



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #10-25-ELI *(This Policy Directive Replaces PD #01-14)*

GRANTS OF ASSISTANCE FOR GUIDE DOGS (GAGD)

Date: June 29, 2010	Subtopic(s): SSI, Project Support
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AUDIENCE The instructions in this policy directive are for staff in Job Centers, Non Cash Assistance Food Stamp (NCA FS) Centers, and the Office of Project Support (OPS) and is informational for all other staff.

REVISIONS TO THE ORIGINAL DIRECTIVE

This policy directive has been revised as follows:

- The Office of Project Support has taken over the handling of Grants of Assistance for Guide Dogs (GAGD) from the Rental Assistance Unit. All references (including address and phone numbers) to the Rental Assistance Unit have been updated accordingly.
- The Notice of Determination on Application for Guide Dog Food Assistance Program (**M-686C**) has been revised with the correct address of the Guide Dog Food Program.
- The Application/Recertification Guide Dog Food Program form (**LDSS-3087**) has been revised with the correct address of the Guide Dog Food Program.

POLICY

Blind, hearing impaired, and/or disabled individuals that maintain a guide, hearing, or service dog may be eligible to receive a monthly Grant of Assistance for Guide Dogs (GAGD) in order to provide food for the dog.

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 Fax* or fax to: (917) 639-0298

BACKGROUND

A guide, hearing or service dog is trained to assist a person with a disability (blind, hearing impaired, and/or disabled). These dogs are used to help bridge the gap between a disabled person’s physical ability and the architectural, cultural and physical components of society.

A Grant of Assistance for Guide Dogs (GAGD) allows the owner to purchase food for the dog’s maintenance. Eligibility for this grant is determined based on information contained in the Application/Recertification Guide Dog Food Program form (**LDSS-3087**). Continued eligibility is thereafter redetermined every six months. A face to face interview is not required as recertification is done by mail. A recertification cover letter (**LDSS-3097**) and form **LDSS-3087** are mailed 60 days prior to the recertification date.

Determination of Eligibility

In order to be eligible to receive a Grant of Assistance for Guide Dog (GAGD) an applicant must:

- Reside in New York City.
- Be determined eligible for or in receipt of SSI benefits or additional State payments.
- Be visually handicapped, hearing impaired, or disabled.
- Not have any earned income exempted for maintenance of a guide dog pursuant to Federal law or regulations.
- Maintain a guide, hearing or service dog.

NOTE: The SDX screen identifies an individual as disabled but does not indicate the actual disability. Therefore, a physician’s statement establishing the individual’s handicap is acceptable.

REQUIRED ACTION

When an individual makes an inquiry via telephone or in person at a Job or NCA FS Center regarding a grant of assistance to provide food for a guide, hearing or service dog, staff must advise the individual to call the OPS Guide Dog Food Program at (212) 331-5794 or (212) 331-5806.

New phone numbers

An authorized representative can complete and sign the **LDSS-3087** for applicants/participants.

Upon request, the OPS Guide Dog Food Program Coordinator must mail Form **LDSS-3087** to the applicant or his/her authorized representative. The **LDSS-3087** instructs the applicant/participant to complete, sign, and mail the application back to the OPS Guide Dog Food Program Coordinator at:

New address

Office of Project Support
 180 Water Street, 19th Floor
 New York, NY 10038
 Attention: Guide Dog Food Program

Inform applicant of the correct address in the event that the form does not have the correct address.

If an applicant brings the **LDSS-3087** to a Job or NCA FS Center, Center staff must instruct the applicant to mail the application back to the OPS Guide Dog Food Program Coordinator at the address indicated on the form.

When the completed **LDSS-3087** is received, the OPS Guide Dog Food Program Coordinator must determine eligibility within 30 days and advise the applicant of the decision using the Notice of Determination on Application for Guide Dog Food Assistance Program (**M-686C**). If the applicant is eligible, a monthly grant will be issued in the amount of \$35.00. The Coordinator of the Guide Dog Food Program is responsible for mailing a single issuance check each month to participants.

These payments will not appear in the Welfare Management System (WMS). Questions about the payments should be referred to the OPS Guide Dog Food Program Coordinator.

Form **LDSS-3087** advises the applicant/participant of his/her responsibility to provide immediate notification of the following changes that may affect eligibility for the Guide Dog Food Program:

- Loss of dog;
- Termination of Supplemental Security Income (SSI) benefits;
- Change of address; or
- Returning to employment.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

Grants of Assistance for Guide Dogs are reimbursements and are excluded as income. Recipients of these grants cannot claim a food stamp deduction for guide dog expenses. However, if the food stamp participant can verify that the cost of maintaining the guide dog exceeds the amount of the grant, the excess amount can be included as a medical deduction.

Medicaid Implications

There are no Medicaid implications.

