



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #08-31-ELI

(This Policy Directive Obsoletes PD #01-66-ELI, PD #04-20-ELI, PB #02-04-ELI, PB #02-20-ELI, PB #02-50-ELI, PB #02-83-OPE, and PB #02-125-ELI)

TIME LIMIT REASSESSMENT INTERVIEW FOR FAMILY ASSISTANCE AND SAFETY NET FEDERALLY PARTICIPATING PARTICIPANTS APPROACHING THE 60-MONTH TIME LIMIT ON CASH ASSISTANCE

Date: August 27, 2008	Subtopic(s): Time Limits on Cash Assistance
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AUDIENCE The instructions in this policy directive are for all Job Center staff and are informational for all other staff.

POLICY

An adult may not receive more than 60 months of TANF-funded assistance, whether or not consecutive, in his or her lifetime. In addition, TANF-funded assistance, such as FA or SNFP, may not be provided to a family which includes an adult who has received 60 months of such assistance. TANF-funded assistance received as a minor child does not count toward the lifetime limit, unless received as a minor head of household or minor spouse of the head of household.

See [PD #99-99R](#)

In addition to the federal time limit on receipt of federally-funded assistance, the Welfare Reform Act of 1997 specifies that any months in which an adult receives cash assistance through the Safety Net Assistance (SNA) program will also be applied toward the 60-month lifetime limit, even though SNA is not funded through TANF. Once an individual in the assistance household reaches the 60-month durational time limit, any subsequent assistance to the household must be through the Safety Net Non Cash Assistance (SNNC) program category, if otherwise eligible.

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*

Family Assistance/Safety Net Federally Participating (FA/SNFP) participants approaching the State 60-month time limit on Temporary Assistance to Needy Families (TANF) assistance who are not eligible for a time limit exemption must file the Safety Net Assistance (SNA) Application Supplement (**Form LDSS-4776**) prior to the expiration of the 60-month time limit as a condition of eligibility for Safety Net Non Cash (SNNC) Assistance.

Able-bodied participants in receipt of FA/SNFP who do not meet the criteria for a time limit exemption must file Form [LDSS-4776](#) within 45 days of the expiration of the 60-month time limit if they want to continue receiving uninterrupted assistance under the SNNC category. The Cash Assistance (CA) will cease at the end of the 60th month if the participant fails to file Form **LDSS-4776**.

BACKGROUND

FA/SNFP Time limit exemption criteria

FA/SNFP households may be exempted from the 60-month time limit if, upon reassessment, they are found to meet and can verify any of the following criteria:

The FA/SNFP household could be eligible for a SNCA time limit exemption if the head of household is exempt from the work requirements, or HIV positive and not required to participate in alcohol/drug rehabilitation.

- A hardship that exists because an adult family member is unable to work due to an independently verified physical or mental impairment that causes incapacitation for a period of more than six months (including those caused by alcohol or substance abuse)
- The incapacitation of another household member, which is so severe that the adult family member is needed in the home to provide full-time care
- An adult family member is in receipt of Supplemental Security Income (SSI) or SSI is pending
- If the adult family member is a Domestic Violence (DV) victim and is unable to work due to an independently verified physical or mental impairment that:
 - is the result of DV and is expected to last three months or longer
 - has happened to a child as the result of DV and the adult family member is needed in the home to care for the child

Note: DV waivers only become a consideration if an adult family member who is a victim of DV, whose time limit is about to expire, voluntarily discloses that he/she or a household member with disabilities that were caused by DV makes the adult family member unable to work. If a victim discloses this information, he/she must be seen by a DV Liaison for a time limit waiver evaluation.

Note: A two-parent family at the 60-month time limit can only have a time limit exemption if both parents meet one of the exemption criteria. For example, a two-parent family with one parent needed at home full-time to care for the second parent who has a long-term disability and is unable to work would meet the criteria for a time limit exemption.

Time limit exemptions must be periodically re-evaluated.

Once an exemption has been granted it will remain in effect for as long as the household meets the criteria. Periodic re-evaluations are required with these cases.

To ensure that these cases are correctly converted, an in-person reassessment interview for all families in receipt of FA/SNFP that are reaching the 60-month time limit will be conducted prior to conversion.

Time Limit Tracking Report (**WINRO792**)

In order to facilitate the conversion process, the Office of Temporary and Disability Assistance (OTDA) provides the Agency with a Time Limit Tracking Report (**WINRO792**). This report lists all the cases that have been in receipt of TANF-funded assistance (FA Case Type II and SNFP Case Type 12) for 12 months or more.

The **WINRO792** is divided into four parts and lists cases as follows:

- Part I: Family Assistance Cases Exceeding or Nearing (within three months) the 60-month limit
- Part II: Safety Net Cases Exceeding or Nearing (within three months) the 24/60-month limit
- Part III: Family Assistance Milestones (54, 48, 24, and 12 months)
- Part IV: Safety Net Assistance Milestones (18 and 12 months)

Batch Scheduling

Participants who are nearing their 60th month time limit (due to any combination of CA received in the FA, SNFP, or SNCA categories) are identified at month 58 and are batch-scheduled for a reassessment and SNA application interview six weeks prior to the expiration of the time limit on CA. These cases are placed on the Time Limit Called-in (**TLCLD**) worklist by auto posting Action Code **103B** (Time limit Call-in required: engaged) in NYCWAY. The Job Centers are responsible for creating batch appointment slots for their cases on the **TLCLD** worklist so that Action Code **103A** (Time limit appointment: employed/engaged) will auto post when appointments are batch scheduled.

Note: In Model Centers, when a participant reports on a **103A** call-in, it will be shown in the Front Door Electronic Reception (FRED) and the Model Office Number Identification Queue (MONIQ) as a CA appointment.

FA/SNFP participants who are due for recertification within three months prior to the expiration of the 60-month limit are excluded from the batch call-in for a reassessment and SNA application interview. The time limit reassessment and SNA application interview must be conducted in conjunction with the recertification interview.

Denials

Action to deny CA to FA/SNFP households whose 60 months of TANF-funded assistance (including SNCA received by an adult) are expiring and who fail to comply with the assessment and/or SNA application process (detailed in this procedure) must be taken in a timely manner. Failure to do so will result in the automatic conversion of the FA/SNFP case to SNNC, and once that happens; the Agency may not penalize the participants for failure to comply with the assessment and/or SNA application process.

At the end of the 60 months, any FA/SNFP case that is still active and does not have a time limit exemption will be automatically reclassified to SNNC by the OTDA.

When the time limit regulation was implemented in New York City (NYC), two processes were developed to address the reassessment and SNA application requirements: one for non-sanctioned households and another for sanctioned households. The special time limit call-in and follow-up process for sanctioned households is no longer in effect. Every FA/SNFP household reaching the State 60-month time limit (this includes any combination of CA received in the FA, SNFP or SNCA categories) on Federally Funded Cash Assistance, regardless of whether or not the household contains a sanctioned adult participant, must be evaluated for a time limit reassessment and/or a SNA application interview as described in this procedure.

The 60-Month Time Limit Questions and Answers (**EXP-53P**) has been attached to assist with any further clarifications regarding time limits.

REQUIRED ACTION

A reassessment interview must be conducted during the Face-To-Face Recertification (FFR) interview for households nearing the 60-month time limit within three months of FFR, or at a separate call-in appointment for households nearing the 60-month time limit with no FFR scheduled within the next three months.

- If the reassessment interview is conducted during the FFR, the JOS/Worker must initiate the recertification activity in the Paperless Office System (POS), then:
 - answer the drug/alcohol question, and
 - annotate the Special Assessment window.

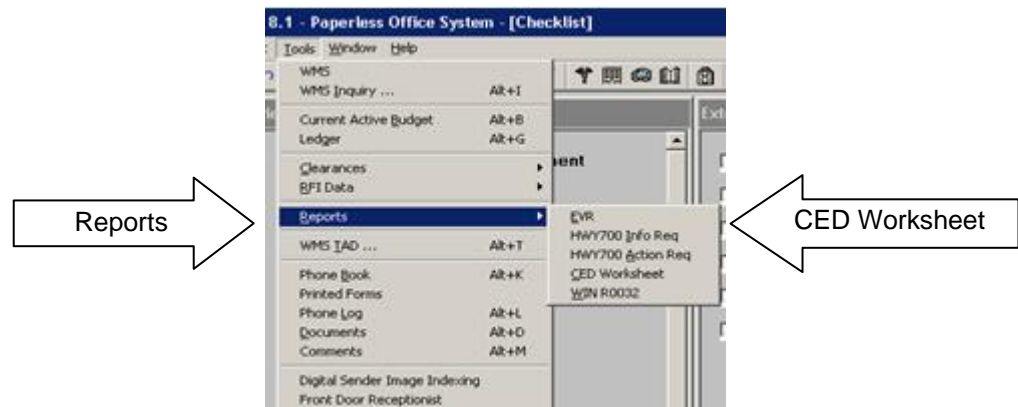
- If the reassessment interview is conducted separately from the Recertification, the JOS/Worker must initiate the Change Case Data Activity in POS.

Whether in the Recertification Activity or Change Case Data Activity, the JOS/Worker must pull-up the POS Turn-Around Document (TAD) to view the number of months on CA and ensure that the Sixty-Month Time Limit Checklist (**M-327e**) is completed, printed and scanned.

The screenshot shows the 'UNDERCARE' software interface. It is divided into 'WMS Data' and 'POS Data' sections. In the 'WMS Data' section, there are fields for Case Number (00007442824E), Suffix (1), Center (Melrose), Unit Worker (Thomas Matthew), Rule Status (UNTESTED), and M3E Indicator (0). In the 'POS Data' section, there are fields for Interview Date (05/04/2007), CED Date (05/04/2007), WMS Bdg# (redacted), and Notice Bdg#. Below these, there is a section for Case Information including Case Suff (1), Case Name (FAMILY EMERGENCY), LFLN (Yes), Language (Albanian), Notice Language (Spanish), Language Read (Spanish), Homebound Ind (Yes/No), and SNET Indicator. At the bottom, there are fields for Time Limit Count (60 Mo), 24 Mo, EMG Indicator (EAF), and EMG Dates (From: 08/03/2004 To: 01/01/1900). The '60 Mo' field is circled in red.

Time Limit Count on the POS TAD (this includes any combination of CA received in the FA, SNFP or SNCA categories).

The Time Limit Count will also be included on the Notification of Recertification Appointment Form (**W-908T**) stored in the browser on the Client Eligibility Determination (CED) Form and **WINRO32** messages. The CED and **WINRO32** can be accessed through the Tools icon shown below.



For FA/SNFP households whose time limits are expiring, conduct an interview and annotate Form **M-327e** based on the interview.

