



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #11-03-ELI

*(This Policy Directive Obsoletes CD #80-28 and Replaces PB #09-80-OPE, PD #09-05-ELI and CD #02-01)*

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

<b>Date:</b> January 24, 2011	<b>Subtopic(s):</b> Application, Emergencies, Code 44, Goodwill Voucher
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**AUDIENCE** The instructions in this policy directive are for Job Center staff. They are informational for all other staff.

#### REVISIONS TO THE PRIOR DIRECTIVE

This policy directive has been revised to:

- indicate that the Proration Table for Computation of Immediate Needs Grants (Code **44**) (**M-696g**) has been revised;
- provide additional instructions regarding the issuance of food-related immediate needs grants;
- update the list of items included in Personal Care Kits;
- update the instructions concerning the provision of assistance to prevent a utility shut-off;
- inform staff that a Goodwill Voucher or Special Grant Code **99** (Richmond Job Center and homebound applicants) may be issued for the lesser of the cost of the items needed to meet the emergency or the monthly preadded allowance for the household size;
- inform staff that the combination of Immediate Needs (Code **44**) grants and Goodwill Vouchers (or Code **99** cash equivalents) issued during the application process cannot exceed the maximum monthly preadded allowance for the household size;
- inform staff that they must enter New York City Work Accountability and You (NYCWAY) Action Code **101A** when issuing Personal Care Kits and supplementary items;

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- provide additional instructions concerning the issuance of Personal Care Kits and supplementary items;
  - instruct JOS/Workers not to deduct Immediate Needs (Code **44**) grants and Goodwill Vouchers (or Code **99** cash equivalents) provided to an applicant prior to the date of compliance for Family Assistance (FA) or before the end of the 45-day waiting period for Safety Net Assistance (SNA) from the first Food and Other (F&O) grant; and
  - revise the examples outlining the way in which JOS/Workers must calculate the budget for the first semimonthly F&O grant for Cash Assistance (CA) participants.
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## **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 same day.

Emergency situations (e.g., eviction) that cannot be fully resolved on the day of application must, if possible, 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.

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## **BACKGROUND**

A same-day immediate needs interview must be conducted whenever an applicant indicates the presence of an emergency, whether or not he/she formally requests an immediate needs interview or applies for an immediate needs grant. The immediate needs interview must be provided at the Center of application, even if that Center does not cover the individual's zip code. These applications must be transferred to the covering Center once the entire application process has been completed.

For CA purposes, immediate needs are divided into two categories: food- and nonfood-related emergency situations.

## Food-related Emergencies

See [PD #09-36-OPE](#) for details on processing EFS.

A food-related emergency exists when an applicant indicates that he/she has no food and no money to buy food. Food-related emergencies are generally resolved by the issuance of a same-day Food Stamp (FS) benefit for those applicants who can **verify** their eligibility for FS at the initial application interview or those who qualify for Expedited Food Stamp Service (EFS) and are determined eligible for same-day FS benefits. All households 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 not eligible for either.

See [PD #08-08-SYS](#) for details on same-day FS issuance.

Revised

A food-related Code **44** grant may be issued if the household has an immediate need and meets one of the following criteria:

See [PB #08-154-OPE](#).

- the household appears to be ineligible for expedited processing of the FS application;
- the applicant is determined ineligible for FS benefits (e.g., FS ineligible alien); or
- the household is eligible for same-day FS however the FS benefits will not be available on the same day.

Sanctioned individuals

**Note:** SNA and FA applicants who are in an incremental sanction status are ineligible to receive emergency assistance to resolve a food-related emergency.

Additional grants to meet an immediate need may be issued to an applicant if his/her need still exists after the first issuance and the eligibility determination is still pending. However, the total issued must not exceed the preadded allowance for the application period covered. It may also be necessary to refer the applicant to other supportive services to meet his/her health and safety needs (see the Nonfood-related Emergencies section below).

## 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 the situations listed below.

### Requests for Personal Hygiene Items

Revised

Individuals who express the need for personal care items may be issued a Personal Care Kit and/or supplementary items.

The Personal Care Kits include soap, a toothbrush (toothpaste will be distributed along with the kit), deodorant, baby powder, lotion, shampoo, facial/toilet tissues, a comb, and a hair pick. Feminine hygiene products and disposable diapers are also available as supplementary items.

The issuance of a Personal Care Kit and/or supplementary items does not always eliminate the need for an immediate needs grant. If an applicant expresses a need for an item that is not in the kit or available as a supplementary item, an immediate needs grant can be issued, with the approval of the Center Director/Designee, if he/she determines that the item needed is a health/hygiene necessity.

### Reported Cases of Domestic Violence

See [PD #10-08-ELI](#) for further information on processing victims of domestic violence.

Victims of domestic violence may apply for assistance at any Job Center and must be offered a voluntary and confidential (with the exception of child abuse and/or maltreatment) referral to the Domestic Violence Liaison.

**Note:** Meeting with a domestic violence liaison is required for any non-citizen without legal status who is the battered spouse, child, or stepchild of a U.S. citizen or Legal Permanent Resident (LPR).

The Domestic Violence Liaison will explore the severity of the situation and determine if any eligibility requirements should be temporarily waived to secure the safety of the applicant and his/her family.

### Housing-related Emergencies

See [PD #04-31-ELI](#) for information on shelter allowances.

Housing-related emergencies include but are not limited to homelessness, pending eviction (must be accompanied by a verified statement indicating the pending eviction [e.g., Six-day Notice of Eviction Dispossession]), and lack of resources to cover moving expenses.

