



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



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

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY DIRECTIVE #09-05-ELI

(This Policy Directive Obsoletes PD #99-07R(4), PD #02-03-ELI, PB #02-69-ELI, PB #03-02-ELI, and PB #04-43-ELI)

PROCESSING IMMEDIATE NEEDS (CODE 44) AND/OR EMERGENCY ASSISTANCE

Date: January 21, 2009	Subtopic(s): Application, Emergencies, Code 44, Goodwill Voucher
----------------------------------	--

AUDIENCE The instructions in this policy directive are for Job Center staff. For all other staff this policy directive is informational only.

POLICY At application, social service agencies are required to assess a reported emergency situation. If an immediate need is identified it must be addressed, and, whenever possible, resolved on the day of application. There will be emergency situations (e.g., eviction) that cannot be fully resolved on the day of application, but, if possible, must be resolved in time to prevent the impending emergency from occurring. The Agency is further required to provide the applicant with a notice indicating whether or not assistance to meet the immediate need will be provided.

BACKGROUND An immediate needs interview must be conducted whenever an applicant indicates the presence of an emergency, whether or not the applicant formally requests an immediate needs interview or applies for an immediate needs grant.

An individual who indicates the presence of an emergency must be given a same-day interview at the Center of application, even if the Center does not cover the individual's Zip Code. Applications processed at centers that do not cover the applicant's Zip Code will later be transferred to the covering Center once the entire application process is completed.

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*

For Cash Assistance (CA) purposes, immediate needs are divided into two categories: Food- and non-food-related emergency situations.

Food-related Immediate Needs

See [PD #08-07-OPE](#) for details on processing EFS.

A food-related immediate need refers to a situation in which an applicant indicates that he/she has no food and no money to buy food. Food-related immediate needs are generally resolved by the issuance of a same-day Food Stamp (FS) benefit for those applicants who qualify for Expedited Food Stamp Service (EFS) and are determined eligible for FS benefits.

The issuance of the same-day FS grant will eliminate the need to issue a Code **44** immediate needs grant for food in most instances. However, an immediate needs grant may still be issued if it is determined that the household has an immediate need and:

- the EFS screening indicates the applicant is ineligible for FS (e.g., FS ineligible alien); or
- the FS benefit will not be available on the same day.

See the Guide to Cash Assistance Budgeting form ([W-203K](#)) for the semimonthly preadded allowance by household size

Job Center Directors must ensure that eligible households continue to receive immediate needs grants in the above instances. Five (5) days of the maximum allowable preadded allowance for the household may be issued to households found ineligible for expedited processing of the FS application.

Sanctioned individuals

Safety Net Assistance and Family Assistance applicants in an incremental sanction status are ineligible to receive emergency assistance to resolve a food-related emergency.

Nonfood-related Emergencies

Nonfood-related emergencies refer to situations that can adversely affect the health and safety of an individual. Nonfood-related emergencies include, but are not limited to:

- no shelter/homelessness
- threat of eviction, such as a Six-Day Notice
- no fuel for heating in a cold-weather period
- utility disconnect notice (scheduled for disconnection within 72 hours) or service already terminated
- fire/disaster
- a lack of clothing/household items (not due to a fire/disaster)

- domestic violence
- other situations to be determined on a case-by-case basis, for example: A necessary home repair such as a broken water pipe

See [CD #02-12](#) for further information about issuing Personal Care Kits.

A nonfood-related immediate need sometimes refers to a situation in which an applicant lacks personal care items that are necessary for his/her health and safety. Individuals who express the need for health and safety items may be issued Personal Care Kits/Health and Safety Kits and supplemental items. The kits include soap, a toothbrush and toothpaste, deodorant, shampoo, facial/toilet tissues, comb, and a hair pick. Feminine hygiene products and disposable diapers are also available.

The issuance of a Personal Care Kit and supplemental items does not always eliminate the need for an immediate needs grant. If an applicant expresses a need for an item that is neither in the kit nor available as a supplemental item, an immediate needs grant can be issued, with the approval of the Director/Designee, if he/she determines that the item needed is a health or personal necessity.

Additionally, if for whatever reason, a Personal Care Kit is unavailable and therefore cannot be issued to an applicant, then an immediate needs grant should be issued as a code 44 in place of the Personal Care Kit.

The amount of the grant will be determined by the Director/Designee and must not exceed a five (5) day proration of the maximum allowable preadded allowance for the household. Additional grants to meet an immediate need may be issued if the need still exists and an eligibility determination is still pending. It may also be necessary to refer the applicant to other supportive services to meet his/her health and safety needs.

EFS vs. Immediate Needs Grants

All individuals applying for FS as part of an application for ongoing CA or an emergency grant (one-shot deal) must be screened for EFS even if they do not claim a food-related emergency. EFS screenings are completely separate from immediate needs grant interviews. An applicant may be eligible for one and not the other, eligible for both, or eligible for neither.

Households eligible for FS on an expedited basis are usually not eligible for a food-related immediate needs grant. The need for food is met by the same-day issuance of FS.

See [PB #08-154-OPE](#) However, an applicant can be eligible for an FS benefit under EFS criteria, but if the benefit cannot be provided on the same day that the applicant articulates the need, then the JOS/Worker must issue a same-day food-related cash grant (Code 44) to alleviate the immediate need until the FS benefit is available.

Resolving Non-food-related Emergency Situations

Victims of Domestic Violence

Victims of domestic violence may apply for assistance at any Job Center and must be given a referral to the Domestic Violence Liaison. The Domestic Violence Liaison will explore the severity of the situation and determine if any eligibility requirements should be temporarily or permanently waived to secure the safety of the applicant and his/her family.

Upon acceptance, the case of a domestic violence victim who applied at a Job Center that does not cover his/her Zip Code will be transferred to the covering Job Center. However, these cases are not to be transferred if the applicant or his/her household would be put in jeopardy (e.g., the Job Center is within close proximity to the abusive partner).

Additionally, individuals displaced due to domestic violence are eligible for consideration as a reconstituted FS household in order to receive additional benefits in the same month that they have already been issued benefits. These cases are not considered duplicate issuances.

Housing-related Emergencies

All applicants with housing-related emergencies must be referred to the Homeless Diversion Unit (HDU). The HDU is responsible for determining if emergency assistance is needed for the applicant(s) to maintain or obtain housing accommodations and possible solutions that are available.

HDU JOS/Workers will interview all applicants who do not have housing accommodations, or are at risk of losing their accommodations, to ascertain their housing situation and help explore all possible options.

If the HDU is unsuccessful in a preliminary effort to help the applicant obtain housing, the HDU JOS/Worker must refer the applicant to the Department of Homeless Services (DHS) Liaison.

After the applicant's needs are identified by the HDU, it may be necessary to issue an immediate needs grant for furniture, a restaurant allowance, rent to secure an apartment, a security deposit, a broker's fee, moving expenses, transportation allowances, clothing or other items.

Housing-related emergencies include:

- Homelessness

Homeless applicants may apply at any center. HDU will help the applicant secure shelter and will identify any other housing-related needs.

- Rent Arrears

If the applicant has a verified statement or indication by the Landlord of a pending eviction (Six-Day Notice of Eviction, Dispossess, etc.) the HDU JOS/Worker will attempt to resolve the applicant's housing problems (e.g., contacting the Landlord to negotiate additional time when an eviction is pending).

- Fire/Disaster

These applicants should have a referral from the American Red Cross to verify that temporary relocation of the individual or family is required. These applicants should be evaluated for a replacement issuance of FS depending on how much food was lost in the fire/disaster.

Utility Shut-off

These cases will be referred to the Utility Liaison, who will explore eligibility for benefits under the Home Energy Assistance Program (HEAP). If HEAP is unavailable or if the applicant is ineligible or has exhausted all HEAP benefits to which he/she was entitled for the HEAP season, the Utility Liaison will attempt to negotiate an extension with the utility company.

