



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #14-17-OPE

(This Policy Directive Replaces PD #11-20-OPE)

TRANSITIONAL CHILD CARE (TCC)

Date: August 28, 2014	Subtopic(s): Child care, ACS
AUDIENCE	The instructions in this policy directive are for Job Center staff and are informational for all other staff.
REVISION TO THE ORIGINAL DIRECTIVE	<p>This policy directive has been revised to inform staff at the Job Centers that:</p> <ul style="list-style-type: none"> the New York City Administration for Children’s Services (ACS) Transitional Child Care (TCC) Unit is no longer responsible for any case actions on Child Care in Lieu of Cash Assistance (CILOCA) cases. Attachment A is revised to include the CILOCA Eligible Closing Code F98 and to remove the Requested Your Case be Closed Closing Code 242. the form Notice of Intent to Change Child Care Benefits (LDSS-4781) used by the TCC unit to notify the CA participant whose CA case is closing of their eligibility for TCC benefits has been replaced with the Approval of Your Transitional Child Care Benefits (OCFS-LDSS-4785). Language pertaining to guaranteed child care for special needs children over 13 years of age has been removed from this policy directive.
POLICY	The child care guarantee provides assistance to help eligible working families with their child care expenses. Families may be eligible to receive Transitional Child Care (TCC) for up to 12 months after they become ineligible for CA or CILOCA due to an increase in earned income, increase income from child support or by voluntary request.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

BACKGROUND

Families transitioning from CA or CILOCA to self-sufficiency must have their TCC eligibility determined before their case is closed. Households that meet the TCC eligibility criteria must not have their child care assistance disrupted and are not required to file an application for TCC services. This pertains only to cases where the parent/guardian already has child care in place through the Automated Child Care Information System (ACCIS) for all the children in the household at the time of the CA or CILOCA case closing.

TCC assistance must be guaranteed for a period of up to 12 months after a CA or CILOCA case closes if the parent or guardian:

- continues to need child care for an eligible child under 13 years of age in order to remain engaged in work. “Engaged in work” means that an individual:
 - earns wages at a level equal to or greater than the New York State (NYS) and federal minimum wage for their type of employment; OR
 - is self-employed and demonstrates that his/her income is equal to or greater than the NYS and federal minimum wages.
- has income less than two-hundred percent (200%) of the state income standard and
- received CA or CILOCA for three of the six months prior to the case closing; and
- the CA or CILOCA case closed as a result of:
 - increased earned income; or
 - increased income from child support; or
 - the parent/guardian voluntarily closed CA or CILOCA case; or
 - the household has resources in excess of allowable amounts to be eligible for CA or CILOCA.

Refer to **EXP-76D** for income standard less than 200%

Note: Only those who meet all of these criteria are eligible for the TCC guarantee.

Each family must pay a portion of their child care cost each month. This is called a family share. The minimum family share is \$12 per week for part time care and \$15 per week for full time care. If a family’s child care provider charges more than the current market rate, the parent will also be responsible to pay the difference between what the provider charges and the market rate.

See [PD # 13-18-EMP](#) for information on legally-exempt child care providers and WHEDCO.

To continue receiving TCC for up to 12 months, the parent/guardian must pay their family share on time and notify the TCC Unit immediately of any changes that might affect eligibility (i.e. income, work schedule, household composition, employer, child care provider change, etc.). Parents/guardians must use formal child care providers (licensed/registered day care) or legally-exempt child care providers that have been approved by the citywide child care provider enrollment agency (WHEDCO).

Working families who voluntarily close their CA cases *while still financially eligible for CA* are not eligible for TCC but may be eligible for CILOCA. The family will be eligible for TCC once they become financially ineligible for CA and thereby no longer qualify for CILOCA, assuming they meet all other eligibility criteria, or the family voluntarily closes the CILOCA case and is ineligible for CA. Households eligible for TCC or that are potentially eligible for TCC will be handled by the TCC Unit.

New Information

ACS TCC Unit administers TCC benefits

See [PD # 13-19-ELI](#) for information on CILOCA cases.

The ACS TCC Unit no longer handles child care assistance for households accepted for and receiving CILOCA. HRA's FIA Child Care Review Team is responsible for all case actions on a case accepted for CILOCA.

Families that fail to recertify for CA benefits may, without requesting a fair hearing, seek child care assistance under the TCC program for a period of up to 12 months after the closing of the CA or CILOCA case by requesting such directly from the TCC Unit. The TCC Unit will reach out to families receiving child care assistance whose cases have closed for failure to recertify or the families can contact the TCC Unit by calling 212-835-7681.

System Edits in the Automated Child Care Information System (ACCIS)

The following system edits have been implemented for TCC:

- Eligibility for TCC cannot be extended in ACCIS beyond twelve (12) months from the date on which the CA or CILOCA case was closed.
- CA or CILOCA cases that are rejected/closed with fewer than three months (of the prior six months) of receipt of CA or CILOCA are ineligible to receive TCC.

- Only TCC Workers are able to convert a CA or CILOCA case to a TCC case by putting a Y in the Transitional Indicator field in ACCIS. The Reason for Care Code (RCC) and other information will be automatically updated by ACCIS.
- HRA Workers are prevented from making any changes on a TCC case in ACCIS.
- Only CA or CILOCA cases closed with a closing code that is eligible for TCC will be able to receive TCC. See Attachment A, Cash Assistance Closing Codes Eligible for Transitional Child Care.
- Once cases are approved for TCC in ACCIS, the system does a nightly online data refresh/correction of the WMS information. WMS information in ACCIS cannot be modified/alterd by workers.
- New York City Work, Accountability, and You (NYCWAY) will do a weekly check to see if TCC cases have been reactivated for CA by checking case and engagement statuses. The RCC will be updated accordingly and will change the case from TCC to CA, if appropriate.

