



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #14-19-OPE *(This Policy Directive replaces PD #11-21-OPE)*

LANDLORD OMBUDSMAN SERVICES UNIT (LOSU)

Date: September 5, 2014	Subtopic(s): Housing and Homeless Services / Initiatives
AUDIENCE	The instructions in this policy directive are for staff in the Landlord Ombudsman Services Unit (LOSU) and Job Center Staff, and are informational for all other staff.
REVISIONS TO ORIGINAL POLICY DIRECTIVE	<p>This policy directive is being revised to reflect the following changes:</p> <ul style="list-style-type: none"> • Effective immediately, LOSU has moved from 180 Water Street New York, New York to 109 East 16th Street 6th Floor New York, New York 10003. The new fax number is (212) 835-7218 and the new telephone number is (212) 835-8189. • The Landlord Ombudsman Services Unit Transmittal; Notice of Corrective Measures Needed (W-450Q) and the Transmittal: Notice of Corrective Measures Taken (W-450R) have been updated to include the new address, phone and fax numbers.
POLICY	The LOSU is responsible for processing U.S. Postal Service returned direct vendor rent checks for active and former Cash Assistance (CA) participants.
REQUIRED ACTION LOSU Clerk	<p>Upon receipt of the returned checks, the LOSU Clerks must:</p> <ul style="list-style-type: none"> • Date-stamp the returned copies of the envelope and rent checks from the Bureau of Reconciliation and Control (BORAC). • Enter the following data from the photocopied documents and case summaries onto the LOSU system: <ul style="list-style-type: none"> ▪ Payee's name ▪ Case Number

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

- Case Type
- Payee’s address (street, apartment, city, state, zip code)
- Check number
- Date of check and amount
- Postal return explanation
- Benefit issuance code
- Period of time check covers
- Date of case action completion
- Ombudsman finalized comments

LOSU Supervisor The LOSU Supervisor must assign check(s) to the Ombudsman and enter the case assignments on the Landlord Ombudsman Services Unit Daily Case Assignment Report (**FIA-1010a [E]**).

Ombudsman The Ombudsman must:

- Revised
- Cross-reference the landlord information in the Welfare Management System (WMS) with information from the New York City Department of Buildings and the New York City Department of Finance to verify the landlord/agent’s:
 - ownership status of the rental apartment, and;
 - name and address.

If there is a discrepancy in the Landlord/Management Agent information:

- Revised
- Contact the owner and request written proof of ownership, (e.g., water bill, tax bill, current mortgage payment receipts, deed) to be submitted by facsimile (LOSU’s fax number is **[212] 835-7218**).
 - Obtain written verification by facsimile from the owner of the correct managing agent’s name and address.
 - Obtain written authorization to collect rent on behalf of the Landlord.
 - Enter new ownership information data into the LOSU system.
 - Ensure that LOSU system has been updated and proceed with normal case activity.

See [PD #11-22-OPE](#) Check Replacement for Restricted Shelter Payments and [PD #13-14-ELI](#) Revised Levels of Approval for Cash Assistance.

Once the investigation is complete:

- Determine if the shelter allowance should be updated. For example, if the participant moved and new landlord and shelter information is not available, the shelter allowance must be removed.

Refer to the [Stop Payment Module User Manual](#) for detailed instructions.

- Calculate and save a new budget to update the case information by entering the correct landlord/managing agent's name and address, as necessary.
- Prepare a Turnaround Document (TAD) with the new budget number, to authorize the new budget.
- Indicate the action taken by completing the Transmittal: Notice of Corrective Measures Taken (**W-450R**), and forwarding the **W-450R** to the Job Center.
- Place a stop payment on any check sent to the incorrect landlord/managing agent using the Finance Office Stop Payment System.
- Once the stop payment has been placed, prepare a PA Single Issuance Authorization Form (**LDSS-3575**) to replace the check using Issuance Code **08** (Replacement of Cancelled Check).
- Enter the original issuance check number in the **Replace Check Number** field on the **LDSS-3575**, process and scan and index the form, and retain the original and copy in the LOSU file.
- If the case is closed or requires additional information, or if it is an HIV/AIDS Service Administration (HASA) case, complete the Landlord Ombudsman Services Unit Transmittal: Notice of Corrective Measures Needed (**W-450Q**), and depending on the action, send it to HASA or the Job Center.
- Scan and index Form **W-450Q** and/or Form **W-450R** into the HRA OneViewer.
- Submit the case actions along with Form **LDSS-3575** and the transmittal forms, **W-450Q**, **FIA-1010**, and/or **W-450R** to the Supervisor for approval.
- Enter the activity for each completed case into the LOSU database on a daily basis.

LOSU Supervisor

The LOSU Supervisor must:

- Assist with case consultations and provide guidance on difficult cases.
- Upon receipt of the **FIA-1010** from an Ombudsman, review and approve requests for check replacement.
 - If a check is made out to the incorrect landlord, verify the new landlord information, and correct the information in WMS for future payments.
- List all approved rent replacement checks on the LOSU-Daily Check Replacement List (**FIA-1010b**).
- Forward Form **W-450Q** to the appropriate Job Center or HASA office for corrective action.
- Prepare internal statistical reports on work performed.

