



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #13-16-ELI

(This Policy Directive Obsoletes CD Memo #86-120 and CD Memo #87-79)

BURIAL CLAIMS UNIT

Date: July 9, 2013	Subtopic: Eligibility Grant
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AUDIENCE The instructions in this Policy Directive are for staff at the Family Independence Administration’s (FIA) Burial Claims Unit (BCU) and are informational for all others.

POLICY

See [PB #12-93-OPE](#)

The Human Resources Administration (HRA) provides financial assistance to eligible relatives, friends or approved Organizational Friends paying for the burial expenses of a deceased indigent New York City (NYC) resident.

The FIA Burial Claims Unit (BCU) is HRA’s designated unit responsible for evaluating and processing all applications for burial assistance. Burial Assistance may be available in instances where the deceased lacks sufficient funds to cover the cost of his/her burial, and there are no Legally-Responsible Relative(s) (LRR), such as a spouse or parent of a minor child, who resided with the decedent who are able to cover the cost of the burial.

LRRs who lack or borrow funds to pay for a funeral may be eligible for burial assistance.

HRA will pay up to a maximum of \$900 towards the cost of a burial to the relative, friend or Organizational Friend of the deceased who authorized the funeral, as long as the total cost (excluding either the cost of a burial plot and grave opening or cremation) does not exceed \$1,700.

Any assets that were available to the deceased or any amount that an LRR may have had on the Date of Death (DOD) will be deducted from the burial grant.

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

REQUIRED ACTION

For Out-of-County burials with no next of kin, call, email or fax the Office of Project Support,
 Tel. (212) 331-5806
 Fax (212) 331-4279

Both Forms **W-137A** and **W-137B** must be printed from Print-on-Demand and filled out manually.

In the event that the applicant has a disability preventing him/her from applying in person at the BCU, he/she may fax or mail an application to the BCU as a reasonable accommodation

Burial Claim Process

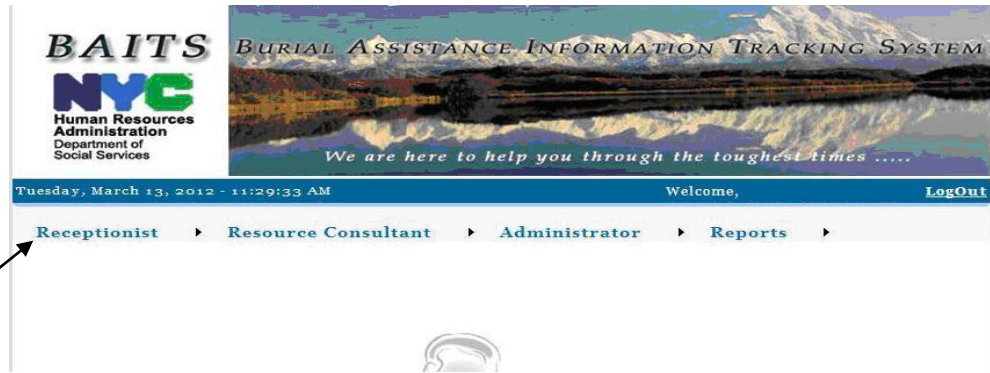
When an individual requests financial assistance at any Job Center to help cover the burial costs for an indigent individual, JOS/Workers should refer him/her to FIA’s BCU, as follows:

- Individuals requesting assistance with burial costs must be given the Information and Referral Notice (**W-113E**).
 - In the Model Centers the **W-113E** is given to the applicant by the Customer Services Staff.
 - In a Non-Model Center, the JOS/Worker who will provide the applicant the **W-113E**.
- CA participants should receive the Request for Emergency Assistance, Additional Allowances (For Participants Only), or Adding a Person to the Case (**W-137A**) form, pursuant to the Brown v. Giuliani lawsuit settlement, and

A completed Action Taken on Your Request for Emergency Assistance, Additional Allowance, or Adding a Person to the Case (For Participants Only) Notice (**W-137B**) form, pursuant to the Brown v. Giuliani lawsuit settlement, directing them to apply at the BCU.

The application for a burial allowance must be filed in person at the BCU located at 25 Chapel Street, Room 606, Brooklyn, NY 11201, Tel. (718) 473-8310, by the LLR or other individual who authorized the funeral, within 60 days from the DOD. All of the required documentation must be submitted within 60 days from the date of application.

At the BCU, the applicant receives the Application for Burial Allowance (**M-860w**) form, which is used to capture detailed information relevant to the burial claim. The applicant completes Form **M-860w** and submits it to the receptionist who then registers the claim by entering the basic information relating to the claim, including the name of the applicant, name of deceased, and DOD, into the Burial Assistance Information Tracking System (BAITS):



Form **M-860w** has been revised and expanded to include a Burial Claim Application Process Letter explaining the steps and documentation required to complete the burial allowance application.

BAITs generates a claim number and the case is forwarded to a supervisor who assigns it to a BCU Worker (identified as “Resource Consultant” in BAITs). The Worker then meets with the applicant, reviews Form **M-860w** to ensure that it is complete and accurate, and performs a Welfare Management System (WMS) clearance on the decedent and/or LRR to verify information listed on the application. In addition, the Worker conducts an in-depth interview with the applicant to ensure that all the essential information has been provided, including:

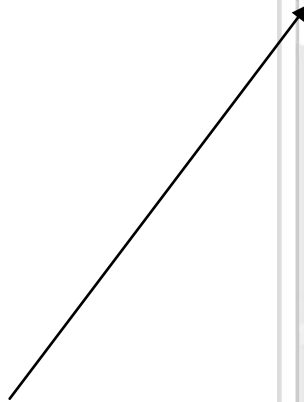
- Date of Death;
- Name(s) of Legally-Responsible Relative(s) (LRR);
- Decedent’s and LRR’s income and assets;
- Burial expenses;
- Name of the Funeral Home; and
- Decedent’s Veteran’s status

The Worker enters the information into BAITs, using a task bar that contains eleven tabs, to open the various screens that must be accessed to capture all the information relevant to the claim. For instance, the ‘Deceased Details’ screen is used to capture the decedent’s basic information:

Browse Deceased App/Rep LRRs Funeral Costs Req'd Docs Correspondence Assets Payments Notes Closing Codes

