FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #14-03-ELI

(This Policy Directive Replaces PD #10-25-ELI)

GRANTS OF ASSISTANCE FOR GUIDE/SERVICE DOG FOOD PROGRAM

Date:	**Subtopic(s):**
February 10, 2014	SSI, Project Support

AUDIENCE

The instructions in this policy directive are for staff in Job Centers, Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Centers, and the Office of Project Support (OPS). It is informational for all other staff.

REVISIONS TO THE ORIGINAL DIRECTIVE

This policy directive has been revised as follows:

- The Office of Project Support telephone numbers have been changed to (929) 221-6692 and (929) 221-6688. All references to telephone numbers have been updated accordingly.
- The term Food Stamp (FS) has been changed to Supplemental Nutrition Assistance Program (SNAP). Any reference to the Food Stamp Program in any notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP Benefits.

POLICY

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

BACKGROUND

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

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

Determination of Eligibility

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

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

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

REQUIRED ACTION

New phone numbers

When an individual makes an inquiry via telephone or in person at a Job Center or NCA SNAP Center regarding a grant of assistance to provide food for a guide, hearing or service dog, staff must advise the individual to call the OPS Guide Dog Food Program at (929) 221-6692 or (929) 221-6688.

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

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

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

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

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

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

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

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

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

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

SNAP Implications

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

Medicaid Implications

There are no Medicaid implications.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

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

Conferences at Job Centers

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

New telephone numbers

The FH&C AJOS/Supervisor I will call OPS at (929) 221-6692 or (929) 221-6688 to review the case and conduct a conference via telephone.

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

Should the individual elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Conferences at SNAP Centers

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

New telephone numbers

The Center Director's designee will call OPS at (929) 221-6692 or (929) 221-6688 to review the case and conduct a conference via telephone.

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

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

Evidence Packets

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

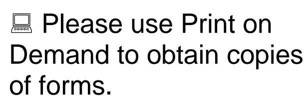
180 Water Street, 19th floor
New York, NY 10038
(929) 221-6692 or (929) 221-6688

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

REFERENCES

18 NYCRR 397.10
NYS Social Services Law Section 207 – 210
10 INF-11-T
01 INF-01
Temporary Assistance Source Book, Chapter 12, section H; Chapter 23, section A
Supplemental Nutrition Assistance Program (SNAP) Source Book, Section 12 (D), Section 13

ATTACHMENTS


Please use Print on Demand to obtain copies of forms.

LDSS-3087	Application/Recertification Guide/Service Dog Food Program (Rev. 1/13)
LDSS-3097	Letter for 3087 (Rev. 1/13)
M-686c	Notice of Determination on Application for Guide Dog Food Assistance Program (Rev. 10/27/11)
M-686c (S)	Notice of Determination on Application for Guide Dog Food Assistance Program (Spanish) (Rev. 10/27/11)

APPLICATION/RECERTIFICATION GUIDE/SERVICE DOG FOOD PROGRAM

Directions:

1. **PLEASE PRINT CLEARLY AND DO NOT WRITE IN THE SHADED AREAS.**
2. **BE SURE TO SIGN THE FORM.**
3. **RETURN THE FORM TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.**
   The Local Department is listed in the White Pages of your telephone directory, alphabetically, under the name of your County. New York City residents should send application to: Office of Program Support, Attention: Guide Dog Food Program Coordinator, 180 Water Street, 19th Floor, New York, NY 10038. If you need assistance, contact your local Department of Social Services or the NYS Office of Temporary & Disability Assistance - Hotline toll-free at 1-800-342-3009.

CENTER/OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE **18**	CASE NUMBER	REGISTRY NUMBER	VERS.

CASE NAME	DISTRICT	NUMBER REUSE INDICATOR		

NAME	(LAST)	(FIRST)	(M.I.)	SOCIAL SECURITY NUMBER

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

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

SAMPLE

DATE OF BIRTH:	(MONTH)	(DAY)	(YEAR)		SEX	(M/F)	:	CLIENT ID NUMBER	

ADDRESS:	(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE):	PHONE NUMBER

MAILING ADDRESS IF DIFFERENT FROM ABOVE	(STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)

If you are a blind, deaf or disabled Supplemental Security Income (SSI) recipient, or have been determined to be eligible for SSI, and/or have been determined to be eligible for or are in receipt of an additional state payment, you may be entitled to a $35 monthly food grant for your guide/service dog. Grant eligibility will be based on your answers to the following:

	YES	NO
1. Are you a resident of New York State?		
2. Are you blind?		
3. Are you deaf?		
4. Are you disabled?		
5. Have you been determined eligible for Supplemental Security Income (SSI)?		
6. Are you a recipient of Supplemental Security Income (SSI)?		
7. Have you been determined eligible for an additional state payment?		
8. Are you a recipient of an additional state payment?		
9. Are you currently receiving an exemption of earned income, wages or salary from a job or self-employment for the purpose of purchasing guide/service dog food?		
10. Do you maintain a guide/service dog?		