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution An applicant/participant who is denied a grant of assistance for food for a guide dog is entitled to request a fair hearing. The individual should be given an opportunity for a conference/resolution of this issue.

Conferences at Job
Centers An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an individual comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Centers, the Front Door Receptionist will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

New telephone numbers The FH&C AJOS/Supervisor I will call OPS at (212) 331-5794 or (212) 331-5806 to review the case and conduct a conference via telephone.

After reviewing the case and discussing the issue(s) with a Guide Dog Food Program Coordinator, the Guide Dog Food Program Coordinator will make a decision and explain the reason for the Agency’s action(s) to the individual.

Should the individual elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a 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.

Conferences at
Food Stamp Centers If an applicant comes to the Food Stamp Center and requests a conference, the Receptionist must alert the Center Manager’s designee that the applicant is to be seen. If the applicant contacts the Eligibility Specialist directly, advise the applicant to call the Center Manager’s designee. In Model Centers, the Receptionist at Main Reception will issue a FS Conf/Appt/Problem ticket to the applicant to route him/her to the Non Cash Assistance (NCA) Reception area and does not need to verbally alert the Center Manager. The NCA Receptionist will alert the Center Manager once the applicant is called to the NCA Reception desk.

New telephone numbers The Center Manager’s designee will call OPS at (212) 331-5794 or (212) 331-5806 to review the case and conduct a conference via telephone.

After reviewing the case and discussing the issue(s) with a Guide Dog Food Program Coordinator, the Guide Dog Food Program Coordinator will make a decision and explain the reason for the Agency’s action(s) to the individual.

The Center Manager’s designee is responsible for ensuring that further appeal by the applicant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process

Evidence Packets A case record containing the application/recertification and all subsequent actions is maintained in the Office of Project Support, located at:


180 Water Street, 19th floor
 New York, NY 10038
 (212) 331-5794 or (212) 331-5806

The Guide Dog Food Program Coordinator is available to the Fair Hearing unit as needed.

REFERENCES

18 NYCRR 397.10
 NYS Social Services Law Section 207 – 210
[01 INF-01](#)
[Temporary Assistance Source Book](#), Chapter 23, pgs 421-422
[Food Stamp Source Book, Section](#) 11, pg 245; Section 12, pg 276

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- LDSS-3087** Application/Recertification Guide Dog Food Program (Rev. 6/10)
- LDSS-3097** Letter for 3087 (Rev. 7/00)
- M-686c** Application for Guide Dog Food Assistance Program (Rev. 6/29/10)
- M-686c (S)** Application for Guide Dog Food Assistance Program (Spanish) (Rev. 6/29/10)

APPLICATION/RECERTIFICATION GUIDE DOG FOOD PROGRAM

Directions:

1. PLEASE PRINT CLEARLY AND DO NOT WRITE IN THE SHADED AREAS.
2. BE SURE TO SIGN THE FORM.
3. RETURN THE FORM TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.

The Local Department is listed in the White Pages of your telephone directory, alphabetically, under the name of your County. New York City residents should send application to: Office of Program Support, Attention: Guide Dog Food Program Coordinator, 180 Water Street, 19th Floor, New York, NY 10038. If you need assistance, contact your local Department of Social Services or the NYS Office of Temporary & Disability Assistance - Hotline toll-free at 1-800-342-3009.

CENTER/OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE 18	CASE NUMBER	REGISTRY NUMBER	VERS.
CASE NAME				DISTRICT		NUMBER REUSE INDICATOR	
NAME	(LAST)	(FIRST)	(M.I.)	SOCIAL SECURITY NUMBER			

PLEASE LIST HERE ANY MAIDEN NAME OR OTHER NAME BY WHICH YOU ARE KNOWN

ONC	NAME	(LAST)	(FIRST)	(M.I.)
ONC	NAME	(LAST)	(FIRST)	(M.I.)

DATE OF BIRTH:	(MONTH)	(DAY)	(YEAR)	SEX	(M/F)	:	CLIENT ID NUMBER
ADDRESS:	(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE):	PHONE NUMBER	

MAILING ADDRESS IF DIFFERENT FROM ABOVE

(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)
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If you are a blind, deaf or disabled Supplemental Security Income (SSI) recipient, you may be entitled to a \$35 monthly food grant for your guide dog. To be eligible you must reside in New York State, have no earned income, and not be self-employed or work for salary or wages. Grant eligibility will be based on your answers to the following:

	YES	NO
1. Are you a resident of New York State?		
2. Are you blind?		
3. Are you deaf?		
4. Are you disabled?		
5. Are you a recipient of Supplemental Security Income (SSI)?		
6. Do you have any earned income, wages or salary from a job or self-employment?		
7. Do you maintain a guide dog?		