If an extension is granted, the Utility liaison will continue to process the application/request for utility arrears assistance, completing the process before the end of the extension period granted by the utility company. The Utility liaison will issue a notice of determination concerning the request for utility arrears assistance. The granting of an extension by the utility company alone does not meet the Agency's responsibility under emergency public assistance program requirements to process the emergency request.

An applicant with a utility shut-off notice will be required to verify that he/she is the tenant of record as well as the customer of record. Married applicants may provide a utility bill in the name of a current/ deceased spouse.

The Utility Liaison will advise the JOS/Worker to proceed with an immediate needs grant if the applicant is otherwise eligible. A similar process is also appropriate when required to meet heat-related, non-utility emergency needs (fuel, oil, propane, etc.).

Requests for Clothing/household Items

See **Attachment A** for the Goodwill Voucher

Items not related to losses from a fire or disaster

If an applicant states or indicates that he/she does not have necessary clothing/household item (e.g., jackets, gloves, shoes, blankets etc.) and the need for these items is not related to losses from a fire or disaster, then a Goodwill Voucher (**Attachment A**) must be issued to the applicant which can be used to purchase those items at a Goodwill Store.

Goodwill Vouchers are only available for applicants whose case is in applying (AP) or single issuance (SI) status.

Note: The Richmond Job Center #99 is excluded from issuing Goodwill Vouchers as there are no Goodwill stores in Staten Island. Workers at the Richmond Center must use Special Grant Code **99** (Other) for applicants without necessary clothing/household items. Workers should refer to the Goodwill Voucher Clothing/Household Item Price List (**Attachment B**) to determine the amount for which the Code **99** should be issued. Homebound applicants are also exempt from receiving Goodwill Vouchers (see page 19).

Homebound applicants are also exempt from receiving Goodwill Vouchers (see page 19).

The amount of a voucher may or may not be subtracted from the applicant's monthly F&O grant depending upon the situation. See examples on pgs 21-23 for further information.

A Goodwill Voucher or Special Grant Code **99** (Richmond Job Center and homebound applicants) may be issued for any amount up to the cost of the items needed to meet the emergency, but no more than the monthly food and other (F&O) grant (preadded allowance plus energy grant) for the size of the applying CA household. For example, a household of two may receive a voucher for up to a maximum monthly F&O grant of \$218.00.

Additionally, the combination of any Code **44** emergency grants already issued during the application process and the amount of the Goodwill Voucher (or Code **99** cash equivalent) cannot exceed the maximum monthly F&O grant for the household size.

Example

A mother and son are applying for CA. During the same application period they were issued a Code **44** immediate needs grant in the amount of \$29.85. The mother indicates to the JOS/Worker that she is without necessary clothing items for her son because he has outgrown many of his winter clothes and his jacket. The JOS/Worker must subtract the previously issued \$29.85 immediate needs grant from the monthly F&O grant of \$218.00 for two people. The balance of \$188.15 is the maximum that can be issued on the Goodwill Voucher (or in cash as a Code **99** for the Richmond Job Center or homebound applicants).

Items related to losses from a fire or disaster

The replacement of clothing lost as a result of a fire or other disaster is still issued under Special Grant Code **46** (Disaster Clothing).

Example

See **Attachment C** for the replacement cost of clothing lost in a fire/disaster

A mother and child are applying for CA. The mother indicates to the JOS/Worker that she is without necessary clothing items for her son due to an apartment fire. The mother has a referral from the American Red Cross verifying the fire/disaster. The JOS/Worker must issue a Code **46** in the amount necessary to replace items lost due to the disaster. The JOS/Worker must refer to the Disaster Clothing Replacement Schedule (Code **46**) (**Attachment C**) to determine the amount for which the Code **46** must be issued.

Eligibility Determination Process for Immediate Needs Grants

The Agency must attempt to obtain as much verification as possible either from the applicant or through collateral contacts provided by the applicant. Collateral contacts may include neighbors, religious leaders, shelter providers, etc. The following should be established and verified, if possible:

- Identity of all household members requesting an immediate needs grant;
- Family composition;
- Citizenship/alien status;
- Income from any source; and
- Savings/resources.

The Agency should make every effort to verify identity, family composition and citizenship/alien status prior to meeting an immediate need. However, if the applicant is cooperative and demonstrates a good faith effort in obtaining documentation and providing appropriate collateral contacts, then a short-term immediate needs grant must be issued despite any lack of required verification.

Wherever possible, the Agency must assist applicants who are unable to obtain documentation. For example, staff may contact a utility company for disconnection information, a fuel dealer for customer-of-record verification, a landlord for possible eviction or residence information, etc.

Applicants who, without good cause, fail to produce documentation or cooperate with agency efforts to verify required information will be denied an immediate needs grant.

Reminder: Pure SSI households applying for a one-shot deal (EAA) are exempt from a BEV referral and finger imaging. All other one-shot deal applicants (EAF and ESNA) must be referred to BEV and be finger-imaged.

All applicants applying for ongoing CA must be referred to the Bureau of Eligibility Verification (BEV) and the Finger Imaging Unit. However, at no time should the issuance of an immediate needs grant be delayed pending compliance with BEV. An immediate needs grant must be provided even if the individual has previously failed to comply with BEV.

The referral to the Finger Imaging Unit should not delay the immediate needs interview. However, funds cannot be authorized until the finger imaging results are received.

Exception: If the finger imaging results cannot be obtained due to problems with the system or other operational issues, and the applicant has complied with all other requirements, and is otherwise eligible, the immediate needs grant must be issued.

For eligible applicants, the immediate needs grant is provided as a same-day benefit via the Electronic Benefit Transfer (EBT) system.

Limiting Immediate Needs Grants (Code 44), Health and Safety Kits, and/or Goodwill Vouchers or Their Cash Equivalents (Code 99)

Code **99** is only used as a cash equivalent to Goodwill Vouchers for applicants at the Richmond Job Center and homebound applicants

The Family Independence Administration (FIA) limits grants issued to meet emergency/immediate needs (Code **44**), Health and Safety Kits, and/or Goodwill Vouchers (or their cash equivalents Code **99**) when certain individuals make frequent applications for recurring assistance and subsequently fail to complete the application/eligibility process more than once in a three-month period.

The intent of this policy is to prevent individuals from repeatedly applying for emergency assistance because they are unable to meet their everyday living expenses. In these cases, recurring assistance is more appropriate.

Reapplicants are subject to this restriction if their last application occurred within three months (90 days) prior to the current application and:

- they were issued an emergency/immediate needs grant (Code **44**), a Health and Safety Kit, and/or a Goodwill Voucher (or Code **99** cash equivalent) as a result of the prior application and
- the application was subsequently denied for failure to comply with an eligibility requirement(s) without good cause.

The reapplicant must comply with all eligibility requirements and be deemed eligible for CA before an emergency/immediate needs grant (Code **44**), a Health and Safety Kit, and/or a Goodwill Voucher (or Code **99** cash equivalent) can be issued. This applies even if the reapplicant is not eligible for EFS and is requesting a grant to alleviate a food-related emergency. It also applies if the immediate needs grant request is for health- and safety-related items.

This policy, however, does not apply to households residing in domestic violence shelters or households receiving fuel (non-utility) and/or utility related emergency assistance during the application process.

Except in special circumstances, only one emergency/immediate needs grant (Code **44**), Health and Safety Kit, and/or Goodwill Voucher (or Code **99** cash equivalent) will be issued in a three-month period to an individual who has failed to complete a CA application after the issuance of an emergency/immediate needs grant (Code **44**), a Health and Safety Kit, and/or a Goodwill Voucher (or Code **99** cash equivalent).

Action Code 90LN

Action Code **90LN** must be entered in New York City Work, Accountability and You (NYCWAY) each time an emergency/immediate needs grant (Code **44**), Health and Safety Kit, and/or Goodwill Voucher (or Code **99** cash equivalent) is issued. This code is entered only for the casehead. This allows the Agency to track the dates when previous emergency/immediate needs grants (Code **44**), Health and Safety Kits, and/or Goodwill Vouchers (or Code **99** cash equivalent) were issued to individuals so that no more than one is issued in a three-month period.

