



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #15-11-ELI

CHILD CARE IN LIEU OF CASH ASSISTANCE (CILOCA)

(This Policy Directive Replaces PD #13-19-ELI and PB #13-86-SYS)

Date: April 30, 2015	Subtopic(s): Cash Assistance, Child Care
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AUDIENCE The instructions in this policy directive are for staff in the Job Centers and are informational for all other staff.

REVISION TO THE ORIGINAL DIRECTIVE This policy directive has been revised to inform staff at the Job Centers and the Child Care Review Team (CCRT) that:

- the use of Child Care in Lieu of Cash Assistance (CILOCA) denial codes **M55** and **G46** have been added to this policy. These codes are used only by the Child Care Review Team (CCRT).
- CNS Text and Fill Options for WMS CILOCA Denial Code **M55 (Attachment A)** have been added to this policy.
- CNS Text for WMS CILOCA Denial Code **G46 (Attachment B)** has been added to this policy.
- the earning amounts for determining CILOCA eligibility have been updated due to the increase in minimum wage.
- the following forms are being revised to reflect changes in minimum wage calculations.
 - Childcare in Lieu of Cash Assistance (CILOCA) Discussion Guide (Form **M-528p**).
 - Child Care Guarantee Informational (**Form M-528m**).
 - Child Care in Lieu of Cash Assistance (CILOCA) Recertification Appointment Notice (**FIA-1026b**).
 - Notice of Rescheduled Appointment for Child Care in Lieu of Cash Assistance (CILOCA) (**FIA-1026c**).
- CILOCA Income Requirement Amounts (**Attachment C**) has been created to indicate future income requirement amounts in determining eligibility for CILOCA.

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

- the Approval of Your Redetermination for Child Care Benefits (**OCFS-LDSS-4784**) has been included in this policy directive. The form will be used by the CCRT at the CILOCA recertification.
- the following are changes made in the use of the Approval of Your Application of Child Care Benefits (**OCFS-LDSS-4779**), Approval of Your Redetermination for Child Care Benefits (**OCFS-LDSS-4784**), Denial of Your Application for Child Care Benefits (**OCFS-LDSS-4780**) and the Notice of Intent to Discontinue Child Care Benefits (**OCFS-LDSS-4782**) by the CCRT and the JOS/Worker.
 - A drop down box with snippets for CILOCA ineligible language has been placed on the upper right hand side of the forms. The CILOCA ineligible language will populate in the form when a snippet number is selected.
 - Text boxes have been added for the snippets that require entry of information, for the date of application and all fields that require an entry. The JOS/Worker and CCRT can now enter the information once the snippet has been selected and then print the form.
 - The minimum wage calculations, for those snippets that are related to income requirements, have been updated to reflect the new amounts.
- CILOCA Snippets for Use with **OCFS-LDSS-4780 (Attachment D)** has been created to assist the CCRT and/or JOS/Worker in identifying the appropriate ineligible language when making a selection from the drop down box on the **OCFS-LDSS-4780**.
- CILOCA Snippets for Use with **OCFS-LDSS-4782 (Attachment E)** has been created to assist the CCRT in identifying the appropriate ineligible language when making a selection from the drop down box on the **OCFS-LDSS-4782**.
- effective August 4, 2014 the Family Independence Administration (FIA) CCRT began processing all CILOCA denials for application cases.
- specific instructions on processing denials for Cash Assistance reasons on a case that has requested CILOCA have been added to this policy.
- cases in receipt of child care assistance only will now recertify for CILOCA every 12 months.
- the instructions for referrals to child care providers or programs have been updated.
- the **W-273J** has replaced the **CS-667C**.

- detailed instructions on actions taken at the child care return appointment by the JOS/Child Care Specialist have been revised. The JOS/Child Care Specialist will only check ACCIS to determine if there is a child care case already active under the Administration of Children's Services (ACS).
- the CCRT will take all necessary actions in ACCIS to enroll the child(ren) with the provider/program when the acceptance of eligibility for CILOCA is determined.
- the following new action codes have been created in NYCWAY for use by the CCRT in the CILOCA recertification process.
 - **918F** (Recertification appointment call-in) replaces the use of Action Code **1100** to call the client in for CILOCA recertification.
 - **918M** (Return Appointment – Eligibility Related documents) will be used when a CILOCA recipient must return with documents to complete the CILOCA recertification.
 - **918R** (Reschedule CILOCA Appointment) will be used when a CILOCA recipient calls to reschedule the recertification appointment.
- a section has been added to this procedure regarding the Job Center's responsibility in the completion of a Fair Hearing decision on a CILOCA case.

POLICY

Applicants deemed eligible for or participants in receipt of Cash Assistance (CA) may choose to receive Child Care Assistance instead of CA under a provision in the Child Care Block Grant that guarantees child care services to households that meet the CA income and resources criteria as well as the program eligibility requirements for 'Child Care in Lieu of Cash Assistance' (CILOCA).

Parents/guardians must work a minimum number of hours or earn a minimum dollar amount per week to be eligible for CILOCA.

There is no time limit on receiving CILOCA if the household's income and resources remain within CA limits and the minimum hours/income requirements for CILOCA are met.

BACKGROUND

CILOCA will assist eligible low-income families in achieving self-sufficiency by providing the child care subsidies needed to maintain their employment without requiring them to receive CA benefits and comply with certain CA requirements.

To be eligible for CILOCA, an individual must apply for CILOCA and be deemed eligible for or be in receipt of CA, be employed, and meet the State's minimum wage and/or minimum hours required for CILOCA.

Families in receipt of CILOCA must pay directly to the child care provider a fifteen dollar per week family fee for full-time (or twelve dollars per week for part-time) child care assistance regardless of how many of their children require care.

Refer [to PB #14-34-OPE](#) for the maximum market rate.

If an applicant's/participant's child care provider charges more than the maximum market rate set by the New York State Office of Children and Family Services (OCFS), the applicant/participant will need to pay to the provider the difference between the OCFS market rate and the rate charged by the provider or he/she will have to find a different provider. For CILOCA recipients, this is in addition to the fifteen (or twelve) dollar per week family fee.

If a CILOCA case is subsequently denied or closed due to an excess or increase in earned income, increased hours of employment, increase in child support or the CILOCA recipient voluntarily closed his/her CILOCA case while the household is still eligible for CA, the household may receive Transitional Child Care (TCC) benefits for a maximum of 12 months, if eligible.

If a household receiving CILOCA moves to a county outside of New York City, the Human Resources Administration (HRA) is responsible for the child care benefits during the month of the move and through the end of the following month.

CILOCA Eligibility Requirements

Child-only cases are not eligible for CILOCA

To qualify for CILOCA, at least one parent/guardian applying for or in receipt of CA must meet the immigrant/citizenship status requirement and must have or have applied for a Social Security number.

In addition, when determining eligibility for CILOCA, the income and resources of all mandatory household members of the CA filing unit must be counted, unless the income or resource is otherwise exempt.