ACCIS Weekly Exception Reports

If there is a temporary engagement status (i.e., individual is between work assignments, has been dropped from a work assignment, awaiting a TAG referral, etc.) in NYCWAY, the system will update the RCC to 10 (Other) in ACCIS. The cases updated with RCC 10 will appear on a weekly exception report. The Regional office must review these cases and if the individual is awaiting engagement as indicated by a pending call-in appointment/referral with a Future Action Date (FAD), the RCC 10 will remain in place until the FAD expires. When the FAD expires, the reviewer will check for the outcome of the appointment/referral. If the review indicates that child care is still required, the reviewer will update the RCC in ACCIS. If the review indicates that the individual is not engaged in another work-related activity, the reviewer will terminate the child care in ACCIS.

REQUIRED ACTION

In order to seamlessly transition from CA or CILOCA to TCC, information from the CA or CILOCA case must be readily available to the ACS TCC Worker responsible for determining TCC eligibility.

Recipients of CA or CILOCA must not be required to complete a new application for TCC, but may be required to provide relevant information if needed.

JOS/Workers must ensure that all information is complete and accurately entered into POS, WMS, NYCWAY **FIA-3A**, and ACCIS. All documents must be scanned and indexed into the electronic case record before the case closes so that they are available to the TCC Worker. All income must be budgeted and complete child care information must be entered in ACCIS.

Once the case is closed using one of the TCC eligible closing codes (see **Attachment A**), an indicator of “**T**” will appear in the **Transitional Benefit Indicator** field of the **Case Composition** screen in case inquiry (option 22) in WMS.

If a case is reopened to issue a one-time payment to comply with a Fair Hearing (FH) decision or if the individual is applying for a one-shot deal emergency assistance, the case must be reopened with opening code **400** (administrative opening on transitional benefits cases) and must be closed with closing code **401** (administrative closing on transitional benefits cases) once the emergency need is met or the FH action is complete. These administrative codes ensure no disruption of transitional benefits and the indicator “**T**” will remain in WMS.

The TCC worker must be able to verify the following from the electronic case record:

- Household composition.
- Current income.
- Work schedule.
- Child care provider information.
- The length of time the parent or guardian was in receipt of CA or CILOCA.
- The reason for the case closing (see **Attachment A** for a list of closing codes eligible for TCC).

Revised information

If the information in the electronic case folder/HRA OneViewer is not current, the TCC Unit will request verification of information that is required to make an eligibility determination.

In instances where the parent or guardian does not respond to requests for information needed to determine TCC eligibility, the TCC Unit will discontinue child care benefits and the parent or guardian will receive the Notice of Intent to Discontinue Child Care Benefits (**OCFS-LDSS-4782**). The case closing language will read:

“(You/Name) did not provide us with the information we requested to determine your continued eligibility for child care. Without this information your eligibility for transitional child care cannot be determined”.

If eligible, the TCC Unit will send the Approval of Your Transitional Child Care Benefits (**OCFS-LDSS-4785**) to all employed CA or CILOCA participants/guardians whose CA or CILOCA case is closing and the family meets the eligibility requirements for TCC. This notice will notify the household of their family fee.

If the parent/guardian requests child care at any time within 12 months after their CA case is closed, the TCC Unit must determine if the family is eligible for TCC. If eligible, unpaid child care expenses must be paid retroactively to the date that the CA case closed and continue for no more than 12 months after the CA case closing date. These cases require a new TCC application.

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications

All income must be budgeted and all appropriate case information must be entered into POS prior to the CA case closing.

Supplemental Nutrition Assistance Program Implications

All out-of-pocket, non-reimbursable child/dependent care costs must be counted as a Supplemental Nutrition Assistance Program (SNAP) child care deduction. CA cases closed as a result of earned income or child support must receive a separate SNAP eligibility determination.

Medicaid Implications

Families eligible for TCC due to an increase in income and subsequent loss of CA eligibility must be referred for a separate Medicaid determination, unless the family requests that their Medicaid case be closed at the same time as their CA case.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS I/ Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the applicant/participant 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 I/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the applicant/participant has presented evidence that the outstanding Notice of Intent needs to be withdrawn for any reasons, the FH&C AJOS I/ Supervisor I will Settle in Conference (SIC). The AJOS I/Supervisor I must also enter detailed case notes in the New York City Work, Accountability and You (NYCWAY) system, and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken.

In addition, if the adverse case action still shows on the "Pending" (08) screen in WMS, the AJOS I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**), to change the 02 to 01 if the case has been granted Aid to Continue (ATC), or prepare and submit a CA Recoupment Data Entry Form – WMS (**LDSS-3573**) to delete a recoupment. The AJOS I/Supervisor I must complete a Conference Report (**M-186a**) form.


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

Evidence Packets All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY “Case Notes” screens.