If the case is not eligible for a time limit exemption:

- print and then give the participant Form **LDSS-4776**. All applying adults, age 18 and over, must complete and sign the **LDSS-4776** form.

Form **LDSS-4776** has replaced Form **M-687m**, which is now obsolete.

Note: The New York City (NYC) version of the Safety Net Assistance (SNA) Application Supplement (**M-687m**) is now obsolete and has been replaced with Form **LDSS-4776**. Job Center Directors must ensure that all versions including multilingual equivalents of Form **M-687m** are appropriately recycled.

Forms **LDSS-4529** and **LDSS-4530** must be signed by each adult applicant 18 years of age and older. Form **LDSS-4530** must be notarized.

- discuss the time limit implications with the participant. Use the Comparison Chart – Impact on Families Before and After Sixty- (60) Month Time Limit (**M-327**).
- obtain the utility company information, restrict the utilities, and send the participant the Notice of Change in Cash Payment (**W-145VV**) if the participant's utilities are not already restricted.
- print and give each adult applicant in the household, 18 years of age and older, the Agreement to Repay Any Safety Net Assistance Overpayments Still Owed After Case is Closed (**LDSS-4529**) and the Assignment of Wages, Salary, Commissions or Other Compensation for Services (**LDSS-4530**) forms. Inform the head of the household that all adult members of the household must sign the forms as a condition of eligibility. Make sure Form **LDSS-4530** is notarized before scanning and indexing.
- Refer all able-bodied adult members of the household, 18 years of age and older who are not engaged to the Back to Work (BTW) vendor, in accordance with current procedure. All non-exempt adult participants are required to comply with job search activities for 30 days or until the case is converted to SNNC, whichever comes first.

However, if the participant is 18 to 19 years of age, in an approved training program, and is expected to graduate at the end of the semester, do not refer to BTW. In this instance, enter Action Code **199T** (Deferral/in school) in NYCWAY. The code indicates that the participant has filed Form **LDSS-4776** but is exempt from the job search, due to participation in an approved training activity.

- Enter Action Code **103L** in NYCWAY (**103L** indicates the participant has kept the SNA application interview appointment).
- If the participant meets the SNNC eligibility and has filed Form **LDSS-4776**, enter Action Code **199C** (Application outcome: filed SNA application) in NYCWAY. When the case is converted, NYCWAY will auto post Action Code **90CC** (Converted to Safety Net Family Case).

Households that meet criteria for a FA/SNFP time limit exemption

If the case meets the criteria for a time limit exemption place an **X** in the **Exemption Indicator** field of the individual detail window of the POS TAD and post Action Code **199E** (Application outcome: FA elig/exempt from TANF time limit) in NYCWAY.

The screenshot shows a software interface with a 'No Deprivation' dropdown menu. Below it is a 'Waivers' section with five checkboxes: 'D/A', 'IVD', 'LF', 'TL', and 'Oth'. To the right is an 'Exemption Indicator' section with two dropdown menus: 'TL-EX' and 'AFIS-EX'. The 'TL-EX' dropdown is open, showing a list of options: 'X-Exempt', 'A-A-Exempt FH Aid Conti', and 'X-X-Exempt'. The 'X-X-Exempt' option is selected. Below the dropdowns are buttons for 'Save Changes', 'Next', 'Previous', 'Ignore Errors', and 'Run Rules'.

Household meets criteria for a SNCA time limit exemption

FA/SNFP households meeting the criteria for a time limit exemption do not have to file Form **LDSS-4776** with one exception: Households where the head of household is exempt from the work requirements or is HIV-positive and not required to participate in alcohol/drug rehabilitation. Those households must file Form **LDSS-4776**. In addition, all applying adults in FA/SNFP households that meet the criteria for a SNCA time limit exemption must sign Forms **LDSS-4529** and **LDSS-4530**.

If the participant's shelter and energy allowances are not restricted, the JOS/Worker must ensure that vendor restrictions are implemented.

In addition, the JOS/Worker must:

- make appropriate entries in the Case Comments
- remember to scan and index all manually completed forms (except DV forms)
- close the case using CNS code **G10** (Failure to Recertify on Date) if the participant fails to keep the recertification appointment
- close the case using CNS code **V20** (failure to provide documentation) if the participant fails to keep a return appointment with additional requested documentation.

Failure to keep the time limit reassessment and the SNA application interview appointment in between the recertification period

If the casehead or legally responsible relative fails to keep the time limit reassessment and SNA application interview appointment without good cause, enter Action Code **453I** (FTR/FTC SNA appl) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **G30** (Close FA Due to 60-Month Limit-No Safety Net Application Filed).

Failure to comply with the SNA requirements

Casehead or legally responsible adult

Whether or not the reassessment and the SNA application interview appointment is conducted in conjunction with the FFR or in between the recertification period, if the casehead or legally responsible adult household member without good cause:

- refuses to sign Form **LDSS-4776**, enter Action Code **453B** (Refuse to file SNA appl) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **G30**.
- refuses or fails to include children in the filing unit, enter Action Code **453H** (Fails to Appl for child) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **G33** (Close FA Due to 60-Month Limit-Deny SNA – Refusal to apply for child).
- refuses to sign Forms **LDSS-4529** and **LDSS-4530**, enter Action Code **453G** (FTC SNA appl – ref to sign repayment agreement) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **G32** (Close FA/SNFP Case Due to 60-Month Limit-Deny SNA – Refusal to Sign Repayment).
- fails to comply with the job search requirement, enter Action Code **453D** (FTC SNA Job Search) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **P30** (Close FA/SNFP Case Due to 60-Month Limit-Deny SNA – Failure to Comply with Job Search).
- requires an employment assessment and fails to comply, enter Action Code **453E** (FTC SNA Application Employment Assessment) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **P31** (Close FA/SNFP Case Due to 60-Month Limit-Deny SNA – Failure to Comply with Employment Assessment).
- refuses to accept a bona fide job offer, enter Action Code **453F** (FTC SNA-Job Refusal) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **P32** (Close FA/SNFP due to 60-Month Limit-Deny SNA – Refusal to Take a Job).
- requires a WeCARE assessment and fails to report or comply, enter Action Code **453C** (FTC SNA APP OTH CL) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **G31** (Close FA Due to 60-Month Limit-Deny SNA – Reason Other Than Job Search).
- fails to report to or cooperate with a Bureau of Eligibility Verification (BEV) interview, enter Action Code **453R** (SANCT FTR/FTC to BEV) in NYCWAY. This code will initiate a closing of the FA/SNFP case at the end of the 60th month using CNS code **G31**.

See PD #05-04-ELI for information on the Refusal of a Job Offer policy.

Applies to Intensive Services Job Center (71) only.

Note: At this time, Action Code **453R** should only be used by the Intensive Services Job Center (71) because an interview with BEV is part of their standard review and assessment process.

The FA Time Limit CNS Closing Codes and NYCWAY Action Code Comparison Desk Guide (Form **M-687p**) facilitates the look-up of the adverse action codes associated with this process.

If a non-legally responsible adult household member on the FA/SNFP case:

Non-legally responsible
household member

- fails to report to the interview,
- refuses to sign Forms **LDSS-4529** and **LDSS-4530**, or
- fails to cooperate with the job search requirements,

enter Action Code **199R** (SNA application not filed) on his/her individual line. This code will alert the JOS/Worker during the post-conversion follow-up to remove the individual from the SNA case for failure to comply with SNA eligibility requirements. In this instance the JOS/Worker must split the suffix to give the Essential Person (EP) his/her own suffix and then close the EP's suffix using the appropriate CNS closing code.

Good cause reasons for not keeping the SNA application interview appointment

If the participant contacts the office in advance because the interview time and date is not convenient, the staff must attempt to reschedule the interview for a more appropriate time. In instances where an appropriate appointment schedule cannot be met, the following are good cause reasons for an able-bodied adult not to report to the SNA application interview appointment:

- A full-time work schedule that conflicts with the application interview appointment and a rescheduled appointment is not available
- A personal or family emergency
- An extraordinary circumstance

If it is determined that the participant has good cause for not keeping the SNA application interview appointment, the staff must enter Action Code **199G** (Time Limit Good Cause for FTR at SNA appointment) in NYCWAY, which will alert the JOS/Worker (after the case has been converted) that the participant must be called in to complete the SNA application requirements. Once the case is converted to SNNC, the participant is not required to sign Form **LDSS-4776**.

Notice Of Intent (NOI) process

Failure to apply

Any participant who comes in during the 10-day Notice Of Intent (NOI) period on a time limit-related closing for failure to keep the SNA application interview appointment must be allowed to file Form **LDSS-4776** and:

- if he/she complies with the eligibility requirements in time for a determination to be made before the end of the 60th month, the case must be Settled In Conference (SIC) and Action Code **199C** (Application outcome: filed SNA application) must be entered in NYCWAY.
- if the application is filed so late that eligibility for SNA cannot be determined before the FA/SNFP closing date, the closing must be allowed to proceed. If eligibility for SNA is established later, the case must be re-opened and the case type changed to the appropriate SNA category. Benefits must be issued retroactive to the first day of the 61st month.

To ensure that the Medicaid dates will be properly extended, the JOS/Worker must use Welfare Management System (WMS) transaction **06** (Recertification/Reauthorization) when re-opening the case.

Failure to comply

Any participant who comes in during the 10-day NOI period on a time limit-related closing for failure to comply with an eligibility requirement where the case cannot SIC prior to the closing will not be held subject to the 45-day SNA application period.

In these instances, the following actions should be taken:

- Following the FA/SNFP case closing, immediately reopen the case in the SNA category in Single Issue (SI) status. This action will allow the JOS/Worker to continue the application process.
- If the participant is determined eligible for assistance, issue benefits retroactive from the first day of the 61st month.
- If the participant is determined ineligible, close the case with the WMS case closing code that identifies the reason for ineligibility.

FA/SNFP cases closed at the end of the 60-month time limit that were denied SNA due to non-compliance with SNA eligibility requirements, and are granted good cause after the conversion, must be reopened in the SNNC category provided that all the information needed to restrict the utilities is available.

If the restriction information is not available, the JOS/Worker must reopen the case in the SNCA category and change the category once all the necessary information is obtained. If eligible, issue benefits retroactive to the first day of the 61st month.

Conversion Follow-up

Once the FA/SNFP case has been converted, Action Code **90CC** (Converted to Safety-Net Family Case) will automatically post in NYCWAY and a **C** (cash limit) will be automatically entered in element **274** of the **TAD**. Both codes indicate that the FA/SNFP case has been converted to SNNC.

