Do not replace the check.

Two-party checks are valid when presented within 179 days of the check date.

## Redeemed and Then Refunded CA Payment

If the Benefit Issuance screen indicates that a CA payment was cashed but refunded back to HRA (Code **Z**), the check can be replaced as a nonrecoupable grant as follows:

- JOS/Worker must check the Benefit Issuance (**NQCS5A**) screen to verify that a third party CA payment made to a landlord that was cashed was refunded to HRA as indicated by code **Z**.
- JOS/Worker must issue a the rent payment using Issuance code **99**.

## Endorsement Rejected

“Third-party endorsement” refers to a signature of someone other than the primary tenant or landlord/management agent.

- If a landlord/management agent informs the JOS/Worker that a two-party check was rejected by the bank because of a third-party endorsement, the JOS/Worker must:
  - not refer the landlord/management agent to BFI. This is not a fraud situation since the two-party check was not cashed by the third-party.
  - forward the returned check to D&C for cancellation.
  - once the check has been cancelled, replace it using Special Grant Issuance Code **08**. If the cancellation does not show in WMS the check can be replaced using Special Grant Issuance Code **99**.
  - advise the Deputy Director/Admin. JOS I of the actions taken on the case.

D&C Staff

- Upon receipt of the returned check, D&C will:
  - stamp “Cancel” on the check.
  - take the appropriate action to cancel the check in WMS.
  - send the Information and Referral Notice form (**W-113E**) with a copy of the cancelled check to the JOS/Worker indicating that the check is cancelled.

**Note:** If the landlord/management agent returns the rejected check directly to D&C, the D&C Supervisor must take action as described in the “Landlord/Management Agent Informs the Agency” section.

Direct Vendor or Two-Party Check Replacements for One-Shot Deal Cases

If a former CA/FS participant whose case is currently closed requests replacement of a direct vendor or two-party rent check that was lost or cashed by the wrong landlord, to prevent an eviction the JOS/Worker must:

Rent check(s) cannot be issued on closed cases.

- verify the new landlord/managing agent information.
- open a one-shot deal case (CA in SI status and FS in AP or NA status) using CA opening code **Y39** (Case accepted only for emergency shelter and/or emergency utility arrears with no repayment agreement) since a repayment agreement is not required for the emergency shelter arrears payment.
- reissue the rent check using CA Special Grant Issuance Code **D0** (One-Shot Deal Rent Replacement Check (Non-Recoupable)).

Revised information

**Note:** Special Grant Issuance Codes **08** and **99** cannot be used to issue the replacement check for one shot deal cases opened using CA Opening Codes **Y38** or **Y39**.

**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

JOS/Workers will print forms **W-147** and **LDSS-3575** from the **Print Forms** window and send the **W-147** to the landlord for completion. When the completed **W-147** is returned to the JOS/Worker, scan the form and all other documentation required to comply with this directive into the electronic case record.

Print and/or scan required forms as necessary.

**Note:** The JOS/Worker must also scan all non-POS-generated forms and notices signed by the individual except domestic violence-related documents into the electronic case record.

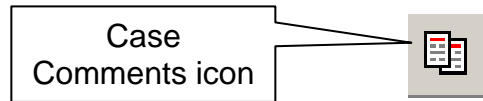
WMS Inquiry

The JOS/Worker may view the inquiry screens **NQCS3A** and **NQCS5A** by highlighting the case in the Case Manager Queue and then clicking on the WMS button below the queue list, which will display the **Inquiry** browser. If the JOS/Worker has the case open in an activity, the **Inquiry** browser may also be brought up by clicking on the WMS Inquiry icon (magnifying glass) (shown below) in the menu bar.



If the JOS/Worker does not have the case open in an activity or the case is not in the Worker’s queue, the JOS/Worker may use the **Review Case** activity to review all information needed to comply with this policy directive.

Enter a case comment for all actions performed on a case by clicking on the Case Comments icon (shown below). As an alternative, enter comments by pressing <ALT>M on the keyboard.



Enter and save the new budget number on the TAD.

At any time a new budget is saved, be sure to update the budget number in the POS TAD and run the TAD rules to save the budget information.

Model Center Implications

The processes described in this policy directive for JOS/Workers must be conducted by JOS/Workers during Recertification Interviews. Exceptions to this circumstance are outlined below.

Participant informs the Agency

When a participant reports to the Agency to provide information regarding a new landlord, the participant will receive a lavender numbered ticket from the Front Door Receptionist and be routed to the Customer Service Information Center (CSIC). The JOS/Worker in CSIC will gather the necessary information/documents and forward them to the Processing Unit. Staff in the Processing Unit must perform the steps described in the “Participant Informs the Agency” section on page 3.

Landlord/management agent informs the Agency

When a landlord/management agent reports to the Agency to provide information that a participant no longer resides at the address of record or that the building is under new management, the Front Door Receptionist must not perform a case search since the landlord/management agent will not have an active case in WMS. The Front Door Receptionist must provide the landlord/management agent with a lavender numbered ticket and route him/her to the CSIC. The JOS/Worker in CSIC will gather the necessary information/documents and forward them to the Processing Unit. Staff in the Processing Unit must perform the steps described in the “Landlord/Management Agent Informs the Agency” section on pages 4 and 5.