A reapplicant who has received an emergency/immediate needs grant (Code **44**), a Health and Safety Kit, and/or a Goodwill Voucher (or Code **99** cash equivalent) within the last three months and subsequently failed to complete the application process must provide documented evidence of good cause for failure to complete the previous application process in order to receive an emergency/immediate needs grant (Code **44**), a Health and Safety Kit, and/or a Goodwill Voucher (or Code **99** cash equivalent). Good cause can include, but is not limited to, family emergencies, transportation problems, and new or current job obligations.

Note: There is no limit to the number of emergency/immediate needs grants (Code **44**), Health and Safety Kits, and/or Goodwill Vouchers (or Code **99** cash equivalent) that can be issued within one application period, as long as the total amount issued does not exceed the amount of the monthly household F&O grant.

Example 1

CA reapplication within 3 months of denial for failure to comply with eligibility requirements without good cause

A household applied for recurring assistance on January 5, 2009, claiming a food-related emergency. The household was not eligible for EFS. An immediate needs grant (Code **44**) to meet the household's emergency was issued. The household subsequently failed to complete the application process and was denied recurring assistance.

The same household applies for recurring assistance on February 10, 2009, again claiming another food-related emergency, and is unable to provide a good reason for failing to comply with the previous application process. They are still not eligible for EFS. On February 10, 2009, the Worker must check to see if Action Code **90LN** was posted in NYCWAY when the immediate needs grant (Code **44**) was issued on January 5, 2009. (Action Code **90LN** confirms the household was previously advised of the Agency's policy on frequent applications.)

The **W-145HH** was revised to include a field for the Goodwill voucher. Staff must continue to use the POS-generated version of the form until it is updated in the system.

Since the applicant is reapplying for emergency assistance within 90 days of the first request and does not have good cause for failing to complete the prior application process, the Agency can deny the emergency request to meet the food-related emergency. In this instance the JOS/Worker must ensure that when completing the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) form, he/she enters January 5th as the previous application date and checks off the immediate needs grant box.

Example 2

CA reapplication within 3 months of denial for failure to comply with eligibility requirements with good cause

A husband and wife apply for recurring assistance on February 12, 2009 and report a food-related emergency. The household is ineligible for FS. A Code **44** grant to meet the food-related emergency is issued and Action Code **90LN** is posted in NYCWAY. Prior to completing the application process, the wife is called back to work on a temporary basis, and the applicants decide that they no longer need temporary assistance beyond the help they have already received to meet their food emergency.

They subsequently fail to complete the application process. In March, the wife's temporary job ends and the husband remains unemployed. On April 9, 2009 they reapply for recurring assistance and indicate they have another food-related emergency. The household is ineligible for FS.

In this instance, even though Action Code **90LN** was posted in NYCWAY, the applicants can be issued an emergency grant to meet their food-related emergency because they had good cause for not completing the previous application process. Returning to work is a good cause reason for not continuing with the application process for recurring assistance.

Note: Good cause must be noted in the Paperless Office System (POS).

Example 3

CA reapplication more than 3 months after denial for failure to comply with eligibility requirements

An individual applies for recurring assistance on January 18, 2009, and reports that he has a food-related emergency as well as a need for health and safety items. He is eligible for EFS and is deemed eligible for FS. The applicant is issued a same-day FS benefit, a Personal Care Kit, and Action Code **90LN** is posted in NYCWAY. The applicant must provide documents necessary to verify eligibility for CA and FS by January 28, 2009. He fails to do so and on January 29, 2009, action is taken to deny the application.

The individual reapplies for recurring assistance on May 16, 2009. He again reports a food-related emergency and does not have a good reason for failing to comply on the previous application.

In this instance, the applicant is ineligible for EFS but is eligible to receive an immediate needs grant (Code **44**) if he otherwise meets the criteria because his prior application is more than three months old.

REQUIRED ACTION**Request for an Immediate Needs/Emergency Assistance Grant**Job Centers

If an individual seeking to apply for assistance, is not at the Center which covers his/her Zip Code, indicates the presence of an emergency, the Receptionist must begin the POS Application Intake and select "Site Determination Override" in the drop-down menu for the question "Is there a Special Situation or Hardship?" in the **Site Determination** window. The reported emergency must be recorded in the **Problems** section on the window. The Receptionist must then alert the AJOS I/ Supervisor who will immediately assign the case to the next available JOS/Worker.

Model Centers

If an individual seeking to apply for assistance indicates the presence of an emergency, the Receptionist at Front Door Reception (FDR) must issue a CA ticket in the Front Door Electronic Reception (FRED) and direct the applicant to the CA Reception area.

At CA Reception, the Receptionist must conduct the **Site Determination** and/or an “Override” to complete the **Problems** section if the individual seeking to apply for assistance is not at the Center that covers his/her Zip Code. Once the reported emergency has been noted in POS, the Receptionist must alert the AJOS I/Supervisor. The AJOS I/Supervisor must immediately assign the case to the next available JOS/Worker.

CSIC provides a wide range of services including the handling of emergency requests for special grants.

After the initial application interview is conducted, the JOS/Worker will make an In-Center referral to the Customer Service and Information Center (CSIC) or HDU, if necessary, in order to further handle the request for emergency assistance.

Processing Food-Related Immediate Needs (Code 44)

Once the case is assigned, the JOS/Worker must:

- complete the question “ATTENTION: TO THE INTERVIEWER: Based on the interview conducted is there any indication that the applicant is in need of any non-food-related personal item necessary for health and personal care?” on the **Expedited Processing** window in the POS **Application Interview**.

The **Immediate Needs** window will appear after the **Expedited Processing** window if the applicant is ineligible for EFS or answers “Yes” to the question, “Is the applicant requesting item(s) that are unavailable in the kit or as supplements?”

- complete the **IN/EFS Issuance** activity to determine eligibility for EFS and immediate needs.
- review the **WMS Benefits Issuance Screen** to determine if FS benefits are available when a request is made for food-related emergency assistance. If FS benefits are available to the CA applicant, then the case must be discussed with the AJOS I before processing.
- discuss the emergency with the applicant to determine if other resources (e.g., food pantries, family, etc.) are available.
- obtain the names and telephone numbers of friends, relatives and neighbors who have provided aid to the applicant. Make collateral calls to these people to verify that they will not continue to provide aid until eligibility for assistance is determined. If the call:

- is answered and the relative, friend or neighbor states they will continue to provide aid, do not provide an immediate needs grant.
- is answered and the relative, friend or neighbor states that he/she will not continue to provide aid, provide a cash grant.
- is not answered, advise the applicant to have the relative, friend or neighbor call or write a letter indicating when they stopped providing aid. If the applicant is unable to secure the letter on the same day (i.e., it is too late in the day to go home and return with the document), issue the immediate needs grant.

Record the results of the collateral calls in the **Immediate Needs** window.

- check NYCWAY to see if Action Code **90LN** (applicant received immediate needs grant [Code **44**], Health and Safety Kit, and/or Goodwill Voucher [or Code **99** cash equivalent]) has been posted within the last three months.

If Action Code **90LN** has been posted within the past three months and the applicant does not have good cause for failing to complete the prior application process, the JOS/Worker should deny the emergency request and must:

- prepare a **W-145HH** form indicating the denial reason and the date that the previous immediate needs grant, Health and Safety Kit, and/or Goodwill Voucher (or Code **99** cash equivalent) was issued using the **Form Data Entry** window.
- print form **W-145HH** from the **Print Forms** window.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.
- complete the initial **Application Interview** in POS and the EP, and make all necessary referrals (e.g., OCSE, BEV, BTW vendors, finger imaging).