**Note:** Homeless individuals may apply for assistance at any Job Center.

Generally, applicants who have housing-related emergencies will be referred to the Homelessness Diversion Unit (HDU). The HDU is responsible for determining if emergency assistance is needed for the applicant(s) to maintain/obtain housing accommodations and determining whether other options are available. After the applicant's needs are identified by the HDU, it may be necessary for the JOS/Worker to issue an emergency grant for a security voucher, a broker's fee, moving expenses, transportation allowances, clothing, or other items.

Applicants who have become homeless as a result of a fire/disaster should have a referral from the American Red Cross to verify that temporary relocation is required. These applicants should also be evaluated for a replacement issuance of FS, if food was lost in the fire/disaster.

Revised

### Utility Shut-off

See [PD #07-14-ELI](#) for further information regarding requests for utility assistance.

When an applicant requests assistance to prevent a utility shut-off, the JOS/Worker must make a referral to the Utility Liaison. The Utility Liaison will determine whether or not the applicant is eligible for benefits under the Home Energy Assistance Program (HEAP). If the individual is found eligible for a HEAP or Emergency HEAP grant, HEAP Central will process the HEAP application and provide the grant to the vendor.

If the applicant is found ineligible for a HEAP or Emergency HEAP grant, the JOS/Worker will evaluate him/her for non-recoupable alternatives such as Special Grant Codes **50** (Non-Recoupable Utility Grant/No Mismanagement), **41** (Utility Grant to Prevent Turn Off of Restore Utility Services [Mismanagement]), and/or **10** (Utility Grant to Prevent Turn-off/Restore Services [Prior to CA]), as appropriate to process a utility payment. These utility grants must be processed in the Paperless Office System (POS) Single Issuance activity.

**Note:** 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.

A similar process is also appropriate when an applicant is facing a heat-related, non-utility emergency (e.g., an applicant who is in need of fuel, oil, propane, etc.).

Persons who have been evicted and are undomiciled or whose utilities have been shut off are to be given emergency/priority appointments.

### Requests for Clothing/Household Items

See **Attachment A** for a sample Goodwill Voucher.

Applicants who are in need of clothing and/or household items may be issued a Goodwill Voucher or Code **99** cash equivalent (this code is used for Richmond Job Center and Homebound Applicants only), if their need for these items did not result from a fire or disaster.

Goodwill Vouchers should not be issued to CA participants.

Applicants who are in need of clothing and/or household items as a result of a fire/disaster may be issued a grant using Special Grant Code **46** (Disaster Clothing) or Code **47** (Disaster household furnishings and replacements) to replace the necessary items. Goodwill Vouchers are only available for applicants whose cases are in applying (AP) or single issuance (SI) status.

Revised

The total amount of any Goodwill Vouchers (or Code **99** cash equivalents) and/or Code **44** emergency grants already issued during the application process cannot exceed the maximum preadded allowance for the household size. This limitation does not include grants issued on other special grant codes such as Code **10** (utility grant), Code **25** (shelter and/or repair allowance for homeowners), or Code **60** (establishment of a home).

For example, an FA household of two may receive a Goodwill Voucher(s) or Special Grant Code **99** for up to a total of \$201.00 which is the maximum preadded allowance for a 30-day application period. An SNA household of two may receive a Goodwill Voucher for up to a total of \$301.50 which is the maximum preadded for the 45-day SNA waiting period. Goodwill Vouchers (or Code **99** cash equivalents) can only be issued to applicants.

#### Determining Grant Amounts to be Issued

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

Form **M-696g** is used to determine the amount of money to issue for an Immediate Needs Grant. The amount of money issued must not exceed a five (5) day proration of the maximum allowable preadded allowance for the household. Form **M-696g** has been revised to reflect the July 1, 2010, increase in the semimonthly Basic (Preadded) Allowance.

Job Center Directors must ensure that eligible applicant households are issued Code **44** grants whenever a need is demonstrated. The amount of the Code **44** grant issued will be approved by the Director/Designee and must not exceed a five (5) day proration of the maximum allowable preadded allowance for the household.

#### **Eligibility Determination Process for Immediate Needs Grants**

The Agency must attempt to obtain as much verification of an immediate need as possible either from the applicant or through collateral contacts provided by the applicant. Collateral contacts may include neighbors, religious leaders, shelter providers, etc. Prior to issuing an Immediate Needs Grant, the following information 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.

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 vendor for customer-of-record verification, a landlord for possible eviction or residence information, etc. If the applicant is cooperative and demonstrates a good faith effort to obtain documentation and provide appropriate collateral contacts, but is unable to secure these items, then an immediate needs grant must be issued despite any lack of required verification.

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

See [PB #07-19-ELI](#) for further information about one-shot deal applications and BEV verification.

Persons who apply 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.

**Note:** Pure SSI households applying for a one-shot deal Emergency Assistance to Adults (EAA) are exempt from a BEV referral and finger imaging. All other one-shot deal applicants (Emergency Assistance to Families [EAF] and Emergency Safety Net Assistance [ESNA]) must be referred to BEV and be finger imaged.

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.

See [PD #07-22-OPE](#) for further information regarding same-day benefit issuance through the EBT system.