To be eligible for CILOCA, the parent/guardian must:

- apply for and be deemed eligible for CA or be in receipt of CA and elect to close the CA case;

CILOCA cannot be provided for a child over age 13 even if the child has special needs

- be in need of child care for at least one child under the age of 13;
- use an eligible child care provider; and
- meet the minimum income/hours worked requirement as follows:

Single-parent households:

Updated amounts

- The parent/guardian is employed or self-employed earning at least the State minimum wage of \$8.75 per hour and earns at least \$153 per week or \$663 per month; **OR**
- The parent/guardian is employed at least 17.5 hours per week in a job exempt from minimum wage rules that is paying less than minimum wage. (See note below for examples of exempt jobs).

Two-parent households:

Updated amounts

- A two-parent household in which both parents are employed or self-employed earning at least the State’s minimum wage of \$8.75 per hour and are earning at least \$219 per week combined or \$949 per month combined; **OR**
- A two-parent household in which both parents are employed for a combined total of at least 25 hours per week in jobs exempt from minimum wage rules that pay less than minimum wage; **OR**

Updated amounts

- A two-parent household in which one parent is employed or self-employed who is earning at least the State minimum wage and the other parent is employed in a job exempt from minimum wage rules that is paying less than minimum wage. The parent earning at least minimum wage or who is self-employed must earn at least \$153 per week or \$663 per month and the parent working in a job earning less than minimum wage must be working a minimum of 7.5 hours per week.

Note: Some minimum wage exempt jobs include but are not limited to:

- Taxicab drivers
- Part-time babysitters (parent employed as a PT babysitter)
- Ministers and members of religious orders
- Tipped employees (Tips must be counted along with the earnings to determine minimum wage)
- Piece rate workers (Employee paid a certain amount for each piece produced)

- Independent contractors
- Newspaper delivery persons
- Food service workers
- Hairdressers or aestheticians
- Valet parking attendants
- Doorpersons

Most minimum wage exempt jobs rely on tips to bring the earnings up to the minimum wage standard. Tips must be reported and counted as earned income. If the tips are collected and distributed by the employer, the amount of tips earned should be reflected in the paystub or employer letter. Otherwise, tips may be reflected in the previous year's income taxes filed or under special circumstances can be attested to in writing by the applicant/participant and budgeted accordingly. However, these individuals must meet the hours/week requirement for single parent or two parent households.

New information

The minimum wage is scheduled to change again on December 31, 2015. When the changes in minimum wage go into effect, refer to **Attachment C** to determine eligibility of CILOCA based on income requirements. All forms that reflect wage requirement amounts for CILOCA will be updated at the appropriate time.

The Child Care Guarantee Informational (**M-528m**), which explains the CILOCA eligibility requirements, is included in the CA application/recertification kits.

Since July 24, 2009 households requesting or in receipt of CILOCA are not required to pursue child support as a condition of eligibility.

Pursuing child support is not an eligibility requirement for CILOCA or TCC. However, staff should encourage individuals to pursue child support on their own behalf as a means of increasing self-sufficiency.

Any CILOCA recipient who intentionally reduces his/her income or the number of hours he/she works in order to maintain CILOCA eligibility will lose the child care assistance guarantee.

Benefits of Choosing CILOCA

- The child care assistance subsidy does not count against the CA time limits. Therefore, the remaining months of eligibility for CA can be saved for a time when greater financial assistance is needed.
- There are no durational restrictions attached to CILOCA. A family may continue to receive the child care subsidy as long as it meets the eligibility criteria for CILOCA and cash assistance.

Individuals in need of other services such as emergency housing, DV or substance abuse may not benefit from choosing CILOCA until those needs are addressed.

- An individual in receipt of CILOCA who is employed for less than 35 hours a week is not required to participate in additional work activities because he/she is not in receipt of CA. Participants who choose CILOCA instead of CA will receive all court-ordered child support money paid by the noncustodial parent.
- Individuals choosing CILOCA are not subject to substance abuse or domestic violence screening requirements, are not required to sign a property lien, and are not required to pursue court ordered child support. However, he/she must still comply with all other eligibility requirements such as compliance with the Bureau of Eligibility Verification (BEV), finger imaging, etc.
- Applicants/participants receiving Supplemental Nutrition Assistance Program (SNAP) benefits (or who wish to apply for SNAP) may be eligible for a higher amount of SNAP benefits than if they were in receipt of CA because the household's budgeted income would be lower without the CA benefits.
- Applicants/participants may still be eligible for other benefits and services, if needed, such as Medicaid, Home Energy Assistance Program (HEAP), SNAP and child support enforcement services.

Child Care Review Team

New information

The CCRT located at 109 E. 16 Street, NY, NY 10003 is responsible for:

- processing CILOCA denials on all CILOCA application cases that meet the CA eligibility criteria but do not meet the CILOCA criteria.
- processing all CILOCA approvals;
- taking all necessary actions in ACCIS to enroll the child or children on the case with the provider once a case has been accepted for CILOCA;
- completing the eligibility process in the Paperless Office System (POS) to close the case using the CILOCA eligibility code **F98**; and
- handling all further child care activity including the CILOCA recertification.

Note: The JOS/Worker remains responsible for processing the denial of CILOCA requests made by participants.

New information

CILOCA Rejection Codes

M55 and **G46** can only be used by the CCRT.

Codes **M55** (Ineligible for Child Care in Lieu of Temporary Assistance) and **G46** (Ineligible for Child Care in Lieu of Temporary Assistance [Excess Income]) are used only by the CCRT when an applicant applied for and is determined ineligible for CILOCA because he/she failed to meet a CILOCA eligibility requirement.

M55 and **G46** cannot be used at the individual level.

Both codes **M55** and **G46** are used to reject the entire case for CILOCA. These codes do not apply to MA and SNAP eligibility; therefore if the applicant applied for all program areas (CA/MA/SNAP) a separate MA and SNAP determination is required.

The CA rejection code **M55** will have multiple denial reasons in the Client Notice System (CNS) and the CCRT must select the appropriate reasons for denial. Refer to **Attachment A** for a list of the denial reasons associated with the use of rejection code **M55**.

Multiple denial reasons can be selected with rejection code **M55**; however, not all denial reasons are compatible with each other. **Attachment A** also includes a list of the denial reasons that can be used at the same time. If the CCRT selects denial reasons that cannot be used together, the system will display an error message.

The CA rejection code **G46** is used during the CILOCA recertification process when the applicant has excess income that makes him/her ineligible for CILOCA. This code will require an excess income ineligible budget. Refer to **Attachment B** for a sample of the language that will be displayed with the use of rejection code **G46**. Cases rejected with **G46** may be eligible for Transitional Child Care based on whether the household has a recent CA/CILOCA history.

Note: The JOS/Worker must use rejection code **E30** (Excess Earned Income (No TMA), Ineligible Budget Required) for applicants or closing code **E30** (Excess Income [No TMA]) or **E31** (Increased Employment Earnings [TMA Eligible]) for participants that do not meet the CA eligibility requirements because of excess income.

REQUIRED ACTION

JOS/Workers must discuss the option of CILOCA with all eligible applicants/participants who are employed. When an individual reports that he/she is employed and in need of child care, he/she might not be aware of the availability of CILOCA. It is the JOS/Worker's responsibility to inform him/her of this program. Under no circumstance is an individual required to accept CILOCA.