When a landlord/management agent or applicant/participant reports to the Agency to return a direct vendor or two-party check, the Front Door Receptionist must provide the individual with a lavender numbered ticket and route him/her to D&C.

All documents received via mail at the Model Center must be routed to the Processing Unit, not the JOS/Worker. Checks that are returned to the CSIC for cancellation must be sent to the Processing Unit with the [W-113E](#) indicating that the check must be cancelled.

Food Stamp Implications

There are no Food Stamp implications.

Medicaid Implications

There are no Medicaid implications.

**LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING-IMPAIRED IMPLICATIONS**

For Limited English Speaking Ability (LESA) participants and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#) and [PD #06-13-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 a participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

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

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), 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), change the 02 to an 01 if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form (LDSS-3573) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (M-186a).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why he/she cannot SIC. The AJOS/Supervisor I must complete an M-186a.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already 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.

#### Evidence Packets

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.

#### RELATED ITEMS

[PB #04-93-ELI](#)  
[PB #07-99-OPE](#)  
[PD #05-28-SYS](#)  
[PD #07-03-OPE](#)  
[PD #08-06-SYS](#)  
[PD #08-10-ELI](#)  
[Stop Payments Module User Manual](#)

## REFERENCES

[Temporary Assistance Source Book](#), Chapter 21, sections A and B

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## ATTACHMENTS

☰ Please use Print on Demand to obtain copies of forms.

<b>M-160j</b>	Request for Original or Copy of Checks (Rev. 4/10/08)
<b>M-186a</b>	Conference Report (Rev. 4/10/08)
<b>M-186a (S)</b>	Conference Report (Spanish) (Rev. 4/10/08)
<b>M-325c</b>	Stop Payment Order (Rev. 4/10/08)
<b>M-325t</b>	Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check (Rev. 4/10/08)
<b>M-325t (S)</b>	Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check (Spanish) (Rev. 4/10/08)
<b>W-113E</b>	Information and Referral Notice (Rev. 4/10/08)
<b>W-137A</b>	Request for Emergency Assistance or Additional Allowance (For Participants Only) (Rev. 4/10/08)
<b>W-137A (S)</b>	Request for Emergency Assistance or Additional Allowance (For Participants Only) (Spanish) (Rev. 4/10/08)
<b>W-145A</b>	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status (Rev. 4/10/08)
<b>W-146</b>	Landlord Request for Replacement of Direct Vendor Payment (Rev. 4/10/08)
<b>W-146A</b>	Notice to Participant Receiving Restricted Rent Checks (Timely) (Rev. 4/10/08)
<b>W-146A (S)</b>	Notice to Participant Receiving Restricted Rent Checks (Timely) (Spanish) (Rev. 4/10/08)
<b>W-147</b>	Letter to Landlord – Request for Residence Verification (Rev. 4/10/08)
<b>W-147 (S)</b>	Letter to Landlord – Request for Residence Verification (Spanish) (Rev. 4/10/08)
<b>W-147A</b>	Replacement of Direct Vendor Payments (Rev. 4/10/08)
<b>W-147FF</b>	Claims and Collections Response (Rev. 4/10/08)
<b>W-147L</b>	Two-Party Check Discrepancy (Rev. 4/10/08)
<b>W-147Y</b>	Affidavit of Improper Negotiation of Public Assistance Check (Rev. 4/10/08)
<b>W-270</b>	Center Director the Routing Control Sheet (Rev. 4/10/08)
<b>W-400B</b>	BRI Fraud Referral Log (Rev. 4/10/08)
<b>W-450Q</b>	Transmittal: Notice of Corrective Measures Needed (Rev. 4/10/08)
<b>W-450R</b>	Transmittal: Notice of Corrective Measures Taken (Rev. 4/10/08)

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

**Request for Original or Copy of Checks**

Division of Automated Check Inventory and Tracking/BORAC/FO Transmittal

To: Division of Automated Check Inventory and Tracking (DACIT)  
180 Water Street, 9th Floor  
New York, NY 10038

From: \_\_\_\_\_  
Center Name and Number

**Please provide a copy of checks identified by check number on the attached printouts.**

<p>To be completed by Requestor:</p> <p>Date of Request: _____</p> <p>Requestor's Name: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Date Response Required: _____</p>	<p>To be completed by CSICU:</p> <p>Date Received: _____</p> <p>Date Check Sent to Requestor: _____</p> <p>Work Completed by: _____</p>
--	---

SAMPLE

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

**Request for Original or Copy of Checks**

Division of Automated Check Inventory and Tracking/BORAC/FO Transmittal

To: Division of Automated Check Inventory and Tracking (DACIT)  
180 Water Street, 9th Floor  
New York, NY 10038

From: \_\_\_\_\_  
Center Name and Number

**Please provide a copy of checks identified by check number on the attached printouts.**

<p>To be completed by Requestor:</p> <p>Date of Request: _____</p> <p>Requestor's Name: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Date Response Required: _____</p>	<p>To be completed by CSICU:</p> <p>Date Received: _____</p> <p>Date Check Sent to Requestor: _____</p> <p>Work Completed by: _____</p>
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### Conference Report

(File original in **W-98A** folder, 1 copy in Conference Folder, 1 copy to Applicant/Participant)

