



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #14-12-ELI

(This Policy Directive Replaces PD #07-14-ELI, PD #99-32R, PB #10-03-OPE, PB #09-115-OPE, CD 97-127, CD 1994-61, CD 93-6, CD 1991-41, CD 1990-26, CD 1989-60, CD 87-133, CD 87-112, CD 1987-04, Memo 07-20-1987_1, Memo 01-20-1987_1, MEMO 01-27-1986, MEMO 05-28-1985, MEMO 06-07-1982_1)

REVISION TO THE UTILITY PROCESS

Date: June 4, 2014	Subtopic(s): Utility, HEAP, Utility Guarantee, Direct Vendor, Restriction, Code 10, Code 41, Code 50
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AUDIENCE The instructions in this policy directive are for Utility Liaisons and all staff in the Job Centers.

REVISIONS TO PRIOR PROCEDURE

This policy directive has been revised to inform staff of the following:

- All utility requests must be evaluated for the availability of, and eligibility for, regular and/or emergency Home Energy Assistance Program (HEAP) benefits before issuing a payment to meet a utility request.
- The utility process has been revised to mandate the use of the Utility Arrears/Emergency Heating form (**M-858m**) with every request of utility arrears; both heat and non-heat related emergency.
- The criteria for the issuance of a non-recoupable utility grant have been included in this procedure.
- The Utility Restriction process has been incorporated into this procedure.
- The Utility Guarantee process has been incorporated into this procedure.
- Introduce the new Notice of Determination Regarding Your Request for a Utility Grant (**FIA-1104**). The form was created to notify the participant of the determination regarding their request and it includes determinations made on the recoupment, the restriction and the utility guarantee.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

- Request for a Utility Grant form (**M-858y**) has been revised to remove the Notice of Determination Regarding Utility Grant section on the reverse side of the form.
- The Utility Guarantee form (**M-858d**) has been revised. The payment information to the utility company has been removed and the name has been changed to Acknowledgment of Utility Guarantee.
- The Notice of Intent to Recoup a Utility Grant (Timely) (**M-858x**) has been revised. A line has been added to inform the participant that he/she will receive another notice regarding the recoupment.
- The Notification to Utility Company (**M-858v**) has been revised to include Guarantee Case information for SSI recipients.
- The Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely) (**M-858c**) and the Participant Request for Restriction of Home Energy Allowance (**M-858w**) have been revised to update logo and language.
- The Notice of Refund of Home Energy Allowance Deduction (**M-858g**) has been revised to display only one "Account Number" field and check off boxes with the names of the utility companies underneath the "Account Number" field.
- Attached to this policy directive is **Attachment A** (Snippets used with the **M-858g**).

POLICY

When an individual presents a request for assistance based on a utility/heat-related emergency situation, an evaluation is conducted to determine which services provided by the Human Resources Administration (HRA) would best meet the individual/household's needs. This evaluation includes alleviating the emergency as quickly as possible in a manner that imposes the least amount of hardship on the individual/household.

To be eligible for an energy allowance, the Cash Assistance (CA) applicant/participant must be an adult or a minor head of household and document that he/she is both the tenant and customer of record (name on bill). The energy allowance may also be provided if the tenant and customer of record is the legal spouse or deceased spouse of the CA applicant/participant.

An applicant/participant's financial situation must be assessed to determine whether he/she is required to try to negotiate a Deferred Payment Agreement (DPA) with the utility company instead of having the utility arrears payment issued by the Job Center. Failure to pursue the negotiation of a DPA is basis for denial of emergency energy assistance.

BACKGROUND

Updated information

Every year the Home Energy Assistance Program (HEAP) provides non-recoupable emergency grants to help eligible households meet the cost of heating a home or apartment in crisis situations. All utility requests must be evaluated for Regular HEAP and Emergency HEAP (special grant code **80**) eligibility prior to the issuance of any utility arrears grants. All HEAP eligibility determinations are made by HEAP Central.

In an effort to enhance this process, individuals who report a utility/heat-related shutoff must no longer be instructed to apply for Regular HEAP or Emergency HEAP at a HEAP office. HEAP applications must be initiated by the Utility Liaison at the Job Center. This is in addition to informing Job Center staff of the determination made by HEAP Central and providing a determination for other utility grants if determined ineligible for HEAP.

When HEAP Central has determined that a household is ineligible for a Regular HEAP grant, an Emergency HEAP grant or that all HEAP benefits have been exhausted, the household must be evaluated by the Utility Liaison at the Job Center for eligibility of a non-recoupable utility grant/no mismanagement (special grant code **50**) or of a utility arrears prior to Cash Assistance (CA) grant (special grant code **10**). If ineligible for the non-recoupable grant, the issuance of a utility grant to prevent turn off or restore utility services/mismanagement (special grant code **41**) must be made.

For the purposes of this document, all references to the Energy Grant shall mean a combination of the Home Energy Allowance and the Supplemental Home Energy Allowance.

Criteria for Issuance of a Non-Recoupable Utility Grant

New Information

To determine if the household is eligible for a non-recoupable utility grant the household must verify that the benefits issued as part of the Energy Grant were not mismanaged. The criteria used to determine if these funds were not mismanaged include verification that:

Refer to the Guide to Cash Assistance Budgeting ([W-203k](#)) for these amounts.

- an amount at least equal to the household's monthly Energy Grant has been paid toward the household's monthly domestic energy bills.
- the household's monthly fuel allowance, if any, has been applied toward the payment of the household's monthly fuel/heating costs.
- the monthly shelter allowance has been applied toward the household's monthly shelter costs.
- there is no other evidence of mismanagement.

If there is no evidence of mismanagement of funds, payment to prevent a utility shutoff or to restore services should be issued as a special grant code **50**.

For natural gas or electric arrears incurred prior to receipt of CA, issue special grant code **10**.

If the household does not meet the non-recoupable criteria, the utility grant must be recouped.

Revised information

A Code **41 grant** is issued to prevent a utility shutoff or restore utility services caused by the participant's mismanagement of funds. The grant must be recouped from the participant's ongoing CA grant. When a code **41** grant is issued, both an Energy Grant restriction and a recoupment will be system generated by the Welfare Management System (WMS). Multi-Suffix cases, HASA cases, cases with an alternate payee and cases with shelter type codes other than 01, 03, 24, 25, 26, 38 or 41 are exempt from the automated restriction process. A Utility Guarantee must be issued for these cases.

Utility Restriction and Direct Vendor Payment

When the participant's Energy Grant is restricted all future utility bills will be sent by the utility company directly to the Agency for payment. The Direct Vendor Automated Utility System (DVAUS) will issue a payment directly to the utility company in the amount of the full bill for actual usage. If for any reason a bill is not processed through the DVAUS (i.e. if a bill is rejected by the DVAUS), the bill will appear on a Direct Vendor Rejection report which the Office of Central Processing (OCP) reviews. OCP will review and determine if it is proper to make a payment and send the payment to the utility company in the amount of the full bill for actual usage.

The following Pick Up codes are used to issue the direct vendor utility payments and will be reflected in WMS.

- Code **92** (Direct Vendor to Con Edison)
- Code **93** (Direct Vendor to National Grid)

The participant will receive a statement from the utility company reflecting the payments made by the Agency.

Reconciliation Process of Restricted Energy Grant

Refund of excess
restricted Energy Grant

Every three months, using the DVAUS, MIS reconciles the amounts paid to the utility company with the amounts deducted from the recipient's Energy Grant.

A participant may be entitled to a reimbursement of funds if the:

- amount deducted from the participant's Energy Grant exceeded the amount billed for that period.
- participant's Energy Grant restriction is no longer in effect.
- participant's case has been closed and the amount deducted from the Energy Grant exceeded the amount billed for that period.
- Agency was unable to apply the amount deducted toward a bill for that period due to a discrepancy in the name, address, bill amount or period covered by the utility bill.
- Agency did not receive a bill from the utility company for sixty (**60**) days or more.

Note: The excess Energy Grant amount must first be applied to any recoupment of previous overpayments to the utility company before a refund is issued to a participant.

Once the participant is identified as entitled to a reimbursement, the amount to be reimbursed is returned to the participant and the Notice of Refund of Home Energy Allowance Deduction (**Form M-858g**) is mailed to the participant by MIS.

MIS populates the **M-858g** with text related to one of the five potential refund situations listed above. The notice will say:

*"This notice is to inform you that we are refunding the amount of \$_____ for the period of _____ to _____ because...(MIS selects one of the five potential snippets to insert here – see **Attachment A**)."*

This refund is reflected in WMS as a Code **94** (Utility Vendor Refund). If the participant calls to inquire about his/her refund, the JOS/Worker should check the Benefit Issuance Screen (NQCS5E) to determine if a refund was issued.

Code 94

S	Suf	Ln	Date	Cycle	RTG	Benefit#	Payment Amount	Payment Period	Rda	Dt	Out	Tell	Vouch	Status
1	01		12/17/09	B	EBT	30516507	101.00	12/17/09						
	PA	RE	05	RECUR-G	PUC	EMRG IND	F	01/01/10			100.50		12/18/09	T
2	01		12/08/09		EBT	SP10637580	26.50	08/31/09						
	PA	SI	04	UV-RFND	PUC	9 EMRG IND	F	11/30/09			26.50		12/18/09	3
3	01		12/02/09	A	EBT	75621070	482.00	12/01/09						
	FS	RE	06	FS-ONGNG	PUC	EMRG IND	F	12/31/09			480.03		12/05/09	T
4	01		12/02/09	A		02900074	169.50	12/02/09						
	RE	SP	10	SHELTER	PUC	EMRG IND		12/16/09			169.50		12/18/09	3
5	01		12/02/09	A	EBT	30371763	101.00	12/02/09						
	PA	RE	05	RECUR-G	PUC	EMRG IND	F	12/16/09			101.00		12/10/09	3

The JOS/Worker must explain to the participant that the refund is due to an overpayment of the participant’s Energy Grant. If the participant believes the refund amount is incorrect, he/she can resolve the issue through current Fair Hearing and Conference processes.

Recoupment of excess utility payment

During the reconciliation process, using the DVAUS, if an amount greater than the Energy Grant is paid to the utility company, a recoupment will be initiated for the overpayment.

Recalculation of Energy Grant restriction amount

During the reconciliation process, the DVAUS captures the average monthly usage amount for the case that Con Ed/National Grid submits on their billing file and compares this amount to the Energy Grant amount to determine the lowest amount. DVAUS then communicates the amount to be deducted from the CA grant to WMS. The amount to be deducted from the CA grant for the DVAUS is either the average monthly usage amount as submitted by the utility company or the Energy Grant amount, whichever is less. In no event will the amount deducted exceed the total amount of the Energy Grant to which the participant is entitled. Unless the household pays separately for heating in which scenario, the fuel allowance can also be deducted from the CA grant for payments of utility bills.

The participant will be notified whenever these actions are taken.

Utility Guarantee

An SSI recipient that applies for a one-shot deal under the Emergency Assistance to Adults (EAA) category for payment of a utility bill will be eligible for a Utility Guarantee, if otherwise eligible.

When a household has been determined eligible for a non-recoupable grant (Special Grant Code **50**), no restriction will be made to the Energy Grant and a Utility Guarantee must be issued.

An Acknowledgment of Utility Guarantee (**M-858d**) must be signed by the applicant/participant and the JOS/Worker. The **M-858d** must be given to the applicant/participant when the utility grant is requested.

Whenever a Utility Guarantee is issued, the Agency is assuring the utility company payment for six months of future utility service payments provided to the participant or SSI recipient in the event he/she fails to make a payment.

Payment of Utility for Cases with a Utility Guarantee

If a participant or SSI recipient fails to make a payment during the six month period, the DVAUS receives notification from the utility company and issues a payment directly to the utility company. If for any reason a bill is not processed through the DVAUS, the bill will appear on a Direct Vendor Rejection report which the Office of Central Processing (OCP) reviews. OCP will review and determine if it is proper to make a payment and send the payment to the utility company in the amount of the full bill for actual usage.