LOSU Deputy Director	The LOSU Deputy Director must review and verify that required check replacement activities have been satisfactorily completed prior to the LOSU Program Director's final approval.
LOSU Program Director	Any check replacement for a rent period of three or more months requires approval of the LOSU Program Director.
Job Center Responsibility	In the Model Office, the Customer Service Information Center (CSIC) must follow up on receipt of Form W-450Q to take the necessary action. In the Non Model Offices, Form W-450Q goes to the Center Director, who assigns the action to Control and a JOS/Worker.
Refer to PD #11-22-OPE	When an applicant/participant notifies his/her JOS/Worker that their rent check went to the incorrect Landlord, the JOS/Worker must update the new Landlord information, and reissue the check.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications	There are no POS implications.
SNAP Implications	There are no SNAP implications.
Medicaid Implications	There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #14-18-OPE](#)

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.
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Conferences at Job Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If a 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 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 participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY 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/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**), change the **02** to an **01** if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why he/she cannot SIC. The AJOS/Supervisor I must complete an **M-186a**.

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.


Evidence Packets for Job Centers

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.

RELATED ITEMS

[PD #11-22-OPE](#)
[PD #13-14-ELI](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

W-450Q	Transmittal: Notice of Corrective Measures Needed (Rev. 9/5/14)
W-450R	Transmittal: Notice of Corrective Measures Taken (Rev. 9/5/14)
FIA-1010 (E)	LOSU Corrective Measures Initiated
FIA-1010a (E)	Landlord Ombudsman Services Unit Daily Case Assignment Report
FIA-1010b (E)	LOSU-Daily Check Replacement List

Landlord Ombudsman Services Unit Transmittal: Notice of Corrective Measures Needed

Date: _____

To Center: _____

From: Landlord Ombudsman Services Unit (LOSU)
109 East 16th Street
6th Floor
New York, NY 10003
(212) 835-8189 (Phone)
(212) 835-7218 (Fax)

The Landlord Ombudsman Services Unit (LOSU) reviewed the Returned Direct Vendor check for the case number listed below. It has been determined that corrective case action is needed.

Case Number: _____

Case Name: _____

SAMPLE

Corrective action to be taken by the Job Center/HASA:

- Shelter allowance updated (removed, increased or decreased)
- Call participant to update Landlord and address information
- Other: _____

Ombudsman

Date

Transmittal: Notice of Corrective Measures Taken

Date: _____

To Center: _____

From: Landlord Ombudsman Services Unit (LOSU)
109 East 16th Street
6th Floor
New York, NY 10003
(212) 835-8189 (Phone)
(212) 835-7218 (Fax)

The Landlord Ombudsman Services Unit (LOSU) has reviewed and taken corrective measures on the Returned Direct Vendor check for the case listed below.

Case Number: _____

Case Name: _____

SAMPLE

Corrective action completed:

- Landlord's name and address corrected
- Rent check(s) replaced
- Other: _____

Ombudsman

Date

**LOSU
Corrective Measures Initiated**

Date: _____

To: _____

From : _____, Ombudsman, LOSU

Subject: **Report of Action Taken on Returned Check(s)**

Re: Case Name: _____

Case Type/Number: _____ Caseload: _____

Address: _____
Number Street Apt. Number Borough Zip Code

Outcome of Investigation (provide details below):

SAMPLE

Replacement Check(s) Authorized

Amount of

Returned Check: _____ Amount of Replaced Check: _____

Period Covered: _____ Check No. of Replaced Check: _____

Date Check Issued: _____ Special Grant Code: _____

How many Checks: _____ Budget No. with vendor restriction information: _____

Landlord I.D. Number: _____ Landlord Name: _____

Landlord Address: _____
Number Street Apt. Number Borough Zip Code

Landlord Telephone Number: _____

Name of Landlord Contact Person: _____ Title: _____

Ombudsman Telephone Number Date

Ombudsman Supervisor Telephone Number Date

Landlord Ombudsman Services Unit Daily Case Assignment Report

Team: _____ Ombudsman: _____

Week Ending: _____

(Friday's Date)

Ombudsman Supervisor: _____

Landlord's Name and Address	Case Name and Number	Case Address	TYPE OF ACTION				** Remarks
			Budget/Record Review	Replacement Checks	Address Correction	*Other	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

SAMPLE

*Specify Action

** Select one
 complaint resolved
 complaint pending
 complaint referred

Ombudsman Signature: _____ Date: _____



LOSU – Daily Check Replacement List

Date: _____

TO: _____ Director, LOSU
Unit Ombudsman Supervisor

FROM: _____

RE: Check Re-Issued/Rental Payment

The below listed checks were reissued. Documentation is attached.

Center No.	Name of Vendor/Landlord	Participant's Case Number	Check Number Being Replaced	Period of Time Covered	Amount of Check	
1.						
2.						
3.						
4.						
5.						
6.						
7.	SAMPLE					
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Signature of unit Supervisor, LOSU

Date