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

SIGNATURE OF APPLICANT *(IF APPLICANT USES "X", HAVE WITNESS SIGN BELOW)*	Date
SIGNATURE OF WITNESS	Date

ADDRESS OF WITNESS	(STREET)	(CITY)	(STATE)	(ZIP CODE)

☐ OPENING ☐ REOPENING	☐ DENIAL ☐ WITHDRAWAL	☐ RECERTIFICATION *NOTE: For Recertification, Use Transaction Type 05 - Change*	REASON CODE ☐☐☐	EFFECTIVE DATE

ELIGIBILITY DETERMINED BY (WORKER)	DATE	ELIGIBILITY APPROVED BY (SUPR.)	DATE
SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION	DATE	EMPLOYED BY: ☐ PROVIDER AGENCY SPECIFY ____________	☐ SOCIAL SERVICE DISTRICT

Dear SSI eligible applicant/recipient:

The provision of the Guide/Service Dog Food Program (under which you are currently receiving a $35.00 benefit) requires that you complete the attached Application/Recertification Guide/Service Dog Food Program (LDSS-3087) every six months.

SAMPLE

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

If you need any further assistance, please contact your local Department of Social Services or the New York State Office of Temporary and Disability Assistance (OTDA) toll-free number: 1- 800-342-3009.

Sincerely,

Attachment

Form M-686c (page 1) LLF
Rev. 10/27/11

NYC Human Resources Administration Department of Social Services | Family Independence Administration

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

Notice Date: ______________________

Case Number: ______________________

Case Name: ______________________

Center: ______________________

FH&C Telephone: ______________________

Notice of Determination on Application for Guide Dog Food Assistance Program

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

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

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

Our clearance indicates:

☐ You are not eligible for, or in receipt of, Supplemental Security Income (SSI) benefits.

☐ You are not blind, deaf, or disabled.

Your application indicates:

☐ You do not own a guide dog.

☐ You are employed. SSA exempts some earnings for the maintenance of a guide, hearing or service dog from consideration when determining your SSI benefit.

☐ Other (specify): ____

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

Signature of Guide Dog Coordinator	Date	Supervisor Signature	Date

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

SAMPLE

Conference and Fair Hearing Information

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

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

(1) TELEPHONE: Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) WRITE: Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)

(3) FAX: Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) IN PERSON: Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn, NY 11201**

(5) ONLINE: Complete an online request form at: **http://www.otda.ny.gov/oah/forms.asp**

SAMPLE

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 a disability, and 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 1** of this notice.

FAIR HEARING REQUEST

If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for cash assistance issues.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

☐ **I do not want to keep my benefits the same until the Fair Hearing decision is issued.**

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

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

SAMPLE

Print Name: ______________ ____ ______________ Case Number: __________

Name M.I. Last Name

Address: ______________________________

______________________________ Telephone: __________

City: ______________ State: ______ Zip Code: __________

Signature: ______________________________ Date: __________

NYC Human Resources Administration Department of Social Services | Family Independence Administration

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

Fecha del Aviso: ______________________

Número del Caso: ______________________

Nombre del Caso: ______________________

Centro: ______________________

Teléfono de FH&C: ______________________

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

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

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

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

Nuestra autorización indica que:

☐ Usted no reune los requisitos para o recibe beneficios de Ingreso Suplemental de Seguridad (SSI).

☐ Usted no es ni ciego, ni sordo, ni incapacitado.

Su solicitud indica que:

☐ Usted no es dueño de un perro guía.

☐ Usted está empleado. La Administración de Seguro Social (Social Security Administration – SSA) exime algunos ingresos para el mantenimiento de perros guía, para sordos, o para servicios, respecto a la determinación de sus beneficios de Ingreso de Seguridad Suplementario (Supplemental Security Income – SSI).

☐ Otro caso (especifique): ______________________

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

______________________ Firma del Coordinador de Perros Guías ________ Fecha ______________________ Firma del Supervisor ________ Fecha

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

SAMPLE

Información sobre Conferencias y Audiencias Imparciales

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

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

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)

(2) POR ESCRITO: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Favor de guardar una copia para usted.)

(3) POR FAX: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporaria 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

SAMPLE

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 Audiencia 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 pedirlas 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 escríbanos al número telefónico y/o dirección que aparecen en **la primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia en effectivo.

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

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

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

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

SAMPLE

Nombre en Letras de Molde: ______________ ______ ______________ Núm. del Caso: ______________

Nombre I. Apellido

Dirección: ____

____ Teléfono: ______________

Ciudad: ______________ Estado: ______ Código Postal: ______________

Firma: ____ Fecha: ______________