Note: It is critical to inform all applicants/participants that if they choose to receive CA, child care assistance may still be provided if they are in compliance with all engagement/work-related activity requirements.

Processing the CILOCA Request

The Job Centers are responsible for conducting the initial CILOCA interview and collecting **all** of the required documentation to make a determination of CILOCA eligibility.

Applicants

When interviewing an applicant who is already employed, the JOS/Worker must:

- verify that there is a child under the age of 13 years in need of child care.
- verify that the applicant requires child care assistance in order for him/her to continue working.
- inform the applicant of form **M-528m** which is included in the CA application kit. Inform the applicant that they must first meet the CA eligibility requirements to be potentially eligible for CILOCA.
- discuss the availability of the CILOCA subsidy (see the attached Child Care in Lieu of Cash Assistance (CILOCA) Discussion Guide [**M-528p**]).
- inform the applicant that if he/she chooses to apply for CILOCA, he/she is not required to pursue child support but there are financial and other benefits of child support such as inheritance rights, tuition assistance, medical support, parent participation, etc. Encourage him/her to seek child support on his/her own as a means to self-sufficiency.

Applicant chooses CILOCA

When an applicant informs the JOS/Worker that he/she wants only child care assistance and does not want CA, the JOS/Worker must:

The JOS/Worker must register the case as per applicant's request

- indicate in POS that the applicant has requested CILOCA;
 - Select the “Child Care in Lieu of CA” in the **Site Determination** screen if the applicant states at the Application Intake Interview that he/she wants CILOCA; or
 - Check the “Case is a Child Care In Lieu of Public Assistance (PA)” box on the top of the **Disposition/Withdrawal Screen** if the applicant states that he/she wants CILOCA once the Application Interview has started.

Note: The **Disposition/Withdrawal Screen** can be accessed at any time, allowing the JOS/Worker to indicate an applicant's choice or change of mind about CILOCA at any point until the CA denial/closing code **F98** (CA Denied/Closed Because of Request for Child Care in Lieu of CA) posts in WMS.

POS will indicate to NYCWAY that the applicant is choosing CILOCA, and NYCWAY will post Action Code **918L** (Request for CC in Lieu of CA – Applicant). Action Code **918L** will trigger the Employability Plan (EP) to display only the language and child care sections required for CILOCA.

- obtain information regarding the availability of resources, other income, household composition, filing unit requirements, alien/citizenship requirements, and the Social Security number requirements.
- review the employment documents submitted to ensure that the criteria for CILOCA have been met. Employment information must include: wages (e.g.: \$140 per week), hours worked (e.g.: 35 hours per week), tips (if any), and work schedule (e.g.: Mon – Fri. 10am to 4pm). The work schedule is necessary to support the hours of child care requested. The Work Schedule For Child Care (**FIA-1100**) and the Employer's Verification (**FIA-1100a**) must be given to the applicant to complete and submit at the child care return appointment.
- make a referral to the Finger Imaging Unit, and BEV. Although some Family Assistance (FA) applicants are not required to go to BEV, all applicants requesting CILOCA must go to BEV.
- print the Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case (**M-528n**) and capture the applicant's electronic signature. (Only the casehead can request CILOCA and sign the **M-528n**).
- if all necessary employment information has been submitted, calculate and save a preliminary budget using Employment Code **04**; do not use Employment Code 13 to suppress the disregards. Do not do a Scratch Pad budget.
- complete an **FIA-3A Information Only** that will result in the automatic posting of Action Code **16FI (FIA-3A Information Only Data Entry Completed)**.

Refer to [PB #13-80-OPE](#) for information on the work schedule forms **FIA-1100** and **FIA-1100a**.

See [PB #14-97-OPE](#) for CILOCA BEV indicator

Once applicant is deemed income eligible

If an employed applicant does not have proof of employment or income:

- the **FIA-3A information Only** must still be completed; and
 - Action Code **910R** (FA Job Center Return Appointment – Other) must be entered to schedule a return appointment for the applicant to provide proof of employment.
- initiate an EP. The CILOCA EP will require the entry of the language and child care information only.

Note: If an EP is attempted before the **FIA-3A Information Only** is completed on a case that has CILOCA Action Code **918L**, NYCWAY will prompt the JOS/Worker to complete the **FIA-3A Information Only** first. This is critical to ensure that the individual is employed before the CILOCA specific EP is launched.

Revised information

- discuss child care options with the applicant.
 - enter the appropriate child care type code for each child on the case. For most applicants, child care will not be in place at the time of application. In this case, the JOS/Worker must:

Child care not in place at time of application

Refer to [PB #14-69-OPE](#)

- indicate Child Care Type **3** (No Child Care in Place – Arrangement Required) and transmit. This will generate the following Action Code **933S** (CC Provider needed and documentation is required). This code is for the initial child care return appointment even if the applicant/participant only needs to return with child care documentation.
- give the applicant the following forms:
 - Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**).
 - Enrollment Form for Provider of Legally-Exempt Group Child care (**OCFS-LDSS-4700**).
 - Child Care Provider Enrollment Supplement (**CS-274W**).
 - Proof of ID & Residency for your Child Care Provider (**CS-574FF**).
 - Child Care Fact Sheet and Planner (**CS-574EE**). The **CS-574EE** is also included in the application/recertification kits.

See [PD #13-18-EMP](#) for information on the informal child care provider enrollment process

- inform the parent/guardian that, if he/she chooses an informal child care provider, he/she and the child care provider must complete the appropriate enrollment form (**OCFS-LDSS-4699** or **OCFS-LDSS-4700**) and must bring the forms and documentation listed below to the Women’s Housing and Economic Development Corporation (WHEDCo), which is the citywide Enrollment Agency, for approval.
 - **CS-274W**
 - **CS-574FF**
 - Provider’s Identification
 - Proof of provider’s residence
 - Provider’s Social Security Number (SSN)/Employer Identification Number (EIN)
- Inform the parent/guardian that if a regulated child care provider is selected, only Form **CS-274W** needs to be completed and does not require WHEDCo’s involvement.
- give the parent/guardian the Child Care Return Appointment form **W-273NN** to return within 15 business days with required child care documentation.

Updated information.

Refer to [PD #14-27-EMP](#) for instructions on using the OCFS Child Care search link.

If the applicant is in need of referrals to child care providers or programs, the JOS/Worker can locate ACS contracted child care centers/Early Learn programs and family child care network providers by accessing the OCFS Child Care search link http://ocfs.ny.gov/main/childcare/ccfs_template.asp.

Updated information

Refer to [PD #14-27-EMP](#) for information on enrollment in ACS contracted center/Early Learn program.

It is important to call the contract center/Early Learn program or network to confirm the available slots before making a referral. The information for the referral must be entered on the Child Care Appointment Confirmation and Contact List **W-273J** and the form must be given to the applicant after it has been scanned and indexed into the electronic case record.

If the applicant needs to return with employment or other required eligibility documentation, issue the Documentation Requirements and/or Assessment Follow-up (**W-113K**) with a ten-day return appointment. The JOS/Worker must check the “Must see Worker upon return” box on the **W-113K**.