Note: In all instances, the AJOS I/Supervisor must review all case actions before sign-off and also review the New York Statewide Common Application (**LDSS-2921**) form in POS to ensure that the JOS/Worker completed it accurately.

Applicant is eligible for a code **44**

If the applicant is eligible for a Code **44**, the JOS/Worker must:

- complete the initial **Application Interview** in POS and the Employment Plan (EP), and make all necessary referrals (e.g., Office of Child Support Enforcement [OCSE], BEV, Back to Work [BTW] vendors, finger imaging).

- prepare the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) form if the applicant must return with documents and/or forms or must comply with follow-up assessment or appointments. Print the completed **W-113K** form and the Eligibility Factors and Suggested Documentation Guide (**W-119D**) from the **Print Forms** window in POS.
- place the CA case in SI status using Opening Code **Y41** (case accepted for immediate needs [pre-investigation], case is applying for ongoing assistance) on the POS **TAD** window. The CA SI Benefit will be automatically pre-populated with CA grant Issuance Code **44**.
- complete the **Non-Food Emergency Interview/Special Grant** activity to issue the additional grant(s) if the applicant requires additional immediate needs.
- Complete the PA Single Issuance Form (**LDSS-3575**), and if necessary, a Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) form from the **Print Forms** window.
- annotate form **LDSS-3575** in red ink in the upper right-hand corner "Same day benefit-Enter **W-607A** first" if the **W-607A** was also printed.
- complete the **W-145HH** by entering the amount of the clothing voucher and items covered.
- enter Action Code **90LN** in NYCWAY. Action Code **90LN** must not be entered for applicants who are:
 - denied an immediate needs grant (Code **44**); or
 - issued a grant or benefit (other than a Code **44**, a Health and Safety Kit, or a Goodwill Voucher [or Code **99** cash equivalent]) in order to alleviate their emergency.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.

Applies only to an immediate needs cash grant (code **44**)

For immediate needs cash assistance grants (Code **44**), if an individual's case was denied within the last six months for failure to provide verification to BEV (Denial Code **V20**) and the individual is requesting another immediate needs cash grant, the system will generate a regular BEV appointment four to 14 days later. If the applicant is otherwise eligible, a five-day immediate needs cash grant must be provided regardless of the individual's previous failure to comply with a BEV appointment using the POS **IN/EFS** Issuance activity. If the BEV appointment has not occurred upon the expiration of the Code **44** grant and the emergency still exists, additional Code **44s** may be granted.

When the applicant returns, check the **Referrals** window in the POS **Application Interview** for the BEV recommendation. If the applicant complied with the BEV appointment, issue the remainder of the immediate needs grant using the POS **Non-Food Emergency Interview/Special Grant** activity.

If the applicant does not comply with the BEV appointment, do not issue the remainder of the immediate needs cash assistance grant.

Processing Nonfood-related Emergency Assistance

Job Centers

For applicants indicating non-food-related emergencies (e.g., housing emergencies, domestic violence, utility shut-off, clothing):

- complete the initial **Application Interview** in POS
- if necessary, refer the applicant to the appropriate liaison by completing and printing the Referral/Information form (**W-34A**) in POS; give the applicant a copy, and direct him/her to HDU or the appropriate liaison. (Applicants with utility emergencies are not referred to the Utility Liaison; only the case is referred).

Model Centers

In Model Centers, in addition to the above instructions, the JOS/Worker must make an in-center referral in the Model Office Numbering, Identification and Queuing (MONIQ) system and issue the applicant an HDU ticket for housing emergencies or a CSIC ticket for all other emergencies and then direct the applicant to the appropriate area.

In both Job Centers and Model Centers, when a domestic violence referral is required, referrals to OCSE, BEV, as well as completion of the employment part of the initial eligibility interview must be postponed until a recommendation from the domestic violence unit is received.

When an applicant is routed back to his/her JOS/Worker for the issuance of an emergency grant(s), the JOS/Worker must complete the **Non-Food Emergency Interview/Special Grant** activity.

An applicant may be eligible for an emergency shelter and/or utility payment, but ineligible for a health and safety kit or Goodwill Voucher (or Code **99** cash equivalent).

If a Health and Safety Kit or Goodwill Voucher (or a Code **99** cash equivalent for applicants at the Richmond Job Center and homebound applicants) is needed to meet an immediate need, check NYCWAY to determine if code **90LN** has been posted within the past three months and the applicant does not have good cause for failing to complete the prior application process, the JOS/Worker should deny the emergency request and must:

The **W-145HH** must be annotated to clearly respond to each request.

- prepare a **W-145HH** form indicating the denial reason and the date that the previous immediate needs grant, Health and Safety Kit, and/or Goodwill Voucher (or Code **99** cash equivalent) was issued using the **Form Data Entry** window.
- print form **W-145HH** from the **Print Forms** window.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.
- complete the initial **Application Interview** in POS and the EP, and make all necessary referrals (e.g., OCSE, BEV, BTW vendors, finger imaging).

Note: In all instances, the AJOS I/Supervisor must review all case actions before sign-off and also review the New York Statewide Common Application (**LDSS-2921**) form in POS to ensure that the JOS/Worker completed it accurately.

Issuing Goodwill Vouchers (or Code **99** Cash Equivalent)

When an applicant indicates that he/she is without any necessary clothing or household items, the JOS/Worker must:

- determine the amount to be issued on the Goodwill Voucher (or Code **99** cash equivalent) by referring to **Attachment B**. The voucher may be issued for any amount up to the monthly F&O grant for the size of the applying CA household. Additionally, the combination of any Code **44** emergency grants already issued during the application process and the amount of the Goodwill Voucher (or Code **99** cash equivalent) cannot exceed the monthly F&O amount (preadded allowance plus energy grant) for the household size (see the first example on page 7 of this policy directive).
- for a Goodwill voucher, complete the Referral/Information Form (**W-34A**) by indicating in the comments section of the form all of the items that need to be purchased with the voucher and the amount of each item.
- For a Code **99** cash equivalent (for Richmond Job Center and homebound applicants only):
 - Complete the PA Single Issuance Form (**LDSS-3575**), and if necessary, a Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) form from the **Print Forms** window.
 - annotate form **LDSS-3575** in red ink in the upper right-hand corner "Same day benefit-Enter **W-607A** first" if the **W-607A** was also printed.

- complete the **W-145HH** by entering the amount of the clothing voucher and items covered.
- enter Action Code **90LN** in NYCWAY. Action Code **90LN** must not be entered for applicants who are:
 - denied a clothing voucher; or
 - issued a grant or benefit (other than a Code **44**, a Health and Safety Kit, or a Goodwill Voucher [or Code **99** cash equivalent]) in order to alleviate their emergency.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.

Goodwill Vouchers only

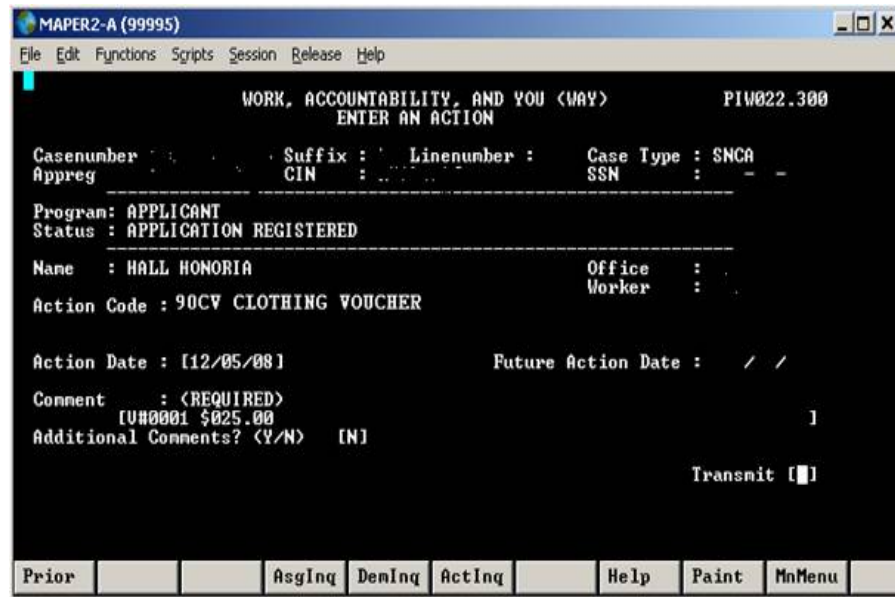
Once the Supervisor reviews and approves the action, for Goodwill Vouchers only, the **W-34A** must be printed and brought to Disbursement and Collection (D&C) by a clerk.