REQUIRED ACTION

When an individual requests assistance to pay for a utility/heat-related emergency (either at the Job Center or through a homebound interview), a referral must be made to the Utility Liaison for evaluation of potential eligibility for Regular HEAP or Emergency HEAP. If the individual is found eligible for a Regular HEAP or Emergency HEAP grant, HEAP Central will process the HEAP application and provide the grant directly to the vendor.

The JOS/Worker must complete the Notice of Determination Regarding Your Request for a Utility Grant (**FIA-1104**) to inform the participant that a HEAP application was initiated on his/her behalf; that HEAP has determined that the household is eligible for either a regular HEAP or an Emergency HEAP Grant, and the grant will be applied directly to his/her utility arrears. The notice will also inform the individual that he/she will receive a notice from HEAP indicating the amount of the payment.

When the request for assistance is to pay for an oil related emergency, the household must use a participating oil vendor. If a household agrees to switch to a participating oil vendor, HEAP will establish a new account for the household with the oil vendor and the HEAP grant will be issued to the new account. Failure to use a participating oil vendor will result in denial of the HEAP application and the denial of the CA request for assistance due to failing to use an available resource (CA denial code **N13**).

JOS/Worker Responsibility at Initial Request for a Utility Grant

When an applicant/participant requests a utility grant, the JOS/Worker must ensure that every request for assistance to resolve a utility/heat-related emergency is first evaluated for Regular HEAP and Emergency HEAP eligibility. To initiate the process the JOS/Worker must:

For Applicants

- Initiate the Paperless Office System (POS) Application Intake activity and complete all required entries, including the following:
 - Indicate on the **Site Determination** window whether the individual is applying for CA, Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance (MA) or only for a one-time emergency payment (“one-shot deal”).
 - Record the type of emergency in the **Problem** field of the **Site Determination** window by selecting the appropriate item from the list:
 - No Fuel for Heating in a Cold Weather Period – for use when the household has exhausted its supply of fuel during the winter season.
 - Utility Disconnect (Schedule Within 72 Hours) – for use when there is a pending utility shutoff.
 - Fuel or Utility Shutoff – for use when fuel is exhausted and utilities have been turned off.

All windows for each POS activity must be completed.

If the applicant is homebound, a homebound interview is required per current procedure. Once the interview is completed, the information must be entered in POS and the process in this policy directive must be followed.

- Enter a comment describing the problem in the area to the right of the **Problems** field.
 - Enter the appropriate case category on the **Case Login** window.
 - Register the case by clicking the **Xmit** (Transmit) button on the **Case Login** window and complete the Application Intake activity.
- Initiate the Application Interview activity to record and answer all questions to process the utility or heat-related emergency.

For One-Shot Deal Applicants

- Complete the Application Intake activity as described above.
- Select one of the following categories:
 - EAA (Emergency Assistance for Adults)
 - EAF (Emergency Assistance to Families)
 - E-SNA (Emergency Safety Net Assistance)
- After initiating the Application Interview activity:
 - On the **Additional Suffix Level Data** window, answer the “Why does the applicant need public assistance?” question by selecting “Emergency – Utility/Fuel” from the list.
 - On the **Disposition/Withdrawal** window, click the **One-Shot Deal** box.

Repayment Agreement

Refer to [PB # 13-73-OPE](#)

For one shot deal applicants requesting emergency assistance to pay heating/utility arrears, the Utility Arrears Repayment Agreement Worksheet (**W-147XX**) must be used to determine whether the applicant is required to repay the utility grant. If it is determined that the applicant is required to repay the utility grant, and the Utility Liaison determines the household eligible for the grant, the Utility Arrears Repayment Agreement (**W-147X**) must be signed by the applicant after the amount to be repaid is entered on the form. If necessary, send the applicant the Notice to Report to Center form (**M-3g**) to sign the **W-147X**.

Note: EAA applicants are exempt from the repayment agreement requirement.

For Homebound Applicants/Participants

Refer to HVN Procedure
[PB #14-29-OPE](#)

Homebound applicants/participants with an energy/utility emergency must contact the Job Center to schedule a homebound interview. The JOS/Worker will interview the applicant/participant, and following the instructions in this policy directive, forward all relevant documentation to the Utility Liaison for a determination of Regular HEAP and Emergency HEAP eligibility. If HEAP Central determines that the applicant/participant is ineligible for a Regular HEAP or Emergency HEAP grant, the JOS/Worker must then determine if the applicant/participant is eligible for an emergency utility grant. Homebound applicants/participants may also call Heat Line directly at 212-331-3150 to apply for Regular HEAP or Emergency HEAP by telephone. Staff is reminded to prioritize the processing of applications for this at-risk group.

For Re-applicants

Individuals reapplying for Cash Assistance may request assistance to pay utility/heat-related arrears that cover a period of time prior to the closing of the CA case when the individual was still in receipt of benefits. As a result, re-applicants ineligible for or who have exhausted all Regular HEAP and Emergency HEAP benefits may be eligible for a combination of special grant codes **10**, **41** and/or **50**.

For Participants

Review the **NQBU05** screen in WMS to ensure that the heating indicator is correct. Cases of households responsible for heating costs must have a heating indicator in the **Fuel Type** field on the Budget Hist. Actual Needs & Suf Summary (**NQBU05**) screen. (This screen is displayed by entering Option **20** on the WMS Case Inquiry Menu [**NQCS00**] and "1" in the **Select** column of the desired budget authorization number on the Budget History List [**NQBU07**] screen.)

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NQBU05 (P) Budget Hist. Actual Needs & Suf Summary 03/06/07
-- Case -- Suffix FS Suffix Auth. No -- Auth. Cycle --
004 H 01 01 99981647 03/B/07 - / /

# Persons In PA HH 02 PA No LRR 0 # Rooms In HH 0
QR Code QR State QR Type
Budget Ind PA,FS PWP Part Ind FS Aged Dis Indiv Ind
-----
Actual Needs:
FS Fuel Ind X FS Util Ind X FS Tel Ind X FS Act Disp Amt 0.00
PA Add Nds Type 00 PA Add Nds Amt 0.00 PA Act Shelt Amt 141.50
FS Add Nds Type 00 FS Add Nds Amt 0.00 FS Act Water Amt 0.00
Shelter Type 01 FS Act Shel Amt 750.00 FS Act Tel Amt 0.00
Fuel Type NAT-GAS FS Act Fuel Amt 0.00 FS Act Util Amt 0.00
-----
Suffix Summary:
PA GrossInc Amt 0.00 PA Net E Inc Amt 0.00 PA Net Une I Amt 0.00
FS Shelt AllAmt 1327.00 FS Net E Inc Amt 0.00 FS Net Une I Amt 501.00
FS Tot Ded Amt 134.00 Suf Tot Ind Nds1 0.00 Suf Tot Ind Nds2 0.00
-----
A0204 PA AMOUNTS MAY BE ONE CENT OUT CMD
    