Deceased Details

Last Name	Davidson	First Name	Baby Boy
Middle Initial		Name Suffix	-SELECT-
Social Security Number	099999999	Date Of Birth	02/06/2012
Date Of Death	02/06/2012	Cause Of Death	Other
Death Certificate	-SELECT-	Death Certificate ID	
Date Of Burial/Cremation		Application Method	Walk-In
Application Date	03/13/2012	SSI Number	
PA Number		MA Number	
Date Last Assistance Ended		CIN	
Is Indigent	Yes	Residence Status	Resident
Veteran Status	Non Veteran	Case Folder Location	Active
Is EAF Required ?	No		
Funeral Home	Jeremiah C. Gaffney's Funeral Home, Inc. [1388] , 92 Wahl Avenue, Inw		



Another screen is used to capture details of assets owned by the deceased and/or any LRRs, if he/she resided with the decedent on the DOD:

Tuesday, March 13, 2012 - 11:40:05 AM Welcome,

Receptionist Resource Consultant Administrator Reports

Claim #83142 - 1

Browse Deceased App/Rep LRRs Funeral Costs Req'd Docs Correspondence Assets Payments Notes

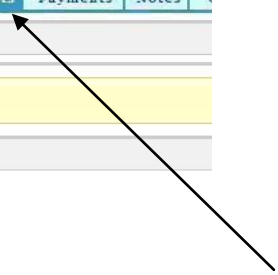
Summary

Total Asset: \$ 0

Asset

Description	Select
Owner	Select
Owner Last Name	
Owner First Name	
Monetary Value	\$

Add Asset Reset Cancel



BAITS forms have been updated with the current Agency logo and letterhead.

After the Worker completes the interview and enters the information relevant to the burial claim into BAITS, he/she collects the completed **M-860w** application form, any and all forms signed by the applicant, and any documentation the applicant is prepared to submit at that time.

Required Documentation

Applicants for a burial allowance are responsible for providing the BCU with documents relating to the burial claim within 60 days of the date of application. Failure to provide all the required documentation within the 60-day timeframe will result in a denial of the application, unless a written extension is granted by the BCU.

Required original documents:

- An original certified copy of the Death Certificate, which is date-stamped and then returned to the applicant after inspection.
- An original itemized funeral bill signed by the Funeral Director and notarized. (The bill must be stamped "Paid-in-Full" if the charges have been paid.)
- A Funeral Director's Affidavit form signed by the Funeral Director and notarized, if payment was made directly to the funeral home.

Note: For Burial Allowance benefits that will be issued directly to a Funeral Home, a federal tax Form **W-9** signed by the Funeral Director of the Funeral Home is also required.

Required copies of original documents:

- An itemized copy of the Funeral Contract/Statement of Goods and Services Selected, signed by the Funeral Director and the individual who made the funeral arrangements. (An Invoice Number must appear on the document.)
- A copy of the cemetery or crematory bill, itemizing all charges.

Additionally, depending on the specific circumstances of the Burial Claim, one or more of the following forms and/or letters may also be required in order to process the claim:

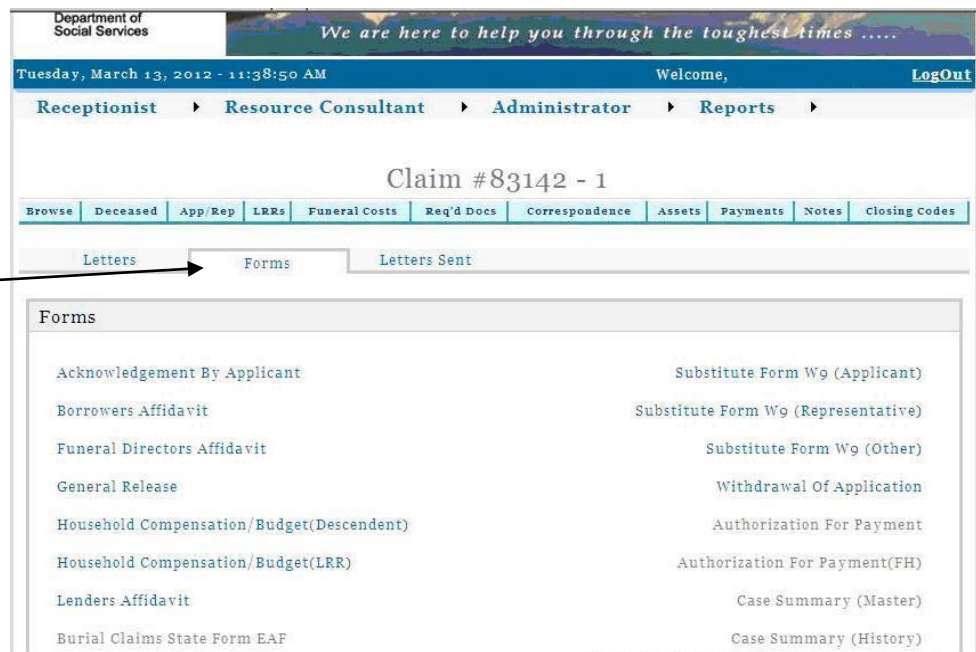
- Authorization and Acknowledgement Letter;
- Acknowledgement by Prospective Representative Letter;

- Resources Statement (e.g., Bank Statement, Pay Stub, Documentation Required for Evaluation of Real Property);
- Household Composition and Monthly Budget Form;
- Borrower’s Affidavit;
- Lender’s Affidavit;
- Letter to Medical Facility; and
- Letter to SSA/Motor Vehicle Accident Indemnification Corporation (MVAIC)/Department of Veteran’s Affairs.

The Worker uses the “Correspondence” tab on the BAITS task bar to track the letters and forms that are required in order to process the claim:



The “Forms” screen is used to select the forms needed to process the Burial Claim:



The Worker accesses the “Required Documentation” screen to select any additional required documents from a drop-down menu:

BAITs then generates a formal Document Request Letter (see **Attachment C**) listing the various forms, letters, and other documents that must be submitted by the applicant in order to complete the burial claim, and the due date by which all the documents must be submitted to the BCU. The Document Request Letter is given to the applicant, who is required to sign the Acknowledgement by Applicant form (see **Attachment B**).

Return of Required Documents

In the event that an applicant is unable to meet the 60-day deadline for return of documents, he/she may submit a written request for a deadline extension, explaining why additional time is needed (e.g., a delay in obtaining a Death Certificate).

A deadline extension of up to 30 calendar days may be granted and a new Document Request/Follow-Up Request Letter listing the documents that are still outstanding must be issued. If the applicant fails to submit all the required documentation by the extended deadline, the Worker must reject the application using Closing Code **B3** (“Application pending over sixty days”) and a Letter of Determination is sent to the applicant advising him/her of the Agency’s determination and the reason(s) for the denial.