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), Personal Care Kits and supplementary items, and/or Goodwill Vouchers or Their Cash Equivalents (Code 99) for failure to comply with eligibility requirements**

If an individual who receives an immediate needs grant or other emergency assistance (i.e., personal care kit/supplementary item or Goodwill Voucher [or Code **99** cash equivalent]) subsequently fails to comply with CA eligibility requirements, that individual may be denied for any additional immediate needs/emergency assistance requests filed within three months (90 days) of the initial application, if he/she cannot document good cause for failing to comply. Good cause can include, but is not limited to, family emergencies, transportation problems, and new or current job obligations. If the reapplicant cannot prove good cause, he/she must comply with all eligibility requirements before another Code **44** grant, Personal Care Kit, and/or Goodwill Voucher can be issued.

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.

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/hygiene related items.

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

### **NYCWAY Action Codes 90LN and 101A**

Revised

Action Code **90LN** (Limitation of Immediate Needs Grant Notification) allows the Agency to track the issuance of Code **44** grants, Personal Care Kits, and/or Goodwill Vouchers (or Code **99** cash equivalent), to ensure that only one grant is issued in a three-month period. It also confirms that the household was previously advised of the Agency's policy on multiple grant requests within a three-month period.

The Paperless Office System (POS) will auto-post Action Code **90LN** in NYCWAY each time a Code **44** grant is issued and Form **W-145HH** is sent to the applicant.

**Note:** Action Code **90LN** will post overnight, after the Supervisor’s approval activity is completed in POS.

Issuing Personal Care Kits and supplementary items

Action Code **101A** (Health and Safety Kit Issued) is specifically used to track the inventory of Personal Care kits and supplementary items.

NYCWAY Action Code **101A** should only be posted if a Personal Care Kit/supplementary item has been issued.

POS will auto-post Action Codes **90LN** and **101A** whenever the following three actions are taken together:

- the JOS/Worker answers “yes” to the following question within the POS **IN/EFS Issuance Activity**: “Will a Personal Care Kit be issued?”;
- Form **W-145HH** is sent to the applicant; and
- the JOS/Worker issues a personal care kit and/or supplementary item on the date of initial interview.

JOS/Workers must manually enter Action Codes **90LN** and **101A** in NYCWAY each time a Personal Care Kit/supplementary item is issued after the initial interview date and Form **W-145HH** is sent to the applicant. When issuing supplementary personal care items such as diapers or sanitary napkins, JOS/Workers must enter a comment in POS documenting the specific type and quantity of items dispensed (e.g., 10 small diapers).

**Note:** Action Code **90LN** is only to be entered for the casehead.

Action Code **90LN** must also be manually entered whenever a Goodwill Voucher (or Code **99** cash equivalent) is issued and Form W-145HH is sent to the applicant, but no Code 44 grant is issued.

Revised

**Note:** There is no limit to the number of emergency/immediate needs grants (Code **44**), Personal Care 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 household’s preadded allowance for the period. For example, the grants for an SNA household cannot exceed the total preadded allowance for three semimonthly cycles (45 days). The grants for a FA household cannot exceed the total preadded allowance for two semimonthly cycles (30 days).

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 due to income and did not have all of the required documents to verify eligibility for ongoing FS benefits.

The JOS/Worker issued an immediate needs (Code **44**) grant to meet the household's emergency and Action Code **90LN** was auto-posted in NYCWAY. 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, claiming another food-related emergency. The household is still not eligible for EFS and is unable to provide a good reason for having failed to comply with the previous application process.

On February 10, 2009, the JOS/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.

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 **W-145HH** form for the Supervisor to send, he/she enters January 5, 2009, 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 who are unemployed apply for CA on February 12, 2009, and report a nonfood-related emergency (they have no soap, deodorant, or toothpaste). A personal care kit is issued to meet their needs and Action Codes **90LN** and **101A** are 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 nonfood-related emergency. They subsequently fail to complete the application process. On March 26, 2009, 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 nonfood-related emergency (they have no soap or shampoo) and they are issued a second personal care kit.

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

**Note:** The good cause reason must be noted in POS.

Example 3

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

An individual applies for CA on January 18, 2009, and reports that he has a food-related emergency as well as a need for health and hygiene items. He is eligible for EFS and is deemed eligible for FS. The applicant is issued a same-day FS benefit and a Personal Care Kit. Action Codes **90LN** and **101A** are then posted in NYCWAY.

The applicant must provide documents necessary to verify eligibility for ongoing 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. He is ineligible for EFS because he has no documentation to verify eligibility and he did not have a good cause for failing to comply on the previous application.

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

**REQUIRED ACTION**

**Request for an Immediate Needs/Emergency Assistance Grant**

Processing CA Applicants in Non-Model Offices

Applying for assistance out of territory

If an individual who visits a Non-Model Office to apply for assistance indicates the presence of an emergency, he/she must be directed to the next available JOS/Worker who will process the request.

If an individual seeking to apply for assistance is not at the Center which covers his/her zip code and 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.

### Processing CA applicants in Model Offices

If an individual seeking to apply for assistance at a Model Office 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.

If the individual seeking to apply for assistance is not at the Center that covers his/her zip code, the Receptionist must initiate the **Site Determination** and/or an "Override" to complete the **Problems** section. 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 relevant unit, if necessary, in order to further handle the request for emergency assistance. If the applicant visits the Center to report another emergency while in **AP** status, he/she must be routed to the Customer Service and Information Center (CSIC) in order to further process the request.

Revised

### **Processing Food-Related Immediate Needs (Code 44)**

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

- complete the **Immediate Needs (IN)/EFS Issuance** activity to determine eligibility for EFS and immediate needs.
- review the **WMS Benefits Issuance Screen** to determine if FS benefits have already been issued. If FS benefits have been issued to the CA applicant, then the case must be discussed with the Supervisor/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 that he/she 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 an immediate needs grant (only if the household is ineligible for same-day FS benefits).
- is not answered, advise the applicant to have the relative, friend, or neighbor call or write a letter indicating when he/she 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 (only if the household is ineligible for same-day FS benefits).