Check all that apply:  In Person  Telephone  Information Only

Case Name: _____		
Address: _____		Telephone: _____
Category/Case Number: _____	Center: _____	Caseload: _____
Fair Hearing Number: _____	MDR <input type="checkbox"/> Yes <input type="checkbox"/> No	Appointment Date: _____

**1. A conference was held on \_\_\_\_\_ regarding:**  
(Date)

Transaction

Date of Notice: \_\_\_\_\_  Closing  Reduction  Denial  
 POS  CNS  Manual  Other

**2. Notice expiration date: \_\_\_\_\_ Closing Action Code: \_\_\_\_\_**

Program code (if applicable): \_\_\_\_\_

**3. Issue(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Conference decision:**

- Agency Upheld  Good Cause Not Granted  Referral to Employment Program
- Agency Reversed  Good Cause Granted  Referral to SASC
- Recoupment Hardship Adjustment
- Other

**5. Reason for the decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. The following documents support the above decision:**

- Agency Notice  Budget  W-25  CNS Notice  LDSS-2921
- W-137B  WMS Printouts  Additional Documents: \_\_\_\_\_

**7. Action needed:** \_\_\_\_\_  
\_\_\_\_\_

Signature of AJOS/Supervisor I: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reporte de la Conferencia

(Guarde la copia original en el archivo **W-98A**, 1 copia en el Archivo de la Conferencia,  
1 copia al Solicitante/Participante)

Marque todos los que correspondan:  En persona  Por teléfono  Sólo para fines informativos

Nombre del Caso: _____		
Dirección: _____	Teléfono: _____	
Categoría/Núm. del Caso: _____	Centro: _____	Unidad de Casos _____
Núm. de la Audiencia Imparcial: _____	MDR <input type="checkbox"/> Sí <input type="checkbox"/> No	Fecha de la Cita: _____

1. Se llevó a cabo una conferencia el \_\_\_\_\_ acerca de:  
(Fecha)

Trámite

Fecha del Aviso: \_\_\_\_\_  Cierre  Reducción  Negación

POS  CNS  Manual  Otro

2. Fecha de vencimiento del aviso : \_\_\_\_\_ Código de Acción de Cierre: \_\_\_\_\_

Código del programa (si corresponde): \_\_\_\_\_

3. Asunto(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Decisión de la conferencia:

Respalda por la Agencia  Causa Válida Descartada  Enviado a un Programa de Empleo

Revocada por la Agencia  Causa Válida Aceptada  Enviado a SASC

Ajuste de Reembolso por Privación

Otro

5. Motivo de la decisión: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Los siguientes documentos respaldan la decisión mencionado arriba:

Aviso de la Agencia  Presupuesto  W-25  Aviso de CNS  LDSS-2921

W-137B  Impresos de WMS  Documentos Adicionales : \_\_\_\_\_  
\_\_\_\_\_

7. Acciones necesarias: \_\_\_\_\_  
\_\_\_\_\_

Firma del AJOS/Supervisor I: \_\_\_\_\_

Fecha: \_\_\_\_\_

Firma del Solicitante/Participante: \_\_\_\_\_

Fecha: \_\_\_\_\_

**STOP  
Payment Order  
(DACIT)**

Date: \_\_\_\_\_  
Center Name and Number: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

To: Division of Automated Check  
Inventory and Tracking (DACIT)  
180 Water Street, 9th Floor  
New York, NY 10038  
Fax: (212) 331-6273

--	--	--	--	--	--	--	--	--	--

Check Number

--	--	--	--

Date

\$				
----	--	--	--	--

Dollar Amount

Reason for the Stop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Worker Signature

Date

Telephone Number

Supervisor Signature

Date

Telephone Number

SAMPLE

**STOP  
Payment Order  
(DACIT)**

Date: \_\_\_\_\_  
Center Name and Number: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

To: Division of Automated Check  
Inventory and Tracking (DACIT)  
180 Water Street, 9th Floor  
New York, NY 10038  
Fax: (212) 331-6273

--	--	--	--	--	--	--	--	--	--

Check Number

--	--	--	--

Date

\$				
----	--	--	--	--

Dollar Amount

Reason for the Stop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Worker Signature

Date

Telephone Number

Supervisor Signature

Date

Telephone Number





## Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check

**Type of Affidavit:**  M-325                       Amended Status Code                       Reamended Status Code

Participant Name (as appears on roll): \_\_\_\_\_  
First Name                      M.I.                      Last Name

Center: \_\_\_\_\_ Case Number: \_\_\_\_\_ Suffix: \_\_\_\_\_

Category: \_\_\_\_\_

**CHECK INFORMATION**

Original Check Number:	Date Check Issued:	Amount Check Issued For:												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> \$	

SAMPLE

ESTADO DE NUEVA YORK )  
CONDADO DE NUEVA YORK ) ss:

Yo, el suscrito, habiendo prestado juramento, testifico y declaro: que soy el participante de Asistencia en Efectivo y que soy la persona identificada más arriba; que el Centro de Empleo me ha informado de que el antemencionado cheque fue emitido por dicha Administración; que yo no he recibido el cheque antemencionado; que no he recibido beneficio alguno directo o indirecto procedente de dicho cheque; que no lo he endosado ni autorizado a persona alguna para así hacerlo. Si este cheque llega a mi poder, lo devolveré inmediatamente a este Centro. ACCEDO A NO ENDOSAR NI HACER EFECTIVO ESTE CHEQUE.