D&C must:

- complete a Goodwill Voucher (or Code 99 cash equivalent) to purchase the necessary items indicated on the **W-34A**.
- enter Action Code **90CV** in NYCWAY before the applicant is issued the completed Goodwill Voucher (or Code 99 cash equivalent).
- enter into the required comment field the four digit voucher number and the dollar amount of the voucher, separated by an underscore as follows:

V#XXXX_\$000.00

For example, if voucher number 0001 is being issued in the amount of \$25, then the D&C Worker must enter into the required comment field: V#0001_\$025.00. See screen shot on the next page.



There is currently no space on the voucher for the applicant's signature. The vouchers will be updated at a later time.

Each voucher is composed of four differently colored copies.

Code **99** Cash Equivalents only
(see [PD #08-10-ELI](#))

- Because there is currently no field on the voucher for the applicant's signature, have the applicant sign the voucher next to the D&C Staff member's signature and distribute the copies of the voucher as follows:

- Both the white and yellow copies are given to the applicant. Goodwill will keep the white copy when the voucher is redeemed; the applicant will keep the yellow copy as a receipt.
- The pink copy is kept by D&C.
- The goldenrod copy must be batched and forwarded on the first Monday of every month to:

FIA Assistant Deputy Commissioner
180 Water Street, Room 2123
New York NY 10038

The code **99** cash equivalent must be approved by the Job Center Director or Deputy. He/she must ensure the applicant is homebound or is applying at the Richmond Job Center when authorizing the benefit.

Reminder: Goodwill Voucher (or Code **99** cash equivalents) can only be issued to applicants. Participants must use their F&O grant to purchase any non-disaster related clothing/household items. If an applicant or participant is without any necessary clothing/household items due to a fire or disaster, then a Code **46** (disaster clothing) or Code **47** (disaster household furnishings and replacements) should be issued to replace the necessary items.

Homebound Applicants

Assessment Unit Upon receipt of a completed paper application and/or documentation, if any, from a homebound applicant who indicates the presence of an emergency or requests an immediate need grant, the AJOS I/Supervisor will assign the case to the next available JOS/Worker.

The JOS/Worker will:

- register the case in WMS and POS.
- access the BEV Application and Scheduling Tracking System in Maintaining and Preparing Executive Reports (MAPPER) indicating that the individual is homebound so that a specific appointment is scheduled for a home visit.
- determine the homebound applicant's eligibility for an immediate need food-related grant, and any other non-food-related immediate need.
- Because homebound applicants are unable to come to the Center to sign for a Goodwill Voucher, staff must issue a Code **99** (Other) immediate needs grant using the amounts on **Attachment B** for the replacement of clothing that is not lost as a result of a fire or other disaster. Any non-disaster related clothing and emergency food allowance (Code **44**) issued during the application period cannot exceed the monthly F&O grant (preadded plus energy grant) for the household size.
- If homebound applicant is eligible, prepare the **TAD** as previously instructed to place the case in **SI** status and prepare form **LDSS-3575**. Benefits will be issued through the applicant's Electronic Benefit Transaction (EBT) card.

Determining CA Benefits Due When Accepting Cases In Which an Immediate Needs Grant (Code 44) and/or a Goodwill Clothing Voucher (or Code 99 Cash Equivalent) was Issued

The Goodwill clothing voucher (or Code **99** cash equivalent) and immediate needs Code **44** are pre-investigative grants that are generally issued before a full eligibility determination is made.

Emergency utility and shelter payments are not deducted from the food and other allowance.

A complete eligibility decision for CA is required by the 25th day after the CA application file date on all cases including those that received immediate needs assistance. In instances in which the case is determined eligible, and the period of eligibility overlaps with a period in which a pre-investigative grant (Code **44**) or Goodwill Voucher (or Code **99** cash equivalent) were issued, the amount of the pre-investigation grant(s) must be deducted from the initial F&O grant. Only the F&O portion of the grant can be prorated. The shelter allowance is not to be prorated. Under no circumstance should duplicate benefits be issued.

However, when an individual is only eligible for a Personal Needs Allowance (PNA) instead of their full F&O grant, the initial PNA is not prorated. Therefore, any payments made to the household to meet an emergency prior to the date of compliance or the 45th day must be deducted from the PNA.

If shelter arrears have been issued as an emergency grant for the current month, no additional shelter allowance can be provided in the initial payment.

Emergency assistance provided to an applicant before the date of compliance must not be deducted from the first monthly F&O grant. Emergency assistance provided to an applicant on or after the date of compliance must be deducted from the first monthly F&O grant issued. The examples below illustrate how to properly prorate the F&O grant when emergency assistance has been provided in order to prevent duplication of benefits.

Example 1

Emergency assistance issued **before** the date of compliance.

Ms. Jones and her child apply for CA on March 1st. Ms. Jones indicates she does not have any food or any money to buy food. Ms. Jones also indicates she and her child have been sick for the past week because they do not have winter coats. The JOS/Worker determines the family needs clothing for health and safety reasons and issues a \$26 Goodwill Voucher (or Code **99** cash equivalent) for a woman’s coat (\$20) and a child’s coat (\$6). The JOS/Worker also issues a Code **44** immediate needs grant in the amount of \$29.85 because the family has a food emergency, but are ineligible for food stamps because of their immigration status.

Date Issued	Amount	Period Covered
3/1	\$29.85	3/1-3/5
3/1	\$26	none

On March 12th, Ms. Jones submits all of the documentation needed to establish eligibility for CA. The case number assigned to Ms Jones ends with the number **2**. The pick-up dates for this number are the 4th and 19th of each month. Because Miss Jones received all of her emergency assistance (clothing voucher plus immediate needs grant) before the date of compliance, the F&O grant must not be reduced by \$55.85 (Code **44** for \$29.85 and the voucher for \$26). Ms. Jones is eligible for a prorated F&O grant of \$50.17 for two people from the date of compliance (March 12th) through March 18th (A cycle). Ms. Jones is also eligible for the full F&O grant for two people from March 19th – April 3rd (B cycle). The total F&O portion of the CA grant available on March 19th is \$159.00 (rounded down to the nearest \$.50) (“A” cycle from March 12th – March 18th is \$50.17 plus “B” cycle from March 19th – April 3rd is \$109.00).

Example 2

Emergency assistance issued **after** the date of compliance.

Ms. Jones and her child apply for CA on March 1. On March 12th Ms. Jones returns to the Center, submits all of the documentation needed to establish eligibility for CA, and indicates that she does not have any food or any money to buy food. Ms. Jones also indicates she and her child have been sick for the past week because they do not have winter coats. The JOS/Worker determines the family needs clothing for health and safety reasons and issues a \$26 Goodwill Voucher for a woman’s coat (\$20) and a child’s coat (\$6). The JOS/Worker also issues a Code **44** immediate needs grant in the amount of \$29.85 because the family has a food emergency, but are ineligible for food stamps because of their immigration status.