**Note:** The JOS/Worker must 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**], Personal Care Kit, supplementary items, and/or Goodwill Voucher [or Code **99** cash equivalent]) has been posted within the last three months.

If, within the past three months, the applicant has failed, without good cause, to complete the prior application process or the applicant is ineligible for an immediate needs grant, the JOS/Worker should deny the emergency request by:

- accessing the **Form Data Entry** window to prepare a **W-145HH** form (to be mailed by the Supervisor) indicating the denial reason and the date that the previous immediate needs grant, Personal Care Kit and supplementary items, and/or Goodwill Voucher (or Code **99** cash equivalent) was issued.
- sending the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.
- completing the initial **Application Interview** in POS and the Employment Plan (EP), and making all necessary referrals (e.g., Office of Child Support Enforcement [OCSE], BEV, Back to Work [BTW] vendors, finger imaging).

**Note:** In all instances, the AJOS I/Supervisor must review and approve/deny the actions of the JOS/Worker 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. Once the action has been approved/denied, the AJOS I/Supervisor must print Form **W-145HH** from the **Print Forms** window and mail it to the applicant.

Form **W-145HH** can be accessed on the **Form Data Entry** window in POS.

Form **W-145HH** has been revised; see [PB #09-132-OPE](#).

A case comment in POS is required whenever an applicant reports a “No Food” emergency during the application process and is subsequently denied an immediate needs grant. When a JOS/Worker documents a “no food” emergency in POS but does not issue a Code 44 grant, the **No Food – Reason for No Immediate Need Grant** window will appear.

JOS/Workers must use this window to select one of the following reasons for not issuing a Code 44 grant:

- Applicant failed to establish/document identity;
- Applicant has excess resources;
- Applicant is an undocumented alien;
- Applicant received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements;
- Applicant was issued same-day FS; and
- Other (to be specified).

The denial reason selected on the **No Food – Reason for No Immediate Need Grant** window will appear on the **W-145HH** form that is mailed to the applicant. If the JOS/Worker selects “Other” as the denial reason, he/she must clearly specify the reason for denial in the “**Additional Details**” box; this information will also be transferred to Form **W-145HH**.

**Note:** The activity will not be complete until a denial reason is selected.

**No Food – Reason for No Immediate Need Grant** window

Select the appropriate reason for not issuing a food-related Code 44 grant.

If “Other” is selected, enter the specific reason for the denial in this box.

Once a denial reason has been selected, click **Next**.

The denial reason and the comments entered in the **No Food – Reason for No Immediate Need Grant** window will also be saved in the case comments.

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;
- complete the EP in NYCWAY.
- make all necessary referrals (e.g., OSCE, BEV, 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 assessments and/or appointments. The completed **W-113K** form and the Eligibility Factors and Suggested Documentation Guide (**W-119D**) must then be printed from the **Print Forms** window in POS and given to the applicant.
- 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 pre-populated with CA grant Issuance Code **44** in the **Single Issue Benefit Data Entry** window in the **IN/EFS Issuance** activity.
- enter Pickup Code **4** (Same Day Immediate Needs) in the **IN/EFS Issuance** activity.
- complete the **Non-Food Emergency Interview/Special Grant** activity to issue the additional grant(s) if the applicant requires additional immediate needs.
- complete the CA Single Issuance Form (**LDSS-3575**) on the **Single Issuance Benefit Data Entry** window with Pickup Code **4** and, if necessary, prepare a Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) on the **Form Data Entry** window. In other activities, the JOS/Worker must complete the grant issuance Code **44** in the **Single Issuance Benefit Data Entry** window.
- complete the POS data entry window for Form **W-145HH** by entering the amount of the grant/clothing voucher and the items covered.
- print Form **W-607A** from the **Print Forms** window.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.

The Supervisor must sign off on all satisfactory case actions, print Form **W-145HH**, and complete the **IN/EFS Issuance** activity in POS. Form **LDSS-3575** will be sent to the **Single Issue Printing Queue** after the Supervisor completes the approval activity.

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 using the POS **IN/EFS** Issuance activity, regardless of the individual's previous failure to comply with a BEV appointment.

If the applicant returns to the Center during the same application period to report another emergency, the JOS/Worker must check the **Referrals** window in the POS **Application Interview** for the BEV recommendation. If the applicant was referred to BEV and complied with his/her appointment or if his/her appointment has not yet occurred and the emergency still exists, the JOS/Worker may issue an additional Code **44** grant using the POS **Non-Food Emergency Interview/Special Grant** activity. If the applicant was referred to BEV during the application period, but did not comply with the appointment given, the JOS/Worker must not issue an additional immediate needs CA grant.

### **Processing Nonfood-related Emergency Assistance**

For applicants indicating nonfood-related emergencies (e.g., housing emergencies, utility shut-off, clothing) the JOS/Worker must:

- 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;
  - giving the applicant a copy; and
  - directing him/her to the appropriate liaison. (Applicants with utility emergencies are not to be sent in-person to the Utility Liaison; the case is to be referred electronically.)

Model Offices

In Model Offices, in addition to the above instructions, the JOS/Worker must make the appropriate in-Center referral in the Model Office Numbering, Identification and Queuing (MONIQ) system and access FRED to issue the applicant a ticket to the appropriate unit. If the applicant is issued emergency assistance in a Model Office and returns to the Center at another point during the application period for another emergency, he/she must be issued a ticket to CSIC and be directed to the appropriate area.