REFERENCES [02-OCFS-INF-013](#)
[04-OCFS-ADM-01](#)
[05-OCFS-ADM-03](#)
 SSL 410-w
 18 NYCRR § 415.2
 18 NYCRR § 415.4
 TASB, Chapter 28A

RELATED ITEMS [PD #13-18-EMP](#)
[PD #13-19-ELI](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** CA Closing Codes Eligible for Transitional Child Care (TCC)
- OCFS-LDSS-4785** Approval of Your Transitional Child Care Benefits (Rev. 6/2013)
- OCFS-LDSS-4785 (S)** Approval of Your Transitional Child Care Benefits (Spanish)(Rev. 6/2013)
- OCFS-LDSS-4782** Notice of Intent to Discontinue Child Care Benefits (Rev. 6/2013)
- OCFS-LDSS-4782 (S)** Notice of Intent to Discontinue Child Care Benefits (Spanish)(Rev. 6/2013)

**Cash Assistance Closing Codes Eligible
for Transitional Child Care (TCC)**

Code	Code Definition/Description
401	Administrative Closing on Transitional Benefits Cases
E30	Excess Earned Income
E31	Increased Employment Earnings
E32	Excess Income - Increased Support Collection
E33	Excess Income - Increased Earnings
E36	Excess Income - Increased Support Collection
E40	Excess Income - Budgeting Error
EM4	Client Request - Eligibility Mail-Out - PA and MA (Adequate Notice)
EM5	Client Request - Eligibility Mail-Out - PA only (Adequate Notice)
EM7	Client Request - Eligibility Mail-Out – PA, SNAP & MA (Adequate Notice)
F98	Client Request – Child Care in Lieu of TA – PA Only (Verbal)
G10	Failure to Recertify
G87	Client Request - Eligibility Mail-Out - PA only (Adequate Notice)
G88	Client Request -PA, SNAP & MA (Written) (Adequate Notice)
G89	Client Request - PA & MA (Written) (Adequate Notice)
G90	Client Request -PA & SNAP (Written) (Adequate Notice)
G92	Client Request - PA Only - (Written) (Adequate Notice)
G94	Client Request - PA & SNAP - (TMA Eligible) (Verbal)
G96	Client Request - PA Only - (Verbal)
G97	Client Request - PA Only - (TMA Eligible) (Verbal)
G98	Client Request - PA, SNAP & MA (Verbal)
G99	Client Request- PA & MA (Verbal)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPROVAL OF YOUR TRANSITIONAL CHILD CARE BENEFITS

NOTICE DATE:	EFFECTIVE DATE	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE
CASE NUMBER	CIN NUMBER	
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance Information _____

OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	WORKER TELEPHONE NO.
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Your transitional child care benefits have been approved.

Your child care benefits are effective* _____ to* _____ while you are _____.

Comments:

SAMPLE

BENEFITS. Payment will be provided on behalf of the following:

Child(ren):	For this provider:	For the amount of:**	Full Time or Part Time:

**Note: "effective" means the action or benefit begins on that day, "to" means the action or benefit is in effect on that date.*

***Payment may vary based on fluctuations in your approved activity and/or absences.*

Benefits will be paid: Directly to you. Directly to your provider.

Your provider must submit a monthly bill and attendance sheet.

FAMILY SHARE. You are responsible for paying the following fees:

- Effective _____, a **Weekly Family Share** must be paid to _____ in the amount of \$ _____ per week.
- Effective _____, an **Additional Family Share** must be paid to _____ in the amount of \$ _____ per week.
- Effective _____, a **Court Ordered Family Share** must be paid to _____ in the amount of \$ _____ per week, for the child(ren) _____.

The following information is an explanation of how your weekly family share was determined.

Family's annual gross income \$ _____

Minus 100% annual state income standard for a family size of _____ \$ _____

Remaining income \$ _____

Remaining income \$ _____ X family share % _____ % = \$ _____

\$ _____ / 52 weeks = \$ _____ weekly family share

All family share amounts are rounded to the nearest \$0.50. There is a minimum fee of \$1 per week for all families not receiving TA.

In order to continue to receive benefits these are your responsibilities:

- Notify your caseworker immediately of any change in family income, who lives in your house, employment, child care arrangements or other changes which may affect your continued eligibility or the amount of your benefit.
- Promptly pay any family share required.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

RIGHT TO REJECT SERVICES: Approval of your benefits does not obligate you to accept the services. You may choose to decline the services.

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

- (1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334. OR**
- (2) **Writing:** Complete the information below, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930. **Please keep a copy for yourself. OR**
- (3) **FAX:** Complete the information, sign and fax both sides of this form for your fair hearing request to (518) 473-6735. **OR**
- (4) **Online:** To send your fair hearing request online, go to <http://www.otda.ny.gov/oah>, click on the links to request a fair hearing using the online form, and follow the instructions to complete and submit the form online.

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

Check one:

- KEEP MY CHILD CARE BENEFITS THE SAME.** If you request a fair hearing before the effective date of this notice, your child care benefits will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care benefits that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care benefits you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care benefits.
- I do not want my child care benefits continued until the hearing decision is issued.**

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 your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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 file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. 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 us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name: _____
 Address: _____

District: _____
 Case Number: _____
 Telephone: _____

SAMPLE

ESTADO DE NUEVA YORK
 OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS
APROBACIÓN DE SUS BENEFICIOS DE CUIDADO INFANTIL EN TRANSICIÓN

FECHA DE LA NOTIFICACIÓN:		FECHA EFECTIVA	NOMBRE Y DIRECCIÓN DE LA AGENCIA/CENTRO U OFICINA DISTRITAL	
NÚMERO DE CASO		NÚMERO CIN		
NOMBRE DEL CASO (Y C/O Nombre si Presente) Y DIRECCIÓN				
			NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA	
			<input type="radio"/> Conferencia con la Agencia _____ Asistencia e Información sobre Audiencias _____ Acceso a Registros _____ Información sobre Asistencia Legal _____	
NO. DE OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR(A)	NOMBRE DE LA UNIDAD O DEL TRABAJADOR(A)	NO. DE TELEFONO DEL TRABAJADOR(A)

Sus beneficios de cuidado infantil en transición han sido aprobados.