Se me ha notificado y así lo he entendido, que el departamento se está basando en mis declaraciones para reemplazar el dinero y que si presto testimonio falso o tergiversado, estaré sujeto a pena criminal.

También tengo conciencia de que si a causa de testimonio falso o tergiversación se produce duplicación en la Asistencia en Efectivo, el cheque reemplazado será considerado un anticipo del dinero que se me deba, y la cantidad duplicada será deducida de mis próximos cheques.

Roll Number									
Check Number									

Subscribed and sworn before me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public                      Participant Signature

\_\_\_\_\_  
Name of Form Preparer                      Roll Number of Original Check

\_\_\_\_\_  
Name of Interpreter                      Reconciliation Number

Interpreter's Address (If Employee, State Center Address)

### Replacement for Initial Check Authorized

The aforementioned information has been verified and this check has not been canceled to date by the Control Unit or FCU.

Date: \_\_\_\_\_ Head Control Clerk: \_\_\_\_\_

#### REPLACEMENT CHECK INFORMATION

Replacement Check Number:	Date of Replacement Check:	Amount of Replacement Check:
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

#### FCU Use Only: Determination Regarding Original Check

FCU Supervisor Seal (and Comments)
--

- SAMPLE
- NO REPLACEMENT – Endorsed by participant and landlord.
  - NO REPLACEMENT – Endorsed by landlord, not participant; if replaced already, get refund from landlord or credit for rent.
  - NO REPLACEMENT – Endorsed by participant, not landlord. If replaced, RECOUP.
  - REPLACEMENT AUTHORIZED (or VALIDATED if done already)  
FORGERY – Both endorsements incorrect.
  - REPLACEMENT AUTHORIZED – Photocopy NIF. Send this form back to FCU with replacement information.
  - REPLACEMENT AUTHORIZED – Improper referral. Check does not appear on FCU tape. Send this form back to FCU with replacement information.

Signature	Date Signed	Location
-----------	-------------	----------

Print Name	Title
------------	-------

- A Landlord Affidavit, stating that the landlord in the case has not received any of the proceeds of the check in question, has been obtained and is attached.
- A Landlord Affidavit could not be obtained.

Initials	Location	Date
----------	----------	------

### Information and Referral Notice

Job Center/Other \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

To	Group or Section/Job Center/Agency		Floor	Room No.	For: Information Only	<input type="checkbox"/>
From	Group/Section	Signature of Worker	Tel. Number		Reply	<input type="checkbox"/>
					Referral	<input type="checkbox"/>

Name of Applicant/Participant	Case Type/Number/Suffix
-------------------------------	-------------------------

Address

Message/Reply (if referral to another Job Center or agency, give reason)

---



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SAMPLE

### Information and Referral Notice

Job Center/Other \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

To	Group or Section/Job Center/Agency		Floor	Room No.	For: Information Only	<input type="checkbox"/>
From	Group/Section	Signature of Worker	Tel. Number		Reply	<input type="checkbox"/>
					Referral	<input type="checkbox"/>

Name of Applicant/Participant	Case Type/Number/Suffix
-------------------------------	-------------------------

Address

Message/Reply (if referral to another Job Center or agency, give reason)

---



---



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---



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

### Request for Emergency Assistance or Additional Allowance (For Participants Only)

Please fill out this form if you need emergency assistance or an additional allowance.

**Remember:**

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

**SECTION I: EMERGENCY ASSISTANCE**

The type of EMERGENCY ASSISTANCE I am requesting is:

SAMPLE

The reason I need emergency assistance is:

**SECTION II: ADDITIONAL ALLOWANCES**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Back rent   | <input type="checkbox"/> Additional allowance for fuel   |
| <input type="checkbox"/> Repair of essential household items                                   | <input type="checkbox"/> Additional allowance to maintain or restore utility service                         |
| <input type="checkbox"/> Back mortgage and/or taxes  | <input type="checkbox"/> Property repairs  |
| <input type="checkbox"/> Pregnancy allowance   | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other:  |

Burial allowance – you or your duly authorized representative must apply for this allowance at:  
151 Lawrence Street, 5th Floor  
Brooklyn, NY 11201

**Expenses related to moving:**

- Moving expenses
- Security deposit/agreement
- Broker's/finder's fee/voucher
- Furniture and other household items
- Storage of furniture and personal belongings

**New Address:**

Address (include apt. no.) \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 When did you move? \_\_\_\_\_ New rent: \$ \_\_\_\_\_  
 Landlord's name: \_\_\_\_\_  
 Primary tenant's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address (include apt no.) \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

**SECTION III: WORK ACTIVITY – RELATED SUPPORTIVE SERVICES**

**I am requesting the following supportive services:**

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

**WEP agencies and/or contractors are responsible for providing necessary safety equipment or job-related clothing for their participants.**

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

**SECTION IV: ADD PERSON TO CASE**

**I want to add the following person(s) to my Cash Assistance case:**

<input type="checkbox"/> New baby Name: _____ First Name                      M.I.                      Last Name Date of birth: _____ Social Security number (if known): _____ Child entered home Name: _____ First Name                      M.I.                      Last Name Date returned: _____ Date of birth: _____ Social Security number (if known): _____	<input type="checkbox"/> Adult living with me Name: _____ First Name                      M.I.                      Last Name Date moved In: _____ Date of birth: _____ Social Security number (if known): _____ Relationship: _____ This person must complete an application to receive assistance.
---	---

If you do not have all this information, you can still submit this form to your Worker.