Eligibility for Payment Determination

When all the required documentation has been received, the Worker makes a recommendation to accept or reject the claim and submits the case folder to the Supervisor for review. If the Supervisor agrees with the Worker’s decision, then the claim is submitted to the BCU Director for a final determination. Once a decision has been made, all the documents relevant to the claim are scanned and indexed into the HRA OneViewer as a complete application packet (see screenshot below):

Hard copies of the scanned documents are placed in a case folder which is retained for a period of 90 days, in the event that the paperwork is needed for a Fair Hearing.

A Letter of Determination is sent to the applicant advising him/her of BCU’s decision. If the claim is rejected, the case is closed using the appropriate BAITS Database Closing Code (see **Attachment A**) and a Letter of Determination is mailed to the applicant advising him/her of BCU’s denial of the claim and the reason(s) for denial.

Payment of Burial Claim

If the claim is approved, the BCU Director signs the Authorization and Request for Payment of Burial Expenses Form (see **Attachment D**). The Supervisor checks off the eligible cases in BAITS and records these cases onto a Case Disposition Memorandum listing all the eligible claims.

If a payment is made directly to the Funeral Home or to an Organizational Friend, the Case Disposition Memorandum must include a completed federal tax Form **W-9** from the Funeral Director.

A Disposition Memorandum Package containing a Case Disposition Memorandum signed by the Director as well as the documentation relating to the eligible cases is forwarded via messenger to the Supervisor of HRA’s Division of Accounts Payable and Reporting (DAPAR) located at 180 Water Street, 8th Floor. DAPAR is responsible for issuing a payment by check to the applicant, Organizational Friend or Funeral Home.

Example 1

Jane's husband, who is in receipt of SS Benefits, dies on January 30, 2013. Jane has no income other than Cash Assistance benefits, but as a surviving spouse of an SS Benefits recipient she is eligible for a \$255 SSI one-time death benefit payment and uses this money to make a down payment toward the \$1050 funeral cost.

Jane goes to her Job Center to apply for a burial allowance grant where she is given the Additional Allowances, or Adding a Person to the Case (For Participants Only) (**W-137A**) form referring her to the BCU, and the **W-137B** form.

Page 3 of Form **M-860w** is a Burial Claims Application Process form explaining the burial claims application process in detail.

At the BCU, Jane completes the Application for Burial Allowance (**M-860w**) form. The Worker reviews the completed application form and the Funeral Contract submitted by Jane showing that she made a \$255 payment toward the \$1050 burial cost, and still owes \$795 to the Funeral Home.

After conducting an in-depth interview with Jane to determine her financial circumstances, the worker gives her a BAITS-generated Document Request Letter listing the additional documents that she must provide in order for her application to be processed

- Her late husband's Death Certificate;
- A copy of the SSI one-time benefit award letter;
- A copy of the Cemetery Bill itemizing all the charges related to the burial; and
- An original notarized Funeral Director's Affidavits signed by the Funeral Director and stating that \$795 is owed to the Funeral Home.

The Document Request Letter also specifies that all of the required documents must be submitted to the BCU no later than March 31, 2013, which is sixty days from her husband's DOD.

Jane mails all of her required documents to the BCU a few days later. Her BCU Worker reviews the documents which are scanned and indexed into the HRA OneViewer. Jane's Worker forwards the application to the Supervisor, recommending that her claim be approved for the maximum \$900 payment, minus the \$255 SSI lump-sum payment. The Supervisor agrees and forwards the claim to the BCU Director for final approval.

The BCU Director signs the Authorization and Request for Payment of Burial Expenses form authorizing a payment of \$645 to the Funeral Home, and a Notice of Determination is mailed to both Jane and the Funeral Home advising that Jane's burial claim has been approved. A Case Disposition Memorandum containing all the paperwork relating to Jane's claim, including a Form **W-9** completed by the Funeral Home is sent to DAPAR, who then mail a check in the amount of \$645 to the Funeral Home. Jane is responsible for the remaining \$150 balance on her husband's funeral.

Example 2

Joe, a Veteran who resided in Queens, New York, dies on March 1, 2013. He was a member of the Vietnam Veterans of America, Chapter 32 in Queens. In the absence of a Legally Responsible Relative or friend willing to pay for Joe's burial, his local chapter of the Vietnam Veterans of America agrees to cover the cost of the burial.

Vietnam Veterans of America, as an approved Organizational Friend of the deceased, subsequently files a burial claim application with the BCU. The organization submits an application package consisting of a completed **M-860w** application form;

an original certified copy of Joe's death certificate; an original itemized and notarized funeral invoice signed by the Funeral Director and stamped "Paid-in-Full", showing that the total cost of the burial was \$2,400, including a \$450 charge for a burial plot and \$250 charge for the grave opening; a notarized Funeral Director's Affidavit form attesting that payment was made directly to the Funeral Home; and a federal tax form **W-9** signed by the Funeral Director.

The designated BCU Worker examines the application form and the submitted documents, and calculates that the cost of the burial, excluding the cost of the burial plot and grave opening, amounts to \$1800. As this exceeds the \$1700 limit, the Worker must reject the claim using BAITS Closing Code **B2** ("Over \$1700 limitation"). A Letter of Determination is sent to Vietnam Veterans of America, Chapter 32, advising that their burial claim has been rejected because the cost of the burial exceeded the \$1700 limit.

**PROGRAM
IMPLICATIONS**

**Paperless Office
System (POS)
Implications**

There are no POS Implications

**Supplemental
Nutrition
Assistance
Program (SNAP)
Implications**

There are no Supplemental Nutrition Assistance Program (SNAP) Implications

**Medicaid
Implications**

There are no Medicaid Implications

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
IMPLICATIONS**

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

**FAIR HEARING
IMPLICATIONS**

**Avoidance/
Resolution**

BCU staff must ensure that all case actions are processed in accordance with current procedures and that electronic and paper case files are kept up to date.

Conferences


If an applicant disagrees with a decision made by BCU, he/she can request a conference by contacting the designated BCU Conference Worker at 718-473-8286. At the Conference, the Worker and the BCU Director will listen to and/or evaluate any material presented by the applicant, review the case file, explain the reason(s) for the disputed action(s) to the applicant and, if deemed appropriate by the Director, reevaluate the decision in question. If the BCU Director determines that the decision was in error, corrective action must be taken promptly. If the determination is that the Agency's action(s) were correct, the Director will explain to the applicant why the decision made by BCU was appropriate, and inform him/her of the right to request a Fair Hearing with New York State's Office of Temporary and Disability Assistance (OTDA).

Evidence Packets Should the applicant elect to request or proceed to a Fair Hearing, the Conference Worker will assist the BCU Director in preparing a detailed Fair Hearing Evidence Packet. All Evidence Packets must contain a detailed case history, copies of relevant BAITS screen printouts, and all other documentation relevant to the action taken.