A monthly report will be provided by OTDA identifying all cases that have been converted from FA/SNFP to SNNC. Upon receipt of this report, the JOS/Worker must ensure that:

- the utilities and fuel grants are restricted.
- all related members of the household are included in the case.
- Code **63** (Converted Due to 60-Month TANF Limit) has been entered in the **State/Charge** field on the **TAD**. This should happen automatically during conversion.
- all individuals formerly deemed as EPs on the FA/SNFP case are properly coded or given a separate case, if necessary.
- all adults 18 years of age and older have signed Forms **LDSS-4529** and **LDSS-4530**.
- the casehead is sent the Notice of Change in Cash Payment (Form **W-145VV**) informing him/her that the case category has been changed from FA/SNFP to SNNC and as a result of this change, the utilities have been restricted.

If any of the conversion follow-up requirements listed above have not been met, the JOS/Worker must proceed accordingly.

There may be instances when an SNNC case becomes eligible for a time limit exemption. In these instances the JOS/Worker must manually change the category from SNNC to FA and if necessary, place an **X** in the time limit exemption indicator field on the **TAD**. For example:

A FA/SNFP household was converted to SNNC due to the 60-month time limit. The adult member of the household becomes disabled and WeCARE verifies that the disability will last more than six (6) months. This household now meets the criteria for a time limit exemption, therefore, the category must be changed manually from SNNC to FA and an **X** placed in element **393** on the **TAD**.

199R Line Removal (LINRM) Worklist

Removing individuals from a converted case

The **199R** LINRM Worklist provides a listing of all CA cases converted to SNNC that contain an individual that must be removed from the case. The JOS/Worker must check each case listed on this Worklist, initiate a line closing for the individual with CNS code **199R** and prepare a CNS Notice or the Notice of Intent to Change Benefits: PART A: Public Assistance, Food Stamps Benefits, Medical Assistance Coverage and Services (Timely & Adequate) (NYC) ([LDSS-4015 A NYC](#)) and the Notice of Intent to Change Benefits: PART B: Public Assistance, Food Stamps Benefits, Medical Assistance Coverage and Services (Timely & Adequate) (NYC) ([LDSS-4015 B NYC](#)).

Once these actions have been completed, the JOS/Worker must enter Action Code **412U** (NOI sent-eligibility) in NYCWAY.

In instances where the affected individual complies with the eligibility requirements during the NOI process or good cause is granted, the JOS/Worker must enter code **820** (Good cause granted – **LDSS-4014** and **LDSS-4015** rescinded) in NYCWAY.

199G Time Limit Good Cause Granted (TLGCG) Worklist

The **199G** TLGCG Worklist provides a listing of all FA/SNFP cases in which the participant failed to keep the SNA application interview appointment with good cause and the case was subsequently converted to SNNC without an SNA eligibility determination. Cases that appear on the **TLGCG** Work List will be batch-scheduled for another SNA application interview appointment after the case is converted.

PROGRAM IMPLICATIONS

Model Center Implications

Model Center implications are incorporated into the body of this procedure.

Food Stamp Implications

CA cases that are closed for failing to appear for the reassessment interview or for refusing to sign Forms **LDSS-4529** and **LDSS-4530** must have their Food Stamp (FS) eligibility determined separately because Federally Funded Cash Assistance time limit rules do not apply to the FS program.

Medicaid Implications

CA cases that are closed for failing to appear for the reassessment interview or for refusing to sign Forms **LDSS-4529** and **LDSS-4530** must have their Medicaid eligibility determined separately because Federally Funded Cash Assistance time limit rules do not apply to the Medicaid program.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

The JOS/Worker must ensure that the participant's case has the correct employability code and if necessary, the time limit exemption indicator in order to avoid an unnecessary change in category.

Conferences

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

The FH&C Supervisor I/Associate JOS 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 will explain the reason for the Agency's action to the participant.

If the determination is that the participant has presented good cause for the infraction or that the outstanding NOI needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will SIC the case, enter detailed case notes in NYCWAY, and forward all verifying documentation submitted by the participant to the appropriate JOS/Worker for corrective action to be taken.

If the case has been granted Aid to Continue (ATC) and 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 Entry Form ([LDSS-3722](#)), change the **02** to a **01**, or prepare and submit a PA Recoupment Data Entry Form – WMS ([LDSS-3573 NYC](#)) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the 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 participant why he/she cannot SIC the issue(s). The AJOS/Supervisor I must complete Form [M-186a](#).

Should the 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 complete evidence packets must include the Time Limit Call In letter, the Time Limit Checklist, the NOI, as well as a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken, and copies of NYCWAY “Cases Notes” screens.

LIMITED ENGLISH-SPEAKING ABILITY (LESA) AND HEARING-IMPAIRED IMPLICATIONS For Limited English-Speaking Ability (LESA) and hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #08-18-OPE](#) and [PD #08-20-OPE](#).

REFERENCES [97-ADM-20](#)
[99-ADM-7](#)
[01-ADM-3](#)
[01-ADM-17](#)
[02-INF-03](#)
[07-INF-05](#)
[18 NYCRR 369.4\(d\) \(5\) \(7\)](#)

RELATED ITEM [PD #99-99R](#) Reclassification of Safety Net Cash Assistance Cases to Safety Non Cash Assistance
[PD #00-99-ELI](#) Time Limit Tracking

ATTACHMENTS:

Please use Print on Demand to obtain copies of forms.

EXP-53P	60-Month Time Limit Questions and Answers (Rev. 8/27/08)
LDSS-4529	Agreement to Repay Any Safety Net Assistance Overpayment Still Owed After Case is Closed (Rev. 6/01)
LDSS-4530	Assignment of Wages, Salary, Commissions or Other Compensation for Services (Rev. 2/07)
LDSS-4530 (S)	Assignment of Wages, Salary, Commissions or Other Compensation for Services (Spanish) (Rev. 2/07)
LDSS-4776	Safety Net Assistance (SNA) Application Supplement (8/01)
M-327	Comparison Chart – Impact on Families Before and After Sixty- (60) Month Time Limit (Rev. 8/27/08)
M-327e	Sixty-Month Time Limit Checklist (Rev. 8/27/08)
M-687p	FA Time Limit CNS Closing Codes and NYCWAY Action Code Comparison Desk Guide (Rev. 8/27/08)

W-145VV	Notice of Change in Cash Payment (Rev. 8/27/08)
W-145VV (S)	Notice of Change in Cash Payment (Spanish) (Rev. 8/27/08)
M-687m	Safety Net Assistance (SNA) Application Supplement (Obsolete)
M-687m (S)	Safety Net Assistance (SNA) Application Supplement (Spanish)(Obsolete)

60-MONTH TIME LIMIT QUESTIONS AND ANSWERS

Filing Requirements

1. **Q:** Who is required to file a Safety Net Application Supplement Form (**LDSS-4776**)?
- A:** All able-bodied adults approaching the Family Assistance (FA)/Safety Net Federally Participating (SNFP) 60-month time limit on Cash Assistance (CA) must apply for Safety Net Assistance (SNA) prior to the expiration of the time limit if they wish to continue receiving CA without interruption.
2. **Q:** Are FA/SNFP participants who are employed full-time and reaching the 60-month time limit required to file Form **LDSS-4776**?
- A:** Yes. The requirement to file Form **LDSS-4776** applies to all able-bodied adults.
3. **Q:** In a two-parent household where one parent is working full-time, do both parents have to come in to the reapplication interview? Is the fully employed parent exempt from having to come in?
- A:** Both parents must attend the reapplication interview. While the parent who is fully employed is not exempt from having to come in to apply for SNA, districts need to be sensitive to persons who are employed full-time to ensure that their employment is not put in jeopardy. Districts may want to explore after hours appointments for these families. If they are not seen and the case is not acted upon by the date of the automatic conversion, they will be transferred to SNA.
4. **Q:** We have a two-parent household. One of the parents does not show up for the application interview. Can we deny the SNA case for this reason? If so, what wording would we put in the denial notice?
- A:** You cannot process the SNA application supplement without both parents. You may give them a pending letter informing them that the other parent must come in within ten (10) days after the interview or the SNA case will be denied. In this instance the denial code to use is **G30**.

Failure to Comply

5. **Q:** If the casehead or a legally-responsible adult fails to comply with any part of the SNA application process (e.g., filing **LDSS-4776**), WeCARE medical, job search, assessment, signing the Assignment of Wages, Salary, Commissions or Other Compensation for Services (**LDSS-4530**), or Agreement to Repay Any Safety Net Assistance Overpayments Still Owed After Case is Closed Form (**LDSS-4529**), what action should the Worker take?
- A:** If the adult who fails to comply is the casehead or a legally-responsible adult, the Worker must initiate a closing of the CA by entering the appropriate action code in NYCWAY. See FA/SNFP Time Limit CNS Closing Codes and NYCWAY Action Code Comparison Desk Guide (**M-687p**).
6. **Q:** If an adult in the household (other than the casehead or a legally-responsible relative) fails to comply with any part of the SNA application process, what action should the Worker take?
- A:** If the adult is not the casehead or a legally-responsible relative, the Worker must enter **199R** in NYCWAY. To initiate a Cash Assistance line closing after the Cash Assistance case has been converted to a Safety Net category. This will alert the Worker during the post-conversion follow-up to remove the individual from the case.

7. **Q:** If the participant comes in to reapply after the FA/SNFP case closes and does not claim that the FA/SNFP case was closed in error, what action is taken?
- A:** The participant must use the Statewide Common Application (**LDSS-2921**) to apply for SNA and follow the normal 45-day SNA application time frame. The Worker must register the case as Safety Net Non Cash (SNNC). If the household establishes eligibility for another category of assistance, change the category from SNNC to the appropriate category and enter the time limit exemption indicator in element **393**.

Notice of Intent Period

8. **Q:** If the participant comes in during the Notice of Intent (NOI) period and is willing to comply on an FA/SNFP case closing for failing to report or comply with an SNA requirement, how should the Worker proceed?
- A:** The participant should be seen by the FH&C Worker. The FH&C Worker cannot settle the case until the participant has fully complied with the closing issue. In instances where the closing issue cannot be resolved within the NOI period, allow the case to close and immediately re-open it in a SNA category in Single Issue (SI) status, in order to complete the SNA application process. There is no 45-day wait.
9. **Q:** How must the Worker proceed if the FA/SNFP case is settled during the NOI, but the automatic conversion period to SNA has ended?
- A:** The case must be reopened and if the case is eligible for SNA, it must be re-categorized manually

Closed in Error

10. **Q:** What action should be taken if a case is closed in error?
- A:** The Worker must determine whether or not the participant meets the criteria for a time limit exemption. If the participant meets the criteria for either an FA/SNFP or Safety Net Cash Assistance (SNCA) time limit exemption, reopen the case in the appropriate category.

If the participant does not meet the criteria for an FA/SNFP or SNCA time limit exemption, reopen the case in the SNNC category.