Fails to keep child care return appointment

If the applicant fails to keep the child care return appointment, the case will fall on the ISAR Worklist. The JOS/Worker will:

- enter Action Code **918I** (CILOCA Ineligible) in NYCWAY, which completes Action Code **918L**, to close out the request for CILOCA in NYCWAY and remove the case from the CLPAR worklist.
- reject the case with the appropriate case denial code in WMS.

Child care return appointment kept

When the applicant returns with completed child care provider forms, the JOS/Child Care Specialist must:

- review the child care forms to determine if the informal provider has been approved. If the applicant is using an informal provider that has not yet been approved by the enrollment agency, refer the applicant to WHEDCo.
- scan and index the child care forms, provider documentation and employment information, including the **FIA-1100** and/or the **FIA-1100a**.
- verify in ACCIS that there is no existing child care case under ACS. If an ACS child care case exists, take the necessary action to transfer the child care case from ACS to HRA.
- update the EP in NYCWAY with either Child Care Type **1** (formal child care in place at cost to the agency) or **2** (informal child care in place at cost to the agency). A case comment must be entered in NYCWAY if there is an active ACS child care case in ACCIS. The comment must state that a request of transfer was initiated and the date the request was made.
- Once the child care is successfully transferred from ACS to HRA, ensure that the provider information is correct and update the information, if necessary.

Revised information

No action is taken to enroll child(ren) with provider/program in ACCIS.

Note: In order for the system to accept an applicant’s request for CILOCA, there must be at least one child in the household requiring either Child Care Type **1** or Child Care Type **2**. If the child care is at no cost to the agency (free program or informal provider is not charging a fee), the household is ineligible for CILOCA.

When the applicant returns to the Center to see the JOS/Worker (**W-113K**), the JOS/Worker will:

- ensure that the applicant has complied with all CA eligibility requirements including BEV and Finger Imaging.
- search MAPPER for BEV Recommendation. (A BEV Recommendation must be received prior to making the preliminary eligibility determination.)

- review the submitted employment documentation to ensure that the criteria for CILOCA have been met. Employment information must include; wages, hours worked, tips (if any), and work schedule.
- calculate and save a preliminary budget using Employment Code **04**; do not use Employment Code 13 to suppress the disregards. Do not do a Scratch Pad budget.
- enter an appropriate case comment in POS. The comment must include the saved budget number.
- ensure that the completed **CS-274W**, and **LDSS-4699/4700** have been scanned and indexed.
- update the **FIA-3A Information Only** if Action Code **910R** was posted for applicant to return with proof of employment.
- ensure that the EP in NYCWAY was updated with either child care type **1** or **2** and Action Code **933T** (Childcare in Place – Applicant) is posted in NYCWAY.
- make a CA eligibility determination.

New Information

If the applicant is ineligible for CA, the JOS/Worker must process the denial using the appropriate CA denial code. Examples: If the applicant failed to comply with BEV the JOS/Worker must use CA denial code **W10** (Fail to Keep Investigatory Appointment). If the applicant failed to comply with finger imaging, the JOS/Worker must use the CA denial code **M88** (Failure to Comply with Automated Finger Imaging Requirement).

Note: If the CA eligibility criteria is not met, the JOS/Worker must not process denials based on the CILOCA criteria.

If the applicant is eligible for CA, determine if the case meets the CILOCA criteria.

New Information

Applicant predetermined eligible or ineligible for CILOCA

If the applicant is predetermined eligible or ineligible for CILOCA, the JOS/Worker must scan and index all eligibility related documents and notify the Center’s CILOCA Liaison of the case he/she has predetermined eligible or ineligible for CILOCA.

Note: Refer to the FIA Child Care Review Team sections starting on page 20 for actions taken by the CCRT to process the CILOCA applications.

The CILOCA Liaison must notify the FIA Child Care Review Team (CCRT) via email to the “*FIA Child Care Review Team*” mailbox of the cases that have been predetermined eligible or ineligible for CILOCA. The email must include Job Center name and number (e.g. DeKalb Job Center #64), case name, case number, and the date of application for CILOCA.

Refer to [PB #14-130-SYS](#) for information regarding CILOCA Processing queue.

The CILOCA Liaison is also be responsible for transferring the case that is being referred to the CCRT from the JOS/Worker's queue to the CILOCA Processing queue in POS. This transfer must take place immediately following the email.

Cases with open Action Codes **918L** will post on the **CLPAR** Worklist. Each Job Center must review and monitor this worklist to ensure that:

- all initial CILOCA requests for their center have been forwarded to the CCRT for final determination.
- the acceptance or denial for CILOCA has been processed.
- Cases that were denied for CA reasons no longer appear on the worklist.

The CCRT must review and monitor this worklist to ensure that all CILOCA referrals for approval or denial have been processed and all recertification cases are completed.

When does payment begin

If the applicant was already using a provider at the time of application and the provider is approved, the child care subsidy is paid from the date of application. If child care was not in place at the time of application, the subsidy will be paid from the date the provider began caring for the child(ren). If the application is subsequently denied with any code other than F98, NYCWAY will send the information on a weekly basis to ACCIS and the child care will be terminated for each child on the case.

Applicant decides he/she does not want CILOCA

At any time until code F98 is posted in WMS an applicant may change his/her mind as to whether he/she wants CILOCA. If an applicant changes his/her mind before code **F98** is posted, the JOS/Worker must:

- print Form **M-528n**, check the "Withdrawal from Child Care subsidy guarantee in lieu of CA" box, capture the applicant's electronic signature and scan and index the form into POS.
- check the "Child Care In Lieu of PA" box in the **Other Programs to Withdraw From:** section of the POS **Disposition/Withdrawal Screen**.
 - POS will indicate to NYCWAY that the applicant has withdrawn his/her request for CILOCA; and

- NYCWAY will post Action Code **918D** (Withdrawal Request for CC in Lieu of CA – Applicant) to close out the **918L**. Action Code **918D** will also close out the existing EP with Action Code **119T**.
- initiate a new EP. The new EP will allow the JOS/Worker to address all barriers, initiate required referrals, and complete the regular application process as per current procedure.

Participants

See Form **M-528m** for an explanation of the requirements for CILOCA.

When a participant reports that he/she is now employed or when interviewing a participant who is already employed, the JOS/Worker must:

- verify that the participant requires child care assistance for a child under 13 years of age in order for him/her to work.
- discuss the availability of the guaranteed CILOCA subsidy (see the attached Child Care in Lieu of Cash Assistance (CILOCA) Discussion Guide [**M-528p**]).
- give the participant Form **M-528m** and inform the participant that he/she must meet the CA eligibility requirements to be eligible for CILOCA.

Participant chooses CILOCA

When a participant informs the JOS/Worker that he/she wants to receive child care assistance only (no longer wants CA and wants to close his/her CA case in order to receive CILOCA), the JOS/Worker must:

- begin a Change Case Data activity in POS and:
 - ensure that the participant is still eligible for CA and has complied with all eligibility requirements for all household members such as Finger Imaging or household composition verification, if questionable.
 - review the submitted employment documentation to ensure that the criteria for CILOCA have been met. Employment information should include; wages (e.g.: \$140 per week), hours worked (e.g.: 35 hours per week), tips (if any), and work schedule (e.g.: Mon. – Fri. 10am to 4pm). The Work Schedule For Child Care (**FIA-1100**) and the Employer’s Verification (**FIA-1100a**) must be given to the participant to complete and return.
 - calculate a preliminary budget using Employment Code **04**; do not use Employment Code 13 to suppress the disregards. Do not do a Scratch Pad budget.