Sus beneficios de cuidado infantil son efectivos* a partir del _____ hasta* _____ mientras usted esté en _____

Comentarios:

BENEFICIOS Se proveerán pagos en nombre de las siguientes personas:

Niños:	Para este proveedor(a)	Para la cantidad de:**	Tiempo Completo o Parcial:

**Nota: "efectivo" significa la acción o que el beneficio empieza ese día, "a" significa la acción o que el beneficio entra en vigor ese día.
 **El pago puede variar basado en fluctuaciones en su actividad aprobada y/o ausencias.*

Los beneficios se pagarán: Directamente a usted. Directamente a su proveedor(a).

Su proveedor(a) debe presentar una cuenta mensual y una hoja de asistencia.

PORCIÓN FAMILIAR. Usted es responsable por pagar las siguientes cuotas:

- A partir de _____, una **Porción Semanal Familiar** debe pagarse a _____ en la cantidad de \$ _____ por semana.
- A partir de _____, una **Porción Familiar Adicional** debe pagarse a _____ en la cantidad de \$ _____ por semana.
- A partir de _____, una **Porción Familiar Ordenada por el Tribunal** debe ser pagada a _____ en la cantidad de \$ _____ por semana, para los niños _____

La siguiente información es una explicación de cómo se determinó su porción familiar semanal.

Ingreso bruto anual de la familia \$ _____
 Menos el 100% del Ingreso Estatal Estándar anual para una familia del tamaño de \$ _____
 Ingreso restante \$ _____
 Ingreso restante \$ _____ X % de la porción familiar _____ % = \$ _____
 \$ _____ / 52 semanas = \$ _____ porción semanal de la familia

Todas las cantidades de las porciones familiares se redondean al \$0.50 más cercano. Hay una cuota mínima de \$1 por semana para todas las familias que no están recibiendo Asistencia Temporal.

Para continuar recibiendo beneficios, estas son sus responsabilidades:

- Notifique a su trabajador(a) de caso inmediatamente sobre cualquier cambio en el ingreso de la familia, quién vive en su hogar, empleo, arreglos de cuidado infantil u otros cambios que puede que afecten su elegibilidad continuo o la cantidad de su beneficio.
- Pagar con prontitud cualquier porción familiar requerida.

DERECHO A RECHAZAR SERVICIOS: La aprobación de sus beneficios no le obliga a aceptar los servicios. Usted puede elegir rechazar los servicios.

DERECHO A UNA CONFERENCIA: Usted puede tener una conferencia para revisar esta(s) acción/acciones. Si usted desea una conferencia, usted debería solicitar una lo más pronto posible. Si en la conferencia descubrimos que emitimos una decisión incorrecta o errónea; o si debido a la información que usted provea determinamos cambiar nuestra decisión, tomaremos acción correctiva y le enviaremos una nueva notificación. Usted puede solicitar una conferencia llamándonos al número que aparece en la primera página de esta notificación o enviándonos una solicitud por escrito a la dirección que aparece en la parte superior de la primera página de esta notificación. Este número se lo utiliza solamente para pedir una conferencia. **Esta no es la manera de solicitar una audiencia imparcial. Si usted pide una conferencia, usted todavía tiene derecho a solicitar una audiencia imparcial. Si usted desea que sus beneficios continúen sin cambio alguno (ayuda continua) hasta recibir la decisión emitida en la audiencia, usted debe solicitar una audiencia imparcial en la manera descrita abajo. Una solicitud para una conferencia solamente no resultará en la continuación de beneficios. El solicitar una conferencia con la agencia no afecta su derecho de también solicitar una audiencia imparcial. Lea más abajo para obtener información sobre una audiencia imparcial.**

DERECHO A UNA AUDIENCIA IMPARCIAL: Si usted considera que la acción anterior es errónea o incorrecta, usted puede solicitar una audiencia imparcial estatal:

- (1) **Llamando por teléfono:** (POR FAVOR TENGA CONSIGO ESTA NOTIFICACION CUANDO LLAME) **1-800-342-3334. O**
- (2) **Escribiendo:** Complete la información de abajo, firme y envíela por correo a la New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Por favor guarde una copia para usted. O**
- (3) **Por facsímil:** Complete la información, firme y envíe ambos lados de este formulario para solicitar una audiencia imparcial al **(518) 473-6735. O**
- (4) **Por correo electrónico:** Para enviar su solicitud en línea, visite <http://www.otda.ny.gov/oah>, y haga un clic en los enlaces que solicitan una audiencia imparcial utilizando el formulario en línea y siguiendo las instrucciones para completar y presentar el formulario en línea.

USTED TIENE 60 DÍAS A PARTIR DE LA FECHA DE ESTA NOTIFICACIÓN PARA SOLICITAR UNA AUDIENCIA IMPARCIAL

Si usted solicita una audiencia imparcial, el estado le enviará una notificación que le indicará la hora y el lugar de la audiencia. Usted tiene el derecho de ser representado(a) por un abogado(a), un pariente, un amigo(a) u otra persona, o puede representarse a sí mismo(a). En la audiencia, usted, su abogado(a) u otro representante tendrá la oportunidad de presentar evidencia escrita u oral para explicar la razón por la que usted cree que no debería tomarse la determinada acción; similarmente, tendrá la oportunidad de hacer preguntas a cualquier persona que se presente a la audiencia. Usted también tiene el derecho de traer testigos que testifiquen en su favor. Usted debería traer a la audiencia cualesquier documentos, tales como esta notificación, talones salariales, recibos, facturas de cuidado de niños, verificación médica, cartas, etc. que puedan ayudarle en la presentación de su caso.