Date Issued	Amount	Period Covered
3/12	\$29.85	3/12-3/16
3/12	\$26	none

The case number assigned to Ms Jones ends with the number **2**. The pick-up dates for this number are the 4th and 19th of each month. Ms. Jones is eligible for a CA grant from the date of compliance (March 12th) through March 18th. The total F&O portion of the CA grant available on March 19th would normally be \$159.00 (rounded down to the nearest \$.50) (A cycle from March 12th – March 18th is \$50.17 plus B cycle from March 19th – April 3rd is \$109.00), however, since Ms. Jones received emergency assistance on the date of compliance, the F&O portion of the CA grant must be reduced by \$55.85 (Code **44** for \$29.85 and voucher for \$26). The monthly F&O portion of the CA grant available to Ms. Jones on March 19th is now \$103.15 (159.00 reduced by emergency assistance of \$55.85).

Example 3

Emergency assistance issued **before and after** the date of compliance.

Ms. Jones and her child apply for CA on March 1. Ms. Jones indicates she does not have any food or any money to buy food. Ms. Jones also indicates she and her child have been sick for the past week because they do not have winter coats. The JOS/Worker determines the family needs clothing for health and safety reasons and issues a \$26 Goodwill Voucher for a woman’s coat (\$20) and a child’s coat (\$6). The JOS/Worker also issues a Code **44** immediate needs grant in the amount of \$29.85 because the family has a food emergency, but are ineligible for food stamps because of their immigration status.

Date Issued	Amount	Period Covered
3/1	\$29.85	3/1-3/5
3/1	\$26	none

Ms. Jones returns to the Center on March 12th and submits all of the documentation needed to establish eligibility for CA. Ms. Jones also expresses a need for more money to buy food. The worker issues a second five day food and other allowance (Code **44**).

Date Issued	Amount	Period Covered
3/12	\$29.85	3/12-3/16

The case number assigned to Ms Jones ends with the number **2**. The pick-up dates for this number are the 4th and 19th of each month. Ms. Jones is eligible for a CA grant from the date of compliance (March 12th) through March 18th. The total F&O portion of the CA grant available on March 19th would normally be \$159.00 (A cycle from March 12th – March 18th is \$50.17 plus B cycle from March 19th – April 3rd is \$109.00), however, since Ms. Jones received a Code **44** on the date of compliance, the F&O portion of the CA grant must be reduced by \$29.85. The first Code **44** and the voucher are not deducted from the F&O grant because they were issued before the date of compliance. The monthly F&O portion of the CA grant available to Ms. Jones on March 19th is now \$129.15 (159.00 reduced by emergency assistance of \$29.85).

Notices

Decisions on requests for emergency assistance/immediate needs

The AJOS I/Supervisor must ensure that the **W-145HH** is completed and issued for every request for emergency assistance/immediate needs.

Eligibility Decisions

In most cases, the Client Notification System (CNS) will automatically generate a notice indicating the Agency’s eligibility decision. POS will alert staff when a manual notice is required. If the case is being processed outside of POS, the JOS/Worker must check the WMS Worker’s Guide to Codes to see which codes do and do not generate notices.

In instances in which the code(s) do(es) not automatically generate a CNS notice, the AJOS I/Supervisors must ensure that an Action Taken on Your Application: Part A: Public Assistance, Food Stamp Benefits, and Medical Assistance Coverage (**LDSS-4013-A NYC**) form and/or an Action Taken on Your Application: Part B: Public Assistance, Food Stamp Benefits, and Medical Assistance Coverage (**LDSS-4013-B NYC**) form are prepared and that all program areas are appropriately annotated. Remember that the reason and the regulation are required for all actions of denial.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

POS implications are covered in this document.

Model Center Implications

Model Center implications are covered in this document.

Food Stamp Implications

Food Stamp implications are covered in this document.

LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING IMPAIRED IMPLICATIONS

For Limited English-Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with PD #08-18-OPE. For hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with PD #08-20-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

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

Conferences

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

The FH&C AJOS I/Supervisor I will listen to and evaluate any material presented by the applicant/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 I/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination denying immediate needs is based on receipt of an immediate needs grant within the last 90 days, and the CA application was denied at that time for failure to comply with eligibility requirements, the applicant must document good cause for having failed to comply with eligibility requirements during the prior application period.

If good cause is established during the conference, then the issue should be Settled In Conference (SIC). The SIC will result in a referral back to CSIC or Reception for another immediate needs grant interview.

In addition, if the adverse case action still shows on the "Pending" (08) screen in WMS, the AJOS I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form ([LDSS-3722](#)), change the 02 to 01 if the case has been granted Aid to Continue (ATC), or prepare and submit a CA Recoupment Data Entry Form ([LDSS-3573](#)) to delete a recoupment. The AJOS I/Supervisor I must complete a Conference Report ([M-186a](#)).

Evidence Packets

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


RELATED ITEMS

[CD #02-12](#)
[PB #07-19-ELI](#)
[PD #08-07-OPE](#)
[PB #08-154-OPE](#)

REFERENCES

[02 ADM 2](#)
[03 INF 34](#)
[18 NYCRR 351.8 \(c\)\(3\) and \(4\)](#)
[18 NYCRR 352.2 \(a\)](#)
[18 NYCRR 352.7](#)
[18 NYCRR 387.5 \(e\)](#)
 SSL 133

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Sample Goodwill Voucher
- Attachment B** Goodwill Voucher Clothing/Household Item Price List
- Attachment C** Disaster Clothing Replacement Schedule (Code 46)
- M-696g** Proration Table for Computation of Immediate Needs Grants (Code 44) (1/21/09)
- W-145HH** Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 1/21/09)
- W-145HH (S)** Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Spanish) (Rev. 1/21/09)



0001

Goodwill Store Voucher
Issued by NYC Human Resources Administration

Participant's Name _____

Case # _____

For Item

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Amount of Voucher _____

Please print dollar amount

D & C Staff Signature _____

Date of Issuance ____ / ____ / ____

To Be Completed By GW Staff _____

Goodwill Staff Signature _____

Date Redeemed _____

Store # _____

SAMPLE

Voucher is good for 15 days from time of issuance date.

Locations:

All Stores Open
Monday - Saturday 10 - 8
Sunday 10-6

Manhattan

Washington Heights
512 W. 181st Street, Manhattan 10033

Fifth Ave.
2196 5th Avenue, Manhattan 10037

Stuyvesant Square
1704 2nd Avenue, Manhattan 10128

23rd Street
220 East 23rd Street, Manhattan 10010

25th Street
103 West 25th Street, Manhattan 10001

79th Street Store
217 West 79th Street, Manhattan 10024

Spanish Harlem
2231 3rd Avenue, Harlem 10035

Bronx

149th Bronx
361 East 149th Street, Bronx 10455

Fordham Road
52 West Fordham Road, Bronx 10468

Queens

Steinway
32-36 Steinway Street, Queens 11103

Brooklyn

Livingston Street
258 Livingston, Brooklyn 11201

Fulton Street
1100-1104 Fulton Street, Brooklyn 11238

Kingshighway
229 Tapscott Street, Brooklyn 11212

SAMPLE

Attachment B

Goodwill Clothing/Household Items Price List

When issuing a Goodwill Voucher, refer to the table below to determine the cost of the clothing/household items requested by applicants.