If the CILOCA request is made at the time of a recertification interview, follow these steps in the recertification interview activity.

Refer to [PB #13-80-OPE](#) for information on the work schedule forms **FIA-1100** and **FIA-1100a**.

- enter an appropriate case comment. The comment must include the preliminary budget number used to determine financial eligibility for CA.
 - print the Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case (**M-528n**) and electronically capture the participant's signature.
 - scan and index either pay stub(s) documenting all income from the last 30 days, or a letter from the employer on official stationery listing salary, hours worked, and work schedule (documentation cannot be more than 30 days old) to verify that the participant's employment information or income has not changed and is current/correct. A return appointment may be required to provide current verification.
 - if a return appointment is required to provide documentation, give the participant the **W-113K** with a ten day return appointment. The JOS/Worker must check the "Must see Worker upon return" box on the **W-113K** and suspend the activity.
- enter Action Code **118L** in NYCWAY to indicate that this participant is requesting CILOCA. Action Code **118L** will trigger the Employability Plan (EP) to display only the language and child care sections required for CILOCA.
 - start a new **FIA-3A** (auto-budget) if:
 - the participant's employment information/income has changed.
 - the participant is newly employed.
 - no **FIA-3A** currently exists or the current **FIA-3A** is more than six months old.
 - the income is not being reported during the CA recertification process (if at recertification, do **FIA 3A information Only**).
 - create an information-only **FIA-3A** if:
 - the existing **FIA-3A** is more than six months old but it is verified that the information has not changed. This will show that the information used to determine eligibility for CA is the same as the income currently budgeted; or
 - the new earned income is being reported during the CA recertification process. In this instance the budget must be calculated and authorized as part of the recertification/CED information/change.
 - initiate a new EP, which will require only the language and child care information.

Note: If an EP is attempted before a current (within the last six months) **FIA-3A** is completed on a case with CILOCA Action Code **118L**, NYCWAY will prompt the JOS/Worker to complete the **FIA-3A** first.

Because of engagement requirements, most participants will already have childcare in place.

For those participants who do not have child care in place, the JOS/Worker must:

- discuss all child care options with the participant.
- give the participant the **CS-574EE**.
- give the participant an Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**)/Enrollment Form for Provider of Legally-Exempt Group Child Care (**OCFS-LDSS-4700**), and a Child Care Provider Enrollment Supplement (**CS-274W**).
- inform the parent/guardian that, if he/she chooses an informal child care provider, he/she and the child care provider must complete the appropriate enrollment form (**OCFS-LDSS-4699** or **OCFS-LDSS-4700**) and must bring the forms and documentation listed below to the Women's Housing and Economic Development Corporation (WHEDCo), which is the citywide Enrollment Agency, for approval.
 - **CS-274W**
 - **CS-574FF**
 - Provider's Identification
 - Proof of provider's residence
 - Provider's Social Security Number (SSN)/Employer Identification Number (EIN)
- Inform the parent/guardian that if a regulated child care provider is selected, only Form **CS-274W** needs to be completed and does not require WHEDCo's involvement.
- indicate Child Care Type **3** (No Child care in Place – Arrangement Required) on the EP in NYCWAY, transmit, and schedule a child care return appointment via Action Code **133S** (CC Provider needed and documentation is required).
 - give the parent/guardian the Child Care Return Appointment form **W-273NN** to return within 15 business days with the required child care documentation.

If the participant needs a referral to a child care provider or program, refer to the instructions on page 12 of this procedure.

Revised information

When the participant returns with the completed child care provider forms, the JOS/Child Care Specialist must:

- review the child care forms to determine if the informal provider has been approved. If the applicant is using an informal provider that has not yet been approved by the enrollment agency, refer the applicant to WHEDCo.
- scan and index the child care forms, provider documentation and employment information, including the **FIA-1100** and/or the **FIA-1100a**.
- verify in ACCIS that there is no existing child care case being paid by ACS. If an ACS child care case exists, take the necessary action to transfer the child care case from ACS to HRA.
- update the EP in NYCWAY with either Child Care Type **1** or **2**. A case comment must be entered in NYCWAY if there is an active ACS child care case in ACCIS. The comment must state that a request of transfer was initiated and the date the request was made.
- once the child care case is successfully transferred from ACS to HRA, ensure that the provider information is correct and update the information, if necessary.

Note: In order for the system to accept a participant's request for CILOCA, there must be at least one child under 13 in the household requiring child care.

Once child care is in place or when the participant returns the documents requested on the **W-113K**, the JOS/Worker must:

- return to the Change Case Data activity in POS and:
 - Verify that the participant is still eligible for CA and has complied with all of the eligibility requirements such as Finger Imaging for all household members 18 years of age or older.
 - Review the submitted employment documentation to ensure that the criteria for CILOCA have been met. Employment information must include; the wages, hours worked, tips (if any), and work schedule.
 - Verify that all documents submitted at the return appointment were scanned and indexed.
 - Ensure that a preliminary budget using Employment Code **04** was calculated; and that Employment Code 13 to suppress the disregards was not used. A Scratch Pad budget must not be used.
 - enter appropriate case comments and include the saved budget number.

- ensure that the **CS-274W**, **LDSS-4699/4700** and the **CS-574FF**, if applicable, have been scanned and indexed.
 - make a CA and CILOCA determination. (See section below on CILOCA determination for participants)
- ensure that the EP in NYCWAY was updated with either child care type **1** or **2** and Action Code **133T** (Childcare in Place – Participant) is posted in NYCWAY. When the EP is completed, Action Code **119U** (EP assessment completed – participant exemption) will autopost.

Determining CILOCA Eligibility for Participants

Participant determined ineligible for CILOCA but still eligible for CA

If a participant is still eligible for CA, but does not meet the CILOCA criteria, the CA case will remain active. The JOS/Worker must:

- complete the Notice of Denial of Your Application for Child Care Benefits form (**OCFS-LDSS-4780**) with the appropriate reason for denial (see pages 20 and 21 for instructions on the use and completion of this form);
- indicate that although CILOCA is denied the current child care assistance will not be discontinued;
- mail the **OCFS-LDSS-4780** to the participant.
- enter Action Code **118I** (CILOCA Ineligible) in NYCWAY to close out Action Code **118L**.

Child care does not get interrupted if ineligible for CILOCA. CA participant remains employed.

Participant determined ineligible CA

If a participant is ineligible for CA and, therefore, ineligible for CILOCA, the JOS/Worker must close the CA case with the appropriate CA closing code and send the participant the appropriate prefilled **OCFS-LDSS-4780**. Do not suppress the CA CNS closing notice. In this instance, the participant must receive both a CA discontinuance notice and a CILOCA denial notice.

New Information

If the case is closed due to excess income, though ineligible for CILOCA, the household may be eligible for transitional child care (TCC) for up to 12 months. The CA case must be closed using closing code **E31**. Do not send the **OCFS-LDSS-4780**.