Domestic Violence referrals supersede all other referrals.

**Note:** In both Model Offices and Non-Model Offices, when a domestic violence referral is required, referrals to OCSE and BEV as well as completion of the employment portion 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.

Revised

### Guidelines for Issuing Personal Care Kits and Supplementary Items

An applicant may be eligible for an emergency shelter and/or utility payment, but ineligible for a Personal Care Kit and supplementary items or Goodwill Voucher (or Code **99** cash equivalent).

If a Personal Care kit and/or supplementary items are needed to meet an immediate need, the JOS/Worker must check NYCWAY to determine if Code **90LN** has been posted within the past three months. If Code **90LN** was 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:

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

- prepare Form **W-145HH** indicating the denial reason and the date that the previous immediate needs grant, Personal Care Kit, supplementary item, and/or Goodwill Voucher (or Code **99** cash equivalent) was issued using the **Form Data Entry** window.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.
- complete the initial **Application Interview** in POS and the EP in NYCWAY, 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 review the **LDSS-2921** form in POS to ensure that the JOS/Worker completed it accurately. The AJOS/ I Supervisor must also print Form **W-145HH** from the **Print Forms** window and send it to the applicant.

If Code **90LN** was not posted within the past three months or the applicant is able to prove good cause for failing to complete the prior application process, a Personal Care Kit and/or Supplementary items must be issued.

New

In order to ensure the proper distribution of Personal Care Kits and supplementary items, the Job Center Director/Designee must:

See [CD #02-12](#).

- ensure that all Personal Care Kits and supplementary items are securely stored in the Reception/Disbursement and Collection (D&C) area;

- designate a window in D&C for distribution of the kits and supplementary items; and
- order additional kits and supplementary items from the Office of Purchasing and Materials Management (OPMM) when necessary.

When issuing Personal Care Kits and/or supplementary items, JOS/Workers in the Case Management Unit (CMU) must:

- review the contents of the kit with the applicant.
- prepare Form **W-34A** which authorizes the issuance of a kit and instruct the applicant to bring this form to the D&C unit. In Model Offices, the applicant must also be issued a ticket to go to the D&C unit.
- complete Form **W-145HH** and check the box that indicates that a personal care kit was issued.
- enter a comment in POS to document the issuance of a Personal Care Kit and/or supplementary items.

D&C Workers must:

- inform the CMU Supervisor if the appropriate Action Codes have not been entered in NYCWAY.
- enter the applicant's name on the Daily Log for Personal Care Kits and Supplementary Items (**W-145WW**). Form **W-145WW** should be maintained in the D&C unit in order to track the number of kits and supplementary items issued on a daily basis. It should also be used to determine when it is necessary to re-order.
- issue the kit along with a tube of toothpaste and ask the applicant to sign Form **W-145WW** (the applicant's signature verifies that he/she has received a kit).

The Center Director's Designee must submit a Weekly Status Report for Personal Care Kits and Supplementary Items (**W-145XX**) to the Regional Office on a weekly basis. Form **W-145XX** provides a count of the personal care kits and supplementary items issued.

#### Guidelines for Issuing Clothing/Household items

If an applicant indicates that he/she does not have necessary clothing/household items (e.g., jackets, gloves, shoes, blankets, towels, etc.) and the need for these items resulted from a fire or disaster, the JOS/Worker must ask the applicant if he/she has a referral from the American Red Cross.

See **Attachment C** for the replacement allowances for clothing lost in a fire/disaster.

If the applicant has a referral from the American Red Cross, the JOS/Worker must issue a grant using Special Grant Code **46** (Disaster Clothing) or Code **47** (disaster household furnishings and replacements) to replace the necessary items (see **Attachment C**). If the applicant does not have a referral from the American Red Cross, the JOS/Worker must instruct him/her to obtain a referral and return to the Center.

If an applicant indicates that he/she does not have necessary clothing/household items and the need for these items did not result from a fire or disaster, then a Goodwill Voucher (**Attachment A**) must be issued. Goodwill Vouchers can be used to purchase necessary clothing/household items at any Goodwill Store within New York City.

**Note:** Participants must use their F&O grant to purchase any non-fire/disaster related clothing/household items.

The Richmond Job Center #99 is excluded from issuing Goodwill Vouchers as there are no Goodwill Stores in Staten Island. JOS/Workers at the Richmond Center must use Special Grant Code **99** (Other) for applicants who lack necessary clothing/household items. JOS/Workers should refer to the Goodwill Clothing/Household Items Price List (**Attachment B**) to determine the amount for which the Code **99** should be issued. JOS/Workers must also use Code **99** for homebound applicants who do not have the necessary clothing/household items.

Homebound applicants are exempt from receiving Goodwill Vouchers.

**Note:** Applicants who are in need of work-related clothing items must be referred to their employment vendor. The need for work-related clothing items is not considered an emergency.

The amount of a Goodwill Voucher/Code **99** cash equivalent may or may not be subtracted from the applicant's F&O grant for the application period depending upon the situation. See examples on pages 24-26 for more information.

To issue a Goodwill Voucher or Code **99** cash equivalent 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 Goodwill Voucher/Code **99** cash equivalent may be issued for any amount up to the total preadded allowance for the size of the applying CA household for the application period.
- for a Goodwill Voucher, complete a **W-34A** by indicating in the comments section of the form all items that need to be purchased with the voucher and the amount of each item.