REFERENCES
 68 RCNY §§2-01 – 2-09
 18 NYCRR §§ 352.7(n), § 358.3-1(d)
 NY Social Services Law §141
 TASB, Chapter 16, J-K

RELATED ITEM [PB #12-93-OPE](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** BAITS Database Closing Codes
- Attachment B** Acknowledgement by Applicant
- Attachment C** Document Request Letter
- Attachment D** Authorization and Request for Payment of Burial Expenses
- M-860w (E)** Application for Burial Allowance (Rev. 7/09/13)
- M-860w (S)** Application for Burial Allowance (Spanish) (Rev. 7/09/13)
- W-113E** Information and Referral Notice (Rev. 8/16/10)
- W-137A** Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case (Rev. 8/28/12)
- W-137A (S)** Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case (Spanish) (Rev. 8/28/12)
- W-137B** Action Taken on Your Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only) (Rev. 8/28/12)
- W-137B (S)** Action Taken on Your Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only) (Rev. 8/28/12) (Spanish)

BAITS Database Closing Codes

Code	Definition
A1	Accepted for Payment
B1	Not a resident of NYC
B2	Over \$1,700.00 limitation
B3	Over sixty days
B4	Application withdrawn
C1	Excess assets: Decedent
C2	Excess assets: LRR
C3	Excess assets: Decedent and LRR combined
C4	Excessive Income: Decedent
C5	Excessive Income: LRR
C6	Excessive Income: Decedent and LRR combined
D1	Funeral bill paid by LRR
D2	LRR failed to cooperate
D3	LRR willing to assume liability
E1	Decedent survived by LRR
E2	Funeral authorized by third party (Applicant is LRR)
E3	Funeral authorized by third party (Applicant is non-LRR)
F1	Failure to submit documents by due date
G1	Failure to provide current information re LRR
G2	Failure to provide current information re decedent's assets
H1	Applicant not a relative or friend
H2	Transfer of assets
H3	Funeral bill paid by contributions
H4	Funeral bill paid by another Agency
I1	Administrative Closing
I2	Other

BURIAL CLAIMS UNIT
25 Chapel Street - 6th Floor (Room-606)
Brooklyn, New York 11201-1954
Phone #: (718) 473 - 8310

F-1

ACKNOWLEDGEMENT BY APPLICANT

Decedent :

Burial Claim #:

I hereby acknowledge the following:

1. I have received a copy of the Agency's Burial Assistance Policy statement.
2. I have received a letter advising me as to the items, which are necessary to perfect my application, and the date by which they are due. I have reviewed the said letter, and verified that my mailing address as reflected thereupon is correct. I have received a duplicate copy of this letter, and understand that it is my responsibility to provide said duplicate copy to the proprietor of the funeral establishment.
3. I have been advised and understand that:
 - a. In the event that any additional documentation is required, I will be so notified by U.S. mail at the address, which I have provided.
 - b. ~~I, the applicant, am responsible for the timely submission of all required documentation by the close of business upon the prescribed due date, regardless of whether such documents are in my possession, or are in the possession of the funeral establishment, the cemetery/crematory, or other third party.~~
 - c. Any documents written in a language other than English must be accompanied by a certified translation thereof.
 - d. In the event that I am unable to submit all required documentation by the close of business upon the prescribed due date, I am required to inform the Office of Burial Claims **in writing** of the delay and the reason therefor. Such notification must be received by the Office of Burial Claims by the close of business upon the prescribed due date. The due date may be extended at the sole discretion of the Office of Burial Claims, provided that such extension has been requested in writing, that the reason for the delay is set forth therein, and that such request is received in a timely manner, as specified herein.
 - e. In the event that the prescribed due date occurs upon a non-business day, all required documentation, or a written request for extension of the due date, must be received by the close of business upon the preceding business day.
 - f. The date of receipt by the Agency, as opposed to the date of mailing, will be controlling in determining whether required documents were timely submitted.
 - g. In the event that my address and/or telephone number changes prior to my receipt of a determination of eligibility, I am required to immediately inform the Office of Burial Claims, **in writing** of my new address and/or telephone number.
4. I have received a photocopy of this document.

Witness: _____

(L.S.) _____

Date :

BURIAL CLAIMS UNIT
25 Chapel Street - 6th Floor (Room-606)
Brooklyn, New York 11201-1954
Phone #: (718) 473 - 8310



L-3

Burial Claim #:
Decedent :
Date of Death :

Dear _____:

In reviewing your application for a burial allowance, we find that we are in need of the following:

1. An original certified copy of the Certificate of Death.
2. A true copy (original or carbon copy, not a photocopy) of the Statements of Goods and Services Selected (funeral contract).
3. Two original itemized funeral bills, invoiced to the party who arranged the funeral, signed by the funeral director in the presence of a Notary Public, and stamped "Paid-in-Full", if applicable.
4. A fully completed application form (Form M-860w) signed by you in the presence of a Notary Public.
5. A true copy (original or carbon copy, not a photocopy) of the Statements of Goods and Services Selected (funeral contract) from International Funeral Service of NY.
6. Two original itemized funeral bills, invoiced to the party who arranged the funeral, signed by the funeral director in the presence of a Notary Public, and stamped "Paid-in-Full", if applicable. Bills must be from from International Funeral Service of NY.

SAMPLE

Please forward these items to us as quickly as possible. If they are not received by:

the application will be rejected for failure to provide the necessary information. In the event that you are unable to meet the due date, you may make a written request for an extension of the due date. The request must explain why you need additional time, and must be received by this office prior to or on the due date. Please be certain to include your Burial Claim number on all correspondence.

Very truly yours,

Resource Consultant
Burial Claims Unit
() -

CC:

AUTHORIZATION AND REQUEST FOR PAYMENT OF BURIAL EXPENSES

F-13

TO	FROM	Date
Division of Accounts Payable and Reporting	Burial Claims Unit	

Last Name	First Name	Burial Claim #

Date of Death	Date of Burial/Cremation	Funeral Firm	Tax ID #

TOTAL COST OF BURIAL -----

COST OF EXCLUDABLES -----

COST OF FUNERAL LESS EXCLUDABLES -----
(Must not be more than \$1700)

Amount Available:

TOTAL ASSETS AVAILABLE -----

MAXIMUM BURIAL ASSISTANCE PAYABLE -----

SAMPLE

Authorization is hereby given for the expenditure of funds by the New York City Department of Social Services for the burial of above deceased. Draw check(s) payable to the following in the sum indicated.