Marque Uno:

MANTENGA MIS BENEFICIOS DE CUIDADO INFANTIL IGUALES. Si solicita una audiencia imparcial antes de la fecha efectiva de esta notificación, sus beneficios de cuidado infantil serán restituidos y no cambiarán hasta que se emita una decisión en la audiencia imparcial. Sin embargo, si usted pierde la audiencia imparcial, usted deberá por cualesquier beneficios de cuidado infantil que usted no debería haber recibido. Se nos requiere recobrar cualesquier sobrepagos de cuidado infantil. Nosotros debemos hacer una demanda contra usted por cualquier beneficio de cuidado infantil que haya recibido al que usted no tenía derecho, el que puede cobrarse reduciendo las asignaciones futuras de cuidado infantil, pagos de sumas globales o acción legal. Si usted desea evitar esta posibilidad, debe marcar la casilla de abajo. Usted también puede indicar por teléfono o en una carta de que usted no desea que sus beneficios de cuidado infantil sean restituidos.

No deseo que mis beneficios de cuidado infantil continúen hasta que se emita una decisión en la audiencia imparcial.

ASISTENCIA LEGAL: Si usted cree que necesita asistencia legal gratuita, usted puede obtener esa ayuda poniéndose en contacto con la Sociedad de Ayuda Legal de su localidad u otro grupo de abogacía legal. Usted puede localizar a la Sociedad de Ayuda Legal o un grupo de abogacía buscando en las Páginas Amarillas o "Yellow Pages" bajo la sección de "Abogados" o "Lawyers", o llamando al número indicado en la primera página de esta notificación.

ACCESO A SU ARCHIVO/REGISTRO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar el archivo/registro de su caso. Si usted nos llama o nos escribe, le proveeremos copias gratuitas de los documentos de su archivo/registro que proporcionaremos al funcionario de la audiencia para la audiencia imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo/registro, llámenos al número de teléfono de Acceso a Registros que aparece en la parte superior de la primera página de esta notificación o escribanos a la dirección impresa que aparece en la parte superior de la primera página de esta notificación. Si usted desea copias de algunos documentos de su archivo/registro, usted debería pedir las con anticipación. Estas se le enviarán dentro de un tiempo razonable antes de la fecha de su audiencia. Los documentos se le enviarán **solamente** si usted especifica el deseo de que se los envíe.

INFORMACION: Si desea más información acerca de su caso, cómo solicitar una audiencia imparcial, cómo revisar su archivo/registro, o cómo obtener copias adicionales de documentos, llámenos a los números de teléfono que aparecen en la parte superior de la primera página de esta notificación o escribanos a la dirección que aparece en la parte superior de la primera página de esta notificación.

SOLICITUD PARA UNA AUDIENCIA IMPARCIAL

Yo deseo una audiencia imparcial. No estoy de acuerdo con la acción de la agencia. (Usted puede explicar la razón por la que está en desacuerdo debajo, pero no tiene que incluir una explicación por escrito).

Nombre: _____ Dirección: _____	Distrito: _____ Número de Caso: _____ Teléfono: _____
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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS

NOTICE DATE:		EFFECTIVE DATE		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER		CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS					
				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
				OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	WORKER TELEPHONE NO.	
This notice is to inform you that your case will be closed on _____ You will no longer be receiving child care benefits beginning on _____					
Comments:					
The reason for this action is:					
<input type="checkbox"/> Your family's gross income exceeds 200% of the State Income Standard, which is the maximum income allowed by New York State regulation to be eligible for child care subsidy. Your family's monthly gross income of \$ _____ exceeds the maximum monthly income of \$ _____ for a family size of _____. <i>(Please see the attached addendum for additional information)</i>					
<input type="checkbox"/> Due to insufficient funding, the district is closing cases at or above _____ % of the State Income Standard. Your family's monthly gross income of \$ _____ exceeds the maximum monthly gross income of \$ _____ for your family size. Also, your family does not meet the eligibility criteria for a child care guarantee designation. <i>(Please see the attached addendum for additional information)</i>					
<input type="checkbox"/> You are not programmatically eligible for child care services because: _____ _____ _____					
<input type="checkbox"/> You did not provide the following documentation or the following documentation was not adequate: _____ _____ _____					
<input type="checkbox"/> Other _____ _____ _____					
The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____ _____ _____					

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

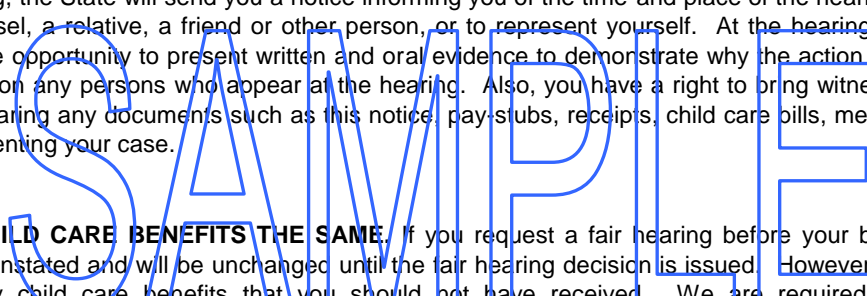
RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

- (1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334. OR**
- (2) **Writing:** Complete the information below, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930. **Please keep a copy for yourself. OR**
- (3) **FAX:** Complete the information, sign and fax both sides of this form for your fair hearing request to (518) 473-6735. **OR**
- (4) **Online:** To send your fair hearing request online, go to <http://www.otda.ny.gov/oah>, click on the links to request a fair hearing using the online form, and follow the instructions to complete and submit the form online.

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.