\_\_\_\_\_  
Participant's Signature                      Date of Request                      Time of Request                       AM     PM

\_\_\_\_\_  
Worker's Signature                      Date

Fecha: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Unidad de Casos: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Núm. de Teléfono del  
Trabajador: \_\_\_\_\_  
Núm. de Tel. del FH&C: \_\_\_\_\_

### Petición para Asistencia de Emergencia o Asignación Adicional (Sólo para Participantes)

Favor de completar este formulario si necesita asistencia de emergencia o una asignación adicional.

**Recuerde:**

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

**SECCIÓN I: ASISTENCIA DE EMERGENCIA**

El tipo de ASISTENCIA de EMERGENCIA que estoy solicitando es:

SAMPLE

La razón por la cual necesito asistencia de emergencia es la siguiente:

**SECCIÓN II: ASIGNACIONES ADICIONALES**

Estoy solicitando la(s) siguiente(s) asignación(es) para necesidad(es) especial(es):

- |   |   |
|---|---|
| <input type="checkbox"/> Alquiler atrasado  | <input type="checkbox"/> Asignación adicional para combustible  |
| <input type="checkbox"/> Reparación de artículos del hogar necesarios   | <input type="checkbox"/> Asignación adicional para mantener o restaurar servicios de electricidad y gas |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados   | <input type="checkbox"/> Reparaciones a la propiedad  |
| <input type="checkbox"/> Asignación para embarazo   | <input type="checkbox"/> Reemplazo de ropa perdida a raíz de desastres tal como desamparo o incendio    |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde estoy viviendo  | <input type="checkbox"/> Otras asignaciones:  |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en la siguiente dirección:<br>151 Lawrence Street, 5to piso<br>Brooklyn, NY 11201 |   |

**Gastos relacionados con la mudanza:**

- Gastos de mudanza
- Depósito/acuerdo de garantía
- Pago de comisión/comprobante de agente
- Muebles y otros artículos del hogar
- Almacenamiento de muebles y artículos personales

Nueva Dirección: \_\_\_\_\_  
(con núm. de apto.)

\_\_\_\_\_  
Ciudad Estado Código Postal

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

Nombre del casero: \_\_\_\_\_

Nombre del inquilino principal: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(con núm. de apto.)

\_\_\_\_\_  
Ciudad Estado Código Postal

**SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO**

**Estoy solicitando los siguientes servicios de apoyo:**

- Asignación de cuidado infantil dentro de los límites aprobados, de ser necesario
- Ropa para participantes que realicen actividades relacionadas a la búsqueda de trabajo, que se encuentren en situaciones **fuera de lo común**, tales como deshaucio o ser víctima de algún incendio reciente y no tener la vestimenta adecuada.
- Otros servicios de apoyo relativos a actividades de trabajo:
- Transporte público necesario
- Cuota de autorización, relacionada con actividad/participación, de uniformes o bienes duraderos dentro de los límites aprobados, a la hora de presentar la documentación que compruebe la necesidad de dichos artículos



**Las agencias de WEP y/o los contratistas tienen la responsabilidad de proporcionar a sus participantes la ropa o el equipo de seguridad necesarios para el trabajo.**

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

**SECCIÓN IV: AGREGAR A UNA PERSONA AL CASO**

**Deseo agregar a la(s) siguiente(s) persona(s) a mi caso de Asistencia en Efectivo:**

- Nuevo bebé
  - Adulto que vive conmigo
- Nombre: \_\_\_\_\_  
Nombre I. Apellido
- Nombre: \_\_\_\_\_  
Nombre I. Apellido
- Fecha de nacimiento: \_\_\_\_\_  
Fecha en que se mudó: \_\_\_\_\_
- Número de Seguro Social (si lo sabe): \_\_\_\_\_  
Fecha de nacimiento: \_\_\_\_\_
- Niño ingresó al hogar
- Nombre: \_\_\_\_\_  
Nombre I. Apellido
- Relación: \_\_\_\_\_
- Esta persona tiene que llenar una solicitud para recibir asistencia.
- Fecha de retorno: \_\_\_\_\_  
Fecha de nacimiento: \_\_\_\_\_  
Número de Seguro Social (si lo sabe): \_\_\_\_\_

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

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha de la Solicitud Hora de la Solicitud  AM  PM

\_\_\_\_\_  
Firma del Trabajador

\_\_\_\_\_  
Fecha

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Notice to Landlord/Primary Tenant of Rent Restriction Payment Status

The Human Resources Administration now pays shelter allowances for Safety Net and Family Assistance participants, with a few exceptions, through mandatory direct vendor payments to the Landlord or primary tenant to ensure that rent is paid promptly.

We are writing to inform you of the restriction of rent for the above-named Cash Assistance participant residing at:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SAMPLE**

#### Initiation of Shelter Allowance Restriction

Beginning \_\_\_\_\_, the shelter allowance for the above-named Cash Assistance participant will  
(date)

be paid semimonthly by a:

- check sent directly to you on the participant's behalf.
- two-party check in the participant's name and yours sent to the participant, but for deposit only to your account.