In all instances where we do not have the necessary information to make a decision on the appropriate category, reopen the case in SNNC if the restriction information is available, or if it is not available, reopen the case in the SNCA category, until the necessary information/documentation is obtained. Once the missing information/documentation is obtained, if it supports eligibility in a different category, take the action necessary to re-categorize the case immediately.

Mandatory Forms

11. **Q:** If a participant has no outstanding recoupments, does he/she have to sign Form **LDSS-4529** and Form **LDSS-4530**?
- A:** Yes. As a condition of eligibility for SNA, adults 18 years of age or older must sign Form **LDSS-4529** and Form **LDSS-4530**.
12. **Q:** When the adult participant signs Form **LDSS-4529** and Form **LDSS-4530**, will they have to repay all of the assistance received while on Cash Assistance?
- A:** No. Signing Form **LDSS-4529** and Form **LDSS-4530** makes the adult participant responsible for repaying all overpayments of SNA which have not been repaid (e.g., outstanding recoupments) at the time of the closing of the SNA case. All adults applying for SNA must sign Form **LDSS-4529** and Form **LDSS-4530**.

Filing Unit Rules

13. **Q:** Can a participant refuse to include his/her children under the age of 18 in the SNA application, even if they were previously excluded under FA/SNFP?
- A:** No. With the exception of children in receipt of SSI, foster care, adoption subsidy or in illegal alien status, all others must be included in the filing unit and the income (if any) budgeted in its entirety towards the household's needs. Refusal to do so will render the household ineligible for SNA.
14. **Q:** If there is a two-parent FA/SNFP household where one parent is currently receiving SSI and is not part of the CA case (Food Stamps [FS] only), and the other parent (who receives CA/FS) is employable, is the household eligible for an FA/SNFP Time Limit Exemption?
- A:** No. To be eligible for an FA/SNFP Time Limit Exemption, both parents have to meet the FA/SNFP Time Limit Exemption criteria. In other words, the CA parent in this situation must also be disabled or needed at home to care for a disabled household member.

Post Conversion

15. **Q:** How is SSI invisibility handled for FA/SNFP cases converted to an SNA category due to time limits?
- A:** SSI income continues to be invisible for CA.
16. **Q:** Can a household that was in receipt of Jiggetts continue to receive Jiggetts after the case has been converted to an SNA category?*
- A:** No. Under the new regulations, the household will receive supplemental rental assistance as long as there is no interruption in assistance.
17. **Q:** If a participant is on a durational sanction that has not expired when he/she reaches the 60-month time limit, then applies for SNA, and is otherwise eligible, is the sanction continued for the original durational period once he/she is in SNA?
- A:** Yes.

Other

18. **Q:** What is the earliest date the Time Limit Exemption Indicator can be entered on the TAD?
- A:** The Time Limit Exemption Indicator can be entered at the 56th month.
19. **Q:** What SNA category will a two-parent household be when one parent is exempt from employment requirements, but the other parent is not?
- A:** SNCA.

*Reminder: The Jiggetts Shelter Supplement is scheduled to terminate on May 1, 2010.

AGREEMENT TO REPAY ANY SAFETY NET ASSISTANCE OVERPAYMENTS STILL OWED AFTER CASE IS CLOSED

I am applying for Safety Net Assistance money, and I understand that;

- The law that allows me to apply for Safety Net Assistance is Title 3 of Article 5 of NYS Social Services Law.
- I might get paid **too much money** (“overpayment”) because:
 - I might be paid money that I was not allowed to get.
 - I might be paid money that had to be paid back, according to Social Services laws or regulations.

If I am paid too much money (“overpayment”), I understand and agree to **pay back** the overpayment:

- even if I still owe it after my Safety Net Assistance case is closed.
- on the first day of the second month **after** the month my Safety Net Assistance case is closed, unless another date is agreed to by the social services district.
- to the social services district address listed below, since this social services district gives out Safety Net Assistance money for _____ County.

I understand that, in order to be able to get Safety Net Assistance, I must agree to pay back any Safety Net Assistance overpayment that I may owe, even if I still owe it after my Safety Net Assistance case is closed [NYS Social Services Law 158(g)].

Applicant Signature: X _____ Date: _____

Applicant’s Name and Address: *(please print)*

Social Services Rep. Signature: X _____ Date: _____

_____ County Department of Social Services

Address: _____

ACUERDO DE DEVOLUCION DE CUALQUIER PAGO EXCESIVO DEL PROGRAMA DE AYUDA PARA EL HOGAR QUE AUN SE DEBA DESPUES DEL CIERRE DE SU CASO

Estoy solicitando dinero del programa de Asistencia para Proveer Seguridad, y comprendo que:

- La ley que me permite solicitar Asistencia para Proveer Seguridad es el Título 3 del Artículo 5 de la Ley de Servicios Sociales del Estado de Nueva York.
- Puede ser que se me pague **demasiado dinero** (“exceso de pago”) debido a que:
 - Se me pague dinero que yo no debería haber recibido.
 - Se me pague dinero que debería haberse devuelto, de acuerdo a las leyes o regulaciones de Servicios Sociales.

Si se me paga demasiado dinero (“exceso de pago”), comprendo y estoy de acuerdo en **devolver** el exceso de pago:

- aunque yo todavía deba el dinero después de que mi caso de Asistencia para Proveer Seguridad se haya cerrado.
- el primer día del segundo mes **después** del mes en que mi caso de Asistencia para Proveer Seguridad se haya cerrado, a menos que el distrito de servicios sociales determine otra fecha.
- a la dirección del distrito de servicios sociales que aparece abajo, debido a que este distrito de servicios sociales suministra dinero al programa de Asistencia para Proveer Seguridad para el Condado de _____.

Comprendo que para obtener dinero del programa de Asistencia para Proveer Seguridad debo acordar devolver cualquier exceso de pago del programa de Asistencia para Proveer Seguridad que yo pueda deber aunque yo todavía lo deba después de que mi caso de Asistencia para Proveer Seguridad se haya cerrado [Ley de Servicios Sociales del Estado de Nueva York 158(g)].

Firma del Solicitante: X _____	Fecha: _____
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Nombre y Dirección del Solicitante: *(en letras de molde)*

Firma del Rep. de Servicios Sociales: **X** _____ Fecha: _____

Depto. de Servicios Sociales del Condado de _____

Dirección: _____

ASSIGNMENT OF WAGES, SALARY, COMMISSIONS OR OTHER COMPENSATION FOR SERVICES

NOTE: THIS AGREEMENT AUTHORIZES THE SOCIAL SERVICES DISTRICT TO RECOVER ANY OVERPAYMENT OF YOUR TEMPORARY ASSISTANCE BENEFITS BY COLLECTING THE AMOUNT OF THE OVERPAYMENT DIRECTLY FROM YOUR FUTURE WAGES. IF YOU FAIL TO MAKE THE PAYMENTS REQUIRED BY A REPAYMENT AGREEMENT BETWEEN YOU AND THE SOCIAL SERVICES DISTRICT, THE SOCIAL SERVICES DISTRICT WILL FILE THIS AGREEMENT WITH YOUR EMPLOYER AND RECOVER THE OVERPAYMENT DIRECTLY FROM YOUR WAGES.

For a good and valuable consideration, I, _____ of _____, City of _____, County of _____, State of New York, hereby assign to the _____ Department of Social Services, located at _____ in the City of _____, County of _____, and State of New York, hereinafter designated as the "social services district", its successors and assigns, a ten percent (10%) interest in all my wages, salaries, commissions and other compensation for services. This assignment is made to secure the repayment of any overpayments of Safety Net Assistance made to me by the social services district while I am receiving Safety Net Assistance which I have not repaid to the social services district at the time of closing of my Safety Net Assistance case. Repayments of any overpayments which have not been repaid at the time of closing of my Safety Net Assistance case must be made at the address of the social services district set forth above the first day of the second month I cease to receive Safety Net Assistance or another date agreed to by the social services district.

I authorize and direct any future employer to pay ten percent (10%) of my earnings, or such proportion thereof as may be legally collectible by the social services district under this assignment, such payment to be made directly to the social services district.

I expressly release and discharge my employer from all liability to me on account of any and all moneys paid in accordance with this assignment.

This assignment is executed as security for the payment to me of any Safety Net Assistance benefits by the social services district or its successors and assigns pursuant to Title 3 of Article 5 of the Social Services Law of the State of New York.

No other assignment of wages by me exists in connection with the above described transaction or series of transactions.

Receipt is hereby acknowledged of a copy of this assignment and a summary of sections 46-c, 46-e, 46-f, 47-e, 48, 48-a, 48-b, 48-c and 49 of the Personal Property Law of the State of New York.

THIS IS AN ASSIGNMENT OF WAGES, SALARY COMMISSIONS OR OTHER COMPENSATION FOR SERVICES.

ASSIGNOR

DATE

A NOTARY PUBLIC MUST COMPLETE THE FOLLOWING

State of _____ County of _____ ss:

On this _____ day of _____, 20_____, before me personally

appeared _____ to me known and known to me to be the same person described in and who executed the foregoing instrument, and s/he duly acknowledged to me that s/he executed the same.

Notary Public, State of _____
(Please affix stamp)

SUMMARY OF PROVISIONS OF THE PERSONAL PROPERTY LAW

Section 46-c includes requirements for assignments of future earnings involving less than one thousand dollars. It requires that such assignments must be written instruments in at least eight point type. The assignments must describe fully the transactions to which they relate, including the name and address of the assignee, the basis of the consideration given for the assignment, and the date on and place at which payments are to be made. It provides that the assignment is security only for the transaction or series of transactions described in it.

Note: Section 46-c applies to assignments of less than \$1,000. All the remaining sections apply to assignments of any amount.

Section 46-e requires that an assignment of future earnings be signed by the assignor and that a copy of the assignment and any papers pertaining to the transaction described in the assignment be given to the assignor.

Section 46-f provides that any assignment made for any advance or loan with interest greater than 18 percent is invalid for any purpose.

Section 47-e sets forth requirements for vacating an assignment of earnings. It requires that a proceeding may be brought by order to show cause and petition which specifies the grounds upon which the assignment should be vacated. It sets forth the method for serving the order to show cause and petition which may be by personal service, leaving the papers at the assignee's place of business with a person of suitable age with directions to deliver them to the assignee and mailing a copy by certified mail to the address of the assignee specified on the assignment, or as directed by the court. It provides that if the assignment is vacated the judgment vacating it must be presented to the county clerk where the assignment is filed and the clerk must mark on the assignment "Vacated by order of the court." It further sets forth that this section does not extend the territorial limits of the jurisdiction of the court, no assignment shown to have been made in compliance with the direction of a family court in a matrimonial action may be vacated by an order authorized in this section and the court shall have jurisdiction to consider all defenses to the assignment and debt secured by the assignment.