Check One:

- KEEP MY CHILD CARE BENEFITS THE SAME.** If you request a fair hearing before your benefits end, your child care benefits will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care benefits that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care benefits you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care benefits.
- I do not want my child care benefits continued until the hearing decision is issued.**

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 your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice

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 file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. 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 us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page 1 of this notice.

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name: _____
 Address: _____

District: _____
 Case Number: _____
 Telephone: _____

**ADDENDUM TO NOTICE OF INTENT
TO DISCONTINUE CHILD CARE BENEFITS-FINANCIAL ELIGIBILITY CALCULATION**

Effective Date: _____

Case Name: _____ Case Number: _____

We have determined that you are no longer eligible for child care benefits. Your family's monthly gross income is \$ _____.

This exceeds the maximum monthly gross income standard of \$ _____ for a family size of _____.

Please check the information below. If there is a mistake contact your caseworker listed on page one of this notice. If there is a mistake, it could mean that the decision made about your benefits is not correct.

There is a child with special needs residing in your household. Yes No **If you have a child with special needs, that needs child care, you may have received this notice in error. Contact your caseworker listed on page one of this notice to determine if your case was closed in error.**

Your family's monthly gross income was determined from the following sources:		
<input type="checkbox"/>	Wages or salary (18 NYCRR § 404.5(b)(5)(i)) before taxes in the amount of:	\$ _____ per month.
<input type="checkbox"/>	Social Security (18 NYCRR §404.5(b)(5)(iv)) in the amount of:	\$ _____ per month.
<input type="checkbox"/>	Child Support (18 NYCRR §404.5(b)(5)(xi)) in the amount of:	\$ _____ per month.
<input type="checkbox"/>	*Other income not listed above as defined in New York State regulation 18 NYCRR §404.5(b)(5) in the amount of:	\$ _____ per month.
	Your family's total monthly gross income:	\$ _____ per month.

The following information is an explanation of how your eligibility for child care benefits was determined. To determine eligibility for child care benefits, your family's monthly gross income for your family size was compared to the Social Service District's (SSD) priority level for the monthly income standard. For a family to be eligible for child care benefits, a family must make less than the Monthly Income Standard amount listed below for their family size. Below are the Monthly Income Standards used by the district to determine your eligibility for child care benefits.

Family Size	SSD's Priority level = _____% Monthly Income Standard
1	
2	
3	
4	
5	
6	
7	
8	

For families with more than 8 persons, add \$ _____ for each additional person.

Your family's monthly gross income is \$ _____ for a family size of _____.

This exceeds the maximum income of \$ _____.

*Other income not listed above and defined in New York State regulation 18NYCRR 404.5(b)(5) are defined as but not limited to the following: net income for non-farm self-employment, i.e. gross receipts minus expenses from one's own business, professional enterprise or partnership; or net income from farm self-employment, i.e. gross receipts minus operation expenses from the operation of a firm by a person on his own account, as owner, renter or sharecropper; or dividends, interest (on savings or bonds) income from estates or trusts, net rental income or royalties, public assistance (PA) or welfare payments include PA payments such as PA, SSI and home relief; or pensions and annuities include pensions or retirement benefits paid to a retired person or his survivors; or unemployment compensation, workers' compensation; or alimony; or veterans' pensions.

In addition to the citations listed on the attached notice refer to the district's Child and Family Services Plan, at <http://ocfs.ny.gov/main/childcare/plans/plans.asp> for additional information on how the district closes cases in the event that there are insufficient funds to provide child care benefits to all eligible families and the order in which they will open new cases should funding become available.

ESTADO DE NUEVA YORK
 OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS

NOTIFICACIÓN DEL INTENTO DE DISCONTINUAR LOS BENEFICIOS DE CUIDADO INFANTIL

FECHA DE LA NOTIFICACIÓN:		FECHA EFECTIVA	NOMBRE Y DIRECCIÓN DE LA AGENCIA/CENTRO U OFICINA DISTRITAL		
NÚMERO DE CASO		NÚMERO CIN			
NOMBRE DEL CASO (Y C/O Nombre si Presente) Y DIRECCIÓN					
			NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA		
			<input type="radio"/> Conferencia con la Agencia _____ Asistencia e Información sobre Audiencias Imparciales _____ Acceso a Registros _____ Información sobre Asistencia Legal _____		
NO. DE OFICINA.	NO. DE UNIDAD	NO. DEL TRABAJADOR(A)	NOMBRE DE LA UNIDAD O TRABAJADOR(A)	NO. DE TELÉFONO DEL TRABAJADOR(A)	

Esta notificación es para informarle que su caso se cerrará el _____ .
 Dejará de recibir beneficios de cuidado infantil a partir del _____ .

Comentarios:

La razón de esta acción es:

- El ingreso bruto de su familia excede el 200% del Ingreso Estatal Estándar, el que es el ingreso máximo permitido por la regulación del Estado de Nueva York para ser elegible para el subsidio de cuidado infantil. El ingreso bruto mensual máximo de \$ _____ excede el ingreso mensual máximo de \$ _____ para el tamaño de una familia de _____ (Vea al anexo adjunto para información adicional)
- Debido a fondos insuficientes, el distrito está cerrando casos al o por encima del _____ % del Nivel de Ingreso Estatal Estándar.
 El ingreso mensual bruto de su familia de \$ _____ excede el ingreso máximo mensual bruto de para el \$ _____ tamaño de su familia. También, su familia no satisface el criterio para una designación garantizada de cuidado infantil. (Vea el anexo adjunto para más información)

Usted no es programáticamente elegible para servicios de cuidado infantil debido a que: _____