Item Requested	Cost
Womens Dress	\$10.00
Womens Blouse	\$6.00
Womens Skirt	\$6.00
Womens Sweater	\$6.00
Womens Pants	\$6.00
Womens Jeans	\$8.00
Womens Jacket	\$10.00
Womens Suits	\$18.00
Womens Short Coats	\$15.00
Womens Coats	\$20.00
Womens Nightgowns	\$6.00
Womens Shorts	\$5.00
Mens Shirts	\$6.00
Mens Pants	\$6.00
Mens Jeans	\$8.00
Mens Sweaters	\$6.00
Mens Sports Coats	\$10.00
Mens Suits	\$20.00
Mens Outer Jackets	\$10.00
Mens Short Coats	\$15.00
Mens Top Coats	\$20.00
Mens T-Shirts	\$3.00
Mens Pajamas	\$6.00
Mens Shorts	\$5.00

Item Requested	Cost
Vests	\$6.00
Robes	\$6.00
Job Pants	\$6.00
Jogging Suits	\$12.00
Jogging Jacket	\$6.00
Childrens Coat	\$6.00
Childrens Dress	\$5.00
Childrens Suit	\$8.00
Childrens Top and Bottom	\$3.00
Infant	\$2.00
Gloves	\$4.00
Hats	\$4.00
Shoes	\$10.00
Boots	\$12.00
Socks	\$1.00
Towels	\$3.00
Blankets	\$7.00
Womens Boots	\$13.00
Womens Shoes	\$8.00
Womens Sandals	\$6.00
Childrens Sandals	\$4.00
Childrens Boots	\$6.00
Mens Shoes	\$10.00
Mens Sandals	\$8.00

Attachment C

Disaster Clothing Replacement Schedule (Code 46)

Replacement Cost of Clothing

Birth through 5 years of age	\$48
6 through 11 years of age	\$73
12 years of age through adult	\$89

Proration Table for Computation of Immediate Needs Grants (Code 44)

Immediate needs for family size of:

	1	2	3	4	5	6	7	8	9	10
DAY	56.00	89.50	119.00	153.50	189.50	219.00	249.00	279.00	309.00	339.00
1	3.73	5.97	7.93	10.23	12.63	14.60	16.60	18.60	20.60	22.60
2	7.46	11.94	15.86	20.46	25.26	29.20	33.20	37.20	41.20	45.20
3	11.19	17.91	23.79	30.69	37.89	43.80	49.80	55.80	61.80	67.80
4	14.92	23.88	31.72	40.92	50.52	58.40	66.40	74.40	82.40	90.40
5	18.65	29.85	39.65	51.15	63.15	73.00	83.00	93.00	103.00	113.00
6	22.38	35.82	47.58	61.38	75.78	87.60	99.60	111.60	123.60	135.60
7	26.11	41.79	55.51	71.61	88.41	102.20	116.20	130.20	144.20	158.20
8	29.84	47.76	63.44	81.34	101.04	116.80	132.80	148.80	164.80	180.80
9	33.57	53.73	71.37	92.07	113.67	131.40	149.40	167.40	185.40	203.40
10	37.30	59.70	79.30	102.30	126.30	145.00	166.00	186.00	206.00	226.00
11	41.03	65.67	87.23	112.53	138.93	160.60	182.60	204.60	226.60	248.60
12	44.76	71.64	95.16	122.76	151.56	175.20	199.20	223.20	247.20	271.20
13	48.49	77.61	103.09	132.99	164.19	189.80	215.80	241.80	267.80	293.80
14	52.22	83.58	111.02	143.22	176.82	204.40	232.40	260.40	288.40	316.40
15	56.00	89.50	119.00	153.50	189.50	219.00	249.00	279.00	309.00	339.00

Grant amounts issued must be rounded off to the nearest nickel.

Add a restaurant allowance to the above amounts for individuals who have no cooking or food storage facilities. The daily restaurant allowance is:

- \$2.13 for each individual
- \$3.33 for pregnant women, children under 18 years of age or full time students expected to graduate before their 19th birthday

For eligible individuals, add the restaurant allowance to the table amounts to arrive at the total immediate needs grant to be issued. Issue the total grant under special grant code **44**. The case entry must indicate the immediate needs grant, including the restaurant allowance and how the total amount was calculated.

Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker Phone: _____
FH&C Phone: _____

Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only)

The Agency's decision(s) regarding your application(s) is/are explained below next to the marked box(es) .

Immediate Needs

This notice applies only to your request for assistance to meet an immediate need. If you have also applied for ongoing Cash Assistance, this notice does not affect application for ongoing Cash Assistance. You will also receive a notice advising you of this Agency's decision on your application for ongoing Cash Assistance when your eligibility has been determined.

If your application for ongoing Cash Assistance is denied for failure to comply with eligibility requirements, a second request for an immediate need/emergency grant for "no food" or items relating to health and safety, filed within three months of the original application denial, may also be denied unless you can document good cause for your original failure to comply.

On _____ you requested assistance to meet an immediate need of:

We are giving you this notice to tell you that your request for an immediate need grant was evaluated and the following decision was made:

- An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____ (Date).
- An emergency grant (one shot deal) has been provided in the amount of \$ _____ for _____.
- A health and safety kit has been provided on _____ (Date).
- A Goodwill Voucher has been provided in the amount of \$ _____ for _____ on _____ (Date).
- If this box is checked, you are responsible for repaying \$ _____ as shown:
 - This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ (Date).
 - You must repay the amount shown above because it is more than the Human Resources Administration (HRA) shelter maximum of \$ _____ for your family size of _____ for each month of arrears that HRA agreed to pay.

Immediate Needs (Continued)

Assistance to meet an immediate need is denied because:

when you applied for Cash Assistance on _____ (within the last three months), you were issued:
(Date)

an immediate need(s) grant(s)

a health and safety kit(s)

a Goodwill Voucher(s)

Other:

and subsequently, failed to comply with the eligibility requirements without good cause. The regulations which allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

Medical Assistance

If you need help with your medical bills, you must apply separately for Medical Assistance. If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**

Your Medical Assistance stays the same.

Your application for Medical Assistance is being reviewed. We will send your decision within 30 days.

SAMPLE

Authorized by _____

Date _____

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

Conference and Fair Hearing Section

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

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

1) CONFERENCE

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.

2) STATE FAIR HEARING

You have the following number of days from the date of this notice to ask for a fair hearing:

Benefit Area	Time Limit
Cash Assistance, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

If this notice is telling you that you must repay Cash Assistance because you signed a repayment agreement, or because the shelter arrears that HRA agreed to pay is more than the HRA shelter maximum, and if you do not agree that you must repay or you do not agree with the amount HRA says you must repay, you must call for a fair hearing. If you do not call for a fair hearing, you cannot claim in the future that the agency's decision that you owe the debt was wrong. The time limit for calling for a fair hearing on the issue of the repayment is the same as the limit for any Cash Assistance action this notice is telling you about, 60 days.

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, 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, NY or **330 West 34th Street, 3rd Floor, New York, NY**

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

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

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

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

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

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

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

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

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

[Large empty rectangular box for providing reasons for the Fair Hearing request]

Print Name: _____ Case Number: _____

Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Signature: _____ Date: _____

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

Aviso de Decisión sobre la Asistencia para Cubrir una Necesidad Inmediata o Asignación Especial (Sólo para Solicitantes)

La(s) decisión(es) de la Agencia respecto a su(s) solicitud(es) se explica(n) más abajo junto a la(s) casilla(s) marcada(s) .

Necesidades Inmediatas

Este aviso corresponde solamente a su solicitud de asistencia para cubrir una necesidad inmediata. Si usted también ha solicitado Asistencia en Efectivo continua, este aviso no afecta su solicitud de dicha asistencia. Usted también recibirá un aviso notificándole de la decisión de esta Agencia sobre su solicitud de Asistencia en Efectivo continua cuando se haya determinado su elegibilidad.

Si su solicitud de Asistencia en Efectivo continua es rechazada debido a incumplimiento de requisitos de elegibilidad, puede que también se rechace una segunda solicitud de concesión de emergencia/necesidad inmediata para artículos "no alimentarios" relacionados con la salud y la seguridad, si la misma es presentada menos de tres meses después de haber sido rechazada la primera solicitud, a menos que usted muestre pruebas válidas que justifiquen su incumplimiento respecto a los requisitos de la primera solicitud.