```

Heating indicator displayed in Fuel Type field on NQBU05 screen

The heating indicator will also be displayed on the Household/Suffix Financial Data (NSBL02) screen as one of the following heat type codes:

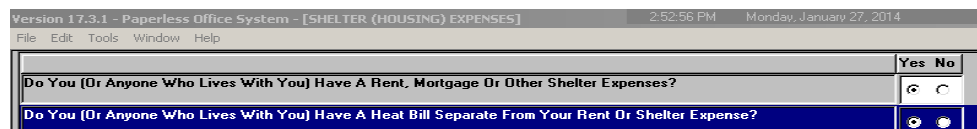
- 1 (Natural Gas)
- 2 (Oil)
- 3 (Electric)
- 4 (Coal)
- 9 (Other Fuel)

The emergency situation of an eligible household without heat must be resolved immediately or within 18 hours if heat loss is imminent.

The process for issuing the Energy Grant and the fuel allowance for households that incur a heating expense separate from their shelter expense remains unchanged. The utility/fuel bill must be reviewed to determine whether the household is paying for heat. For households with a separate payment for heat, WMS must be reviewed to ensure the correct heating indicator appears.

For All Applicants (Including One-Shot Deals) and Participants

- Complete each POS interview window by asking all questions available, including:
 - The **Shelter (Housing) Expenses** window:
 - If the applicant/participant has a separate heat bill, click **Yes** to “Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent or Shelter Expense?”



Some vendors will indicate directly on the bill whether or not the household pays for heat.

- Review the utility/fuel bill to verify that the household pays for heat.
 - On the **Response to Question** window indicate the following:
 - Fuel type
 - Name on bill (Relation to Casehead field will become enabled and will be required if the name on bill is not the name of the casehead).
 - Verified fuel type and name
 - Fuel on budget
 - Service is: on or off (If off is selected, the Service End Date will become enabled and the shut off date must be entered)
 - Arrears/Pending Shutoff/Less than a ten day supply of fuel (If yes, a window will open see page 14).
 - Amount/Frequency/Account Number/Company Name
 - If other is selected under Company name, the Other Company Name/Company Address/Company Phone will become enabled to enter information.
 - Participating Vendor? Yes or No (Click on the link below the question to view participating dealers [vendors]).
 - Contract with company? Yes or No (If yes, the Expires field will become enabled and the contract expiration date must be entered).
 - Non-participating Vendor Payment Plan Type (Will become enabled if the applicant/participant is using a non-participating vendor).
 - Is the applicant/participant willing to select a new vendor? (For use only if the applicant/participant is using a non-participating vendor. If yes, the New Vendor Information and Old Vendor Information fields will become enabled.)
 - Fuel Restriction Type/Restriction Name/Restriction Address/Vendor City/Vendor State/Vendor zip code (if company is Long Island Power Authority [LIPA])
 - Verifying document(s) and relevant comments.

Response to Question

Fuel Type: Oil | Name On Bill: | Other: | Relation to Case Head: | Verified Fuel Type and Name: Yes No

Fuel on Budget: Yes No | Service is: On Off | Service End Date: 00/00/0000 | Arrears / Pending Shut Off / Less than 10 Day Supply of Fuel: Yes... No

Amount: | Freq: | Account Number: | Company Name: | Other Company Name: | Company Address: | Company Phone: |

Participating Vendor?: Yes No | Contract with company?: Yes No | Expires: |

www.heapoil.com/admin/reports/OTDA_ParticipatingDealersReport.jsp

Non-Participating Vendor Payment Plan Type

Price Protection Plan | Budget Plan with a Price Cap
 Prepayment Plan | Service Contract

Is the applicant/participant willing to select a new vendor? Yes No

New Vendor Information

Company Name: | Company Address: | Company Phone: |

Old Vendor Information

Company Name: | Company Address: | Company Phone: |

Fuel Restriction Type: | Restriction Name: | Restriction Address: |

Vendor City: | Vendor State: | Vendor Zip Code: | New Vendor

Document... | Scan | Comment...

OK | Cancel

- If the applicant/participant indicates arrears, a pending shutoff, or less than a ten-day supply of fuel, click **Yes** and complete the **HEAP Drill Down** window.

Arrears / Pending Shut Off / Less than 10 Day Supply of Fuel Yes... No

- On the **HEAP Drill Down** window, answer the enabled questions:
 - Amount/Period From/Period To/Emergency Situation.
 - Payment History (If the applicant’s/participant’s documentation show a history of payment to the utility company, enter the payment breakdown in this field.).
 - “Have You Applied for Regular HEAP?”, and/or “Have You Applied for Emergency HEAP?” (If yes, the Date of Application will become enabled and the “Have You Received a Regular HEAP Payment?”/”Have You Received Emergency HEAP Payment?” fields will also become enabled as well as the Date and Amount fields.).
 - Deferred Payment Agreement in effect?

Drill Down Window

Amount: \$325.00 | Period From: 10/01/2013 | Period To: 12/31/2013 | Emergency Situation: Less than 10 Day Supply of Fuel

Amount	Period From	Period To	Emergency Situation
\$162.50	07/31/2013		
\$162.50	08/31/2013		
\$162.50	09/30/2013		
\$162.50	10/31/2013		

Have You Applied for Regular HEAP? Yes No | Date of Application: 00/00/0000

Have You Applied for Emergency HEAP? Yes No | Date of Application: 00/00/0000

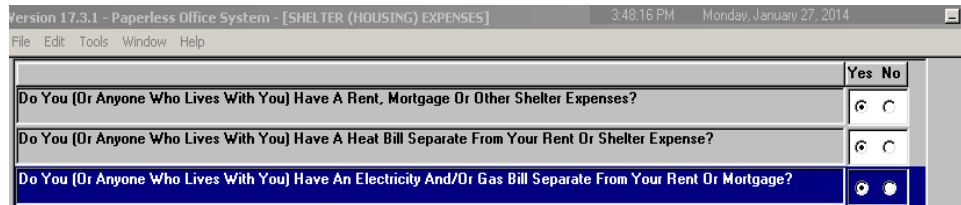
Have You Received a Regular HEAP Payment? Yes No | Date: 00/00/0000 | Amount:

Have You Received Emergency HEAP Payment? Yes No | Date: 00/00/0000 | Amount:

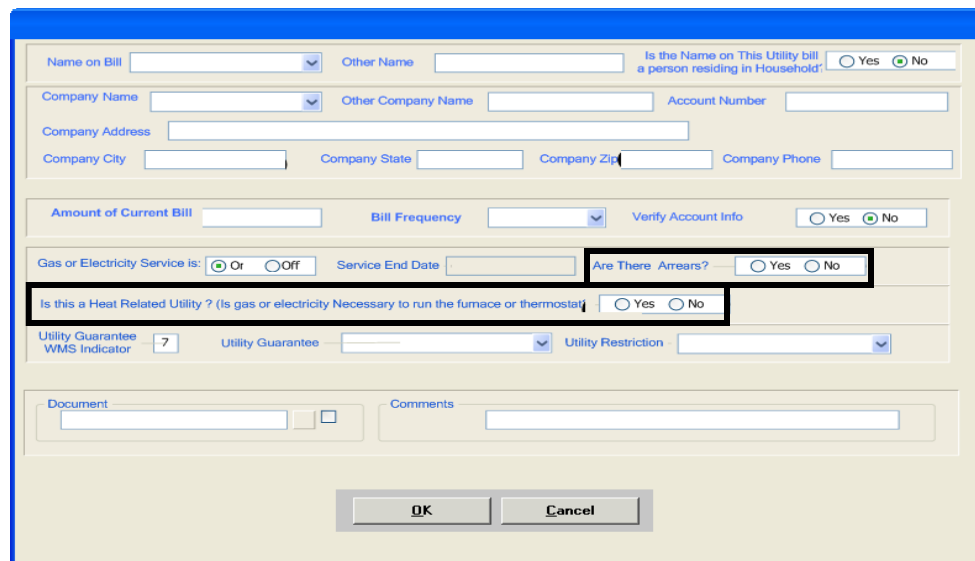
Deferred Payment Agreement in Effect? Yes No | Document: Client Statement:Have Less Than a 7 Day Oil Supply | Scan:

OK | Cancel

- If the applicant/participant has a separate electricity and/or gas bill, click **Yes** to “Do You (or Anyone Who Lives With You) Have An Electricity And/or Gas Bill Separate From Your Rent Or Mortgage?”



- When the **Response to Question** window opens, complete the window, including answering the:
 - “Are There Arrears?” question. (If Yes is selected, the **Arrears/Clearance Information** window will open.)
 - “Is this a Heat Related Utility?” question.



- On the **Arrears/Clearance Information** window, answer the enabled questions:
 - Reason for Arrears/Shut-off Notice/Total Amount owed/Period From/Period To.
 - Arrears Breakdown (10 Months max) – Amount/Period From/Period To.
 - Total Clearance Amount (4 month amount) – Amount/Period From/Period To.
 - Suspended Unpaid Amount (Previous 6 months) – Amount/Period From/Period To.

- Last 4 Months Payment Made To Utility Company – Amounts/Date.
- HEAP Section – HEAP Season (Indicate if it is Open or Closed).
- “Have You Applied for Regular HEAP?”, and/or “Have You Applied for Emergency HEAP?” (If yes, the Date of Application will become enabled and the “Have You Received a Regular HEAP Payment?” and/or “Have You Received Emergency HEAP Payment?” fields will also become enabled as well as the Date and Amount fields if yes is selected for these questions.)
- Is a Deferred Payment Agreement in Effect? (If yes is selected, the Effect Date will become enabled.)
- Was Deferred Payment Agreement Discussed? (If yes is selected, the Discussion Date will become enabled.)

See [PD #10-22-SYS](#) and POS Release Notes Version 9.2 for detailed information regarding completion of the **SI Grant Request Task List** window.

POS will pre-fill the forms based on responses to the fuel/utility questions provided during the interview.

- Complete the **SI Grant Request and Issuance** window by clicking the **GO** button to view status of required tasks. When a task is not required, the button label will indicate **NA**.
 - The utility/fuel request will appear in Task 1 (SI Grant Needs Identified in Interview). Be sure to complete Task 3 (Request Details).
 - Print the following forms which will appear in Task 5 (Print Forms for Client to Sign).
 - Request for a Utility Grant (**M-858y**).
 - Applicant’s/Participant’s Acknowledgment of a Utility Guarantee (**M-858d**).

Note: The applicant/participant must acknowledge that if he/she is determined eligible for a utility guarantee, he/she is aware of the fact that it remains their responsibility to pay all future bills and upon notification by the utility vendor of his/her failure to do so, a recoupable grant may be issued on their behalf based on the results of the mismanagement test. All future Energy Grants will be restricted to the vendor.

➤ For participants only, the Request for Emergency Assistance or Additional Allowance (For Participants Only) (**Form W-137A**) will appear in Task 5 (Print Forms for Clients to Sign).

- Have the applicant/participant sign the appropriate forms.

The screenshot shows a software window titled 'Version 17.3.1 - Paperless Office System - [SI Grant Requests and Issuance]'. The window contains an 'Instructions' section and a list of tasks for an 'SI Grant Request'. The first task is highlighted with a red box and a 'GO' button. The other tasks have 'Wait' buttons. At the bottom, there are 'Next' and 'Previous' buttons.

Task Number	Task Name	Action	Status	Button
1.	SI Grant Needs Identified in Interview	This Task must be completed before proceeding.	This Task is Next	GO
2.	Record Special Grant Requests	Complete the required tasks above before doing this task.	Next Please Visit	Wait
3.	Requests Details	Complete the required tasks above before doing this task.	Next Please Visit	Wait
4.	EAF, E-SNA and EAA Financial Eligibility Determination	Complete the required tasks above before doing this task.	Next Please Visit	Wait
5.	Print Forms for Client to Sign	Complete the required tasks above before doing this task.	Next Please Visit	Wait

- On the **Print Forms** window, highlight and print all relevant forms, including the:

- Utility Arrears/Emergency Heating form (**M-858m**) which must be completed for every request for utility arrears.

- Scan and index all verification, including the utility bill and shutoff notice with total amount due.
- Attach all relevant documentation to the **M-858y**, **M-858m** and/or **W-137A** and forward them to the Utility Liaison for an evaluation of Regular HEAP and/or Emergency HEAP eligibility.

Forward all relevant documentation to the Utility Liaison.

Utility Liaison Responsibilities

The Utility Liaisons will handle all utility arrears including heat related utility arrears and emergency heating requests. The Utility Liaison will verify the household's HEAP status or eligibility for HEAP on all heat related requests.

The Utility Liaison will proceed as follows:

- Verify in the HEAP system, using his/her HEAP User ID, whether the household was previously evaluated for Regular and/or Emergency HEAP grants and that all HEAP funds have been exhausted.
- If unable to access the HEAP system, will call HEAP Central's Automated Voice Response Unit (VRU) at (800) 692-0557 for verification of HEAP status. The applicant/participant's Social Security number is required to access the information.
Note: The automated service may be used if the individual indicates that he/she applied for Emergency HEAP but did not receive an approval letter and does not know the status of the HEAP application.
- Verification of the HEAP status may also be obtained in one of the following manners:
 - For a utility shut-off notice issued by Con Edison:
 - call the VRU for the HEAP status. However, the HEAP status will only be available on the VRU after the HEAP payment has been processed. If the HEAP status is not reflected on Con Edison's VRU, contact HEAP Central at (929) 221-5820 to verify the HEAP status. (Calls are accepted from Utility Liaisons only.)
 - For a disconnect notice issued by another vendor, such as National Grid, or a notice of nonpayment is received from an oil/fuel vendor:
 - contact HEAP Central at (929) 221-5820 to verify the HEAP status. (Calls accepted from Utility Liaisons only.)
- If the individual has not applied for HEAP or HEAP benefits have not been exhausted, initiate a HEAP application. To initiate a HEAP application, call HEAP Central at (929) 221-5820. HEAP Central will make a preliminary determination.

Initiate a HEAP application

- Forward all required documentation available and the **M-858m** to HEAP Central via Fax (212) 331-4300 attention Ms. Bibi Amzad or via email to amzadb@hra.nyc.gov.
 - HEAP Central will:
 - carefully review the documentation.
 - request an extension, as needed, from the utility vendor.
 - notify the Utility Liaison if the individual is not eligible.
 - provide the Utility Liaison with verification of HEAP eligibility (if eligible) and forward the Notice of Approval of Emergency Benefit to the applicant/participant.
- Completes the “Utility Liaison Recommendation” section of the **M-858m** and returns it to the JOS/Worker or unit that submitted the request.

Note: If ineligible for Regular HEAP or Emergency HEAP or all HEAP benefits have been exhausted, use the **M-858y** to determine if the arrears are due to the mismanagement of funds. (Refer to page 3 for criteria). If so, use special grant code **41** to issue the utility payment. If there has been no mismanagement of funds, use code **50** to issue the utility payment.

New Information

Payment of Utility at the Job Center for Cases with a Utility Guarantee

Occasionally, an applicant/participant may return to the Job Center with a threatened utility shut-off and the utility company will not accept payment because payment on a previous guarantee is owed. In this instance, follow these instructions:

- Before issuing any benefits, retrieve a copy of the utility guarantee from the electronic case record. If a copy cannot be found, request a copy from the utility company.
- Check the benefit issuance screen to verify that payment for the period requested by the utility company has not been made.
- Determine the start and end dates of the guarantee. The start date is the day after the last day covered by the previous utility arrears grant. For example, if payment was made for a period ending December 18th, the effective date of the guarantee was December 19th. The end date is six months later (June 18th) or when the case closed, whichever occurred first.

Note: The case of an SSI recipient who was accepted for a non-recoupable grant (Special Grant Code **10**) under the EAA category will be closed. If the SSI recipient is still in receipt of SSI benefits, the utility guarantee is still in effect.