Usted no proveyó la siguiente documentación o la siguiente documentación no fue adecuada: _____

Otro: _____

La(s) LEY/LEYES Y/O LA(S) REGULACION/REGULACIONES que nos permite(n) hacer esto es/son: _____

USTED TIENE EL DERECHO DE APELAR ESTA DECISION.
ASEGURESE DE LEER EL REVERSO DE ESTA NOTIFICACION SOBRE COMO APELAR ESTA DECISION.
 COPIA DEL CLIENTE/AUDIENCIA IMPARCIAL

DERECHO A UNA CONFERENCIA: Usted puede tener una conferencia para revisar esta(s) acción/acciones. Si usted desea una conferencia, usted debería solicitar una lo más pronto posible. Si en la conferencia descubrimos que emitimos una decisión incorrecta o errónea; o si debido a la información que usted provea determinamos cambiar nuestra decisión, tomaremos acción correctiva y le enviaremos una nueva notificación. Usted puede solicitar una conferencia llamándonos al número que aparece en la primera página de esta notificación o enviándonos una solicitud por escrito a la dirección que aparece en la parte superior de la primera página de esta notificación. Este número se lo utiliza solamente para pedir una conferencia. **Esta no es la manera de solicitar una audiencia imparcial. Si usted pide una conferencia, usted todavía tiene derecho a una audiencia imparcial. Si usted desea que sus beneficios continúen sin cambio alguno (ayuda continua) hasta recibir la decisión emitida en la audiencia, usted debe solicitar una audiencia imparcial en la manera descrita abajo. Una solicitud para una conferencia solamente no resultará en la continuación de beneficios. El solicitar una conferencia con la agencia no afecta su derecho de también solicitar una audiencia imparcial. Lea más abajo para obtener información sobre una audiencia imparcial.**

DERECHO A UNA AUDIENCIA IMPARCIAL: Si usted considera que la acción anterior es errónea o incorrecta, usted puede solicitar una audiencia imparcial estatal:

- (1) **Llamando por teléfono:** (POR FAVOR TENGA CONSIGO ESTA NOTIFICACION CUANDO LLAME) **1-800-342-3334. O**
- (2) **Escribiendo:** Complete la información de abajo, firme y envíela por correo a la New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Por favor guarde una copia para usted. O**
- (3) **Por facsímil:** Complete la información, firme y envíe ambos lados de este formulario para solicitar una audiencia imparcial al **(518) 473-6735. O**
- (4) **Por correo electrónico:** Para enviar su solicitud en línea, visite <http://www.otda.ny.gov/oah>, y haga un clic en los enlaces que solicitan una audiencia imparcial utilizando el formulario en línea y siguiendo las instrucciones para completar y presentar el formulario en línea.

USTED TIENE 60 DÍAS A PARTIR DE LA FECHA DE ESTA NOTIFICACIÓN PARA SOLICITAR UNA AUDIENCIA IMPARCIAL

Si usted solicita una audiencia imparcial, el estado le enviará una notificación que le indicará la hora y el lugar de la audiencia. Usted tiene el derecho de ser representado(a) por un abogado(a), un pariente, un amigo(a) u otra persona, o puede representarse a sí mismo(a). En la audiencia, usted, su abogado(a) u otro representante tendrá la oportunidad de presentar evidencia escrita u oral para explicar la razón por la que usted cree que no debería tomarse la determinada acción; similarmente, tendrá la oportunidad de hacer preguntas a cualquier persona que se presente a la audiencia. Usted también tiene el derecho de traer testigos que testifiquen en su favor. Usted debería traer a la audiencia cualesquier documentos, tales como esta notificación, talones salariales, recibos, facturas de cuidado de niños, verificación médica, cartas, etc que puedan ayudarle en la presentación de su caso.

Marque Uno:

- MANTENGA MIS BENEFICIOS DE CUIDADO INFANTIL IGUALES.** Si solicita una audiencia imparcial antes de que terminen sus beneficios, sus beneficios de cuidado infantil serán restituidos y no cambiarán hasta que se emita una decisión en la audiencia imparcial. Sin embargo, si usted pide la audiencia imparcial, usted deberá por cualesquier beneficios de cuidado infantil que usted no debería haber recibido. Se nos requiere recobrar cualesquier sobrepagos de cuidado infantil. Nosotros debemos hacer una demanda contra usted por cualquier beneficio de cuidado infantil que haya recibido al que usted no tenía derecho, el que puede cobrarse reduciendo las asignaciones futuras de cuidado infantil, pagos de sumas globales o acción legal. Si usted desea evitar esta posibilidad, debe marcar la casilla de abajo. Usted también puede indicar por teléfono o en una carta de que usted no desea que sus beneficios de cuidado infantil sean restituidos.
- No deseo que mis beneficios de cuidado infantil continúen hasta que se emita una decisión en la audiencia imparcial.**

ASISTENCIA LEGAL: Si usted cree que necesita asistencia legal gratuita, usted puede obtener esa ayuda poniéndose en contacto con la Sociedad de Ayuda Legal de su localidad u otro grupo de abogacía legal. Usted puede localizar a la Sociedad de Ayuda Legal o un grupo de abogacía buscando en las Páginas Amarillas o "Yellow Pages" bajo la sección de "Abogados" o "Lawyers", o llamando al número indicado en la primera página de esta notificación.