Name	Address	Amount	Tax ID
------	---------	--------	--------

Resource Consultant

Caseload

Date

Original Death Certificate verified by Agency employee and photocopy attached.

SUPERVISOR

Burial Claims Unit
25 Chapel Street - 6th Floor
Brooklyn, NY 11201-1954
(718) 473-8310

Date: _____
Decedent: _____
D/O/D: _____
Burial Claim Number: _____

Application For Burial Allowance

NOTE: Application must be completed and submitted within 60 days of death of the individual for whom a burial allowance grant is sought.

1. Decedent's Information	
Name of deceased: _____	
Last address of deceased: _____	
Date of Birth: _____ Date of Death: _____ Place of Death: _____	
Cause of Death: _____	
Is there any legal action because of the death? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details: _____	
2. Funeral Expense: \$ _____	
Burial Expenses: <input type="checkbox"/> Grave Opening: \$ _____	<input type="checkbox"/> Cremation: \$ _____
Paid by: _____	Total cost of Burial: \$ _____ Payment to date: \$ _____
Name of Funeral Home: _____	Address: _____
3. Applicant Status for Burial Allowance	
<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Organizational Friend	
Name: _____	Relationship: _____
Address: _____	Telephone: _____
4. Survivors	
Is the deceased survived by: Legally-Responsible Relative (LRR)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, provide name(s), address and Date of Birth (D.O.B) of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	
D.O.B: _____	Name: _____
Address: _____	
D.O.B: _____	Name: _____
Address: _____	
Does any LRR receive any public benefits from the Family Independence or Social Security Administration?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate category and case number: <input type="checkbox"/> CA <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> SSI: _____	
Spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide name, address and D.O.B) D.O.B: _____	
Name: _____	Address: _____
Parent of a child listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide name, address and D.O.B) D.O.B: _____	
Name: _____	Address: _____

Application For Burial Allowance (continued)

5. Veterans Status		
Was the deceased a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, did the Veteran receive any Veteran's benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how much: \$ _____		
Was the deceased a spouse or minor child of a veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes		
6. Estate		
Did the deceased have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did the deceased leave an estate? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, please provide details: _____ _____		
7. Assets		
Did the deceased have any of the following assets at the time of death? (If Yes, please provide value amount)		
Cash <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Bank Accounts <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Insurance/Policies <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Real Property <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Union Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Burial Trust <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Pension <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Automobile <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Other <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
8. History		
Describe how the deceased supported him/herself: _____		
Was the deceased employed at the time of death? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please provide details below)		
Name of Employer: _____		
Address: _____		
Type of work: _____		
Did the deceased receive any assistance from the Human Resources Administration or Social Security Administration? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate category and case number: <input type="checkbox"/> CA <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> SSI: _____		
Was the deceased in receipt of Social Security? <input type="checkbox"/> No <input type="checkbox"/> Yes, monthly amount \$ _____		

SAMPLE

The undersigned, authorizes the Commissioner of the City of New York Human Resources Administration/ Department of Social Services or his/her authorized representative to make all inquiries necessary in relation to this application and gives his/her full permission to have any or all of the information in this application verified.

Signature of Applicant: _____ Date: _____

State and City of New York County of _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public or Commissioner of Deeds
(Notarization is required only if application is submitted by an authorized representative.)

Burial Claims Application Process

Background:

The Human Resources Administration (HRA) will provide financial assistance to individuals in need of assistance to meet funeral expenses. These funds are available when an indigent resident of New York City dies who may have been in receipt of Supplement Security Income (SSI), Cash Assistance (CA), or leaves no funds to cover his or her burial expenses, and there are no Legally-Responsible Relatives (LRR) able to pay the funeral expenses.

What can be covered:

- HRA will pay up to \$900 towards burial expenses, but total burial expenses must be no more than \$1,700. The cost of cremation or grave and grave opening charges are excluded, however, the cost of burying the ashes, after cremation is not excludable in calculating the \$1,700 total cost. If the total funeral bill exceeds the amount of \$1,700, HRA will make no payment.
- Any asset (whether or not previously assigned to HRA), that was available to the deceased or any amount that a LRR (e.g., a spouse or parent of a minor child) may have had on the Date of Death (DOD) is deemed available, and any amount paid or to be paid by any other source will be subtracted from the \$900 payment if the claim is determined eligible for payment. Any assets or resources left by the decedent on the date of death will be subtracted from the \$900, if the claim is otherwise determined to be eligible.

To apply:

The individual who makes the funeral arrangements or his/her representative must file an application within 60 days from the DOD, in person, at our office located at 25 Chapel Street (6th Floor) Brooklyn. That individual should bring in any Documentation to the initial interview and may submit the remainder of documentation needed by US Mail.

Required documentation:

1. A Burial Application Form completed and signed by the applicant.
2. One original certified copy of the Death Certificate (it will be returned to the applicant.)
3. A copy of the Funeral Contract also known as the Statement of Goods and Services Selected. The contract must be signed by the Funeral Director and by the party who made the funeral arrangements. The required sequential invoice number must appear on the document.
4. A copy of the cemetery or crematory bill, itemizing all charges.
5. Original itemized funeral bills signed by the Funeral Director and notarized in the presence of a Notary Public. The funeral bill must be stamped "Paid-in-Full" if the charges have been paid.
6. Original fully completed Funeral Director's Affidavit forms signed by the Funeral Director and notarized in the presence of a Notary Public, if there is money still owed to the funeral establishment.
7. Information and documentation regarding the decedent's available assets/income as of the DOD, and those of the applicant (if the applicant is an LRR) is required on each case.
8. The Agency may request any other documentation which may be necessary to make an eligibility determination based upon the particular facts and circumstances of each case.



Burial Claims Unit
25 Chapel Street - 6th Floor
Brooklyn, NY 11201-1954
(718) 473-8310

Fecha: _____
Difunto: _____
Fecha de Muerte: _____
Número de Reclamación
Funeraria: _____

Solicitud Para una Asignación Funeraria

AVISO: La solicitud se tiene que llenar y presentar dentro 60 días de la fecha de la muerte.