Two separate single issue grants are required since the payment covers separate periods of time.

- For participants:
 - Issue a single issuance grant for the period covered by the expired utility guarantee under special grant code **41**.
 - Issue a separate code **41** for up to the most recent four-month period.
 - A determination of mismanagement is NOT required.
- For SSI recipients:
 - Issue a single issuance grant for the period covered by the expired utility guarantee under special grant code **10**.
 - Issue a separate code **10** for up to the most recent four-month period.
 - Do not recoup any of the above grants.

Note: The Utility Liaison must give a breakdown of the codes to be issued and the period covered by each code in the additional information area of the utility arrears section on the **M-858m**.

JOS/Worker Responsibilities for Processing Utility Liaison's Recommendation

The JOS/Worker will process the case according to the Utility Liaison's recommendation.

Eligible for HEAP Benefit

- For applicants only:
 - On the **SI Grants Request** window, complete Task 6 (Outstanding Requests, Documentation/Verification and Referrals).
 - On the **Notice Data-Entry** window, click **Yes** for the "Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form **W-145HH**)" and complete the **Response to Question** window that appears.
 - On the **Print Forms** window, highlight and print the **W-145HH** to inform the applicant that the household is eligible for a HEAP grant that will be provided directly to the vendor.
- For participants only:
 - On the **SI Grant Request** window, complete Task 6 (Outstanding Requests, Documentation/Verification and Referrals).
 - On the **Print Forms** window, highlight and print the following forms:

The **W-145HH** is used for applicants only

HEAP Central will send the HEAP grant directly to the utility vendor

- **FIA-1104** to inform the participant of the determination regarding their request for a utility grant.
- Action Taken on Your Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only) (**W-137B**).

Non-Receipt of Approved HEAP Benefit

If the applicant/participant informs the JOS/Worker that the approved HEAP benefit was not received by the utility vendor, the JOS/Worker must inform the applicant/participant that he/she may call the HEAP Conference at (929) 221-5862 to inquire about the status of the benefit.

Ineligible for HEAP Benefit but Eligible for a Utility Grant

- For applicants only:
 - On the **SI Grant Request** window, complete Task 6 (Outstanding Requests, Documentation/Verification and Referrals) and Task 7 (Grants Data Entry).
 - On the **Notice Data-Entry** window, click **Yes** for the “Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form **W-145HH**)” and complete the **Response to Question** window that appears.
 - On the **Print Forms** window, highlight and print the following forms:
 - The **W-145HH** to inform the applicant that the household is eligible for a utility grant (Code **10**) that will be provided directly to the vendor.
 - The Notification to Utility Company (**M-858v**), except for EAA cases where Print-to-Mail is used. Check the appropriate boxes. Be sure to indicate if a vendor restriction or utility guarantee is put into effect.
 - The Acknowledgment of Utility Guarantee (**M-858d**) signed by the worker (if a utility guarantee is put into effect).
- For participants only:
 - On the **SI Grant Request** window, complete Task 6 (Outstanding Requests, Documentation/Verification and Referrals) and Task 7 (Grants Data Entry).
 - On the **Print Forms** window, highlight and print the following forms:
 - The Notice of Determination Regarding Your Request for a Utility Grant (**FIA-1104**) to inform the participant of the determinations regarding their eligibility for a utility grant and recoupment and/or vendor restriction/guarantee status.

For EAA cases, the M-858v is part of the Print-to-Mail process.

New Information

- The Notification to Utility Company (**M-858v**). Check the appropriate boxes. Be sure to indicate if a vendor restriction or utility guarantee is put into effect.
- The Acknowledgment of Utility Guarantee (**M-858d**) signed by the worker (if a utility guarantee is put into effect).
- The Notice of Intent to Recoup Utility Grant (Timely) (**M-858x**), if a code **41** is issued.
- The Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely) form (**M-858c**) if the Home Energy Allowance will be restricted.
- The Participant Request for Restriction of Home Energy Allowance (**M-858w**) if the participant requested the restriction.

Note: Send copies of all printed forms to the applicant/participant if he/she is no longer in the Job Center when the determination of utility/fuel emergency eligibility is made. If a Repayment agreement is required, send the Notice to Report to Center (M-3g) to the applicant/participant to report to the Job Center to sign the form. For homebound applicants/participants, the **W-147X** must be presented and signed at a subsequent homebound appointment.

- Issuing a Utility Guarantee

When a utility guarantee is issued, the JOS/Worker must select a utility guarantee code (other than **0** – None) in the Utility Guarantee field on the **Response to Question** window that will open when “Yes” is selected in either one of the two questions listed below in the **Shelter (Housing) Expense** window in POS:

- “Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent or Shelter Expense?” or
- “Do You (or Anyone Who Lives With You) Have An Electricity And/or Gas Bill Separate From Your Rent Or Mortgage?”

The utility guarantee codes are as follows:

- Code **1** – Con Edison
- Code **2** – National Grid
- Code **3** – Long Island Lighting (LILCO)
- Code **4** – Con Edison and National Grid

Note: Utility Guarantee/Restriction codes must be compatible with Shelter Type codes. Utility Direct Vendor Restriction codes are valid only for cases where the Shelter Type code indicates that utilities are not included in the rent.

Although the code description has not changed, LILCO has been replaced by PSEG Long Island.

- Restriction of the Energy Grant

Refer to [AOG](#) pages 271 to 273

When issuing a Code **41**, the JOS/Worker must enter in the Shelter Type/Recoupment Indicator field of the **DSS-3575** either code **01** (Initiates Recoupment and Restricts Without ten-day Timely Notice period) or code **02** (Initiates Recoupment and Restricts With ten-day Timely Notice). This will initiate the recoupment and restrict the Energy Grant.

For Energy Grant restrictions on Family Assistance (CA), the JOS/Worker must print the Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases [Timely] (**M-858c**) and give or mail it to the participant.

Note: All Safety Net cases (SNCA and SNNC) will already be on restriction due to case category.

Note: If a case that has an Energy Grant restriction is closed and subsequently reopened within 30 days, the JOS/Worker must ensure that the restriction information carries over in POS and send the Notification to Utility Company (**M-858v**) to the utility company.

- Restriction of Two Utility Service Providers

If the participant has more than one utility vendor, the second utility vendor information must be entered in **Response to Question** window that will open when “Yes” is selected in the “Do You (or Anyone Who Lives With You) Have An Electricity And/or Gas Bill Separate From Your Rent Or Mortgage?” question on the **Shelter (Housing) Expense** window in POS. If the participant already has one utility vendor restriction and now the second utility vendor must be restricted, the JOS/Worker must ensure that the restriction is entered in the Utility Restriction field in the in **Response to Question** window in POS mentioned above. The JOS/Worker must also ensure that the code **7** (both Con Ed and National Grid vendors) is showing in the Utility Guarantee field on the **TAD Data** screen in POS. A new **M-858c** must be sent to the participant informing him/her of the restriction for the second vendor even though the amount to be restricted may not increase from the amount initially restricted.

Ineligible for HEAP Benefit and Ineligible for a Utility Grant

- For applicants only:
 - On the **SI Grant Request** window, complete Task 6 (Outstanding Requests, Documentation/Verification and Referrals).

- On the **Notice Data-Entry** window, click **Yes** for the “Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form **W-145HH**)” and complete the **Response to Question** window that appears.
 - On the **Print Forms** window, highlight and print the **W-145HH** to inform the applicant that the household is ineligible for a utility grant.
- For participants only:
 - On the **SI Grant Request** window, complete Task 6 (Outstanding Requests, Documentation/Verification and Referrals).
 - On the **Print Forms** window, highlight and print The Notice of Determination Regarding Your Request for a Utility Grant (**FIA-1104**) to inform the participant of the determinations regarding their eligibility for a utility grant and recoupment and/or vendor restriction/guarantee status.

The JOS/Worker will submit the case to the Group/Unit Supervisor for approval.

Group/Unit Supervisor Responsibilities

The Group/Unit Supervisor must ensure that all heat-related utility actions have received an eligibility evaluation for Regular HEAP and/or Emergency HEAP prior to the issuance of any other grant available to meet the emergency need. He/she must:

- Verify that a Regular HEAP and/or Emergency HEAP evaluation was conducted for all heat-related utility emergencies.
- Complete the “Supervisory Review” section of the **M-858m**
- Scan and index the updated **M-858m**.
- Ensure that the case was processed in accordance with the recommendations of the Utility Liaison indicated on the **M-858m**.
 - If the household is eligible for Emergency HEAP:
 - HEAP Central will forward the Notice of Approval of Emergency Benefit to the applicant/participant and provide the Utility Liaison with verification of HEAP eligibility.
 - Ensure the appropriate heating indicator appears on the **NQBU05** screen (or appropriate fuel type code on the **NSBL02** screen) in WMS.
 - Ensure the appropriate standard utility allowance (SUA) is budgeted for the shelter type.

- Inform the applicant/participant that the household is eligible for an Emergency HEAP grant and that HEAP Central will provide the emergency payment directly to the vendor by printing the following forms.
 - For applicants, print and sign the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**).
 - For participants, print the Action Taken on Your Request for Emergency Assistance or Additional Allowance (For Participants Only) (**W-137B**).

Note: The Supervisor must print the **W-137B** after approving the **SI Grant Requests** window.

- If the household is ineligible for Emergency HEAP:
 - HEAP Central will notify the Utility Liaison of the outcome.
 - Review the documentation to ensure that the household's emergency need is met.
 - Ensure that all issuance codes are appropriate.
 - Print and sign the **W-145HH** or **W-137B** indicating the decision on the applicant's/participant's emergency request.
 - Forward all cases that require the issuance of code **41** to the Assistant to the Deputy Director for approval.
- Ensure that the **W-145HH** or **W-137B** is mailed to the applicant/participant and that the **M-858v** and **M-858d** are mailed to the utility company.
- Forward case action to AJOS II for approval.

AJOS II Responsibilities

The AJOS II is responsible for ensuring that the issuance of code **41** to meet a utility/fuel emergency is appropriate. He/she must review each case to ensure that a HEAP evaluation was conducted by the Utility Liaison and that the household was deemed ineligible for HEAP benefits or non-recoupable utility grant before the issuance of a code **41** can be authorized. Under no circumstances should a code **41** be issued without a HEAP evaluation in the case record. If the case does not reflect that a HEAP determination was made, check the appropriate box on the **M-858m** and return the case to the Group/Unit for correction.

For code **41**s that have a HEAP evaluation, the AJOS II will:

- Check the **NQBU05** screen to determine if the household has a heating indicator.
- For households with a heating indicator in WMS:
 - Approve the code **41** issuance as appropriate.
 - Forward the completed **M-858m** and related documents to the Center Director for approval of the code **41** issuance on the Special Grant Code Approval Screen (**NSGC99**) in WMS.
- For households without a heating indicator in WMS or households that do not have heating/heat-related costs:
 - Approve the code **41** issuance as appropriate.
 - Transmit the case action to issue benefits in WMS.

Center Director Responsibilities

To ensure the use of Regular HEAP and Emergency HEAP benefits and that a recoupable utility grant is issued only as a last resort, when a code **41** issuance is entered in WMS and the case has a heating indicator on the budget, the Job Center Director is required to approve the code **41** issuance on the **NSGC99** Screen in WMS.

Note: Code **41** issuances on cases where the heating indicator has not been authorized in the budget or the household does not have heating/heat-related costs will not require the Center Director's completion of the Special Grant Approval Screen but still requires AJOSII approval.

Revised information

Upon receipt of the **M-858m** and related documents for a heat-related code **41** issuance, the Center Director will:

- Review the documents received.
- Approve the Code **41** issuance in the **NSGC99** Screen in WMS.
- Ensure the approval screen is completed as appropriate.
- Return the documents to the AJOS II to transmit benefits in WMS.

For instructions on completing the NSGC99 screen refer to [PD 13-14-ELI](#) (Attachment B)

Control Unit

All special grant code **41s** that are rejected by WMS because the approval screen was not completed prior to transmitting the benefit will appear on the Special Grant Code Manual E-Checks Processed Without Approval (**WINR0809**) report. The Control Unit forwards the **WINR0809** to the Center Director. The Center Director must complete the approval screen, annotate the **WINR0809** and send the report back to the Control Unit so the check may be issued.