**Note:** JOS/Workers must issue Code **44** grants whenever an applicant is eligible to receive non-disaster related emergency clothing items and Goodwill Vouchers are unavailable.

- for a Code **99** cash equivalent (for Richmond Job Center and homebound applicants only):
  - complete the **W-607A** on the **Form Data Entry** window and print Form **W-607A**, if necessary.
- complete Form **W-145HH** by entering the amount of the clothing voucher and items covered.
- send the **Non-Food Emergency/Special Grant** activity and the printed forms to the AJOS I/Supervisor for review. The AJOS I/Supervisor must also print Form **W-145HH** from the **Print Forms** window.

Once the Supervisor completes the approval activity, Form **LDSS-3575** will be sent to the Single Issue Printing Queue.

**Note:** Workers must use Pickup Codes **4, 5, or 7** when issuing a Code **99** grant.

The printed **LDSS-3575**, **W-607A** (if it was printed), and **W-34A** must be brought to the D&C unit by a clerk. If Form **W-607A** was printed, Form **LDSS-3575** must be annotated in red ink in the upper right-hand corner "Same day benefit-Enter **W-607A** first". The Supervisor must then ensure that Forms **LDSS-3575**, **W-607A** (if it was printed), and **W-34A** are given to the Clerk.

D&C Workers must:

- complete a Goodwill Voucher (or Code **99** cash equivalent) to purchase the necessary items indicated on the **W-34A**.
- enter Action Code **90CV** (clothing voucher) 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 below.)



The JOS/Worker must subtract the previously issued \$37.50 immediate needs grant from the monthly preadded allowance of \$201.00 for two people. The balance of \$163.50 is the maximum that can be issued for a Goodwill Voucher (or in cash as a Code **99** for the Richmond Job Center or homebound applicants) within a 30-day period.

### Example 2

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 fire. 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.

### Example 3

An unemployed single man visits a Job Center to apply for CA. He informs the JOS/Worker that he only owns casual clothing and is in need of money to purchase business suits for possible job interviews. Because business suits are not considered emergency clothing items, the JOS/Worker must not issue a Goodwill Voucher. The JOS/Worker must instead refer the applicant to his employment vendor for assistance in purchasing work-related clothing items.

## **Homebound Applicants**

Upon receiving a completed paper application and/or documentation, if any, from a homebound applicant who indicates the presence of an emergency or requests an immediate needs 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 nonfood-related immediate need.

- 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 since homebound applicants are unable to come to the Center to sign for a Goodwill Voucher.
- if the 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 EBT card.

### **Determining CA Benefits Levels When Accepting Cases That Have Been Issued an Immediate Needs Grant (Code 44) and/or a Goodwill Clothing Voucher (or Code 99 Cash Equivalent)**

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.

A complete eligibility decision for CA is required by the 25th day after the CA application file date on all cases including those that have 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) has been issued, the overlapping amount of the pre-investigative 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.

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

However, when an individual is only eligible for a Personal Needs Allowance (PNA) instead of a 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 not 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.

Revised

Emergency assistance provided to an applicant before the date of compliance for FA cases or before the end of the 45-day wait period for SNA cases 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 for FA cases or during the 45-day wait period for SNA cases.

Ms. Jones and her child apply for CA on March 1st. Ms. Jones 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 (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 \$37.50 because the family members have a food emergency but are ineligible for FS because of their immigration status.

Date Issued	Amount	Period Covered
3/1	\$37.50	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** (toe digit). The pick-up dates for this toe digit are the 4th and 19th of each month. Because Ms. 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 \$63.50 (Code **44** for \$37.50 and the voucher for \$26).

Ms. Jones and her child are eligible for a prorated F&O grant of \$60.75 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 \$192.75 (“A” cycle from March 12th through March 18th is \$60.75 plus “B” cycle from March 19th through April 3rd is \$132.00).

Example 2

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

Ms. Jones and her child apply for CA on March 1st. 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 \$37.50 because the family members have a food emergency but are ineligible for FS because of their immigration status.

Date Issued	Amount	Period Covered
3/12	\$37.50	3/12-3/16
3/12	\$26	none

The case number assigned to Ms. Jones ends with the toe digit **2**. The pick-up dates for this toe digit 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 \$192.75 (rounded down to the nearest \$.50) (A cycle from March 12th through March 18th is \$60.75 plus B cycle from March 19th – April 2nd is \$132.00); however, since Ms. Jones received emergency assistance on the date of compliance, the F&O portion of the CA grant must be reduced by \$63.50 (Code **44** for \$37.50 and voucher for \$26). The monthly F&O portion of the CA grant available to Ms. Jones on March 19th is now \$129.25 (\$192.75 reduced by emergency assistance of \$63.50).

Example 3

Emergency assistance issued **before and on** 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 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 \$37.50 because the family members have a food emergency but are ineligible for FS because of their immigration status.

Date Issued	Amount	Period Covered
3/1	\$37.50	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 JOS/Worker issues a second five-day food and other allowance (Code **44**).

<b>Date Issued</b>	<b>Amount</b>	<b>Period Covered</b>
3/12	\$37.50	3/12-3/16

The case number assigned to Ms. Jones ends with the toe digit **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, rounded to the nearest \$.50, would normally be \$192.75 (A cycle from March 12th – March 18th is \$60.75 plus B cycle from March 19th – April 3rd is \$132.00); 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 \$37.50. 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 F&O portion of the CA grant available to Ms. Jones on March 19th is now \$155.25 (192.75 reduced by emergency assistance of \$37.50).