El _____, usted solicitó asistencia para cubrir una necesidad inmediata de:

Por medio del presente aviso le informamos de que hemos evaluado su solicitud respecto a una concesión para cubrir necesidades inmediatas y la decisión es la siguiente:

- Una concesión de emergencia preinvestigación por la cantidad de \$ _____ estará a su disposición en _____ (Fecha).
- Se le ha otorgado una concesión de emergencia por la cantidad de \$ _____ para _____.
- Se le ha facilitado un botiquín de salud y seguridad (health and safety kit) en _____ (Date).
- Se le ha otorgado un Comprobante de Buena Voluntad de \$ _____ para _____ en _____ (Fecha).
- Si se marca esta casilla, usted es responsable por el reembolso de \$ _____ como indicado:
 - Esta cantidad se nos tiene que pagar conforme al acuerdo de reembolso que usted firmó el _____ (Fecha).
 - Usted tiene que reembolsar la cantidad indicada más arriba porque el máximo de albergue de la Administración de Recursos Humanos (Human Resources Administration – HRA) de \$ _____ para su familia con _____ personas para cada mes de atraso que HRA acordó pagar.

Necesidades Inmediatas (Continuación)

Asistencia para cubrir una necesidad inmediata se le ha rechazado debido a que:

cuando solicitó Asistencia en Efectivo el _____ (dentro de los últimos tres meses), usted recibió:
(Fecha)

concesión(es) para necesidades inmediatas

botiquín(es) de salud y seguridad

Comprobante(s) de Buena Voluntad

Otro:

y posteriormente, no cumplió con los requisitos de elegibilidad sin motivo justificado. Los reglamentos que nos permiten hacer esto son 18 NYCRR § 351.1, § 351.8, y § 352.7.

Asistencia Médica

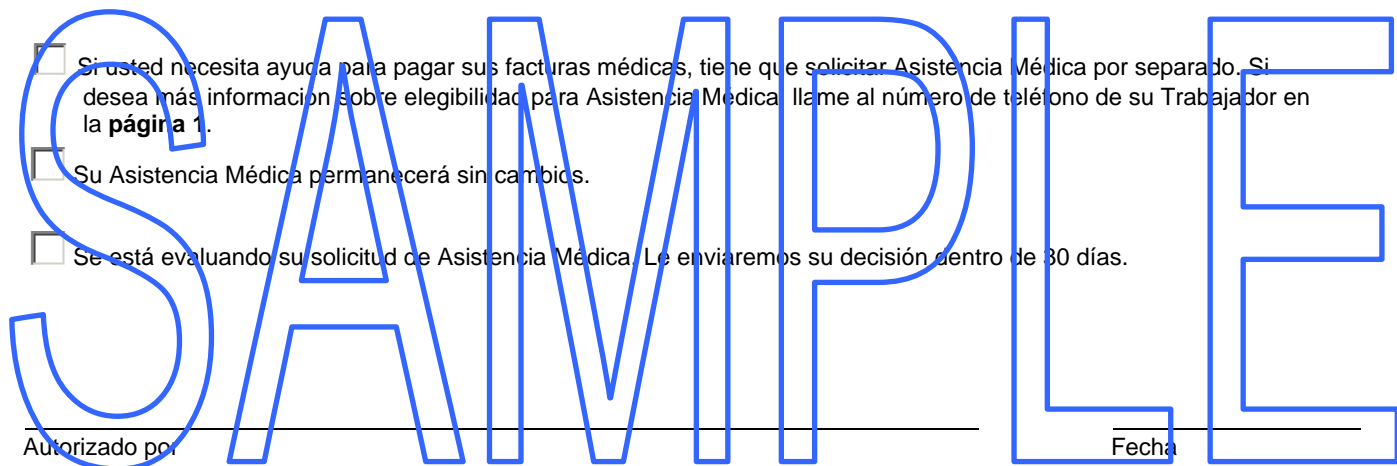
Si usted necesita ayuda para pagar sus facturas médicas, tiene que solicitar Asistencia Médica por separado. Si desea más información sobre elegibilidad para Asistencia Médica llame al número de teléfono de su Trabajador en la **página 1**.

Su Asistencia Médica permanecerá sin cambios.

Se está evaluando su solicitud de Asistencia Médica. Le enviaremos su decisión dentro de 30 días.

Autorizado por _____

Fecha _____



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

Sección sobre Conferencias y Audiencias Imparciales

Si usted cree que nuestra decisión fue equivocada, puede solicitar una revisión de nuestra decisión. Corregiremos nuestros errores. Usted puede tomar ambas medidas 1 y 2:

1. Solicitar una reunión (conferencia) con unos de nuestros supervisores;
2. Solicitar una audiencia imparcial Estatal con un oficial de audiencia imparcial.

1) CONFERENCIA

Si usted cree que nuestra decisión es errónea, o si no entiende nuestra decisión, favor de llamarnos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales (Fair Hearing and Conference – FH&C) en la **página 1** de este aviso o escriba a la dirección en la **página 1** de este aviso. A veces esta resulta ser la manera más rápida de resolver un problema que usted pueda tener. Le recomendamos a que así haga aun si ha solicitado una Audiencia Imparcial. El solicitar una conferencia no le impide solicitar además una Audiencia Imparcial.

2) AUDIENCIA IMPARCIAL ESTATAL

Usted tiene el siguiente número de días desde la fecha de este aviso para solicitar una audiencia imparcial:

Tipo de Beneficios	Plazo Límite
Asistencia en Efectivo, Asistencia Médica, Servicios Sociales	60 días
Beneficios de Cupones para Alimentos	90 días

Si este aviso le indica que usted debe reembolsar Asistencia en Efectivo porque firmó un acuerdo de reembolso, o porque los pagos atrasados de albergue que la HRA acordó reembolsar suman más que el máximo para albergue de la HRA, y si usted no está de acuerdo que efectuar este reembolso o si no está de acuerdo con la cantidad que la HRA estipula que usted debe reembolsar, debe llamar para solicitar una audiencia imparcial. Si usted no llama para una audiencia imparcial, no podrá reclamar posteriormente que la decisión de la agencia que usted tiene una deuda fue errónea. El plazo límite para llamar para una audiencia imparcial sobre el reembolso es el mismo que el plazo límite para cualquier medida de Asistencia en Efectivo sobre la cual este aviso le informa, 60 días.

Cómo Solicitar una Audiencia Imparcial: Si usted cree que la(s) decisión(es) que estamos tomando es/son erróneo, puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, 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:
(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>

Si usted no puede comunicarse con la Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York por teléfono, por fax o por Internet, favor de escribir para solicitar una audiencia imparcial antes de la fecha límite.

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. Usted puede traer a la audiencia a un abogado, un pariente, un amigo, o alguien para que le ayude con este propósito. Si usted no puede presentarse en persona, puede enviar a alguien que le represente. Si va a enviar a alguien que no es abogado a la audiencia que le represente, debe darle a esa persona una carta para el oficial de audiencias que indique que usted desea que esta persona le represente en la audiencia.

Durante la audiencia, usted y su abogado u otro representante tendrán la oportunidad de explicar por qué estamos equivocados y la oportunidad de entregarle al oficial de audiencias documentos que aclaren por qué estamos equivocados.

Para ayudarle a explicar en la audiencia por qué usted cree que estamos equivocados, usted debe traer a cualquier testigo que le puedan ayudar. Además, debe traer cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, cuentas, declaraciones médicas.

En la audiencia, usted y su abogado u otro representante pueden interrogar a los testigos por parte nuestra o suya.

SI SU SITUACIÓN ES EXTREMADAMENTE GRAVE, EL ESTADO INTENTARÁ TRAMITAR SU PETICIÓN DE AUDIENCIA IMPARCIAL LO MÁS RÁPIDO POSIBLE. SI USTED LLAMA PARA SOLICITAR UNA AUDIENCIA, FAVOR DE ESTAR LISTO PARA EXPLICAR SU SITUACIÓN A LA PERSONA QUE CONTESTE EL TELÉFONO. SI ESCRIBE, FAXEA O SE COMUNICA CON NOSOTROS POR INTERNET, NO FALTE EN EXPLICAR SU SITUACIÓN.

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

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HFA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

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

PETICIÓN DE AUDIENCIA IMPARCIAL

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

Nombre en
Letras de
Molde:

Nombre _____ I. Apellido _____

Núm. del Caso: _____

Dirección: _____

Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____

Fecha: _____