ACCESO A SU ARCHIVO/REGISTRO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar el archivo/registro de su caso. Si usted nos llama o nos escribe, le proveeremos copias gratuitas de los documentos de su archivo/registro que proporcionaremos al funcionario de la audiencia para la audiencia imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo/registro, llámenos al número de teléfono de Acceso a Registros que aparece en la parte superior de la primera página de esta notificación o escribanos a la dirección impresa que aparece en la parte superior de la primera página de esta notificación. Si usted desea copias de algunos documentos de su archivo/registro, usted debería pedirlos con anticipación. Estas se le enviarán dentro de un tiempo razonable antes de la fecha de su audiencia. Los documentos se le enviarán **solamente** si usted especifica el deseo de que se los envíe.

INFORMACION: Si desea más información acerca de su caso, cómo solicitar una audiencia imparcial, cómo revisar su archivo/registro, o cómo obtener copias adicionales de documentos, llámenos a los números de teléfono que aparecen en la parte superior de la primera página de esta notificación o escribanos a la dirección que aparece en la parte superior de la primera página de esta notificación.

SOLICITUD PARA UNA AUDIENCIA IMPARCIAL

Yo deseo una audiencia imparcial. No estoy de acuerdo con la acción de la agencia. (Usted puede explicar la razón por la que está en desacuerdo debajo, pero no tiene que incluir una explicación por escrito).

Nombre: _____

Dirección: _____

Distrito: _____

Número de Caso: _____

Teléfono: _____

ANEXO DE LA NOTIFICACION DEL INTENTO DE DISCONTINUAR LOS BENEFICIOS DE CUIDADO INFANTIL-CÁLCULO DE ELEGIBILIDAD FINANCIERA

Fecha Efectiva: _____

Nombre del Caso: _____ No. del Caso: _____

Hemos determinado que usted ya no es elegible para beneficios de cuidado infantil. El ingreso mensual bruto de su familia es:

\$ _____ Esto excede el ingreso mensual bruto máximo estándar de \$ _____ para el tamaño de una familia de _____.

Por favor verifique la información de abajo. Si hay un error, contacte a su trabajador(a) de caso listado en la primera página de esta notificación. Si hay un error, esto podría significar que la decisión hecha acerca de sus beneficios no es correcta.

Hay un niño(a) con necesidades especiales que reside en su hogar. Sí No **Si usted tiene un hijo(a) con necesidades especiales que necesita cuidado infantil, usted puede que haya recibido esta notificación en error. Contacte a su trabajador(a) listado en la primera página de esta notificación para determinar si su caso fue cerrado erróneamente.**

El ingreso mensual bruto de su familia fue determinado por los siguientes recursos:		
<input type="checkbox"/>	Sueldo o Salario (18 NYCRR § 404.5(b)(5)(i)) antes de impuestos en la cantidad de:	\$ _____ al mes.
<input type="checkbox"/>	Seguro Social (18 NYCRR §404.5(b)(5)(iv)) en la cantidad de:	\$ _____ al mes.
<input type="checkbox"/>	Manutención Infantil (18 NYCRR §404.5(b)(5)(xi)) en la cantidad de:	\$ _____ al mes.
<input type="checkbox"/>	Otro ingreso no indicado arriba, como se define en la regulación del Estado de Nueva York 18 NYCRR §404.5(b)(5) en la cantidad de:	\$ _____ al mes.
El ingreso total mensual bruto de su familia:		\$ _____ al mes.

La siguiente información es una explicación de cómo se determinó su elegibilidad para los beneficios de cuidado infantil. Para determinar la elegibilidad de beneficios de cuidado infantil, el ingreso mensual bruto para el tamaño de su familia fue comparado con el nivel de prioridad del Distrito de Servicios Sociales (Social Services District—SSD) para el ingreso mensual estándar. Para que una familia sea elegible para beneficios de cuidado infantil, una familia debe ganar menos que la cantidad de Ingreso Mensual Estándar listada abajo para el tamaño de su familia. Abajo están los Estándares de Ingreso Mensual utilizados por el distrito para determinar su elegibilidad para beneficios de cuidado infantil.

Tamaño de la Familia	Nivel de Prioridad de SSD = _____ % Ingreso Mensual Estándar
1	
2	
3	
4	
5	
6	
7	
8	

Para familias con más de 8 personas, aumente \$ _____ para cada persona adicional.

El ingreso mensual bruto de su familia es de \$ _____ para el tamaño de una familia _____.

Esto excede el ingreso máximo de \$ _____.

*Otro ingreso no listado arriba y definido en la regulación del Estado de Nueva York 18 NYCRR 404.5(b)(5) se define como, pero no se limita a: ingreso neto para empleo propio no agrícola. Por ejemplo recibos brutos menos gastos del negocio de una persona, empresa profesional o asociación; o ingreso neto por empleo propio agrícola. Por ejemplo, recibos brutos menos gastos administrativos de la operación de una firma por una persona en su propia cuenta, como propietario(a), inquilino o aparcerero; o dividendos, ingreso de interés (sobre ahorros u bonos) de estados o fideicomisos, ingreso neto por alquiler o regalías; asistencia pública (PA) o pagos de bienestar social, incluyendo pagos de PA tales como SSI y relevo en el hogar; o pensiones y anualidades, incluyendo pensiones o beneficios por retiro pagados a una persona retirada o a sus sobrevivientes; o compensación for desempleo, compensación del trabajador(a); o pensión alimenticia; o pensiones de veteranos.

Además de las citaciones listadas en la notificación adjunta, refiérase al Plan de Servicios para Niños y Familias del distrito en <http://ocfs.ny.gov/main/childcare/plans/plans.asp> para información adicional sobre cómo el distrito cierra casos en el caso de que hay fondos insuficientes para proveer beneficios de cuidado infantil a todas las familias elegibles y el orden en el que ellos abrirán nuevos casos si existiera la disponibilidad de fondos.