Section 48 requires that a 20 days written notice accompanied by the papers required by section 46-e be sent to the assignor by certified mail, return receipt requested before an assignment of future earnings can be filed with the assignor's employer. The notice cannot be sent until 21 days after the payment which is the subject of the assignment is due. If a payment of any amount is accepted by the assignee before the 20 days notice has elapsed the assignment cannot be filed with the assignor's employer. However, if there is a subsequent default the assignment can be filed with the employer with no notice to the assignor. The written notice must notify the assignor that if the assignor has a defense to the wage assignment or the debt on which it is based, the assignor may either request a hearing before a court in accordance with the provisions of section 47-e above or send to the assignee within ten days of receipt of the notice, by certified mail return receipt requested, a written notice containing the assignor's name and address which contains the following statement: I (insert name), residing at (insert address), hereby affirm that I have a bona fide defense to the claim in your notice dated (insert date of notice) and to the wage assignment given as security therefor, based upon the following facts (state the facts constituting the basis of your defense). If the assignor sends the above notice, the assignee cannot file the wage assignment with the assignor's employer without an order of a court authorizing the filing.

Section 48-a provides that, after filing with the assignor's employer payments shall begin to the assignee, beginning with the first salary payment to the assignor after ten days after the filing of the assignment with the employer. A copy of the assignment that is filed with the employer must be authenticated by a notary public or commissioner of deeds and must be accompanied by a statement which sets forth the amount due to the assignee, the date and amount of any payments already made to the assignee on the debt which is the subject of the assignment and the date on which the assignment was filed with the county clerk. The amount that can be paid to the assignee by the employer of assignor cannot exceed ten percent of the assignor's future earnings for the month. If at the time of filing of the assignment with the employer there is any other assignment of future earnings of assignor subject to payment or any garnishment against assignor's earnings or order against the assignor for installment payments to a judgment creditor no amount shall be collectible by the assignee while such other assignment is subject to payment or such other garnishment or order is in force. No portion of assignor's earnings can be withheld or paid to pay any subsequent garnishment while any portion of the debt of less than one thousand dollars secured by an assignment previously filed with the employer remains unpaid.

Section 48-b provides that the assignor's earnings cannot be withheld pursuant to an assignment of future earnings unless the assignor's earnings exceed \$85 per week.

Section 48-c provides that if an assignor is not employed at the time of signing the assignment of future earnings, the assignment will be collectible from any future employer of the assignor. If the assignor ceases employment while his or her earnings are subject to an assignment, the assignment can be applied to any future employment of the assignor until the debt secured by the assignment is paid in full. If the assignor is re-employed by the same employer after the expiration of ninety days the assignee must file the assignment with the employer once again.

Section 49 provides that a bank, trust company or credit union doing business in New York State is not required to file an assignment of future earnings with a county clerk. This section also exempts such businesses from the notice requirements contained in section 48 above in certain circumstances.

CESIÓN DE SUELDOS, JORNALES, COMISIONES U OTRAS REMUNERACIONES POR SERVICIOS

NOTA: EL PRESENTE ACUERDO AUTORIZA AL DISTRITO DE SERVICIOS SOCIALES A RECUPERAR PAGOS EN EXCESO QUE USTED RECIBA DE BENEFICIOS DE ASISTENCIA TEMPORAL COBRÁNDOLOS DIRECTAMENTE DE LOS PAGOS SALARIALES QUE USTED RECIBA EN UN FUTURO. SI USTED NO HACE LOS PAGOS REQUERIDOS Y ESPECIFICADOS POR UN ACUERDO DE DEVOLUCIÓN ENTRE USTED Y EL DISTRITO DE SERVICIOS SOCIALES, EL DISTRITO DE SERVICIOS SOCIALES PRESENTARÁ ESTE ACUERDO ANTE SU EMPLEADOR Y RECUPERARÁ, EL MONTO DE PAGOS EN EXCESO QUE USTED RECIBIÓ, DIRECTAMENTE DE SU SALARIO.

A título oneroso, yo, _____

de(l) _____, Ciudad de, _____, Condado de _____

Estado de Nueva York, por el presente cedo al _____

Departamento de Servicios Sociales, ubicado en el _____

de la Ciudad de _____, Condado de _____

y Estado de Nueva York, de aquí en adelante designado como «distrito de servicios sociales», sus sucesores y cesionarios, una participación del diez por ciento (10 %) de todos mis sueldos, jornales, comisiones y cualquier otra remuneración por servicios. Esta cesión se efectúa a fin de garantizar la devolución de cualquier pago en exceso que yo reciba del programa de *Safety Net* (Red de Seguridad) efectuado en mi nombre por medio del distrito de servicios sociales mientras yo reciba prestaciones de dicho programa y los cuales yo no haya devuelto al distrito de servicios sociales al momento de cerrar mi caso de *Safety Net* (Asistencia Red de Seguridad). La devolución de todo pago en exceso que no se haya devuelto al momento de cerrar mi caso de *Safety Net* (Asistencia Red de Seguridad) debe enviarse a la dirección del distrito de servicios sociales señalada en la parte superior de esta página, el primer día del segundo mes en el que dejo de recibir *Safety Net* (Asistencia Red de Seguridad) o a partir de la fecha acordada por el distrito de servicios sociales.

Autorizo, y por la presente instruyo, a cualquier futuro empleador a pagar directamente al distrito de servicios sociales un diez por ciento (10 %) de mi salario o jornal, o la proporción del mismo que legalmente corresponda cobrar al distrito de servicios sociales en virtud de la presente cesión.

Expresamente libero y eximo a mi empleador de toda responsabilidad para conmigo, en relación con todos y cada uno de los montos de dinero que se pagan en virtud del presente acuerdo.

Esta cesión se firma a modo de garantía por el pago recibido por mí de prestaciones de *Safety Net* (Asistencia Red de Seguridad) por parte del distrito de servicios sociales, sus sucesores y cesionarios, en virtud de lo dispuesto por el Título 3, Artículo 5 de la Ley de Servicios Sociales del Estado de Nueva York.

No he realizado ninguna otra cesión de sueldos o jornales en relación con la transacción o serie de transacciones descritas más arriba.

Por la presente acuso recibo de una copia de la presente cesión y un resumen de los incisos 46-c, 46-e, 46-f, 47-e, 48, 48-a, 48-b, 48-c y 49 de la Ley sobre la Propiedad Personal del Estado de Nueva York.

LA PRESENTE ES UNA CESIÓN DE SUELDOS, JORNALES, COMISIONES U OTRAS REMUNERACIONES POR SERVICIOS.

_____ CEDENTE

_____ FECHA

LOS SIGUIENTES DATOS DEBEN SER RELLENADOS POR UN NOTARY PUBLIC

State of _____ County of _____ ss:

On this _____ day of _____, 20_____, before me personally

appeared _____ to me known and known to me to be the same person described in and who executed the foregoing instrument and s/he duly acknowledged to me that s/he executed the same.

Notary Public, State of _____

(Please affix stamp)

RESUMEN DE LAS DISPOSICIONES DE LA LEY DE PROPIEDAD PERSONAL

Inciso 46-c contiene disposiciones sobre la cesión de futuros ingresos por un monto inferior a mil dólares. Exige que dicha cesión se haga por instrumento escrito en tipografía tamaño ocho como mínimo. Las cesiones deben describir en forma completa las transacciones objeto de la misma, incluyendo el nombre y dirección del cesionario, la base del pago entregado por la cesión, y la fecha y lugar en los que se debe realizar el pago. Establece que la cesión garantiza sólo la transacción o serie de transacciones descritas en la misma.

Nota: Inciso 46-c se aplica a las cesiones de menos de \$1,000. Todos los incisos restantes se aplican a las cesiones por cualquier monto.

Inciso 46-e exige que el cedente firme una cesión de futuros ingresos y que se entregue al cedente una copia de la cesión y todos los documentos de respaldo de la transacción descrita en la cesión.

Inciso 46-f establece que cualquier cesión que se otorgue por cualquier adelanto o préstamo con un interés mayor al 18 %, es nula para cualquier efecto.

Inciso 47-e establece los requisitos para anular cesiones de ingresos. Dispone que se inicie un procedimiento mediante una orden de fundamentar acción, junto con una petición que especifique los motivos por los que se debería dejar sin efecto la cesión. Establece el método de notificación de la orden de fundamentar acción y de cualquier petición, que puede ser mediante comunicación personal, entregando los documentos en el domicilio de trabajo del cesionario a una persona mayor de edad, con instrucciones de entregarlos al cesionario y enviar una copia por carta certificada a la dirección del cesionario especificada en la cesión, o siguiendo instrucciones de la corte. Dispone también que si se deja sin efecto la cesión, se debe presentar la sentencia judicial que dispone su revocación ante el secretario del condado en el que se ha registrado la cesión y el secretario puede anotar lo siguiente en la cesión: «*Vacated by order of the court*» (revocada por orden de la corte). Establece además que este inciso no extiende los límites territoriales de la jurisdicción de la corte. Ninguna cesión hecha en cumplimiento de las instrucciones de una corte de familia en un caso de anulación de matrimonio o divorcio puede ser revocada por una orden según lo dispuesto por el presente y la corte tendrá jurisdicción para considerar las defensas opuestas a la cesión y a la deuda garantizada por la cesión.

Inciso 48 dispone que se envíe una notificación por escrito con 20 días de antelación, acompañada de los documentos dispuestos por el inciso 46-e al cedente por correo certificado, con aviso de retorno, antes de presentar la cesión de futuros ingresos al empleador del cedente. No se podrá enviar la notificación hasta 21 días después del vencimiento del pago objeto de la cesión. Si el cesionario acepta el pago de cualquier monto antes del vencimiento del plazo de notificación de 20 días, no se puede presentar la cesión al empleador del cedente. No obstante, si hay incumplimiento posterior, se puede presentar la orden de cesión al empleador sin que se notifique el cedente. La notificación escrita debe comunicar al cedente que si se opone a la cesión de salarios o a la deuda sobre la cual se basa la misma, el cedente puede solicitar una audiencia ante un juez en virtud de las disposiciones del inciso 47-e que antecede o enviar al cesionario, dentro de los diez días de la recepción de la notificación por carta certificada con aviso de retorno, una notificación escrita con el nombre y dirección del cedente y la siguiente declaración: Yo (insertar nombre), con domicilio en (insertar dirección), por la presente declaro que opongo una defensa de buena fe al reclamo que figura en su notificación de fecha (insertar fecha de la notificación) y a la cesión de ingresos otorgada como garantía de la misma, sobre la base de los siguientes hechos (mencionar los hechos que constituyen la base de su defensa). Si el cedente envía la notificación que figura más arriba, el cesionario no puede presentar la cesión de ingresos al empleador del cedente sin una orden judicial que autorice dicha presentación.