#### Example 4

Joe Johnson applies for CA on March 2nd; Mr. Johnson indicates that he does not have any food or any money to buy food. He also indicates that he is in need of a winter coat because his coat was stolen a few days ago. The JOS/Worker determines that he needs a coat for health and safety reasons and issues a Goodwill Voucher.

The JOS/Worker also issues a Code **44** immediate needs grant in the amount of \$23.50 for food because Mr. Johnson has an alien status that makes him ineligible for FS. Mr. Johnson's case is accepted on March 29th and his 45-day wait period expires on April 16th. His toe digit is a **3** which indicates that his pick-up dates are the 5th and 20th of each month. His first F&O benefit will be prorated from April 16th through April 19th (four days) which totals \$21.80. The Goodwill Voucher and the immediate needs grant are not deducted from his F&O since they were issued prior to the date of his eligibility (April 16th).

<b>Date Issued</b>	<b>Amount</b>	<b>Period Covered</b>
3/2	\$23.50	3/2-3/6
3/2	\$20.00	none

**Notices**

Decisions on requests for emergency assistance/immediate needs

Eligibility Decisions

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](#)), an Action Taken on Your Application: Part B: Public Assistance, Food Stamp Benefits, and Medical Assistance Coverage ([LDSS-4013-B NYC](#)), and/or the Action Taken on Your Food Stamp Benefits Case NYC ([LDSS-3152 NYC](#)) forms are prepared and that all program areas are appropriately annotated. Remember that the reason and the regulation are required for all actions of denial.

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**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

POS implications are covered in this document.

Model Office Implications

Model Office implications are covered in this document.

Food Stamp Implications

Food Stamp implications are covered in this document.

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

For Limited English-Speaking Ability (LESA) and hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #10-12-OPE](#) and [PD #08-20-OPE](#).

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**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 his/her 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.

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## RELATED ITEMS

[CD #02-12](#)  
[PB #09-132-OPE](#)  
[PB #08-154-OPE](#)  
[PB #07-19-ELI](#)  
[PD #10-08-ELI](#)  
[PD #09-36-OPE](#)  
[PD #08-10-ELI](#)  
[PD #08-08-SYS](#)  
[PD #07-22-OPE](#)  
[PD #07-14-ELI](#)  
[PD #04-31-ELI](#)

**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 part 382

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 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) (Rev. 1/24/11)

**W-145HH** Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 12/9/09)

**W-145HH (S)** Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Spanish) (Rev. 12/9/09)

**W-145WW** Daily Log for Personal Care Kits and Supplementary Items (Rev. 8/16/10)

**W-145XX** Weekly Status Report for Personal Care Kits and Supplementary Items (Rev. 8/16/10)



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 Item Price List

When issuing a Goodwill Voucher, please refer to the table below to determine the cost of clothing/household items requested by applicants/participants. The total amount of the Goodwill Voucher must not exceed the applicant's/participant's monthly pre-added allowance.

<u>Item Requested</u>	<u>Cost</u>
Women's Dress	\$10.00
Women's Blouse	\$6.00
Women's Skirt	\$6.00
Women's Sweater	\$6.00
Women's Pants	\$6.00
Women's Jeans	\$8.00
Women's Jacket	\$10.00
Women's Short Coat	\$15.00
Women's Coat	\$20.00
Women's Nightgown	\$6.00
Women's Shorts	\$5.00
Women's Boots	\$13.00
Women's Shoes	\$8.00
Women's Sandals	\$6.00
Children's Sandals	\$4.00
Children's Boots	\$6.00
Children's Coat	\$6.00
Children's Top and Bottom	\$3.00
Children's Dress	\$5.00
Men's Shoes	\$10.00
Men's Sandals	\$8.00

<u>Item Requested</u>	<u>Cost</u>
Men's Shirt	\$6.00
Men's Pants	\$6.00
Men's Outer Jackets	\$10.00
Men's Short Coat	\$15.00
Men's Top Coat	\$20.00
Men's T-Shirts	\$3.00
Men's Pajamas	\$6.00
Men's Shorts	\$5.00
Men's Jeans	\$8.00
Men's Sweaters	\$6.00
Vests	\$6.00
Robes	\$6.00
Jogging Suit	\$12.00
Jogging Jacket	\$6.00
Infant Clothing	\$2.00
Hat	\$4.00
Gloves	\$4.00
Shoes	\$10.00
Boots	\$12.00
Socks	\$1.00
Towels	\$3.00
Blankets	\$7.00

**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	70.50	112.50	150.00	193.00	238.50	275.50	313.00	350.50	388.00	425.50
1	4.70	7.50	10.00	12.87	15.90	18.37	20.87	23.37	25.87	28.37
2	9.40	15.00	20.00	25.74	31.80	36.74	41.74	46.74	51.74	56.74
3	14.10	22.50	30.00	38.61	47.70	55.11	62.61	70.11	77.61	85.11
4	18.80	30.00	40.00	51.48	63.60	73.48	83.48	93.48	103.48	113.48
5	23.50	37.50	50.00	64.35	79.50	91.85	104.35	116.85	129.35	141.85
6	28.20	45.00	60.00	77.22	95.40	110.22	125.22	140.22	155.22	170.22
7	32.90	52.50	70.00	90.09	111.30	128.59	146.09	163.59	181.09	198.59
8	37.60	60.00	80.00	102.96	127.20	146.96	166.96	186.96	206.96	226.96
9	42.30	67.50	90.00	115.83	143.10	165.33	187.83	210.33	232.83	255.33
10	47.00	75.00	100.00	128.70	159.00	183.70	208.70	233.70	258.70	283.70
11	51.70	82.50	110.00	141.57	174.90	202.07	229.57	257.07	284.57	312.07
12	56.40	90.00	120.00	154.44	190.80	220.44	250.44	280.44	310.44	340.44
13	61.10	97.50	130.00	167.31	206.70	238.81	271.31	303.81	336.31	368.81
14	65.80	105.00	140.00	180.18	222.60	257.18	292.18	327.18	362.18	397.18
15	70.50	112.50	150.00	193.00	238.50	275.50	313.00	350.50	388.00	425.50