1. Información sobre el difunto	
Nombre del Difunto: _____	
Última Dirección del Difunto: _____	
Fecha de Nacimiento: _____ Fecha de la Muerte: _____ Lugar de la Muerte: _____	
Causa de la Muerte: _____	
¿Existe alguna acción legal debido a la muerte? <input type="checkbox"/> No <input type="checkbox"/> Sí Si Sí, explique: _____	
2. Gastos de Funeral: \$ _____	
Gastos de Entierro: <input type="checkbox"/> Abertura de Tumba: \$ _____ <input type="checkbox"/> Cremación: \$ _____	
Pagado por: _____ Costo Total del entierro: \$ _____ Pago hasta la fecha: \$ _____	
Nombre de la Funeraria: _____ Dirección: _____	
3. Estado del Solicitante de Asignación Funeraria	
<input type="checkbox"/> Pariente <input type="checkbox"/> Amigo(a) <input type="checkbox"/> Amigo Organizacional	
Nombre: _____ Teléfono: _____	
Parentesco/relación: _____ Dirección: _____	
4. Sobrevivientes	
¿Tiene el difunto: Pariente sobreviviente legalmente responsable (LRR)? <input type="checkbox"/> No <input type="checkbox"/> Sí	
Si Sí, dé el nombre, dirección, y fecha de nacimiento de: <input type="checkbox"/> Cónyuge <input type="checkbox"/> Padre/madre	
Fecha de Nacimiento _____	
Nombre: _____ Dirección: _____	
Recibe el pariente sobreviviente legalmente responsable (LRR) alguna asistencia de la Administración de Independencia Familiar o de la Administración de Seguro Social?	
<input type="checkbox"/> No <input type="checkbox"/> Sí Si Sí, indique la categoría y el número del caso: <input type="checkbox"/> Asistencia en Efectivo (CA)	
<input type="checkbox"/> Asistencia Médica (MA) <input type="checkbox"/> Cupones para Alimentos <input type="checkbox"/> Ingreso Suplemental de Seguridad (SSI) _____	
¿Cónyuge? <input type="checkbox"/> No <input type="checkbox"/> Sí (Si Sí, dé el nombre, dirección, y fecha de nacimiento) Fecha de Nacimiento _____	
Nombre: _____ Dirección: _____	
¿Padre/madre de un niño listado arriba? <input type="checkbox"/> No <input type="checkbox"/> Sí	
(Si Sí, dé el nombre, dirección, y fecha de nacimiento) Fecha de Nacimiento _____	
Nombre: _____ Dirección: _____	

Solicitud Para una Asignación Funeraria (continuación)

5. Estado de Veterano	
¿Fue veterano el difunto? <input type="checkbox"/> No <input type="checkbox"/> Sí Si Sí, recibió el veterano algún servicio de veteranos? <input type="checkbox"/> No <input type="checkbox"/> Sí	
¿Si Sí, cuánto?: \$ _____	
¿Fue el cónyuge difunto menor de edad o veterano(a)? <input type="checkbox"/> No <input type="checkbox"/> Sí	
6. Herencia	
¿Tenía el difunto un testamento ? <input type="checkbox"/> No <input type="checkbox"/> Sí	¿Dejó el difunto herencia? <input type="checkbox"/> No <input type="checkbox"/> Sí
Si Sí, dé detalles: _____ _____	
7. Bienes	
¿Tenía el difunto a la hora de la muerte algunos de los siguientes bienes? (Si Sí, favor de proporcionar la cantidad del valor.)	
Dinero en efectivo <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____	Cuentas Bancarias <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____
Bienes Raíces <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____	Beneficios de Sindicato <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____
Pensión <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____	Automóvil <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____
	Pólizas de Seguro <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____
	Fideicomiso de Entierro <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____
	Otro <input type="checkbox"/> No <input type="checkbox"/> Sí \$ _____
8. Historial	
Explique como el difunto se mantenía: _____	
¿Estaba empleado(a) el difunto a la hora de su muerte? <input type="checkbox"/> No <input type="checkbox"/> Sí (Si Sí, favor de proporcionar detalles más abajo.)	
Nombre del Empleador: _____	
Dirección: _____	
Tipo de Trabajo: _____	
¿Recibía el difunto alguna asistencia de la Administración de Recursos Humanos o de la Administración del Seguro Social? <input type="checkbox"/> No <input type="checkbox"/> Sí Si Sí, indique la categoría y el número del caso: <input type="checkbox"/> Asistencia en Efectivo (CA) <input type="checkbox"/> Asistencia Médica (MA) <input type="checkbox"/> Cupones para Alimentos <input type="checkbox"/> Ingreso Suplemental de Seguridad (SSI) _____	
¿Recibía el difunto Seguro Social? <input type="checkbox"/> No <input type="checkbox"/> Sí, cantidad mensual \$ _____	

SAMPLE

El suscrito, autoriza al Comisionado de la Administración de Recursos Humanos o a su representante autorizado a llevar a cabo toda las investigaciones necesarias con respecto a esta solicitud y da autorización total para que cualquiera o toda la información en esta solicitud sea verificada.

Firma de Solicitante: _____ Fecha: _____

Estado y Ciudad del Condado de Nueva York

Jurado ante mí este _____ día _____, del 20_____

Notario Público o Comisionado de Escrituras
(La atestación por notario público es sólo necesaria si la solicitud es presentada por un representante autorizado.)

Trámite para Solicitar Reclamación Funeraria

Antecedentes:

La Administración de Recursos Humanos (HRA) brindará asistencia financiera a personas que necesiten ayuda con sus gastos funerarios. Estos fondos están disponibles cuando un residente indigente de la Ciudad de Nueva York fallece, quien pudo haber recibido Ingreso de Suplementario de Seguro (SSI), Asistencia en Efectivo (CA), o no deja fondos para cubrir los gastos del sepelio, y no tiene Parientes Legalment (LRR), dispuestos y en condición de pagar los gastos funerarios.

Qué gastos pueden ser cubiertos:

- HRA pagará hasta \$900 para el funeral, pero los gastos totales del funeral no deben exceder de \$1,700. El costo de la incineración o de la tumba y el costo de la excavación de la tumba no están incluidos, sin embargo, el costo del entierro de las cenizas de la incineración no están excluidos del cálculo del costo total de \$1,700. Si la cuenta total del funeral excede la cantidad de \$1,700, la HRA no realizará ningún pago.
- Cualquier activo (previamente asignado o no a la HRA), que estaba disponible al difunto o cualquier cantidad que un Pariente Legalmente Responsable (LRR) (como por ejemplo, el esposo(a) o padre/madre de un niño menor) pudo haber tenido en la fecha de la muerte (DOD) se considera disponible, y cualquier cantidad pagada o a ser pagada por alguna otra fuente, será sustraída del pago de \$900, si la reclamación se determina elegible para pagarse. Cualquier activo o recurso que dejó el difunto en la fecha de la muerte debe ser sustraída de los \$900, si la reclamación se determina elegible.

Para presentar solicitud:

La persona que realiza los arreglos funerarios o su representante debe presentar en persona una solicitud dentro de los 60 días de la fecha de muerte del difunto en la oficina ubicada en 25 Chapel Street (6th Piso) Brooklyn. Dicha persona debe traer cualquier documentación a la entrevista inicial y debe presentar el resto de los documentos solicitados por correo de E.E.U.U.