We will notify you prior to terminating this method of payment.

#### Termination of Shelter Allowance Restriction

Beginning \_\_\_\_\_, the shelter allowance for the above-named participant will no longer be paid by a:  
(date)

be paid semimonthly by a:

- check sent directly to you on the participant's behalf.
- two-party check in the participant's name and yours.

As of the above date, the participant will be responsible for making full rent payments to you.

**Ineligibility for Payment of Shelter Allowance**

Beginning \_\_\_\_\_, the shelter allowance for the above-named participant will be withheld due  
(date)

to immediate hazardous housing code violation(s) recorded for the building's public areas or for the apartment listed above. If you need assistance in removing the violation(s), or if you dispute that the violation(s) is/are still on record, we urge you to contact the Department of Housing Preservation and Development's Code Enforcement Unit borough office.

**If you have any questions, please feel free to call** \_\_\_\_\_.  
(telephone number)

\_\_\_\_\_  
Worker Name (please print)                      Worker Signature                      Date

\_\_\_\_\_  
Supervisor Name (please print)                      Supervisor Signature                      Date

SAMPLE

## Landlord Request for Replacement of Direct Vendor Payment

**Instructions to Center Staff:** Please provide the Landlord with this form (**W-146**) and a printout of the WMS Benefit Issuance Screen **NQCS5E** for DVP replacement checks(s).

**Instructions to Landlord:** Please fill out this form and return it to the Bureau of Reconciliation and Control (BORAC) at the address listed below along with the printout of the WMS benefit issuance screen that you received from the Agency. BORAC will process your request and replace the check within nine (9) months of the issuance date, pending their investigation.

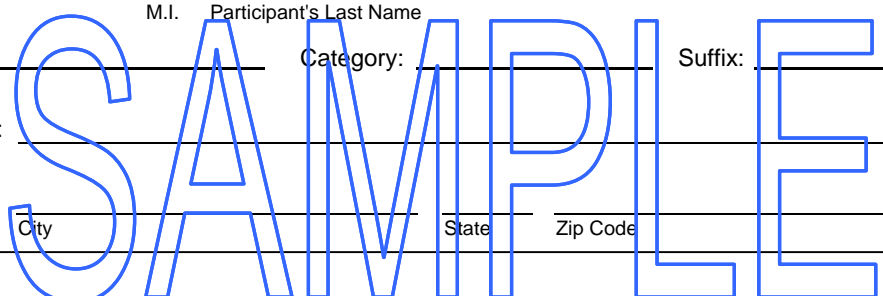
**Please keep a copy of this form for your records.**

To: Bureau of Reconciliation and Control (BORAC)  
Check Replacement Unit  
180 Water Street, 9th Floor  
New York, NY 10038  
Phone: (212) 331-3772 Fax: (212) 331-3723/3724

Date: \_\_\_\_\_

I, the undersigned Landlord (or Managing Agent), hereby request replacement of the Direct Vendor Payment rent check on behalf of:

Participant's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Participant's Last Name \_\_\_\_\_  
 Case Number: \_\_\_\_\_ Category: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Participant's Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Check the box that applies to your Direct Vendor check:  
 Lost     Stolen     Mutilated (check[s] must accompany form)     Nonreceipt     Other: \_\_\_\_\_

Check Number	Check Date	Check Amount	Job Center

Landlord or Managing Agent Name (print) \_\_\_\_\_

Signature of Landlord or Managing Agent \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Caseload: \_\_\_\_\_  
FH&C Telephone Number: \_\_\_\_\_

**Notice to Participant Receiving Restricted Rent Checks (Timely)**

**SAMPLE**

Our records indicate that your shelter allowance is restricted.

Beginning \_\_\_\_\_ you will no longer receive two-party rent checks, we will send  
(Date)

the rent directly to your Landlord as indicated below:

- New York City Housing Authority (NYCHA)
- Housing Preservation and Development (HPD)
- Other (specify): \_\_\_\_\_

**Until the change takes place, continue to give all two-party rent checks to your Landlord.**

\_\_\_\_\_  
JOS/Worker Signature                                      Date                                      Supervisor Signature                                      Date

The law(s) and/or regulation(s) which allow(s) us to do this is/are: 18 NYCRR § 381.1(b), § 381.2(a),(b) and § 381.3(c)(3).

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



## Conference and Fair Hearing 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.

### STATE FAIR HEARING

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

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy 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 documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**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 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.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the time frame indicated in the Continuing Your Benefits section, your benefits will not stay the same.

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 Cash Assistance, medical assistance or social services issues and ninety (90) days for Food Stamp 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:**

SAAMPLE

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name M.I. Last Name

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fecha de Aviso: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro de Trabajo: \_\_\_\_\_  
Unidad de Casos: \_\_\_\_\_  
Núm. de Tel. de FH&C: \_\_\_\_\_

**Aviso para los Participantes que Reciban Cheques para Alquiler Restringido (Oportuno)**

**SAMPLE**

Nuestros expedientes indican que su concesión para refugio ha sido restringida.