Participant determined eligible for CILOCA

If the participant is predetermined eligible for CILOCA, the JOS/Worker must notify the Center’s CILOCA Liaison of the case that has been predetermined eligible for CILOCA. The Center’s CILOCA Liaison must review the cases for accuracy and completeness prior to referring to the CCRT.

Note: For actions taken by the CCRT to process the CILOCA eligibility refer to FIA Child Care Review Team section starting on page 20.

Refer to [PB #14-130-SYS](#) for information on the CILOCA Processing queue.

On a daily basis, the CILOCA Liaison must notify the CCRT via email to the “*FIA Child Care Review Team*” mailbox of the cases that have been predetermined eligible for CILOCA. The email must include the Job Center’s name and number, case name, case number, and the date the participant requested CILOCA and signed the **M-528n**.

The CILOCA Liaison is also responsible for transferring the case that is being referred to the CCRT from the worker’s queue to the CILOCA Processing queue in POS. This transfer must take place immediately following the email.

Once the CA case is closed and the household is receiving CILOCA, all further child care activities are handled by the CCRT including CILOCA recertification.

Participant decides he/she does not want CILOCA

At any time before code **F98** is posted in WMS a participant may change his/her mind as to whether he/she wants CILOCA. If a participant changes his/her mind before code **F98** is posted, the JOS/Worker must:

- access the POS **Disposition/Withdrawal** screen
- select the withdrawal from “Child Care in Lieu of CA” button
- print Form **M-528n**, have the participant check the box under “Withdrawal from the child care subsidy guarantee ‘in lieu of CA,’” and capture the participant’s electronic signature.
- manually enter Action Code **118D** in NYCWAY to indicate that this participant has withdrawn his/her request for CILOCA.
- initiate a new EP as per current instructions.

If the participant changes his/her mind and an **F98** closing is pending in WMS, the JOS/Worker must do a Settle In Conference (SIC) to stop the pending transaction.

If the **F98** has not yet posted in WMS, but the JOS/Worker cannot SIC the transaction in time to prevent the case from closing (**F98** to post the next business day), once the case is actually closed, it must be reopened using Closed in Error code **Y42**.

Case is closed **F98** in
WMS

If a participant changes his/her mind after code **F98** is posted in WMS, he/she must reapply for CA. Upon reapplication, the assigned JOS/Worker in CSIC Child Care must update ACCIS to reflect the new reason for child care. A new child care case must not be established in ACCIS. If child care is no longer required, the JOS/Worker must manually discontinue the child care case in ACCIS for all children.

Instructions for prefilled **OCFS-LDSS-4780**

New information

The **OCFS-LDSS-4780** that is now available on HRA eDocs has a drop down box in the upper right hand corner that contains a list of 13 numbers with a heading. Each number corresponds with a criterion or reason for a CILOCA denial. When the appropriate reason is selected, a snippet with the language required for the selected CILOCA criterion will populate the form. **Attachment D** can be used to assist in identifying which criterion corresponds to each number and heading used in the **OCFS-LDSS-4780**.

When rejecting an applicant's/participant's request for CILOCA, the CCRT or JOS/Worker will open the form on HRA eDocs and do the following:

- Click on the drop down arrow and select the appropriate snippet number.
- Once snippet is displayed, all text boxes in fields that require entry of information will become enabled and information can be entered by clicking in the text boxes.
- For snippets that require additional information such as documents not submitted and date appointment missed, click in the text box next to snippets and enter the information.
- Once all fields have been entered, print the form.
- Scan and index the form into the POS electronic folder.

If denied for CA eligibility reasons, the case must be rejected with the appropriate CA reason code. The **OCFS-LDSS-4780** only has CILOCA reasons.

New information

Job Center’s Responsibility in Completing Fair Hearing Decisions on initial CILOCA case actions

All fair hearing decisions on CILOCA case actions will be forwarded to the originating Job Center for compliance with the fair hearing.

Example: An applicant applies for CILOCA at the Dekalb Job Center. The applicant’s final determination to reject the case is processed by the CCRT. When that applicant requests a fair hearing and the fair hearing decision is made, the compliance with the fair hearing is the responsibility of the Dekalb Job Center.

FIA Child Care Review Team CILOCA Application Process

The cases with open Action Codes **918L/118L** will post on the CLPAR Worklist. The CCRT will monitor this worklist to ensure that the appropriate action was taken on all cases referred to the CCRT via email for approval.

In addition, the CCRT must check the “FIA Child Care Review Team” mailbox on a daily basis. When a case that is predetermined eligible or ineligible for CILOCA is referred to the CCRT by the Center’s CILOCA Liaison, the CCRT worker will:

- review each case in POS, WMS and NYCWAY to ensure that all actions were done correctly and that the applicant/participant has complied with all necessary referrals.
- review the saved budget number entered in the case comments by the JOS/Worker to determine if it was completed correctly and if the applicant/participant is financially CA eligible.
- review the HRA OneViewer to ensure that all required documentation is present and current.
- review the **W-113k** to ensure that all required documentation was requested.
- search MAPPER for the BEV recommendation.

Cases eligible for CILOCA

After the review is complete, if all documentation and compliance with CA requirements have been verified and the case is deemed eligible for CILOCA, the CCRT will:

Note: Case Number reuse and CIN Number linking rules must be followed with all CILOCA cases

- complete the POS Activity (Application Interview, Change Case Data, Recertification Interview, etc.) and accept the case for CILOCA using the CA rejection code **F98**.
- complete the appropriate prefilled Approval of Your Application of Child Care Benefits (**OCFS-LDSS-4779**). (Approval is for a one year period).

- search in ACCIS to determine if an agency transfer request was processed, if applicable.
- enroll the child(ren) with the provider in ACCIS using reason for care code **01**.
- submit the case to the CCRT Supervisor for review and approval. (See supervisor action on page 24.)

CCRT deems cases predetermined eligible for CILOCA ineligible

If the CCRT determines that a case predetermined eligible for CILOCA is ineligible due to an issue that can be addressed and resolved by the Center, such as lack of viewable documentation or verification, the CCRT must:

- enter a case comment in NYCWAY
- send an email to the Center's CILOCA Liaison explaining the issue that is preventing them from making a determination and what documentation or verification is lacking.
- transfer the case from the CILOCA Processing queue to the worker's queue in POS.

The Center's CILOCA Liaison is responsible for advising the JOS/Worker and/or Supervisor of the issue and what documentation or verification, if any, must be submitted.

The JOS/Worker, if able, must address or resolve the issue, scan and index the necessary documentation or verification of compliance and resubmit the information to the Liaison.

If the agency failed to ask for documentation which is critical to a decision and we cannot obtain the information through collateral contact, the applicant/participant must be afforded the opportunity to submit the document. The case cannot be denied based on the lack of documentation that the applicant/ participant never knew he/she needed to submit, even if the applicant/participant already had two (2) or more return appointments.

Once the action has been corrected, the Liaison must send an email to the CCRT and transfer the case from the worker's queue back to the CILOCA Processing queue in POS.