Documentación solicitada:

1. Un Formulario de Solicitud de Entierro llenado y firmado por el solicitante.
2. Una copia certificada del Certificado Original de Muerte (será devuelta al solicitante.)
3. Una copia del Contrato del Funeral, también conocido como Declaración de Bienes y Servicios Selectos. El contrato debe ser firmado por el Director del Funeral y por la persona que realizó los arreglos funerarios. El número de la factura secuencial solicitada debe aparecer en el documento.
4. Una copia de la factura del cementerio o de la incineración que indique todos los costos.
5. Facturas originales del funeral pormenorizadas firmadas por el Director del Funeral y notarizadas en presencia de Notario Público. La factura del funeral debe ser sellada con "Pagado Por Completo" si los cargos han sido pagados.
6. Originales del Formulario de la Declaración Jurada del Director firmadas por el Director del Funeral y notarizadas en presencia de Notario Público, si aún queda dinero que se le debe al establecimiento del funeral.
7. Información y documentación solicitada en cada caso sobre los activos/ingreso disponibles del difunto a partir de la fecha de la muerte y aquellos del solicitante (si el solicitante es LRR).
8. La Agencia puede solicitar otros documentos necesarios para realizar la determinación de elegibilidad según los hechos particulares y las circunstancias de cada caso.

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

Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.
Remember:

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

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

SECTION II: ADDITIONAL ALLOWANCES

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

- | | |
|---|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Additional allowance to maintain or restore utility service |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
Telephone: (718) 473-8310 | _____ |

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES (Continued)

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

<p>Expenses related to moving:</p> <p><input type="checkbox"/> Moving expenses</p> <p><input type="checkbox"/> Security deposit/agreement</p> <p><input type="checkbox"/> Broker's/finder's fee/voucher</p> <p><input type="checkbox"/> Furniture and other household items</p> <p><input type="checkbox"/> Storage of furniture and personal belongings</p>	<p>New Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code</p> <p>When did you move? _____ New rent: \$ _____</p> <p>Landlord's name: _____</p> <p>Primary tenant's name: _____</p> <p>Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code</p>
---	--

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

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

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

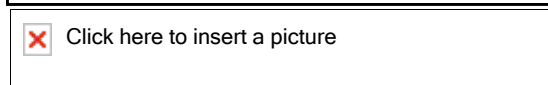
Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

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

I want to add the following person(s) to my cash assistance case:

<p><input type="checkbox"/> New Baby</p> <p><input type="checkbox"/> Child entered home</p> <p><input type="checkbox"/> Child under 18 years of age (whose immigrant status has changed since my last application/recertification)</p> <p><input type="checkbox"/> Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance)</p> <p><input type="checkbox"/> Spouse who previously applied and was denied because immigration status and his/hers status have changed now (this person does not need to complete another application/recertification)</p> <p><input type="checkbox"/> Myself/Adult payee to the case</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p>
---	---



Participant's Signature _____ Date of Request _____ Time of Request _____ AM PM

Worker's Signature _____ Date _____

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

Petición para Asistencia de Emergencia, Asignaciones Adicionales, o Añadidura de una Persona al Caso (Sólo para Participantes), o Añadidura de una Persona a un Caso Activo de Asistencia en Efectivo

Favor de completar este formulario si necesita asistencia de emergencia, asignaciones adicionales, o añadidura de una persona al caso.

Recuerde:

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

SECCIÓN I: ASISTENCIA DE EMERGENCIA

El tipo de asistencia de emergencia que estoy solicitando es:

SAMPLE

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

SECCIÓN II: ASIGNACIONES ADICIONALES

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

- | | |
|--|---|
| <input type="checkbox"/> Alquiler atrasado | <input type="checkbox"/> Asignación adicional para combustible |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad | <input type="checkbox"/> Asignación adicional para mantener o restaurar servicios de electricidad y gas |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados | <input type="checkbox"/> Reparaciones a la propiedad |
| <input type="checkbox"/> Asignación para embarazo | <input type="checkbox"/> Reemplazo de ropa perdida a raíz de desastres tal como desamparo o incendio |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde estoy viviendo | <input type="checkbox"/> Otras asignaciones: |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en la Unidad de Reclamos de Entierro
25 Chapel Street, Sala 606
Brooklyn, NY 11201
Teléfono: (718) 473-8310 | |

(Trabajador: Haga una copia electrónica [scan] de este formulario y incluya el formulario en el Índice y luego devuelva la copia original al participante.)

SECCIÓN II: ASIGNACIONES ADICIONALES (continuación)

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

Gastos relacionados con la mudanza::

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

Nueva Dirección: _____
(con núm. de apt.)

Ciudad Estado Código Postal

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

Nombre del casero: _____

Nombre del inquilino principal: _____

Dirección: _____
(con núm. de apt.)

Ciudad Estado Código Postal

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Estoy solicitando los siguientes servicios de apoyo:

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

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

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

SECCIÓN IV: AÑADA A UNA PERSONA AL CASO

Si usted no tiene toda esta información, puede presentar este formulario a su Trabajador de todos modos.

Deseo añadir a la(s) siguientes personas a mi caso de asistencia en efectivo:

- Recién nacido
- Niño ingresó al hogar
- Niño menor de 18 años de edad (cuyo estado de inmigración haya cambiado desde mi última solicitud/recertificación)
- Cónyuge/Adulto que viva conmigo quien no haya presentado solicitud anteriormente (para recibir asistencia dicha persona debe llenar una solicitud)
- Cónyuge quien anteriormente haya presentado solicitado y haya sido rechazado por su estado de inmigración y cuyo estado haya cambiado (dicha persona no necesita llenar otra solicitud/recertificación)
- Yo mismo(a)/Beneficiario adulto al caso
- Otra Persona _____
- Otra Persona _____
- Otra Persona _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____


Número de Seguro Social (si lo sabe): _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

 Click here to insert a picture

AM PM

Firma del Participante

Fecha de la Petición

Hora de la Petición

Firma del Trabajador

Fecha

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

Action Taken on Your Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only)

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On _____, you requested Emergency Assistance Additional Allowance for:
(Date)

SAMPLE

Your request for _____ has been accepted. You will receive:

One payment in the amount of \$ _____ . Period covered, if applicable: _____

Method of payment:

- Broker's or finder's fee/voucher
- Check to be picked up by you at your Job Center
- Check mailed to your home
- As an addition to your regular public grant, which can be obtained through the EBT system
- Security deposit agreement
- Direct vendor check
- Other action: _____

You will receive a second notice informing you as to how your ongoing benefits will be affected.