AFFIRMATION: I swear (affirm) that the information I have given is correct and I consent to an investigation made by the Department of Social Services with regard to this application. Furthermore, I agree to notify the Department of Social Services of any of the following status changes: Loss of Dog; Termination of SSI Benefits; Change of Address; or Returning to Employment.

SIGNATURE OF APPLICANT (IF APPLICANT USES "X", HAVE WITNESS SIGN BELOW)	Date
SIGNATURE OF WITNESS	Date
ADDRESS OF WITNESS (STREET)	(CITY) (STATE) (ZIP CODE)

DISPOSITION

<input type="checkbox"/> OPENING	<input type="checkbox"/> DENIAL	<input type="checkbox"/> RECERTIFICATION	REASON CODE	EFFECTIVE DATE
<input type="checkbox"/> REOPENING	<input type="checkbox"/> WITHDRAWAL	<i>NOTE: For Recertification, Use Transaction Type 05 - Change</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ELIGIBILITY DETERMINED BY (WORKER)	DATE	ELIGIBILITY APPROVED BY (SUPR.)	DATE	
SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION	DATE	EMPLOYED BY:		
		<input type="checkbox"/> PROVIDER AGENCY SPECIFY _____	<input type="checkbox"/> SOCIAL SERVICE DISTRICT	

Dear SSI Recipient:

The provision of the Guide Dog Food Program under which you are currently receiving a \$35 benefit requires that you complete the attached Application/Recertification Guide Dog Food Program (LDSS-3087) every six months.

In order to insure continuation of your grant, please return the completed Application/Recertification form within 30 days to your local Social Services office listed above. It is important that you promptly respond to avoid disruption or cancellation of your benefits.

If you need assistance, contact your local department of Social Services or the toll-free number: (800) 343-8859, extension 4-9344.

Sincerely,

Attachment

Office Of Project Support
Guide Dog Food Program
180 Water Street, 19th Floor
New York, NY 10038
Attn: Coordinator

Notice Date: _____
Case Number: _____
Case Name: _____
Center: _____
FH&C Telephone: _____

Notice of Determination on Application for Guide Dog Food Assistance Program

After careful consideration of your application for the Guide Dog Food Assistance Program, we find that you are:

eligible for assistance from the program and will receive, on or about the first day of each month, a check for \$35. Payments will be issued retroactive from _____ (date) .

ineligible for assistance from the program due to the following reason(s):

Our clearance indicates:

- You are not eligible for, or in receipt of, Supplemental Security Income (SSI) benefits.
- You are not blind, deaf, or disabled.

Your application indicates:

- You do not own a guide dog.
- You are employed. SSA exempts some earnings for the maintenance of a guide, hearing or service dog from consideration when determining your SSI benefit.
- Other (specify): _____

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR § 397.10.

Signature of Guide Dog Coordinator

Date

Supervisor Signature

Date

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

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

FAIR HEARING REQUEST

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 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.

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

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

SAMPLE

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

**Office Of Project Support
Guide Dog Food Program
180 Water Street, 19th Floor
New York, NY 10038
Attn: Coordinator**

Fecha del Aviso: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Teléfono de FH&C: _____

Aviso de la Determinación sobre la Solicitud para el Programa de Asistencia para Comida para Perros Guías

Después de considerar cuidadosamente su solicitud para el Programa de Asistencia para Comida para Perros Guías, hemos decidido que usted:

es elegible para asistencia del programa y recibirá, el primer día de cada mes, o alrededor de esa fecha, un cheque por \$35. Los pagos serán emitidos retroactivamente a partir de _____ (fecha)

no es elegible para los requisitos para asistencia del programa debido a la(s) siguiente(s) razón(es):

Nuestra autorización indica que:

- Usted no reúne los requisitos para o recibe beneficios de Ingreso Suplemental de Seguridad (SSI).
- Usted no es ni ciego, ni sordo, ni incapacitado.

Su solicitud indica que:

- Usted no es dueño de un perro guía.
- Usted está empleado. La Administración de Seguro Social (Social Security Administration – SSA) exime algunos ingresos para el mantenimiento de perros guía, para sordos, o para servicios, respecto a la determinación de sus beneficios de Ingreso de Seguridad Suplementario (Supplemental Security Income – SSI).
- Otro caso (especifique): _____

La(s) disposición(es) legal(es) y reglamentaria(s) que nos permite(n) obrar de tal modo es/son 18 NYCRR § 397.10.

Firma del Coordinador de Perros Guías

Fecha

Firma del Supervisor

Fecha

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

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en **la primera página** de este aviso, o escribanos a la dirección que también aparece en **la primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL 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:
(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 pedir las 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

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 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.

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

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

SAMPLE

Nombre en
Letras de
Molde:

Nombre _____ I. Apellido _____ Núm. del Caso: _____

Dirección: _____

_____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____