Grant amounts issued must be rounded down 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 immediate needs 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 your 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 needs/emergency grant for "no food" or items relating to personal care, 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 needs 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 personal care 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 that 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 a food-related immediate need is denied because you:
- failed to establish/document identity
  - have excess resources
  - are an undocumented alien
  - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
  - were issued same day Food Stamps
  - other reason for denial (please specify):

- Assistance to meet a nonfood-related immediate need is denied because you:
- failed to establish/document identity
  - have excess resources
  - are an undocumented alien
  - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
  - applied for Cash Assistance on \_\_\_\_\_ (within the last three months) and were issued one of the following: \_\_\_\_\_ (Date)
  - immediate need(s) grant(s)
  - personal care kit(s)
  - Goodwill Voucher(s)
  - other grants (please specify):

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

- Other action taken on your application:

**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 you our decision within 30 days.

**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 telephone 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 are 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 telephone, 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, or 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 TELEPHONE. 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 telephone number/address listed on **page 1** of this notice.

**FAIR HEARING REQUEST**

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

SAMPLE

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: \_\_\_\_\_  
Teléfono 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 el cuidado personal, si la misma es presentada dentro 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 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 el \_\_\_\_\_ (Fecha).
- Se le ha otorgado una concesión única de emergencia por la cantidad de \$ \_\_\_\_\_ para \_\_\_\_\_.
- Se le ha facilitado un botiquín de cuidado personal (personal care kit) el \_\_\_\_\_ (Fecha).
- Se le ha otorgado un Comprobante de Buena Voluntad de \$ \_\_\_\_\_ para \_\_\_\_\_ el \_\_\_\_\_ (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 es superior al máximo de albergue de la Administración de Recursos Humanos (Human Resources Administration – HRA) de \$ \_\_\_\_\_ para el tamaño de su familia con \_\_\_\_\_ personas para cada mes de atraso que HRA acordó pagar.

**Necesidades Inmediatas (Continuación)**

- Asistencia para cubrir una necesidad inmediata relacionada con la alimentación se le ha rechazado porque:
- no estableció/documento la identidad
  - tiene recursos en exceso
  - es un extranjero indocumentado
  - recibió una concesión para necesidades inmediatas en los últimos 90 días y no cumplió posteriormente los requisitos de elegibilidad
  - a usted se le expedieron Cupones para Alimentos el mismo día
  - Otra razón por el rechazo (por favor especifique):

- Asistencia para cubrir una necesidad inmediata no relacionada con la alimentación se le ha rechazado porque:
- no estableció/documento la identidad
  - tiene recursos en exceso
  - es un extranjero indocumentado
  - recibió una concesión para necesidades inmediatas en los últimos 90 días y no cumplió posteriormente los requisitos de elegibilidad
  - solicitó para Asistencia en Efectivo el \_\_\_\_\_ (dentro de los últimos tres meses), usted recibió:  
Fecha
  - concesión(es) para necesidades inmediatas
  - botiquín(es) de cuidado personal
  - Comprobante(s) de Buena Voluntad
  - Otras concesiones (por favor especifique):

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.

- Otras acciones tomadas hacia su solicitud:

**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 nuestra decisión dentro de 30 días.

**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 errónea, 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 en 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, NY o 330 West 34th Street, 3rd Floor, New York, NY**

**(5) POR INTERNET:** Complete una solicitud electrónica 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: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

**INFORMACIÓN:** Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

**PETICIÓN DE AUDIENCIA IMPARCIAL**

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

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

Dirección: \_\_\_\_\_

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

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

<b>Daily Log for Personal Care Kits and Supplementary Items</b> <b>Registro Diario de Paquetes para el Cuidado Personal y Artículos Suplementarios</b>					
Case Name <i>Nombre del Caso</i>	Case Number <i>Número del Caso</i>	Number of Kits Issued <i>Número de Paquetes Emitidos</i>	Description of Supplementary Items Issued (Please Specify) <i>Descripción de Artículos Suplementarios Emitidos (Por Favor Especifique)</i>	Quantity <i>Cantidad</i>	Applicant Signature <i>Firma del Solicitante</i>

SAMPLE

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

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

## Weekly Status Report for Personal Care Kits and Supplementary Items

Today's Date: \_\_\_\_\_

**From:**

Center Director/Designee: \_\_\_\_\_

Center Location/Number: \_\_\_\_\_

**To:**

Regional Manager: \_\_\_\_\_

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

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

Submitted here is a weekly report confirming the number of Personal Care kits as well as Supplementary Items issued at our center for the week ending: \_\_\_\_\_

Number of Personal Care kits issued: \_\_\_\_\_

Supplementary Items issued: \_\_\_\_\_ Quantity: \_\_\_\_\_

(please specify)

\_\_\_\_\_  
D&C Supervisor

\_\_\_\_\_  
Date