CCRT deems applicant ineligible for CILOCA

For application cases determined ineligible for CILOCA, the CCRT will:

Do not use code **F98** for CILOCA ineligible cases.

- reject the case for CILOCA in POS using Rejection Code **M55**.
- complete the appropriate prefilled Denial of Your Application of Child Care Benefits (**OCFS-LDSS-4780**).
- scan and index the **OCFS-LDSS-4780** in the HRA One Viewer.
- submit the case to the CCRT Supervisor for review and approval.

CCRT Supervisor Actions in the Application Process

If the case is determined ineligible for CILOCA, the CCRT Supervisor must take the following actions:

- Verify that all corresponding documents are scanned and indexed into the viewer.
- Approve and transmit the **Application Interview** activity in POS.
- Enter Action Code **918I** (CILOCA – Ineligible) and case note in NYCWAY.
- Ensure that the completed **OCFS-LDSS-4782** is scanned and indexed and mail the form to the parent/guardian.

If the case is determined eligible for CILOCA, the CCRT Supervisor must take the following actions:

- Verify that all corresponding documents are scanned and indexed into the viewer.
- Approve and transmit the **Application Interview** activity in POS.
- Ensure the correct care type, provider rate and hours of care is reflected in ACCIS so that the appropriate CILOCA parent fees are applied.
- Enter Action Code **918E** (CILOCA – Eligible) in NYCWAY to reauthorize child care for one year.
- Ensure that the completed **OCFS-LDSS-4779** is scanned and indexed and mail the form to the CILOCA eligible parent/guardian.

After the case has been accepted for CILOCA in WMS with denial code **F98**, NYCWAY will post Action Code **918E/118E** with a 12-month future action date (FAD) and will place the case on the CILOCA Recertification worklist “CILOC” in the eleventh month. ACCIS will check the data in NYCWAY to ensure that **F98** denial/closing code has not changed and will post a one year recertification date.

FIA Child Care Review Team CILOCA Recertification Process

New information The CCRT will conduct the CILOCA eligibility recertification one year after code **F98** posts in WMS.

On a monthly basis, CCRT will pull up the “CILOC” worklist. This is a worklist of cases that are approaching the eleventh month and require recertification. The CCRT Worker must:

- verify address, number of children and number of providers in ACCIS for every case.
- enter Action Code **918F** (Recertification Call-in for CILOCA) with the date and time of the appointment in NYCWAY.
- mail the Appointment Notice for Child Care In Lieu of Cash Assistance (CILOCA) (**FIA-1026b**).
- mail the appropriate number of child care provider forms (**LDSS-4699/4700/CS-274W**) that are needed for the household.

Rescheduling a CILOCA Recertification

If a parent calls and requests to reschedule a recertification appointment, the CCRT Worker must:

- enter Action Code **918R** (Reschedule CILOCA Recertification) with the date and time of the new appointment and a comment in NYCWAY.
- mail the Notice of Rescheduled Appointment for Child Care in Lieu of Cash Assistance (CILOCA) (**FIA-1026c**).

CILOCA Recertification Kept

If the parent keeps the CILOCA Recertification, the CCRT Worker must:

- register the case in POS.
 - Select the “Child Care in Lieu of CA” in the Site Determination screen in the Application Intake Interview. POS will then register the case in WMS and indicate to NYCWAY that this is a CILOCA case, and NYCWAY will post Action Code **918L**.
- run all necessary clearances on the case.
- conduct the interview, and collect documentation to verify the following:
 - Household composition and the continued need for child care.
 - Shelter expense (rent or mortgage).
 - Employment income including hourly wage, how many hours worked per week, and work schedule. This information is required for both parents if it is a two parent household.

Any child support income redirected to a CILOCA participant becomes part of his/her household's countable income.

- Resources (savings or checking accounts, motor vehicle, etc.)
- add or remove household members that have joined or left the household as appropriate.
- refer any adults that have joined the household or household member that has reached the age of 18 to AFIS for finger imaging.
- calculate and save a preliminary budget to determine financial eligibility using employment code **04**.
- take the following actions in NYCWAY:
 - Complete the **FIA3A** Information Only.
 - Initiate and complete the EP.
 - Enter a case note.
- scan and index all submitted documents.
- manually refer the case to the on-site BEV for review and recommendation using the Notice To Report To BEV Interview (**BEV-229**).
- verify status of child care in ACCIS and update any information, if necessary.
- manually refer the CILOCA individual to WHEDCo for the annual review of the current provider or if there is a change in providers.
- make an eligibility determination. (See pages 27 & 28 for eligibility determinations.)

Return Appointment documents required

If the parent does not have all of the necessary documents at the recertification appointment, the CCRT Worker must:

- enter Action Code **918M** (CILOCA Return Appointment) in NYCWAY.
- list the required missing documents on the Child Care in Lieu of Cash Assistance (CILOCA) Return Appointment and/or Documents Required for Recertification **FIA-1093**.
- scan and index the completed **FIA-1093** into the HRA One Viewer.
- give the completed **FIA-1093** to the parent/guardian.

Return appointment kept.

When the parent keeps the document return appointment, the CCRT Worker must:

- collect the necessary documents.
- calculate and save a preliminary budget to determine financial eligibility using employment code **04**.
- take the following action in NYCWAY:
 - Update the **FIA3A** Information Only with the information verified by the submitted documentation.

- Initiate and complete the EP.
 - Enter a case note, if applicable.
- scan and index submitted documents into the viewer.
 - verify status of the child care for each child in ACCIS and update any information, if necessary.
 - make an eligibility determination. (See below for eligibility determinations.)

Eligibility Determinations

Failure to keep CILOCA Recertification. If the parent fails to keep the CILOCA Recertification appointment, the CCRT Worker must:

- enter Action Code **11FR** (Failure to Report to Interview) and a case comment in NYCWAY regarding the parent’s failure to report.
- complete the Notice of Intent To Discontinue Child Care Benefits (**OCFS-LDSS-4782**). The end date entered on the **OCFS-LDSS-4782** is 15 days from the recertification appointment date.

New information

The **OCFS-LDSS-4782** is available on HRA eDocs. It has a drop down box in the upper right hand corner that contains a list of 13 numbers with a heading. Each number corresponds with a criterion or reason for a CILOCA denial. When a number with its heading is selected, a snippet with the language required for the CILOCA criterion that was not met will populate the form.

Attachment E can be used to assist in identifying which criterion corresponds to each number and heading used in the **OCFS-LDSS-4782**. When closing a CILOCA participant, the CCRT or JOS/Worker will find the form on HRA eDocs, click on the drop down arrow and select the appropriate number and heading. Once the form is populated, the CCRT will fill in all of the fields that require entry and then print the form.

- scan and index the completed **OCFS-LDSS-4782**.
- submit the case to the CCRT Supervisor for review and approval of case action and to terminate child care in ACCIS.

Failure to keep document return appointment.

See page 25 for information on completing the **OCFS-LDSS-4782**.

If the parent fails to keep the CILOCA document return appointment, the CCRT Worker must:

- ensure that all eligibility related documents or forms received are scanned and indexed into the viewer.
- enter the appropriate information into POS question sets with case comments and reject the case in POS using code **M55**.