A partir del \_\_\_\_\_, usted ya no recibirá cheques de alquiler a nombre de dos partes pues  
(Fecha)

le enviaremos el pago para el alquiler directamente a su Casero indicado a continuación:

- New York City Housing Authority (NYCHA) – Autoridad de Vivienda de la Ciudad de Nueva York
- Housing Preservation and Development (HPD) – Desarrollo Y Preservación de la Vivienda
- Otro (especifique): \_\_\_\_\_

**Hasta que se lleve a cabo este cambio, continúe entregando todos los cheques a nombre de dos partes para alquiler a su Casero.**

\_\_\_\_\_  
Firma del Trabajador/JOS

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Supervisor

\_\_\_\_\_  
Fecha

La(s) Ley(es) y/or Disposición(es) reglamentaria(s) que nos permite(n) obrar de esta forma es/son: 18 NYCRR § 381.1(b), § 381.2 (a),(b) y § 381.3(c)(3).

**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 (Fair Hearing and Conference – 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].)

### AUDIENCIA IMPARCIAL ESTATAL

**Como 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  
The 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: **(516) 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 Asistencia 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 abogacía 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 cómo 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. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

**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):** Sus beneficios continuarán sin cambios, hasta que la Audiencia Imparcial emita la decisión, si solicita una Audiencia Imparcial antes de la fecha de vigencia indicada en este aviso. Sin embargo, si no recertifica su caso de beneficios de Cupones para Alimentos, de ninguna manera continuarán después de la última fecha del periodo de certificación de Cupones para Alimentos (refiérase a 18 NYCRR § 358-3.6).

Tenga en cuenta que si solamente pide una conferencia, en vez de una Audiencia Imparcial Estatal, dentro del plazo de tiempo que se indica en la sección de Mantenimiento de Sus Beneficios, sus beneficios no continuarán al mismo nivel.

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 Efectiva.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) 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 Letras de Molde: \_\_\_\_\_ Núm. del Caso: \_\_\_\_\_  
Nombre I. Apellido

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

**Letter to Landlord – Request for Residence Verification**  
(Prepare in Duplicate)

**Section A: Request for Household/Residence Verification**

We are presently reviewing the Cash Assistance application/case of: \_\_\_\_\_  
Applicant/Participant Name

who resides at \_\_\_\_\_  
Address Apartment Number

We would appreciate your providing the information requested below as soon as possible.  
Thank you for your cooperation.

Worker's Name Telephone Number

**Section B: Reply by Landlord**

**SAMPLE**

Name on lease: \_\_\_\_\_  
Date lease signed: \_\_\_\_\_  
Amount of rent charged per month: \$ \_\_\_\_\_ Last date rent paid: \_\_\_\_\_  
Number of persons in household: \_\_\_\_\_  
Tenant's financial references: \_\_\_\_\_  
Names of persons in household: \_\_\_\_\_  
Does \_\_\_\_\_ reside at the above address?  Yes  No  
Building Superintendent/Managing Agent: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Signature of Landlord \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Telephone contact made with \_\_\_\_\_  
on \_\_\_\_\_ at telephone number \_\_\_\_\_

Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

### Carta al Casero – Petición para Verificación de Residencia

(Preparar en Duplicado)

#### Sección A: Petición para Verificación de Casa/Residencia

Nosotros estamos actualmente revisando la solicitud de Asistencia en Efectivo/caso de: \_\_\_\_\_  
Nombre del Solicitante/Participante

quien reside en \_\_\_\_\_

Dirección

Número de Apartamento

Le agradecemos que usted nos provea la información solicitada más abajo tan pronto como le sea posible.  
Gracias por su cooperación.

Nombre del Trabajador

Número de Teléfono

#### Sección B: Respuesta del Casero

Nombre en el contrato de arrendamiento: \_\_\_\_\_

Fecha en que se firmó el contrato de arrendamiento: \_\_\_\_\_

Cantidad de alquiler mensual \$ \_\_\_\_\_ Última fecha que el alquiler fue pagado: \_\_\_\_\_ Número de personas en el hogar: \_\_\_\_\_

Referencias financieras del inquilino: \_\_\_\_\_

Nombres de personas en el hogar: \_\_\_\_\_

¿Reside \_\_\_\_\_ en la dirección antedicha?  Sí  No

Superintendente del Edificio/  
Agente Administrador: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_

Firma del Casero

Fecha

#### For Office Use Only

Telephone contact made with \_\_\_\_\_

on \_\_\_\_\_ at telephone number \_\_\_\_\_

**Replacement of Direct Vendor Payments**  
(Complete this form and fax to BORAC)

Date: \_\_\_\_\_

To : Bureau of Reconciliation and Control (BORAC)  
Check Replacement Unit  
180 Water Street, 9th Floor  
New York, NY 10038  
Phone: (212) 331-3772 Fax: (212) 331-3723/3724

From : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We have replaced the following DVP check(s) on an emergency basis for the case listed below:**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Original Check Number: _____	Date: _____	Amount: \$ _____
Replacement Check Number: _____	Date: _____	Amount: \$ _____
Landlord Name: _____	_____	_____
First Name	Last Name	
Special Grant Code of Replacement*: _____		

Original Check Number: _____	Date: _____	Amount: \$ _____
Replacement Check Number: _____	Date: _____	Amount: \$ _____
Landlord Name: _____	_____	_____
First Name	Last Name	
Special Grant Code of Replacement*: _____		

Original Check Number: _____	Date: _____	Amount: \$ _____
Replacement Check Number: _____	Date: _____	Amount: \$ _____
Landlord Name: _____	_____	_____
First Name	Last Name	
Special Grant Code of Replacement*: _____		

Original Check Number: _____	Date: _____	Amount: \$ _____
Replacement Check Number: _____	Date: _____	Amount: \$ _____
Landlord Name: _____	_____	_____
First Name	Last Name	
Special Grant Code of Replacement*: _____		

\* Special Grant Code of Replacement must be **07** or **08**.