Inciso 48-a dispone que, después de la presentación al empleador del cedente, comenzarán a hacerse los pagos al cesionario a partir del primer pago de salario al cedente después de los diez días de la presentación de la cesión al empleador del cedente. La copia de la cesión que se presente al empleador deberá estar autenticada por un *notary public* o funcionario certificador y deberá estar acompañada de una declaración en la que se consigne el monto adeudado al cesionario, la fecha y monto de los pagos ya hechos al cesionario por la deuda objeto de la cesión y la fecha en la que se presentó la cesión ante el secretario del condado. El monto que podrá pagar al cesionario el empleador del cedente no puede ser mayor del diez por ciento del salario que le corresponda cobrar al cedente por dicho mes. Si en el momento de presentar la cesión al empleador hay otra cesión de futuros ingresos del cedente sujetos al pago o cualquier embargo contra los ingresos del cedente u orden contra el cedente por el pago de cuotas a un acreedor cuyo crédito ha sido reconocido judicialmente, el cesionario no podrá cobrar ningún monto mientras la otra cesión esté sujeta a pago o se encuentre en vigencia otro embargo u orden judicial. No se podrá retener ninguna porción de los ingresos del cedente ni destinarlos al pago de cualquier embargo futuro mientras permanezca impaga una porción de la deuda equivalente a menos de mil dólares que se encuentre garantizada por una cesión anterior presentada al empleador.

Inciso 48-b establece que no se pueden retener ingresos del cedente en virtud de una cesión de futuros ingresos a menos que los ingresos del cedente sean superiores a \$85 por semana.

Inciso 48-c dispone que si un cedente no está empleado en el momento de firmar la cesión de futuros ingresos, la cesión podrá ser presentada a cualquier futuro empleador del cedente para su cobro. Si el cedente concluye su relación de empleo mientras sus ingresos están sujetos a una cesión, la cesión se podrá aplicar a cualquier futuro empleo del cedente hasta que la deuda garantizada por la cesión haya sido cancelada en su totalidad. Si el cedente comienza una nueva relación de empleo con el mismo empleador una vez transcurridos los noventa días, el cesionario debe volver a presentar la cesión al empleador.

Inciso 49 establece que los bancos, las compañías inversoras o las cooperativas de crédito que operan en el Estado de Nueva York, no tienen la obligación de presentar cesiones de futuros ingresos ante el secretario del condado. Esta sección también exceptúa a dichas instituciones de las disposiciones sobre notificación del inciso 48 que antecede en ciertas circunstancias.

Case Name:	Case Number:
Date	Worker:

Safety Net Assistance (SNA) Application Supplement

The Welfare Reform Act of 1997 limited the amount of time an individual could receive Family Assistance (FA) to 60 months. You and all adult members of your case (including non-complying individuals) must apply for Safety Net Assistance if you want to receive Temporary Assistance after your FA eligibility ends. You all must apply for SNA benefits because you or an adult member of your case (including non-complying individuals) is able-bodied. An able-bodied person is one who is not exempt from participation in work activities under Department of Labor (DOL) regulation 1300.2. The requirement for an application for SNA is contained in 18 NYCRR 350.4(b).

You and all adult members of your case (including non-complying individuals) must complete this application and bring it and documentation of any changes to your application interview. If you do not, you and your family will not be eligible to get Safety Net Assistance when you reach the sixty-month limit on cash benefits. Please note that a new application is not required to continue to get Medicaid, Food Stamps or Childcare.

18 NYCRR 370.2(c)(11) also requires as a condition of SNA eligibility that you agree to repay any overpayments of SNA that you receive. You will fulfill this requirement by completing and signing the two forms (Repayment Agreement – LDSS-4529 and Assignment of Future Earnings – LDSS-4530). These will be given to you to read and sign at your interview.

Please answer the following questions:

- Do you want Safety Net Assistance when your sixty-month limit on cash assistance is reached?
Yes ? No ?
- Have there been any changes in your household's circumstances since your last recertification or contact with this agency (includes people moving in or out, moving, getting or losing a job etc.)?
Yes ? No ?

If yes, please explain the change below and provide any proof of it.

Explain Changes: _____

You must bring with you your most recent utility bill, the name and address of your landlord and your most recent rent receipt. This is because, if you are found eligible for Safety Net Assistance when you reach your 60-month time limit for cash assistance, most of your benefits will be paid directly to vendors, such as your landlord and utility company. A portion of your benefits may be provided in cash.

In order to receive Safety Net Assistance, you must sign and date below. Since this is a supplement to your application and/or your recertification applications where you checked the box "cash assistance", all the certifications, authorizations, consents, releases, assignments and other information you read, agreed to and signed to on your original application forms remain in effect.

In signing this application, I swear and affirm under penalty of perjury that all the information I have provided is accurate. I understand that if any of my benefits are changes as a result of this information I will receive notice before the change is made.

Applicant Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

Other Adults _____ **Date:** _____

_____ **Date:** _____

Case Name:	Case Number:
Date	Worker:

**Suplemento a la Solicitud de Asistencia para Proveer Seguridad
(Safety Net Assistance—SNA)**

La Ley Estatal del Bienestar Social de 1997 limita la cantidad de tiempo que un individuo podría recibir Asistencia para la Familia (FA) a 60 meses. Usted y todos los miembros adultos de su caso (incluyendo los miembros que no han cumplido con los requisitos) deben solicitar la Asistencia para Proveer Seguridad si usted desea recibir Asistencia Temporal después de terminar su elegibilidad para FA. Todos ustedes deben solicitar beneficios de SNA debido a que usted, o un miembro adulto de su caso (incluyendo a los miembros que no han cumplido con los requisitos), son capaces de trabajar. Una persona capaz de trabajar es una que no está exenta de participar en actividades laborales bajo la regulación 1300.2 del Departamento de Trabajo. El requisito para una solicitud de SNA esta contenido en 18 NYCRR 350.4(b).

Usted y todos los miembros adultos de su caso (incluyendo a los individuos que no han cumplido con los requisitos) deben completar esta solicitud y traerla a la entrevista con la documentación de cualquier cambio a su solicitud. Si usted no lo hace, usted y su familia no serán elegibles para obtener Asistencia para Proveer Seguridad cuando alcance el límite de 60 meses de beneficios en efectivo. Por favor note que no se requiere una solicitud nueva para continuar recibiendo Medicaid, Cupones de Alimentos o Cuidado Infantil.

La 18 NYCRR 370.2c(11) también requiere como condición de elegibilidad para SNA que usted complete y firme los dos formularios (Acuerdo de Devolución – LDSS-4529 y Asignación de Futuras Ganancias – LDSS-4530). Estos se le proveerán para que los lea y firme en su entrevista.

Por favor responda a las siguientes preguntas:

- ¿Desea Asistencia para Proveer Seguridad cuando alcance el límite de 60 meses de asistencia en efectivo?
 Sí ? No ?
- ¿Ha habido algunos cambios en las circunstancias de su hogar desde su última recertificación o contacto con esta agencia (incluya a personas que se han trasladado de su casa o que han ingresado a la misma, obteniendo o perdiendo un trabajo, etc.)?
 Sí ? No ?

Si contestó afirmativamente, por favor explique debajo y provea cualquier prueba del cambio.

Explique el Cambio: _____

Usted debe traer consigo su factura de servicios públicos más reciente, el nombre y la dirección del propietario de su vivienda y la factura más reciente del alquiler de su hogar. Esto se debe a que, si se determina que usted es elegible para la Asistencia para Proveer Seguridad cuando usted alcance el tiempo límite de asistencia en efectivo de 60 meses, la mayoría de sus beneficios serán pagados directamente a los distribuidores, tales como el dueño de su vivienda y la compañía de servicios públicos. Una porción de sus beneficios puede ser provista en efectivo.

Para recibir Asistencia para Proveer Seguridad, usted debe firmar e indicar la fecha debajo. Debido a que éste es un suplemento a su solicitud y/o a su solicitud de recertificación donde usted marcó la casilla de "asistencia en efectivo", todas las certificaciones, autorizaciones, consentimientos, autorización para diseminar información, asignaciones y otra información que usted haya leído, haya expresado su acuerdo y haya firmado en formularios originales de su solicitud original permanecerán en efecto.

Al firmar esta solicitud, yo juro y afirmo, bajo penalidad de perjurio, que toda la información que he provisto es cierta. Yo comprendo que si alguno de mis beneficios cambia como resultado de esta información, yo recibiré una notificación antes de que se efectúe el cambio.

Firma del Solicitante: _____ **Fecha:** _____

Firma del Esposo(a): _____ **Fecha:** _____

Otros Adultos: _____ **Fecha:** _____

_____ **Fecha:** _____

Comparison Chart – Impact on Families Before and After Sixty- (60) Month Time Limit

Temporary Assistance Impacts

	Families With Children on Family Assistance (FA)/Safety Net Federally Participating (SNFP)	Families With Children Moving to Safety Net Assistance (SNA) Due to 60-Month Limit	
		SNCA	SNNC
Time Limit	<ul style="list-style-type: none"> 60 months if not exempt. If an exemption is granted, no time limit. 	<ul style="list-style-type: none"> 24 months. Can receive cash SNA if the adult in the household is work-exempt. 	<ul style="list-style-type: none"> No Time Limit
Time Limit Exemptions	<ul style="list-style-type: none"> Hardship generally based on long-term disability that rules out work. Domestic-violence caused short-term disability may also serve as an exemption granted at the 60th month. Employment Status (ES) codes that may qualify for an exemption are 36, 38, 43, 47, 48, and 49. 	<ul style="list-style-type: none"> If at least one adult in the household is work-exempt, the family is exempt from the 24-month time limit on cash SNA. FA/SNFP households at the 60-month time limit who meet this criteria may receive Cash Assistance in the SNCA category. 	
Standard of Need	<ul style="list-style-type: none"> Must pass the 185% gross income test. 		
Amount of Grant	<ul style="list-style-type: none"> Based on household size and standard of need. 		
Method of Payment	<ul style="list-style-type: none"> Rent and utilities must be restricted. 		
Filing Unit	<ul style="list-style-type: none"> Adult can exclude all children from the filing unit. 	<ul style="list-style-type: none"> All previously excluded children, under the age of 18, must be included in the filing unit. Parents (including an SSI parent in a two-parent household) of children, under the age of 18, in receipt of or applying for SNA do not have to be included included in the filing unit. 	
Resource Limits	<ul style="list-style-type: none"> \$2,000 (or \$3,000 if any household member is over 60 years of age). 		
Income Exemptions	<ul style="list-style-type: none"> Several. 	<ul style="list-style-type: none"> Bona fide loans are not exempt. 	
Earned Income Disregard	<ul style="list-style-type: none"> \$90 standard deduction and 50% (effective 6/08) of income is disregarded. 		
Overpayment recovery	<ul style="list-style-type: none"> 10% of grant. 		
Agreement to Repay Overpayments	<ul style="list-style-type: none"> Not required. 	<ul style="list-style-type: none"> Signing Form LDSS-4529 Agreement to Repay Safety Net Assistance Still Owed After Case is Closed and Form LDSS-4530 Assignment of Wages, Salary, Commissions or other Compensation for Services is required as a condition of eligibility. 	