**PROGRAM
IMPLICATIONS**Paperless Office
System (POS)
Implications

Request for emergency
assistance made
between recertification
interviews

For applicants/participants reporting a utility/heat-related emergency after the application interview or between recertification interviews, the JOS/Worker must complete the **Non-Food Emerg/Special Grant** interview from the **Action** tab on the **Activities Management** window. On the **Non-Food Emerg/Special Grant** window, click the "Fuel or Utility Shutoff" problem checkbox if service has been discontinued. Record the request on the **Shelter (Housing) Expenses** window and complete the **SI Grant Requests** window for the case.

Request for emergency
assistance made during
an interview

If the request is made during either the application or recertification interview, record the data in the relevant interview windows. Do not begin the **Non-Food Emerg/Special Grant** activity.

Model Center
Implications

When an applicant reports to Front Door Reception (FDR) in the Job Center, requesting payment for a utility/heat-related emergency, FDR will issue him/her a CEU ticket, where the applicant can file an application and the request must be processed by the JOS/Worker as described in the policy directive.

When a participant reports to Front Door Reception (FDR) in the Job Center, requesting payment for a utility/heat-related emergency, FDR will issue him/her a CSIC General ticket, where the request will be addressed by the Processing Unit and the CSIC Utility Liaison.

When a participant requests payment for a utility/heat-related emergency directly from the JOS/Worker, the JOS/Worker must process the request as described in this policy directive.

Supplemental
Nutrition Assistance
Program
Implications

There are no Supplemental Nutrition Assistance Program implications.

Medicaid
Implications

There are no Medicaid implications.

**LIMITED ENGLISH
PROFICIENT (LEP)
AND HEARING-
IMPAIRED
IMPLICATIONS**

For Limited English Proficient (LEP) and hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

Ensure that all applicants/participants that present a utility/heat-related notice of arrears are evaluated for Emergency HEAP. If it is disclosed that a household that received a recoupable utility grant was eligible for a non-recoupable Emergency HEAP grant, delete the recoupment and inform the individual of the Agency's action. In addition, ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

It is the ultimate responsibility of the Center Director to ensure that the JOS/Workers and Utility Liaisons are educated on identifying potential Emergency HEAP-eligible households.

Conferences

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 applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception 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.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

Evidence Packets Applicant/participants who apply for Emergency HEAP payments are entitled to request a Fair Hearing if they feel the need for one. Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair 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.

Upon receipt of a Fair Hearing Request (**OAH-1891**) from the New York State Office of Temporary and Disability Assistance regarding the individual's request for an Emergency HEAP payment, the FH&C Supervisor I will place the **OAH-1891** in a **W-98A** folder. No further action is required at the Job Center because HEAP Central prepares for and represents the Agency at all HEAP Fair Hearings. File the folder in the **W-98A** active file cabinet.


REFERENCES

SSL 131-s
 18 NYCRR §352.5(e) and (f)
 02 ADM 2, pages 6–8
 Energy Manual, pages 53-54 and 60
 HEAP Manual 11/13/2013

RELATED ITEMS

[PD # 02-31-SYS](#)
[PD #10-22-SYS](#)
[PB # 14-29-OPE](#)
[PB # 13-73-OPE](#)
[PD # 14-01-ELI](#)
 POS Release Notes Version 9.2
 POS Release Notes Version 18.1

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

Attachment A Snippets used with the **M-858g**
FIA-1104 Notice of Determination Regarding Your Request for a Utility Grant
FIA-1104 (S) Notice of Determination Regarding Your Request for a Utility Grant (Spanish)
M-858c Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely) (Rev. 6/4/14)
M-858c (S) Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely) (Spanish) (Rev. 6/4/14)
M-858d Acknowledgment of Utility Guarantee (Rev. 6/4/14)
M-858g Notice of Refund of Home Energy Allowance Deduction (Rev. 6/4/14)

M-858g (S)	Notice of Refund of Home Energy Allowance Deduction (Spanish) (Rev. 6/4/14)
M-858m	Utility Arrears/Emergency Heating (Rev. 2/5/13)
M-858v	Notification to Utility Company (Rev. 6/4/14)
M-858w	Participant Request for Restriction of Home Energy Allowance (Rev. 6/4/14)
M-858w (S)	Participant Request for Restriction of Home Energy Allowance (Spanish) (Rev. 6/4/14)
M-858x	Notice of Intent to Recoup a Utility Grant (Timely) (Rev. 6/4/14)
M-858x (S)	Notice of Intent to Recoup a Utility Grant (Timely) (Spanish) (Rev. 6/4/14)
M-858y	Request for Utility Grant (Rev. 6/4/14)
M-858y (S)	Request for Utility Grant (Spanish)(Rev. 6/4/14)
W-147X	Repayment Agreement One-Time Utility Arrears Payment (EAF/E-SNA) (Rev. 12/8/09)
W-147X (S)	Repayment Agreement One-Time Utility Arrears Payment (EAF/E-SNA) (Spanish) (Rev. 12/8/09)
W-147XX	Repayment Agreement Worksheet

Attachment A

English

We deducted too much from your Home Energy Allowance toward payment of your utility bill. You will receive a refund of the amount indicated above with your Public Assistance Benefit.

Your Home Energy Allowance will no longer be restricted and you will receive this amount with your Public Assistance Benefit. The utility company will send all future bills to you for payment. You are responsible for the payment of your utility bills. You will receive a refund of the amount indicated above with your Public Assistance Benefit.

Your case has been closed. The utility company will send all future bills directly to you for payment. You will receive a refund check in the mail for the amount indicated above.

We have not paid your last utility bill to a discrepancy in the name, address, bill amount, or period covered by your utility bill. A separate notice is being sent to you regarding this matter. We are refunding the amount indicated above which is to be applied to your utility expenses.

We have not received a bill from the utility company for sixty (60) days or more. We are therefore refunding the amount indicated above which we withheld from your Home Energy Allowance.

Spanish

Deducimos demasiado de su concesión de Energía Doméstica hacia el pago de su cuenta de electricidad y/o gas. Con su beneficio de Asistencia Pública un usted recibirá un reembolso de la cantidad que se indica arriba.

Su concesión de Energía Doméstica ya no será restringida y usted recibirá esta cantidad con su beneficio de Asistencia Pública. La compañía de electricidad y/o gas le enviará todas sus cuentas futuras para pagos. Usted es responsable de los pagos de su cuenta de electricidad y/o gas. Con su beneficio de asistencia pública usted recibirá un reembolso de la cantidad que se indica arriba .

Su caso se ha cerrado. En el futuro la compañía de electricidad y/o gas le enviara directamente a usted todas la cuentas a pagarse. Usted recibirá por correo un cheque de reembolso con la cantidad que se indica arriba.

Debido a una discrepancia en el nombre, dirección, cantidad debida o el período cubierto por su compañía de electricidad y/o gas, no hemos pagado su última cuenta de electricidad y/o gas que. Se le ha enviado un aviso por separado sobre este asunto. Le estamos reembolsando la cantidad indicada arriba que debe ser aplicada a sus gastos de electricidad y/o gas.

No hemos recibido una cuenta de la compañía de electricidad y/o gas por 60 días o más. Por lo tanto le estamos reembolsando la cantidad que se indica arriba, que hemos retenido de su concesión de Energía Doméstica.

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center _____
Telephone Number: _____

Notice of Determination Regarding Your Request for a Utility Grant

Based on your request for a utility grant to prevent a shut-off or to restore a utility service that you made on _____, it has been determined that:

- Your utility arrears will be paid by the Home Energy Assistance Program (HEAP). A HEAP application has been initiated for you and HEAP has determined that your household is eligible for either a regular HEAP or an Emergency HEAP Grant. This grant will be applied directly to your utility arrears. You will receive a notice from HEAP indicating the amount of the payment.
- We have made a payment in the amount of _____ to your service provider who is Acct. No. _____.

Based on the information used to make this payment, we have determined that:

Recoupment Determination:

- You are eligible to receive a nonrecoupable utility grant.
- You are not eligible to receive a nonrecoupable utility grant because you failed to meet the criteria. We will therefore be required to recoup the utility grant issued to meet this request from future Cash Assistance benefits.

We will send you a Notice of Intent to Recoup this utility grant, which will specify the amount to be recouped and the rate of recoupment. This notice will also explain how you can appeal this decision by requesting a Fair Hearing, at which you will be able to challenge (1) our decision that you failed to meet the criteria on page 1 of this form, requiring us to recoup the utility grant, (2) the intended amount of recoupment, and (3) the intended rate of recoupment.

(Continued on next page)

Restriction Determination:

- We will not restrict the Home Energy Allowance portion of your grant in the future. Because you have demonstrated that your failure to pay your utility and/or rent bills in amounts equal to or greater than the utility and shelter allowances in your grant was because you spent such amounts appropriately for some emergency or extraordinary need. You must continue to pay your utility bills from your grant.

- Your Home Energy Allowance will not be restricted at this time.

- We intend to restrict the Home Energy Allowance portion of your grant and pay your utility bills directly to the utility company. Since your failure to pay your utility and/or rent bills in amounts equal to or greater than the utility and shelter allowances in your grant threatened the health and safety of your household. We will deduct the amount of your Home Energy Allowance from your grant to pay these bills.

We will send you a Notice of Intent to Restrict, which will specify the amount to be restricted. This notice will also explain how you can appeal the restriction decision by requesting a Fair Hearing.

Utility Guarantee Determination:

- You are not eligible for a utility guarantee because your entire outstanding balance has been paid by HRA.

- You are not eligible for a utility guarantee because the agency is restricting your home energy allowance (see box checked above).

- You are eligible for a six-month utility guarantee. HRA will guarantee the above service provider payment of all bills during the six-month period beginning on _____ or until you are no longer in receipt of Cash Assistance or SSI, whichever comes first. You will continue to be billed for services rendered and are required to pay these bills. Your service provider will proceed with normal collection efforts for all future bills and will notify HRA when payments are overdue. All outstanding monies owed to your service provider in excess of the above payment shall be exempt from collection for as long as you continue to receive Cash Assistance.

Worker's Signature/Date

Supervisor's Signature/Date

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número de Teléfono del Centro: _____

Aviso de Determinación Respecto a Su Petición de Concesión de Servicios Públicos

Según su petición de concesión de servicios públicos para prevenir la desconexión o para restablecer servicios públicos presentada el _____, se ha determinado que:

- Sus atrasos de servicios públicos se pagarán por el Programa de Asistencia de Energía Doméstica (Home Energy Assistance Program – HEAP). La solicitud de HEAP ha sido iniciada por usted y HEAP ha determinado que su hogar es elegible para HEAP normal o una Concesión de Emergencia de HEAP. Esta concesión se destinará directamente a sus atrasos de servicios públicos. Usted recibirá un aviso de parte de HEAP que indicará la cantidad del pago.
- Se ha determinado que: nosotros efectuamos un pago por la cantidad de _____ a su proveedor de servicios que tiene la Cuenta Número _____.

Según la información utilizada para efectuar este pago, hemos determinado que:

Determinación de Recuperación:

- Usted es elegible para recibir una concesión no reembolsable de servicios públicos.
- Usted no es elegible para recibir una concesión no recuperable de servicios públicos porque no reunió los requisitos como debido. Por lo tanto nosotros tendremos que recuperar la concesión de servicios públicos emitida para cumplir esta petición de beneficios futuros de Asistencia en Efectivo (Cash Assistance).

Nosotros le enviaremos a usted un Aviso de la Intención de Recuperación (Notice of Intent to Recoup) esta concesión de servicios públicos, que indicará la cantidad a ser recuperada, así como la tasa de la recuperación. Este aviso también explicará cómo usted puede apelar esta decisión solicitando una Audiencia Imparcial (Fair Hearing), en la cual usted podrá cuestionar (1) nuestra decisión de que usted no reunió los criterios en la página 1 de este formulario, lo que nos obligará a recuperar la concesión de servicios públicos, (2) la cantidad establecida de la recuperación, y (3) la tasa establecida de la recuperación.

(Continúa en la próxima página)

Determinación de Restricción:

- Nosotros no restringiremos la porción de la Concesión de Energía Doméstica (Home Energy Allowance) de su concesión en el futuro. Puesto que usted no ha demostrado que el impago de sus facturas de servicios públicos y/o alquiler en cantidades iguales a o superiores a las asignaciones de servicios públicos y albergue de su concesión se debió a que usted gastó tales cantidades de manera apropiada en alguna emergencia o necesidad extraordinaria. Usted debe continuar pagando sus facturas de servicios públicos de su concesión.