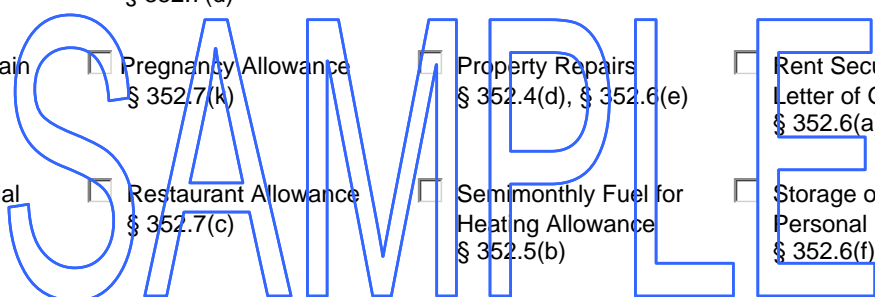
NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

On _____, you were referred to the Burial Claims Unit at 25 Chapel Street, Room 606, Brooklyn, NY 11201, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30 | <input type="checkbox"/> Additional Allowance for Fuel § 352.5 | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7(g) | <input type="checkbox"/> Back Rent § 352.7(g) |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a) | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a) | <input type="checkbox"/> Moving Expenses § 352.6(a) |
| <input type="checkbox"/> Payment to Maintain or Restore Utility Services § 352.5 | <input type="checkbox"/> Pregnancy Allowance § 352.7(k) | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e) | <input type="checkbox"/> Rent Security Deposit/ Letter of Guarantee § 352.6(a) |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b) | <input type="checkbox"/> Restaurant Allowance § 352.7(c) | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | | | |



Other (specify): _____

JOS/Worker's Signature

Date

Supervisor's 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 one (1)** of this notice or write to us at the address on **page one (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, 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: **14 Boerum Place, Brooklyn, NY 11201**
- (5) **ONLINE:** Complete an online request form at: <http://www.ctda.ny.gov/eah/forms.asp>

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

If you have disability you cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

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 one (1)** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance or social services issues and ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline. **Note:** If your situation is extremely serious please explain your situation; the State will attempt to process your request for a Fair Hearing as quickly as possible. If you call to request a Fair Hearing, please be prepared to explain your situation to the person who answers the phone.

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

SAMPLE

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

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

Medidas Tomadas con Respecto a su Petición de Asistencia de Emergencia, Asignaciones Adicionales, o Añadidura de una Persona al Caso (Sólo para Participantes)

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

Este Aviso sólo se refiere a su petición de una asignación adicional para satisfacer una necesidad específica, un cambio en la concesión o una solicitud de asistencia de emergencia. Si su petición de asistencia adicional es rechazada, su caso actual de Asistencia en Efectivo no será afectado.

El _____, usted solicitó Asistencia de Emergencia Asignación Adicional para:
(Fecha)

SAMPLE

Su solicitud de _____, ha sido aceptada. Usted recibirá:

Un pago por la cantidad de \$ _____. Período de cobertura, si corresponde: _____.

Método de pago:

Pago/comprobante de agente o intermediario Cheque que debe ser recogido por usted en su Centro de Trabajo Cheque enviado por correo a su hogar

Un suplemento a su concesión pública usual, que se puede obtener a través del sistema de EBT Acuerdo de depósito de garantía Cheque directo al contratista

Otra medida: _____

Usted recibirá un segundo aviso informándole de cómo serán afectados sus beneficios actuales.

NOTA: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

El _____, usted fue enviado a la Unidad de Reclamos de Sepultura (Burial Claims Unit) en 25 Chapel Street, Sala 606, Brooklyn, NY 11201, (718) 473-8310, para solicitar una asignación de sepultura.

Su petición de _____ ha sido rechazada debido a que:

La(s) ley(es) y/o reglamento(s) que nos permite(n) hacer esto es/son 18 NYCRR (favor de ver la sección a continuación):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agregar una Persona al Hogar § 352.30 | <input type="checkbox"/> Asignación Adicional para Combustible § 352.5 | <input type="checkbox"/> Pagos Atrasados de Hipoteca y/o Impuestos § 352.7(g) | <input type="checkbox"/> Alquiler Atrasado § 352.7(g) |
| <input type="checkbox"/> Pago/Comprobante de Agente o Intermediario de Bienes Raíces §352.6(a) | <input type="checkbox"/> Pérdida Catastrófica (reemplazo de ropa y muebles perdidos por un fuego, inundación u otro desastre) § 352.7(d) | <input type="checkbox"/> Muebles y Otros Artículos Domésticos § 352.7(a) | <input type="checkbox"/> Gastos de Mudanza § 352.6(a) |
| <input type="checkbox"/> Pagos para Mantener o Restaurar Servicios de Electricidad y Gas § 352.5 | <input type="checkbox"/> Asignación para Embarazo §352.7(k) | <input type="checkbox"/> Reparaciones a la Propiedad § 352.4(d), § 352.6(e) | <input type="checkbox"/> Depósito de Garantía de Alquiler/Carta de Garantía § 352.6(a) |
| <input type="checkbox"/> Reparaciones de Artículos Domésticos Indispensables §352.7(b) | <input type="checkbox"/> Asignación para Restaurante § 352.7(c) | <input type="checkbox"/> Asignación Quincenal de Combustible para Calefacción § 352.5(b) | <input type="checkbox"/> Almacenamiento de Muebles y Pertenencias Personales § 352.6(f) |
| <input type="checkbox"/> Actividad de Trabajo Relacionada con Servicios de Apoyo § 385.4 | | | |

SAMPLE

Otros (datos específicos): _____

Firma del JOS/Trabajador

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 **página uno (1)** de este aviso, o escríbanos a la dirección que también aparece en la **página uno (1)** 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 número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) en:
14 Boerum Place, Brooklyn, NY 11201.

(5) POR INTERNET: Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.ny.gov/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.

Si usted está incapacitado(a), y no puede transportarse, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado, ni empleado(a) de abogado, su representante debe traer una carta firmada al oficial de Audiencias Imparciales.

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

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

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica o servicios sociales y noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

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. **Nota:** Si su circunstancia es sumamente urgente, favor de explicarlo en detalle; el Estado hará todo esfuerzo de procesar su solicitud para una Audiencia Imparcial lo más pronto posible. Si usted llama para solicitar una Audiencia Imparcial, por favor esté preparado para explicar su situación a la persona que conteste el teléfono.

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

SAMPLE

Nombre en
Letras de
Molde: _____
Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____