Temporary Assistance Impacts (Continued)

	Families With Children on Family Assistance (FA)/Safety Net Federally Participating (SNFP)	Families With Children Moving to Safety Net Assistance (SNA) Due to 60-Month Limit	
		SNCA	SNNC
Interim Assistance Provided Pending SSI	<ul style="list-style-type: none"> Cash grants not recovered once SSI eligible. 	<ul style="list-style-type: none"> Cash grants recovered from first SSI check. 	
Participation in Work Requirements	<ul style="list-style-type: none"> Required, unless exempt. 	<ul style="list-style-type: none"> Required, if exemption is granted, case will be converted to Cash Assistance. 	
State charge code required for reporting purposes (MOE)	<ul style="list-style-type: none"> Not required for reporting purposes. 	<ul style="list-style-type: none"> Code 63 required for FA/SNFP cases converted to SNCA or SNNC (Element 307 on the TAD). 	
Waiting Period for Decision on New Application	<ul style="list-style-type: none"> Within 30 days from the date of application. However, benefits are issued from the date of compliance. 	<ul style="list-style-type: none"> Within 30 days from the date of application. However, the first benefit will not be issued until the 45th day. 	

Impact on Other Programs

TANF Services Eligibility (EAF)	<ul style="list-style-type: none"> Yes. 	<ul style="list-style-type: none"> Yes, families that are otherwise eligible for TANF except for the time limit, remain eligible for EAF and other forms of "non-assistance." 	
TANF Services Eligibility (Non-Assistance)	<ul style="list-style-type: none"> Yes. 	<ul style="list-style-type: none"> Yes, as long as the household income does not exceed 200% of the poverty level. 	
Employment Sanctions	<ul style="list-style-type: none"> First offense, until compliance. 	<ul style="list-style-type: none"> Second offense, 3 months. 	<ul style="list-style-type: none"> Third offense, 6 months.
Medicaid	<ul style="list-style-type: none"> No time limit. 		
Food Stamps	<ul style="list-style-type: none"> No time limit. 		
Child Support Enforcement Requirements	<ul style="list-style-type: none"> Cooperation is required. 		
Child Care	<ul style="list-style-type: none"> Available for those who work or participate in an employment activity. 		
Jiggetts	<ul style="list-style-type: none"> The Jiggetts Shelter Supplement is scheduled to terminate on May 1, 2010. If eligible, families may convert into the Family Eviction Prevention Supplement Program (FEPS). 		

Date: _____
Case Number: _____
Case Name: _____
Worker's Name: _____
Job Center: _____

Sixty-Month Time Limit Checklist

Answer the following questions to determine if the Family Assistance/Safety Net Federally Participating (FA/SNFP) household is exempt from the time limits on Cash Assistance. Employment-related exemptions must be documented and verified with a medical evaluation. Domestic violence-related exemptions are issued by the Domestic Violence Liaison.

1. **Number of months on the time limit count?** _____

2. **Is the person with the highest time limit count an essential person?** Yes No
If Yes, remove the essential person from the FA/SNFP case and create a separate SNNC case.
If No, go to question 3.

3. **Does the legally responsible adult have an SSI application pending?** Yes No
If Yes, the case is exempt from the State sixty-month time limit.
(An X is required in Element 393)
If No, go to question 4.

4. **Is the legally responsible adult member of the household disabled or needed in the home full-time to care for a child who was disabled as a result of domestic violence?** Yes No
If Yes, the case is exempt from the State sixty-month time limit.
(An X is required in Element 393)
If No, go to question 5.

5. **Is the legally responsible adult needed in the home to provide full-time care to an incapacitated household member?** Yes No
If Yes, the household is exempt from the State sixty-month time limit.
(An X is required in Element 393)
If No, go to question 6.

6. **Is the legally responsible adult exempt from employment activities due to an incapacity that will last six (6) months or more?** Yes No
If Yes, Go to 7
If No, case is not eligible for a time limit exemption - go to question 8B.

7. **Is the employment exempted individual required to participate in a drug/alcohol rehabilitation program?** Yes No
If Yes, the case is not eligible for a time limit exemption.
If No, the case is eligible for a time limit exemption.
(An X is required in Element 393)

Answer each of the following questions for cases not eligible for a time limit exemption.

8. **Is there an active recoupment on the case?** Yes No
If Yes, is the household eligible for undue hardship?
If No, unless a household is deemed eligible for undue hardship, the recoupment rate will remain at 10%.
9. **Are the shelter, fuel, and utilities restricted?** Yes No
If Yes, no action is required.
If No, restrict the shelter, fuel and utilities in WMS.
10. **Are all required parents and non-SSI children included in the household's filing unit?** Yes No
If Yes, no action is required.
If No, all required members of the household must be added to the filing unit when the case is converted to SNNC.
11. **Is there an essential person on the case?** Yes No
If Yes, go to question 12.
If No, no action is required.
12. **Are there any legal lines of responsibility between the essential person and other household members?** Yes No
If Yes, the essential person may be included in the Safety Net case as a member of the household.
If No, the essential person must have his/her own case.
13. **Have all applying adults in the household signed the Assignment of Wages, Salary, Commissions or Other Compensation for Services Form (LDSS-4530) and the Agreement to Repay Safety Net Assistance Overpayments Still Owed After Case is Closed Form (LDSS-4529)?** Yes No
If Yes, no action is required.
If No, all applying adults 18 years of age and older in the household must sign these forms as a condition of eligibility for Safety Net Assistance. Refusal of the casehead or legally responsible adult to sign these forms will make the family ineligible for assistance. However, if a non-legally responsible adult in the household refuses to sign the forms, he/she will be removed from the case for non-compliance.

FA/SNFP Time Limit CNS Closing Codes and NYCWAY Action Code Comparison Desk Guide

Issue	Sanctioned Household	Nonsanctioned Household
<p>If the casehead or legally responsible adult fails to either keep an SNA application appointment or keeps the appointment and refuses to file the application.</p> <p>CNS Code G30</p>	<p>JOS/Worker will enter code 453I into NYCWAY when the adult head of household fails to keep the Time Limit SNA appointment.</p> <p>Enter NYCWAY Action Code 453B when the adult refuses to sign the SNA Application Supplement Form (LDSS-4776).</p> <p>The above codes will generate a CNS Closing Code G30, which will close the FA/SNFP case at the end of 60 months and deny the SNA application. The CNS notice will include the reason for FA/SNFP case closing as well as the reason for denial of the SNA application.</p> <p>As part of the Transitional Food Stamp Benefit Program, households will receive Food Stamp benefits for five (5) months.</p>	
<p>SNA application is filed. Household is not eligible for SNA for reasons other than job search and assessment.</p> <p>Participant files an SNA application, claims exemption due to medical problems and fails to comply with efforts to determine his/her employability status.</p> <p>CNS Code G31</p>	<p>Enter code 453C in NYCWAY when the adult fails to cooperate or fails to report to WeCARE. The BEV Worker will enter code 453R when the participant fails to cooperate with the BEV requirements.</p> <p>These codes will generate CNS Closing Code G31, which will close the FA/SNFP case at the end of 60 months and deny the SNA application. The CNS notice will include the reason for FA/SNFP case closing.</p> <p>As part of the Transitional Food Stamp Benefit Program, households will receive Food Stamp benefits for five (5) months.</p>	
<p>If casehead or legally responsible adult in a FA/SNFP case files the SNA application and fails to report to or comply with job search at the BTW vendor.</p> <p>CNS Code P30</p>	<p>Center JOS/Worker will enter code 453D in NYCWAY.</p> <p>This code will generate CNS Closing Code P30, which will close the FA/SNFP case at the end of the 60th month and deny the SNA application.</p>	<p>JOS/Worker will enter code 453D in NYCWAY.</p> <p>In addition, JOS/Worker must start the process (automated or manual) leading toward a pro rata sanction on the FA/SNFP case immediately. If the person fails to respond to the conciliation and/or NOI, a pro rata sanction will be imposed on whatever time is remaining in the FA/SNFP category and the SNA application will be denied for failure to cooperate with job search. If good cause is established, enter code 199C in NYCWAY.</p> <p>A separate Food Stamp determination is required.</p>

FA/SNFP Time Limit CNS Closing Codes and NYCWAY Action Code Comparison Desk Guide

Issue	Sanctioned Household	Nonsanctioned Household
<p>If the casehead or legally responsible adult files SNA application, but fails to comply with assessment.</p> <p>CNS Code P31</p>	<p>JOS/Worker will enter code 453E in NYCWAY, generating CNS Closing Code P31.</p>	<p>JOS/Worker will enter code 453E in NYCWAY. This will generate CNS Closing Code P31.</p> <p>In addition, JOS/Worker must start the process (automated or manual) leading toward a pro rata sanction on the FA/SNFP case immediately. If the person fails to respond to the conciliation and NOI, a pro rata sanction will be imposed on whatever time is remaining in FA/SNFP and the SNA application will be denied for failure to comply. If good cause is established, enter code 199C in NYCWAY.</p>
	<p>A separate Food Stamp determination is required.</p>	
<p>If the casehead or legally responsible adult files the SNA application but refuses to sign Forms LDSS-4530 and LDSS-4529.</p> <p>CNS Code G32</p>	<p>JOS/Worker will enter code 453G in NYCWAY. This code will generate CNS Closing Code G32, which will close the FA/SNFP case at the end of the 60th month and deny the SNA application.</p> <p>The notice will state that the FA/SNFP case is closing as a result of the 60-month time limit and the SNA case is denied for refusal to sign the repayment agreement forms.</p> <p>As part of the Transitional Food Stamp Benefit Program, households will receive Food Stamp benefits for five (5) months.</p>	
<p>If the casehead or legally responsible adult files the SNA application but refuses to include child(ren) in the filing unit.</p> <p>CNS Code G33</p>	<p>JOS/Worker will enter code 453H in NYCWAY. This code will generate CNS Closing Code G33, which will close the FA/SNFP case at the end of the 60th month and deny the SNA application.</p> <p>The notice will state that the FA/SNFP case is closing as a result of the 60-month time limit and the SNA application is denied for failure to include child(ren) The option to exclude child(ren) from the filing unit is not extended to the Safety Net category.</p> <p>As part of the Transitional Food Stamp Benefit Program, households will receive Food Stamp benefits for five (5) months.</p>	
<p>If the casehead or legally responsible adult files the SNA application and bona fide jobs are offered by the Agency, but refuses a bona fide job offer, or accepts a job offer but fails to report to the job.</p> <p>CNS Code P32</p>	<p>JOS/Worker will enter code 453F in NYCWAY. This code will generate CNS Closing Code P32. The closing will be initiated at the point the participant refuses the job.</p> <p>Code P32 will cause an automatic NOI to be sent to the participant informing him/her of the proposed case closing for failure to pursue available resources.</p> <p>Prepare a Notice of Decision on Your Application Form (LDSS-4013A NYC) to inform the participant that his/her application for SNA is being denied for the same reason.</p>	
<p>If the casehead or legally responsible adult files the SNA application and bona fide jobs are available, then accepts the job offer, reports to the job, but voluntarily quits the job within the first five (5) days of employment.</p>	<p>Because a sanctioned individual must demonstrate compliance for five (5) days before the sanction can be lifted, this action will be considered a job refusal. Enter Code 453F in NYCWAY. This will generate CNS closing Code P32.</p> <p>Prepare a Notice of Decision on Your Application Form (LDSS-4013A NYC) to deny the SNA application for the same reason.</p>	<p>This action is considered a voluntary quit. Take steps to sanction the noncompliant person on the FA/SNFP case using individual Sanction Code N41.</p> <p>The household is still eligible for SNA. Therefore, the JOS/Worker must enter code 199C in NYCWAY after the action to sanction the noncompliant individual is completed.</p>
	<p>A separate Food Stamp determination is required.</p>	