- Su Asignación de Energía Doméstica (Home Energy Allowance) no será restringida en este momento.

- Nosotros tenemos la intención de restringir la porción de la Asignación de Energía Doméstica (Home Energy Allowance) de su concesión y de pagar sus facturas de servicios públicos directamente a la compañía de servicios públicos. Puesto que el impago de sus facturas de servicios públicos y/o alquiler en cantidades iguales a superiores a las asignaciones de servicios públicos y albergue en su concesión ponen en peligro la salud y seguridad de su hogar. Nosotros deduciremos la cantidad de la Asignación de Energía Doméstica de su concesión para pagar estas facturas.

Nosotros le enviaremos a usted un Aviso de la Intención de Restringir (Notice of Intent to Restrict), el cual indicará la cantidad a ser restringida. Este aviso también explicará cómo usted puede apelar la decisión de restricción solicitando una Audiencia Imparcial (Fair Hearing).

Determinación de Garantía de Servicios Públicos:

- Usted no es elegible para una garantía de servicios públicos debido a que su balance total remanente ha sido pagado por la HRA.

- Usted no es elegible para una garantía de servicios públicos debido a que la agencia está restringiendo su asignación de energía doméstica (vea la casilla marcada más arriba).

- Usted es elegible para una garantía de seis meses. La HRA garantizará el pago al proveedor de servicios de todas las facturas durante el periodo de seis meses que comienza el _____ o hasta que usted ya no reciba Asistencia en Efectivo (Cash Assistance) o SSI, el primero de dichos beneficios que venga primero. A usted se le seguirán cobrando los servicios brindados y tiene que pagar estas facturas. Su proveedor de servicios procederá con el trámite normal de cobro de todas las facturas futuras y notificará a la HRA cuando los pagos estén atrasados. Todo dinero pagadero adeudado a su proveedor de servicios en exceso del pago más arriba estará exento de cobro por el tiempo que usted continúe recibiendo Asistencia en Efectivo.

Firma del Trabajador/Fecha

Firma del Supervisor/Fecha

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

Notice of Intent to Restrict Home Energy Allowance for Family Assistance Cases (Timely)

Utility Account Number(s) :	Amount to Be Restricted:	CA Grant before Restriction:	CA Grant after Restriction:
	\$	\$	\$

We wish to inform you that the Human Resources Administration (HRA) intends to restrict your home energy allowance currently included in your semimonthly grant, effective _____.
 Date

We are taking this action because:

After a review of your explanation for your failure to pay your utility bills for the month(s) of:

we have determined that you failed the management test. In addition, you failed to demonstrate that you spent the home energy allowance appropriately for some emergency and/or your misuse of the funds threatened the health and safety of your household.

Effective as of the date indicated above, all future utility bills will be sent directly by _____ to _____
 Utility Company

HRA for payment. Until further notice you will not be required to pay utility bills to this company.

This restriction of your home energy allowance will be based on your average monthly usage as determined by the utility company. In no event will the amount deducted exceed the total amount of the home energy allowance to which you are entitled. Periodically, the amount required to satisfy your utility bills will be adjusted. If we have deducted too much, we will reduce the amount being restricted and return the excess amount to you. If we have deducted too little, we will increase the amount being restricted and recoup the excess amount that we paid to the utility company on your behalf. We will inform you when we take such action.

- Your Supplemental Nutrition Assistance Program (SNAP) Benefits will continue unchanged.
- Medical assistance benefits for every person in the household (who receives benefits) will continue unchanged.

These actions are taken in accordance with 18 NYCRR § 352.5(f)(4) and § 381.3(c).

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

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on page 1 of this notice or write to us at the address on page 1 of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

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.otda.ny.gov/cah/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 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 a 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

Continuing Your Benefit(s): Your benefit(s) will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice.

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.

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 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.

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

SAMPLE

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

Address: _____
_____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Centro: _____
 Unidad del Caso: _____
 Número de Tel. de FH&C: _____

Aviso de la Intención de Restringir la Asignación de Energía Domiciliaria para Casos de Asistencia Familiar (A tiempo definido)

Número de Cuenta de Electricidad y/o Gas:	Cantidad a ser Restringida:	Subsidio de CA antes de Restricción:	Subsidio de CA después de Restricción:
_____	\$ _____	\$ _____	\$ _____

Queremos informarle de que la Administración de Recursos Humanos (Human Resources Administration – HRA) tiene la intención de restringir su asignación para energía domiciliaria actualmente incluida en su subsidio quincenal, a partir del

 Fecha

Estamos tomando esta medida porque:

Después de repasar su explicación respecto al impago de sus facturas de electricidad y/o gas el/los mes(es) de:

hemos determinado que usted no pasó la prueba de administración. Además, usted no demostró haber utilizado adecuadamente el subsidio para energía domiciliaria en una situación de emergencia y/o puso en riesgo la salud y seguridad de su hogar debido a su mal administración de los fondos.

A partir de la fecha indicada más arriba, _____ enviará todas sus siguientes facturas
 Compañía de electricidad y/o gas

de electricidad y/o gas directamente a la HRA para los pagos. Usted no tendrá que pagar facturas de electricidad y/o gas a esta compañía hasta nuevo aviso.

La cantidad restringida de su asignación para energía en el hogar será calculada de acuerdo con su consumo promedio mensual, como lo determine la compañía de electricidad y/o gas. En ningún caso la cantidad restringida excederá el total de la asignación de energía domiciliaria que le corresponde. Periódicamente, se ajustará la cantidad requerida para cubrir las facturas de electricidad y/o gas. Si la deducción es excesiva, reduciremos la cantidad restringida y le devolveremos la cantidad restante. Si deducimos muy poco, aumentaremos la cantidad restringida y recuperamos la diferencia que le abonamos a su cuenta con la compañía de electricidad y/o gas. Nosotros le informaremos cuando tomemos dicha medida.

- Sus beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) continuarán sin cambios.
- Los beneficios de asistencia médica para todos los miembros del hogar (que reciben beneficios) continuarán sin cambios.

Estas medidas se adoptan de acuerdo con 18 NYCRR § 352.5(f)(4) y § 381.3(c).

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
 ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE
 CONFERENCIA Y AUDIENCIA IMPARCIAL DE ESTE AVISO SOBRE CÓMO APELAR 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 **página 1** de este aviso, o escribanos a la dirección que también aparece en **página 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. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su[s] Beneficio[s].)

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) a: **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 **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Su(s) beneficio(s) continuará(n) sin cambios, hasta que se emita la decisión de la Audiencia Imparcial, si usted solicita una Audiencia Imparcial antes de la fecha de entrada en vigor indicada en el presente aviso.

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.

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 pública.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (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:

Nombre en
letra de molde: _____ Número del Caso: _____
Nombre I. Apellido

Dirección: _____
Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____
Case Number: _____
Job Center: _____
Address: _____

Acknowledgment of Utility Guarantee

Case Name	Case Number	Date Accepted	Caseload Number
Name of Customer (if other than Case Name)	Amount requested:		
Utility Company Name:	Address (include Borough and Zip Code)		
ACCT No:			

Acknowledgment of Utility Guarantee

I understand that if I am deemed eligible for a utility guarantee, I will continue to be responsible for the payment of my utility bills. I further understand that my failure to pay future utility bills will require the Human Resources Administration to pay these bills on my behalf and to recoup the amount paid from my cash assistance grant as long as I am in receipt of cash assistance.

I understand that if a utility guarantee is provided on my behalf, I will be sent a notice to inform me of the guarantee and the effective date of the guarantee.

SAMPLE

Participant's Signature _____

Date _____

Reconocimiento de Garantía de Servicios Públicos

Entiendo que si se me considera elegible para una garantía de servicios públicos, seguiré teniendo la responsabilidad de pagar mis facturas de electricidad y/o gas. Además, entiendo que si en el futuro no pago mis facturas de electricidad y/o gas, la Administración de Recursos Humanos tendrá que pagar dichas facturas en mi nombre y recuperar la cantidad pagada de mi asignación de asistencia en efectivo mientras yo sea beneficiario de la misma.

Entiendo que si se provee garantía de servicios públicos a nombre mío, se me enviará un aviso para informarme de dicha garantía y de la fecha de vigencia de la misma.

Firma del Participante _____

Fecha _____

JOS/Worker's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Date: _____
Case Number: _____
Job Center: _____
Address: _____

Acknowledgment of Utility Guarantee

Case Name	Case Number	Date Accepted	Caseload Number
Name of Customer (if other than Case Name)	Amount requested:		
Utility Company Name:	Address (include Borough and Zip Code)		
ACCT No:			

Acknowledgment of Utility Guarantee

I understand that if I am deemed eligible for a utility guarantee, I will continue to be responsible for the payment of my utility bills. I further understand that my failure to pay future utility bills will require the Human Resources Administration to pay these bills on my behalf and to recoup the amount paid from my cash assistance grant as long as I am in receipt of cash assistance.

I understand that if a utility guarantee is provided on my behalf, I will be sent a notice to inform me of the guarantee and the effective date of the guarantee.

SAMPLE

Participant's Signature

Date

Reconocimiento de Garantía de Servicios Públicos

Entiendo que si se me considera elegible para una garantía de servicios públicos, seguiré teniendo la responsabilidad de pagar mis facturas de electricidad y/o gas. Además, entiendo que si en el futuro no pago mis facturas de electricidad y/o gas, la Administración de Recursos Humanos tendrá que pagar dichas facturas en mi nombre y recuperar la cantidad pagada de mi asignación de asistencia en efectivo mientras yo sea beneficiario de la misma.

Entiendo que si se provee garantía de servicios públicos a nombre mío, se me enviará un aviso para informarme de dicha garantía y de la fecha de vigencia de la misma.

Firma del Participante

Fecha

JOS/Worker's Signature

Date

Supervisor's Signature

Date

Case Number: _____

Job Center: _____

Account Number: _____

Con Edison

National Grid

PSE & G

Date: _____

Last Reconciliation Done In: _____

Notice of Refund of Home Energy Allowance Deduction

SAMPLE

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
INSERT ON HOW TO APPEAL THIS DECISION.**

Número del Caso: _____

Centro de Trabajo: _____

Número de Cuenta: _____

Con Edison

Red Nacional

PSE & G

Fecha: _____

Última Reconciliación
Realizada En: _____

Aviso de Reembolso de Deducción de Asignación de Energía Doméstica

SAMPLE

**USTED TIENE EL DERECHO DE APELAR DE ESTA DECISIÓN.
ASEGÚRESE DE LEER LA HOJA DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES
SOBRO CÓMO APELAR DE ESTA DECISIÓN.**

Date: _____
Case Number: _____
Case Name: _____
Job Center: _____

UTILITY ARREARS/EMERGENCY HEATING

APPLICANT/PARTICIPANT INFORMATION

Case Name: _____ Case Number: _____ Caseload: _____
Social Security Number: _____ Telephone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Program Type (check one):
 CA NCA SNAP SSI

UTILITY ARREARS

Utility Company: _____ Account Number: _____
Name on Account: _____ Service is: On Off Date: _____
HEAP payment received? Yes No Utility guarantee/restriction in effect – code:* _____
Is the utility service required to provide heat or operate heating equipment? Yes No
Additional Information: _____

JOS/Worker's Signature _____ Date _____

EMERGENCY HEATING

Type of Heating Equipment: Boiler/Furnace Other: _____
 Oil: Vendor's Name: _____ Account Number: _____
HEAP payment received? Yes, amount: \$ _____
 No Pending: HEAP Application Date: _____
Emergency HEAP payment received? Yes, amount: \$ _____
 No Pending: HEAP Application Date: _____
Resource Amount Available: _____ Other Household Income:† _____

Does the applicant/participant own the home? Yes No
Is the applicant/participant the tenant of record? Yes No

* Enter code from Element 044 of the TAD
† Verification required

EMERGENCY HEATING (continued)

Vendor Status (check one) (Refer to Participating Vendor List):

- Participating Vendor Non-Participation Vendor

Non-Participating Vendor Payment Plan Type (check the type of plan in which the applicant/participant is currently enrolled.)