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Claims and Collection Response

To: \_\_\_\_\_  
(Job Center)

Regarding: \_\_\_\_\_  
(Participant's Name)

Previous Landlord: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SAMPLE**

The Landlord listed above has cooperated with the Agency's recovery efforts.

Amount recovered from the previous Landlord: \$ \_\_\_\_\_.

This amount is sufficient to satisfy the recoupment initiated on the aforementioned participant. As a result, the duplicate rent recoupment dated on or about \_\_\_\_\_ should be deleted from the system.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
Claims and Collection

## Two-Party Check Discrepancy

Our records indicate that check number \_\_\_\_\_ issued for two-party rent for \_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)  
for: \_\_\_\_\_ who resides at \_\_\_\_\_  
(Participant's Name) (Address)

did not clear the bank because the Landlord/Managing Agent name on the check does not match the endorsement or the name of the account in which you deposited the check.

You must either provide us with information to correct our records or change the name on the account to match the information you have given us.

SAMPLE

**To be completed by the Landlord:**

I, \_\_\_\_\_, certify that I am the Landlord or designated Managing Agent for \_\_\_\_\_  
(Address)

I further certify that \_\_\_\_\_ resides at \_\_\_\_\_  
(Participant's Name) (Address)

and pays \$ \_\_\_\_\_ monthly for rent. All rent checks should be made payable to:  
(Amount)

Landlord/Managing Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord/Managing Agent

### Affidavit of Improper Negotiation of Cash Assistance Check

**Instructions to the Landlord/Managing Agent:** If the endorsement on the enclosed copy of the check(s) is not yours, complete Section 2 of this affidavit, have it notarized and send it with the copy of the check(s) to:

**BORAC**  
Attn: Supervisor, Forged Check Unit  
180 Water Street, 9th Floor  
New York, NY 10038

**Section 1**  
To be completed by Center staff

Center		Case Type (FA, SNA, etc.)				Case Number						Suffix	
Payee's Name (as it appears on check)													
Check Number													
Issue Date						Amount							
						\$		,				.	

SAMPLE

**Section 2**  
To be completed by Landlord/Managing Agent

I, \_\_\_\_\_, the undersigned, being duly sworn, depose and say that I am the  
(company name, if applicable)  
Landlord/Managing Agent of \_\_\_\_\_.  
My address/phone number is as follows:  
\_\_\_\_\_  
\_\_\_\_\_

The attached check was issued by the Center and required my endorsement to be valid. I have examined a copy of said check and the endorsements thereon, and state that none of the endorsements were made by me or with my authority and that I did not receive any of the proceeds of said check.

\_\_\_\_\_  
Signature of Landlord/Managing Agent

Subscribed and sworn to before me:

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Notary Public

### Routing Control Sheet

Photo ID card       Medicaid card

Receptionist/CSIC: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Forward to: A. \_\_\_\_\_ B. \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

**Required Action(s)**

**A** Address change/no special allowance needed

**B** Reclassification

**C** Closing

**J** Other \_\_\_\_\_

**D** Acceptance

**E** Check pickup

**F** Check stolen

**G** Check lost

**H** Photo ID card

**I** Medicaid card

SAMPLE

**To Be Completed by Worker Completing the Required Action(s)**

Narrative of service given and case status (history): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Job Center: \_\_\_\_\_

NCA Food Stamp Office: \_\_\_\_\_

### BFI Fraud Referral Log

Date of Referral	Case Number	Applicant's/Participant's Name	Referred by/Title

SAMPLE

**Landlord Ombudsman Services Unit  
Transmittal: Notice of Corrective Measures Needed**

Date: \_\_\_\_\_

To Center: \_\_\_\_\_

From: Landlord Ombudsman Services Unit (LOSU)  
180 Water Street  
19th Floor  
New York, NY 10038  
(212) 331-5927

The Landlord Ombudsman Services Unit (LOSU) reviewed the Returned Direct Vendor check for the case number listed below. It has been determined that corrective case action is needed.

SAMPLE

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Corrective action to be taken by the Job Center/HASA:

- Shelter allowance updated (removed, increased or decreased)
- Call participant to update Landlord and address information
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Ombudsman

\_\_\_\_\_  
Date

### Transmittal: Notice of Corrective Measures Taken

Date: \_\_\_\_\_

To Center: \_\_\_\_\_

From: Landlord Ombudsman Services Unit (LOSU)  
180 Water Street  
19th Floor  
New York, NY 10038  
(212) 331-5927

The Landlord Ombudsman Services Unit (LOSU) has reviewed and taken corrective measures on the Returned Direct Vendor check for the case listed below.

SAMPLE

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Corrective action completed:

Landlord's name and address corrected

Rent check(s) replaced

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Ombudsman

\_\_\_\_\_  
Date