If a non-legally responsible adult refuses to comply – enter code **199R** in NYCWAY and remove the CL line.

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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 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:

Print Name: _____
Name M.I. Last Name

Case Number: _____

Address: _____

Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____

Fecha del Aviso: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad del Caso: _____
Teléfono del Trabajador: _____
Núm. de Tel. de FH&C: _____

Aviso de Cambio en los Pagos en Efectivo

ASISTENCIA EN EFECTIVO

Mediante el presente aviso le notificamos de que a partir del _____, efectuaremos una restricción de su asignación de vivienda y/o asignación de energía tal como se indica más abajo.

Marque todas las casillas que correspondan.

Su asignación de vivienda se abonará directamente a su casero.

Nombre del Casero: _____
Nombre I. Apellido
Dirección del Casero: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Su alquiler es superior a la cantidad de la asignación de vivienda del vendedor directo que nosotros emitimos y **usted tiene la responsabilidad de pagarle la diferencia a su casero.**

Su asignación de energía se abonará directamente a su proveedor de electricidad y/o gas.

Proveedor de Servicios de Electricidad y/o Gas: _____

Dirección del Proveedor de
Electricidad y/o Gas: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Nota: Si su pago de vivienda restringida excede de su concesión de Asistencia en Efectivo, no se le enviará pagos al proveedor de electricidad y/o gas.

Otro caso (especifique): _____

Las disposiciones legales y reglamentarias que requieren que hagamos estos cambios son la Ley de Servicios Sociales 159 (1)(b)(i) y (ii), y 18 NYCRR § 370.4 (b)(2).

Autorizado por

Fecha

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

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) que aparece en la **primera página** de este aviso, o escríbanos 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 usted **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 PARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial:

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

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO :** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Favor de guardar una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o **330 West 34th Street, 3rd Floor, Manhattan**
- (5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a <http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial

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

ASISTENCIA LEGAL

Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de 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 como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Generalmente, éstas se le enviarán dentro de tres días laborales a partir de la fecha en que las pida. Si solicita las copias menos de cinco días laborales antes de la fecha en que se celebrará su audiencia, se le podrían entregar el día de la audiencia.

INFORMACIÓN

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

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s)

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

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión. Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso, marque la casilla a continuación:

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

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

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

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

Nombre en
Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____
Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____



Date: _____
Case Number: _____
Case Name: _____
Worker: _____

Safety Net Assistance (SNA) Application Supplement

The Welfare Reform Act of 1997 limits the amount of time an adult can receive Cash Assistance to 60 months. You and all adult members of your case (including noncomplying individuals) must apply for Safety Net Assistance if you want to receive Public Assistance after your Family Assistance (FA) eligibility ends.

This application supplement must be completed by all Family Assistance households who meet the following conditions:

- The household is approaching the end of the 60-month time limit on the receipt of Family Assistance.
- The household is still in need of temporary assistance.
- The household contains at least one able-bodied adult (including noncomplying individuals) who is not exempt from participating in work activities as outlined in the Office of Temporary and Disability Assistance Regulation 18 NYCRR 385.2.

You and all adult members of your case (including noncomplying individuals) must complete this application and bring it to your application interview. In addition, you must submit documentation of any changes in your household's circumstances. If you do not file this application, you and your family will not be eligible to receive Safety Net Assistance when the household reaches the 60-month limit on cash benefits. Please note that a new application is not required to continue to receive Medicaid, food stamps or child care. The requirement for an **application** for SNA is contained in 18 NYCRR 350.4(a)(7).

18 NYCRR 370.2(c)(11) also requires that you complete and sign a repayment agreement form (**W-163A**) and an assignment of future earnings form (**LDSS-4530**) as a condition of SNA eligibility. These forms will be given to you to read and sign at your interview.

Please answer the following questions:

1. Do you want Safety Net Assistance when your 60-month limit on cash assistance is reached?

Yes No

2. Have there been any changes in your household's circumstances since your last recertification or contact with this Agency (including people moving in or out, moving, obtaining or losing a job, etc.)?

Yes No

If yes, please explain the change below and provide proof of it.
Explain change:

You must bring your most recent utility bill, the name and address of your landlord and your most recent rent receipt with you. **The reason for this is if you are found eligible for Safety Net Assistance when you reach your 60-month time limit for cash assistance, most of your benefits will be paid directly to vendors, such as your landlord and utility company. A portion of your benefits may be provided in cash.**

In order to receive Safety Net Assistance, you must sign and date where indicated. Since this is a supplement to your application and/or your recertification application where you checked the box "cash assistance," all certifications, authorizations, consents, releases, assignments and other information you read, agreed to and signed on your original application forms remain in effect.

In signing this application, I swear and affirm, under penalty of perjury, that all the information I have provided is accurate. I understand that if any of my benefits are changed as a result of this information, I will receive notice before the change is made.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Other Adults: _____ Date: _____

_____ Date: _____

_____ Date: _____

Witness: _____ Date: _____



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Trabajador: _____

Suplemento de la Solicitud de Asistencia de Red de Seguridad (Safety Net Assistance – SNA)

La Ley de Reforma del Bienestar Público (Welfare Reform Act) de 1997 limita a 60 meses la cantidad de tiempo que un adulto puede recibir Asistencia de Dinero en Efectivo. Usted y todo miembro adulto de su caso (incluyendo las personas que no estén cumpliendo) tienen que solicitar para Asistencia Red de Seguridad (Safety Net Assistance) si desean recibir Asistencia Pública después que termine su elegibilidad para Asistencia Familiar (Family Assistance – FA).

Este suplemento de solicitud debe ser llenado por todos los hogares de Asistencia Familiar que reúnan los siguientes requisitos:

- El hogar se esta acercando al final del límite de 60 meses para recibir Asistencia Familiar.
- El hogar todavía necesita asistencia temporaria.
- El hogar cuenta con por lo menos un adulto sano y capacitado (incluyendo las personas que no estén cumpliendo) que no es exento de participar en actividades de trabajo explicadas en la Reglamentación 18 NYCRR 385.2 de la Oficina de Asistencia Temporaria y para Incapacitados.

Usted y todos los miembros adultos de su caso (incluyendo las personas que no estén cumpliendo) deben completar esta solicitud y traerla a su entrevista de solicitud. Además, usted tiene que presentar documentación de cualquier cambio en las circunstancias de su hogar. Si usted no presenta esta solicitud, usted y su familia no serán elegibles para recibir Asistencia Red de Seguridad cuando el hogar alcance el límite de 60 meses de los beneficios de dinero en efectivo. Favor de notar que una nueva solicitud no es requerida para continuar recibiendo Medicaid, cupones para alimentos o cuidado infantil. El requisito para una **solicitud** de SNA se encuentra en 18 NYCRR 350.4(a)(7).

18 NYCRR 370.2(c)(11) también requiere que usted complete y firme un formulario de acuerdo de reembolso (**W-163A [S]**) y un formulario de asignación de futuros ingresos (**LDSS-4530-S**) como condición de elegibilidad respecto a SNA. Estos formularios le serán entregados para que los lea y los firme durante su entrevista.

Favor de contestar las siguientes preguntas:

1. ¿Desea Asistencia Red de Seguridad cuando alcance su límite de 60 meses de asistencia de dinero en efectivo?

Sí No

2. ¿Ha habido algún cambio en las circunstancias de su hogar desde su última recertificación o contacto con esta Agencia (incluidos alojamiento o desalojo de personas, mudanzas, nuevo empleo, pérdida de empleo, etc.)?

Sí No

De ser sí, favor de explicar a continuación el cambio y proporcione prueba de ello.

Explique el cambio:

Usted debe traer su(s) factura(s) de electricidad y/o gas, el nombre y dirección de su casero y su recibo de alquiler más reciente. **La razón por esto es que, si le encuentran elegible para Asistencia Red de Seguridad cuando alcance su límite de tiempo de 60 meses de asistencia de dinero en efectivo, casi todos sus beneficios serán pagados directamente a los proveedores de servicios, tales como su casero y su(s) compañía(s) de electricidad y/o gas. Puede ser que una porción de sus beneficios sea proporcionada en dinero en efectivo.**

Para poder recibir Asistencia Red de Seguridad, usted tiene que firmar y fechar donde aparece indicado. Ya que esto es un suplemento a su solicitud y/o su solicitud para recertificación donde usted marcó la casilla "asistencia de dinero en efectivo" todas las certificaciones, autorizaciones, consentimientos, permisos, asignaciones y otra información que leyó, acordó, y firmó en sus formularios de solicitud original, permanecerán vigentes.

Al firmar esta solicitud, yo juro y afirmo so pena de perjurio, que toda la información que he proporcionado es correcta. Yo comprendo que si algunos de mis beneficios son cambiados como resultado de esta información, yo recibiré un aviso antes de que se haga el cambio.

Firma del Solicitante: _____ Fecha: _____

Firma del/de la Cónyuge: _____ Fecha: _____

Otros Adultos: _____ Fecha: _____

_____ Fecha: _____

_____ Fecha: _____

Testigo: _____ Fecha: _____