- Pre-Payment Purchase Plan Price Per Gallon Capped or Locked in Plan Monthly Budget Plan
 Annual Service Contract Plan Other Type of Contract Plan

If applicant/participant is **NOT ENROLLED** in a Price Protection Plan, Budget Plan or Service Contract with a Non-Participating Vendor, ask the applicant/participant to switch to a participating vendor.

Is the applicant/participant willing to select a new vendor? Yes No If Yes, complete vendor information below:

New Vendor Name: _____ Old Vendor Name: _____
 Address: _____ Address: _____
 Telephone Number: _____ Telephone Number: _____

Additional Information: _____

Worker's Signature _____

Date _____

UTILITY LIAISON RECOMMENDATION
(Breakdown)

Amount	From	To
\$		
\$		
\$		
\$		

Service is: On Off
 Turn-off notice: Yes No

Date of termination: _____
 Heating Heat-Related

If applicant/participant has a payment plan with a non-participating vendor, obtain verification from vendor and indicate how plan was verified:

If applicant/participant has chosen a participating vendor, obtain verification that the new vendor will accept the applicant/participant as a customer.

Refer applicant/participant to HEAP Central? Yes Application initiated on _____ No
 (date)

***If yes**, do not request an extension from the utility company; an extension will be obtained at HEAP Central. If the emergency is imminent, obtain the extension and notify HEAP Central. If **no**, provide reason and additional information.

UTILITY LIAISON RECOMMENDATION (continued)

Extension Granted at Center: Yes Expiration date: _____
Reason Requested: _____

No Reason: _____

PAYMENT RECOMMENDED: Code: _____ Amount: \$ _____ Period Covered: _____
Abeyance amount: \$ _____ Forms/letters required: _____

HEATING EQUIPMENT: Replacement amount: \$ _____ Repair Amount: \$ _____

Additional Information: _____

UTILITY LIAISON INFORMATION

Name: _____ Telephone No: _____
Fax No: _____ E-mail Address: _____

Group Supervisor's Name: _____

Group Supervisor's Telephone No: _____

Group Supervisor's E-mail Address: _____

Utility Liaison's Signature _____ Date _____

HEAP REFERRAL OUTCOME

Date HC Sent to Job Center: _____ Time: _____
(HEAP comp. sys. populates in real time) (HEAP comp. sys. populates in real time)

Regular Approved: _____

Primary (Heating) Emergency Approved: _____

Heat-Related Emergency Approved: _____

Regular HEAP Case Pended: Reason: _____

Case Denied: Reason: _____

SUPERVISORY REVIEW

Applicant/participant eligible for HEAP? Yes If Yes, amount: _____ Code: _____

No **If No, is a payment authorized by Center?**
 Yes No

Is verification of HEAP evaluation in the case record? Yes No

Additional Information: _____

Supervisor's Signature _____ E-Mail Address _____ Date _____

MANAGERIAL REVIEW

- Evidence of emergency HEAP evaluation in case record* Case action correct
- Issuance code is correct

REMINDER

***DO NOT** provide authorization for payment of a heat-related emergency unless there is verification that the household was **first** evaluated and has been determined **ineligible** for emergency HEAP benefits.

Approved

Signature of Assistant to the Deputy Director

Date

- Not Approved** (HEAP evaluation required) **Not Approved** – Inappropriate issuance code

Signature of Assistant to the Deputy Director

Date

SAMPLE

Date: _____
Case Name: _____
Address: _____

Case Number/Category: _____
Center: _____
Utility Account Number: _____

Notification to Utility Company

This is to inform you that this Administration will take the following action(s) for the above-named individual.

For emergency assistance cases not being accepted for ongoing assistance:

- 1. Make an arrearage payment of \$ _____ for the period _____ to _____.

Because this individual is NOT in receipt of ongoing Cash Assistance or Supplemental Security Income (SSI), your company should proceed with its normal collection efforts for all future bills.

For ongoing Cash Assistance cases:

- 2. Make an arrearage payment of \$ _____ for the period _____ to _____.

For SSI cases:

- 3. Make an arrearage payment of \$ _____ for the period _____ to _____.

Guarantee Case

- 4a. Guarantee payment of all future utility bills for a period of six months effective from _____, or until the participant's case is closed, whichever occurs first. All outstanding monies owed to your company by this individual shall be exempt from collection as long as such individual continues to receive or would become in need of Cash Assistance if the collection were made. Your company should proceed with its normal collection efforts for future bills and provide our Administration with written notification should the above-named person fail to make payment and your company issues a notice of non-payment. Such notification should be made to this Administration at the same time the participant is issued a notice of non-payment.
- 4b. Guarantee payment of all future utility bills for a period of six months effective from _____, or until the SSI recipient's benefits have terminated, whichever occurs first. All outstanding monies owed to your company by this individual shall be exempt from collection as long as such individual continues to receive SSI, or would become in need of Cash Assistance if the collection were made. Your company should proceed with its normal collection efforts for future bills and provide our Administration with written notification should the above-named person fail to make payment and your company issues a notice of non-payment. Such notification should be made to this Administration at the same time the participant is issued a notice of non-payment.

Vendor Case

- 5. Effective from _____, future utility bills will be paid by this Administration directly to the utility company. Please send all future bills to this agency for payment after the effective date indicated above. Any bills submitted prior to this date may be rejected. All outstanding monies owed to your company by the above-named participant shall be exempt from collection for as long as such participant continues to receive or would become in need of Cash Assistance if the collection were made. Should restriction not take effect for technical or other reasons, we guarantee payment of all future utility bills for a period of six months from the effective date.

For reopened cases with no arrears (complete and fax this form to the utility company):

- 6. The case of the above-named individual, whose utility bills were previously paid by this Administration to the utility company, was reopened on _____. Effective from _____, future utility bills will be paid directly to the utility company by this Administration. Please send all future bills to this Administration for payment after the effective date indicated above. Any bills submitted prior to this date may be rejected.

All outstanding monies owed to your company by this participant shall be exempt from collection for as long as such participant continues to receive, or would become in need of, Cash Assistance or SSI if the collection were made.

For change in status cases:

- 7a. Effective from _____, utility bills for the above-named participant will no longer be paid by this Administration. Please send all future utility bills directly to the participant for payment.
- 7b. Guarantee payment of all future utility bills for a period of six months effective from _____, or until participant's case is closed, whichever occurs first (see attached guarantee). All outstanding monies owed to your company by this individual shall be exempt from collection for as long as such individual continues to receive or would become in need of Cash Assistance or SSI if the collection were made. Your company should proceed with its normal collection effort for future bills and provide our Administration with written notification should the above-named person fail to make payment and your company issues a notice of non-payment. Such notification should be made to our Administration at the same time the participant is issued a notice of non-payment.
- 8. Applicant rejected for ongoing Cash Assistance. The case of the above-named individual, which we previously indicated as being accepted for ongoing assistance, has, after further evaluation, been rejected. Please correct your records.
- 9. Participant moved effective _____
- 10. Other:

Worker's Signature

Date

Date: _____
Case Number: _____
Case Name: _____
Address: _____

Caseload: _____

Participant Request for Restriction of Home Energy Allowance

I hereby request the Family Independence Administration (FIA) pay all of my utility bills while I am in receipt of Cash Assistance.

My Utility company is/are: _____

My utility account number is/are: _____

I understand that the utility company will send all of my future bills to the FIA for payment.

I also understand that funds to pay my utility bills will be deducted from the home energy allowance portion of my semimonthly Cash Assistance grant. The amount deducted each semimonthly period will never exceed the total amount of my home energy allowance, to which I am entitled.

I understand that, periodically, the FIA will determine if the amount withheld from my semimonthly Cash Assistance grant was enough to pay my utility bills. If too much money was withheld from my semimonthly Cash Assistance grant, I will receive a refund. If too little money was withheld from my semimonthly Cash Assistance grant, the FIA will recoup the excess from my future Cash Assistance grants. A notice will be sent to advise me of any action that is taken in connection with this matter.

I understand that this request is voluntary on my part and that I can at any time request in writing that the FIA remove the restriction.

Participant's Signature

Date

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Dirección: _____

Unidad de Casos: _____

Solicitud del Participante para Restringir la Asignación de Energía Domiciliaria

Por la presente solicito a la Administración de Independencia Familiar (Family Independence Administration – FIA) que salde todas mis cuentas de servicio público mientras yo esté recibiendo Asistencia en Efectivo (CA).

Mi compañía de electricidad y/o gas es/son: _____

Mi número de cuenta de electricidad y/o gas es/son: _____

Entiendo que la compañía de electricidad y/o gas enviará todas mis futuras cuentas a la FIA para que se salden.

Entiendo que los fondos a ser utilizados para pagar mis cuentas de electricidad y/o gas serán deducidos de la parte de la asignación de energía domiciliaria de mi concesión quincenal de Asistencia en Efectivo. La cantidad deducida cada período nunca excederá la cantidad total de mi asignación de energía domiciliaria, a la cual tengo derecho.

Entiendo que periódicamente, la FIA determinará si la cantidad retenida de mi concesión quincenal de Asistencia en Efectivo fue suficiente para pagar mis cuentas de electricidad y/o gas. Recibiré un reembolso si se retuvo demasiado dinero de mi concesión quincenal de Asistencia en Efectivo. Si se retuvo una cantidad insuficiente de mi concesión quincenal de Asistencia en Efectivo, la FIA recuperará el exceso de mis futuras concesiones de Asistencia en Efectivo. Se me enviará una notificación advirtiéndome de cualquier acción tomada en relación con este asunto.

Entiendo que esta solicitud es voluntaria de mi parte y que en cualquier momento puedo solicitar por escrito a la FIA que elimine la restricción.

Firma del Participante

Fecha

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

Notice of Intent to Recoup Utility Grant (Timely)

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

CASH ASSISTANCE

Utility Account Number(s):	Amount of Current CA Grant:	Amount to Be Recouped:	Amount of New Grant:
	\$	\$	\$

This notice is to inform you that we intend to recoup a portion of your future Cash Assistance benefit payments to recover a utility grant issued to you on _____, in the amount of \$ _____, to either prevent a shutoff or restore utility services. We are taking this action because, upon review of your explanation of a failure to pay utility bills for the months of _____, _____, _____, _____, we have determined that you did not meet the criteria for a non-recoupable utility grant because:

- you did not pay an amount at least equal to your household's monthly Home Energy Allowance toward the monthly utility bill.
- you did not apply your monthly fuel for heating allowance, if any, to fuel bills.
- you did not apply your monthly shelter allowance to your monthly shelter cost.

The amount to be recouped is 10 percent of your household need. If you believe this reduction will cause your family an undue hardship, you may contact your Worker to explain your reason(s). An undue hardship means that a person does not have enough income to buy food, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs that are not covered by medical assistance. Your Worker will let you know what kind of proof you will need to support your undue hardship claim. If it is determined that the recoupment will cause an undue hardship, we will reduce the amount recouped from each benefit payment. However, the least amount that can be recouped from each benefit payment is five percent.

You will receive another notice to inform you of when this recoupment will become effective.

These actions are taken in accordance with 18 NYCRR § 352.11, § 352.5 (f)(3) and § 352.31 (d).

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

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

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.otda.ny.gov/bah/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 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

Continuing Your Benefit(s): Your benefit(s) will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice.

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.

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 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.

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: _____

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. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su[s] Beneficio[s].)

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 de Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a:
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 escríbanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Su(s) beneficio(s) continuará(n) sin cambios, hasta que se emita la decisión de la Audiencia Imparcial, si usted solicita una Audiencia Imparcial antes de la fecha de entrada en vigor indicada en el presente aviso.

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.

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 pública.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (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: _____

Case Name	Case Number
-----------	-------------

REQUEST FOR UTILITY GRANT

I am requesting a utility grant in the amount of \$ _____ to prevent a shutoff or to restore utility services.

Non-recoupment criteria:

I understand that the money I receive to pay my utility bills will not have to be paid back from future Cash Assistance payments if I meet all of the following criteria:

- I prove that I have paid an amount at least equal to my household's monthly Home Energy Allowance toward my monthly utility bills (see boxes below);
- I used my monthly fuel for heating allowance, if any, toward the payment of my fuel bills (see boxes below);
- I used my monthly shelter allowance toward the payment of my monthly shelter cost (see boxes below for shelter maximums); and
- There is no other evidence of mismanagement.

I understand that if I do not meet the above criteria and receive a utility grant, that it will be recouped from future Cash Assistance benefits I receive.

Non-restriction criteria:

I further understand that if I do not meet the above non-recoupment criteria, the Department may restrict my grant by subtracting the Home Energy Allowance which will be paid directly toward future utility bills. I can avoid this restriction by demonstrating that I did not misuse my Cash Assistance funds to the extent that it threatened the health and safety of my household. For example, I can show that:

- I experienced an emergency which required me to spend my available funds; or
- I had extraordinary expenses for necessary items not provided for in my grant; or
- I withheld payment because of a dispute about my utility bill.

Participant's Signature _____

Date _____

MONTHLY HOME ENERGY ALLOWANCES

CA Family Size	1	2	3	4	5	6	Each Additional Person
Amount	\$25.10	\$39.50	\$53.00	\$68.70	\$84.70	\$97.20	\$12.50

MONTHLY FUEL FOR HEATING

CA Family Size	1	2	3	4	5	6	7	8 or More
Other than Natural Gas	\$70.00	\$70.00	\$70.00	\$73.00	\$77.00	\$82.00	\$88.00	\$93.00
Natural Gas	\$56.00	\$56.00	\$56.00	\$58.00	\$61.00	\$65.00	\$69.00	\$74.00

MONTHLY MAXIMUM SHELTER ALLOWANCE

Maximum Monthly Shelter Allowance with Children* (effective 11/1/03)

CA Family Size	1	2	3	4	5	6	7 or More
Amount	\$277.00	\$283.00	\$400.00	\$450.00	\$501.00	\$524.00	\$546.00

*Includes pregnant women

Maximum Monthly Shelter Allowance without Children

CA Family Size	1	2	3	4	5	6	7	8 or More
Amount	\$215.00	\$250.00	\$286.00	\$312.00	\$337.00	\$349.00	\$403.00	\$421.00

Nombre del Caso	Número del Caso
-----------------	-----------------

PETICIÓN DE CONCESIÓN DE SERVICIOS PÚBLICOS

Estoy solicitando un subsidio para servicios públicos por la cantidad de \$ _____ para evitar una desconexión o para restaurar los servicios públicos.

Las normas de no recuperación:

Entiendo que el dinero que recibo para pagar las facturas de servicio público no tendrá que ser recuperado si reúno todos los siguientes requisitos:

- Compruebo que he pagado una cantidad por lo menos igual a la Asignación de Energía Doméstica mensual de hogar destinada a mis facturas de servicio público mensual (vea las casillas abajo);
- Usé mi asignación mensual de combustible para calefacción, de tenerla, para pagar mis facturas de combustible (vea las casillas abajo);
- Usé mi asignación mensual de albergue para pagar los costos mensuales de albergue (vea las casillas abajo para los límites máximos de albergue); y
- No existe ninguna otra evidencia de mala administración.

Entiendo que si no reúno los requisitos de arriba y recibo una concesión para servicio público, la misma será recuperada de los beneficios futuros de Asistencia en Efectivo que yo reciba.

Las normas de no restricción:

Además, entiendo que si no cumplo las normas de no recuperación arriba mencionadas, el Departamento puede limitar mi concesión sustrayendo la Asignación de Energía Doméstica, la cual se pagará en el futuro directamente a las facturas de servicio público. Puedo evitar esta limitación demostrando que no desperdicié mis fondos de Asistencia en Efectivo ni arriesgué el bienestar y la seguridad de mi hogar. Por ejemplo, puedo demostrar que:

- experimentaba una emergencia que me obligó a gastar mis fondos disponibles; o
- tenía gastos extraordinarios para artículos indispensables fuera del límite de mi concesión; o
- retuve el pago a raíz de una disputa en mi factura de servicio público.

Firma del Participante

Fecha

ASIGNACIÓN MENSUAL DE ENERGÍA DOMÉSTICA

Tamaño de Familia CA	1	2	3	4	5	6	Cada Persona Adicional
Cantidad	\$25.10	\$39.50	\$53.00	\$68.70	\$84.70	\$97.20	\$12.50

COMBUSTIBLE MENSUAL PARA LA CALEFACCIÓN

Tamaño de Familia CA	1	2	3	4	5	6	7	8 o Más
Además del Gas Natural	\$70.00	\$70.00	\$70.00	\$73.00	\$77.00	\$82.00	\$88.00	\$93.00
Natural Gas	\$56.00	\$56.00	\$56.00	\$58.00	\$61.00	\$65.00	\$69.00	\$74.00

ASIGNACIÓN MENSUAL MÁXIMA PARA ALBERGUE

ASIGNACIÓN MENSUAL MÁXIMA PARA ALBERGUE CON NIÑOS* (a partir de 11/1/03)

Tamaño de Familia CA	1	2	3	4	5	6	7 o Más
Cantidad	\$277.00	\$283.00	\$400.00	\$450.00	\$501.00	\$524.00	\$546.00

*Incluye a mujeres embarazadas

ASIGNACIÓN MENSUAL MÁXIMA PARA ALBERGUE SIN NIÑOS

Tamaño de Familia CA	1	2	3	4	5	6	7	8 o Más
Cantidad	\$215.00	\$250.00	\$286.00	\$312.00	\$337.00	\$349.00	\$403.00	\$421.00

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____

Utility Arrears Repayment Agreement

REPAYMENT AGREEMENT

Case Address (at time of arrears): _____

As a condition of eligibility for receiving this utility arrears assistance to restore or to prevent termination of service, I agree to repay the Human Resources Administration \$ _____.

I agree to repay this amount in twenty-four (24) monthly installments of \$ _____.

I understand that each payment is due on the date indicated on the monthly bill I will receive from the Human Resources Administration.

I understand that the Human Resources Administration's Division of Accounts Receivable and Billing will send me a monthly bill. My check or money order must be made payable to the Human Resources Administration and must include my address and case number. I understand that payments must be mailed in the provided addressed postage-free return envelope to:

SAMPLE

Human Resources Administration
Division of Accounts Receivable and Billing
180 Water Street, 9th Floor
New York, NY 10038

I understand that I will not be eligible for subsequent utility arrears assistance to restore or prevent termination of service unless I have fully repaid any prior utility arrears payments that were subject to repayment; or I am repaying this assistance in accordance with the terms of any Repayment Agreement(s); or my household's income is below the temporary assistance standard of need for my household size as of the date of application for such subsequent assistance. I also understand that if I fail to repay this assistance within the twenty-four (24) month period, the Human Resources Administration will enforce this Repayment Agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages, in appropriate cases.

I understand that the Human Resources Administration also has the right to require that I sign a lien on my real property for receiving a utility arrears payment authorized under Emergency Safety Net Assistance or Emergency Assistance to Needy Families. If a lien is taken, that portion which represents this arrears payment will be reduced by payments made under this agreement.

If I later become eligible for recurring temporary assistance, any unpaid balance of this utility arrears payment will be suspended until I am no longer receiving recurring temporary assistance. At that time, the unpaid balance will become due to the Human Resources Administration under the terms of this agreement.

I understand that by signing this form, I agree to all of the above conditions.

Applicant's Signature _____ Date _____

Authorized by _____ Date _____

Note: This form is not valid unless the Applicant's signature and the authorized Human Resources Administration staff signature are present.

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Número del Centro: _____

Acuerdo de Reembolso de Pagos Atrasados de Gas, Electricidad o Combustible

ACUERDO DE REEMBOLSO

Dirección del caso (en el momento del atraso): _____

Como condición de elegibilidad para recibir asistencia de pagos atrasados de electricidad, gas o combustible, para restablecer servicio o para prevenir la terminación de mi servicio, acepto reembolsar a la Administración de Recursos Humanos (Human Resources Administration – HRA) \$ _____.

Estoy de acuerdo en reembolsar esta cantidad en veinticuatro (24) cuotas mensuales de \$ _____.

Entiendo que cada pago tiene que ser recibido en la fecha indicada en la factura mensual que voy a recibir de la Administración de Recursos Humanos.

Entiendo que la División de Cuentas por Cobrar y Facturación de la Administración de Recursos Humanos me enviará una factura mensual con sobre con sello prepagado con dirección del remitente. Mi cheque o giro postal tiene que ser pagadero a la Administración de Recursos Humanos y debe incluir mi dirección y número del caso. Entiendo que los pagos deben ser enviados por correo en el sobre de dirección del remitente a:

Human Resources Administration
Division of Accounts Receivable and Billing
180 Water Street 9th Floor
New York, NY 10038

Entiendo que no seré elegible para asistencia adicional de atrasos de electricidad, gas o combustible para restablecer o evitar la terminación, a menos que yo haya reembolsado por completo cualquier pago de atraso anterior que debía reembolsarse; o estoy reembolsando esta asistencia conforme a las condiciones de cualquier Acuerdo(s) de Reembolso; o el ingreso de mi hogar es inferior a la de la norma de asistencia temporal de necesidad para el número de integrantes de mi hogar a partir de la fecha de solicitud de dicha asistencia adicional. Entiendo además que si no reembolso como debido esta asistencia dentro del plazo de veinticuatro (24) meses, la Administración de Recursos Humanos hará valer este Acuerdo de Reembolso por cualquier método que disponga el acreedor. Esto incluye, pero no se limita a, la remisión del asunto a una agencia de cobro, la obtención de una orden judicial, de una retención de la propiedad inmueble o el embargo de sueldo, de ser apropiado.

Entiendo que la Administración de Recursos Humanos también tiene el derecho de exigir que yo firme un documento de retención de mis bienes raíces para recibir pagos atrasados de electricidad, gas o combustible conforme a Asistencia de Red de Seguridad de Emergencia (Emergency Safety Net Assistance) o Asistencia de Emergencia a Familias con Necesidades. (Emergency Assistance to Needy Families). Si se acepta la retención, la porción que representa este atraso será saldada con pagos realizados conforme a este acuerdo.

Si posteriormente resulto elegible para asistencia temporaria recurrente, cualquier saldo no pagado de esta deuda atrasada de electricidad, gas o combustible se suspenderá, hasta que yo deje de recibir asistencia temporal recurrente. En ese momento, el saldo no pagado será debido a la Administración de Recursos Humanos bajo las condiciones de este acuerdo.

Entiendo que al firmar este formulario, accedo a todas las condiciones anteriores.

Firma del Solicitante

Fecha

Autorizado por

Fecha

Nota: Este Formulario no es válido a menos que esté firmado por el solicitante y por un miembro autorizado del personal de la Administración de Recursos Humanos.

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____

Utility Arrears Repayment Agreement Worksheet

A. Applicant's Information (To be completed by the JOS/Worker.)

Print Name: _____
First Name M.I. Last Name
 Address: _____

 City: _____ State: _____ Zip Code: _____
 Utility arrears owed: \$ _____

Category: ESN EAF

B. Is the applicant the customer of record? Yes. Proceed. No. The customer of record must come in to apply.

C. Household size (Include all persons residing in the applicant's house or apartment and their Social Security numbers):

(1) Name	(2) Relationship	(3) Social Security Number	(4) Type/Verification	(5) Monthly Gross
Total				\$

D. Is the customer of record in receipt of CA or SSI (or additional State payments) on the date of application?

Yes. Repayment Agreement is **not** required (regardless of category of assistance under which the arrears are paid). No. Proceed to Section "E."

E. Household's gross monthly income on the date of application is \$ _____.

(Include all earned and unearned income for all persons residing in the house or apartment.)

For employed persons, include the name, address, and telephone number of the employer(s) beside the person's name.

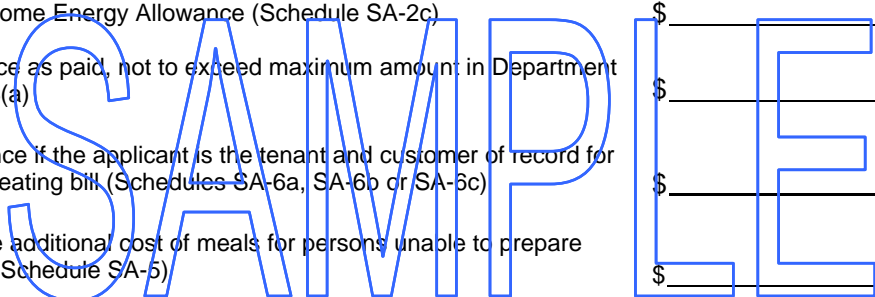
Employer's Name: _____ Telephone: _____
 First Name M.I. Last Name
 Address: _____

 City: _____ State: _____ Zip Code: _____

F. CA standard of need for household size in Section "C" \$ _____.

This is the sum of the following 6 items:

- 1. Basic Allowance (Schedule SA-2a) \$ _____
- 2. Home Energy Allowance (Schedule SA-2b) \$ _____
- 3. Supplemental Home Energy Allowance (Schedule SA-2c) \$ _____
- 4. Shelter Allowance as paid, not to exceed maximum amount in Department regulation 352.3(a) \$ _____
- 5. Heating Allowance if the applicant is the tenant and customer of record for the residential heating bill (Schedules SA-6a, SA-6b or SA-6c) \$ _____
- 6. If applicable, the additional cost of meals for persons unable to prepare meals at home (Schedule SA-5) \$ _____



G. Is Section "E" (gross monthly income) greater than Section "F" (Temporary Assistance) monthly standard of need?

- Yes. Repayment Agreement is required. Complete the Utility Arrears Repayment Agreement (**W-147X**) form.
- No. Repayment Agreement is **not** required.