- select and complete the **OCFS-LDSS-4782**. The end date entered on the **OCFS-LDSS-4782** is 15 days from the recertification appointment date.
- scan and index the completed form.
- submit the case to the CCRT Supervisor for review and approval. (See page 29 for supervisor actions).

Financially ineligible

If the preliminary budget renders the household ineligible for CILOCA:

- do not refer the case to BEV.
- enter the appropriate information into POS question sets with case comments and reject the case in POS using code **G46** and the ineligible budget number.
- select and complete the **OCFS-LDSS-4782**. The end date entered on the **OCFS-LDSS-4782** is 15 days from the recertification appointment date.
- scan and index the completed form.
- submit the case to the CCRT Supervisor for review and approval. (See page 29 for supervisor action).

CILOCA Ineligible.

If the household is deemed ineligible for CILOCA for reasons other than income, the CCRT Worker must:

- ensure that all eligibility related documents or forms received are scanned and indexed into the viewer.
- enter the appropriate information into POS question sets with case comments and reject the case in POS using code **M55**.
- select and complete the **OCFS-LDSS-4782**. The end date entered on the **OCFS-LDSS-4782** is 15 days from the recertification appointment date.
- scan and index the completed form.
- submit the case to the CCRT Supervisor for review and approval. (See page 29 for supervisor actions).

CILOCA recipient remains income and resource-eligible for CA

If the household is still deemed income and resource-eligible for CA and still meets the CILOCA criteria, the CCRT Worker must:

Remember to use the Case Number reuse and CIN number linking rules with all CILOCA cases.

- accept the case for CILOCA in POS using the **F98** rejection code.
- select and complete the prefilled Approval of Your Redetermination for Child Care Benefits form (**OCFS-LDSS-4784**). The effective date entered on the **OCFS-LDSS-4784** is the date of compliance with required documentation.
- verify the status of the child care in ACCIS and update any information, including the monthly gross income, if necessary.
- Scan and index the completed **OCFS-LDSS-4784**.

- submit the case to the CCRT Supervisor for review and approval.

CCRT Supervisor Actions

Determined eligible

If the case is determined eligible for CILOCA, the supervisor must take the following actions:

- Verify that all corresponding documents are scanned and indexed into the viewer.
- Approve and transmit the **Application Interview** activity in POS.
- Check that the ACCIS history screen is updated as appropriate and makes system annotations/changes needed in ACCIS to guarantee one additional year of CILOCA.
- Ensure the correct care type and income rate is reflected in ACCIS so that the appropriate CILOCA parent fees are applied.
- Enter Action Code **918E** (CILOCA – Eligible) and case note in NYCWAY.
- Ensure that the completed **OCFS-LDSS-4784** is scanned and indexed and mail the form to the CILOCA eligible parent/guardian.

Does not keep recertification appointment

If the parent does not keep the CILOCA recertification appointment, the CCRT Supervisor must:

- terminate the Child Care in ACCIS by entering the end date and the drop date in the **Child Maintenance** screen.
- ensure that the completed **OCFS-LDSS-4782** is scanned and indexed and mail the form to the parent/guardian.

Fails to keep document return appointment

If the parent fails to keep the CILOCA document return appointment, the CCRT Supervisor must:

- ensure that all eligibility related documents or forms received are scanned and indexed into the viewer.
- review and approve the Application Interview activity in POS.
- enter Action Code **918I** in NYCWAY.
- terminate the child care in ACCIS by entering the end date and the drop date (FAD date) in the **Child Maintenance** screen.

Determined ineligible

If the case is determined ineligible for CILOCA, the supervisor must take the following actions:

- Verify that all corresponding documents are scanned and indexed into the viewer.
- Approve and transmit the **Application Interview** activity in POS.

- Enter Action Code **918I** (CILOCA – Ineligible) in NYCWAY to reauthorize child care for one year.
- Terminate the Child Care in ACCIS by entering the end date and the drop date in the **Child Maintenance** screen.
- Ensure that the completed **OCFS-LDSS-4782** is scanned and indexed and mail the form to the parent/guardian.

CILOCA recipient becomes financially ineligible for CA

If the income renders the household ineligible for CA/CILOCA, the CCRT must refer the case to the Administration for Children’s Services Transitional Child Care Unit at 109 East 16th Street 3rd floor for evaluation of Transitional Child Care (TCC) benefits. The TCC Worker determines eligibility for up to 12 months of TCC benefits.

If eligible for TCC, the weekly fee will vary depending on the amount of the household income. The CILOCA recipient will be informed of the TCC eligibility and fee change by the TCC Unit.

If ineligible for TCC, the TCC Unit will notify the parent by mail via the Notice of Ineligibility for Transitional Child Care Benefits form (**CS-560DD**).

CILOCA recipient wants CA (no longer wants CILOCA)

A CILOCA recipient who wishes to discontinue CILOCA and return to CA is considered a new applicant. He/she must return to the Job Center to apply for and file a **new** CA application.

If upon application for CA child care is still required, **DO NOT** create a new child record in ACCIS for the child(ren) in care. The reason for care code will update based on the WMS case status and the engagement activity.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

POS implications are discussed in the body of this policy directive

Model Center Implications

At the Model Centers, the Front Door Reception must forward all CILOCA child care return appointments to the Customer Service and Information Center’s (CSIC) Child Care Specialist, who will:

- review all child care-related information in ACCIS;
- update the child care type in the EP to **1** or **2** as appropriate and close the EP with Action Code **119U**;
- close the Model Office Number Identification Queue (MONIQ) ticket; and

- issue a new MONIQ ticket in the “CA Other” queue to refer the applicant/participant back to the original CA JOS/Worker, who will complete the CILOCA process as appropriate.

Supplemental Nutrition Assistance Program Implications

The receipt of CILOCA has no effect on Supplemental Nutrition Assistance Program (SNAP) eligibility. If the applicant has also applied for SNAP benefits and withdraws the CA application or the participant closes the CA case, a separate determination is required for SNAP. The \$12/\$15 weekly fee is counted as a SNAP out-of-pocket dependent care expense. Additionally, if the CILOCA recipient is paying the difference between the State market rate for child care and the rate his/her child care provider charges, this difference is also an out-of-pocket expense and must also be counted as a child care deduction in the SNAP calculation.

Medicaid Implications

Receipt of CILOCA has no effect on Medicaid eligibility. If the applicant withdraws only his/her CA application or the participant closes his/her CA case, a separate determination is required for Medicaid.

LIMITED ENGLISH PROFICIENT IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #14-24-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 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/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.

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 to the applicant/participant the reason for the Agency's action(s).

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 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 Form (**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 Form **M-186a**.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing which has already been requested, the FH&C AJOS/Supervisor I is responsible for ensuring that a further appeal 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. All evidence packets also require all relevant information regarding the application/recertification for CILOCA eligibility.


REFERENCES

04-OCFS-ADM-01
 11-OCFS-INF-04
 18 NYCRR 387.12 (d);415.2(a)(i)(ii);350.3(c)
 Temporary Assistance Source Book Chapter 28; Section A
 GIS 07 TA/DC015
 SSL 410-w(4)(a)

RELATED ITEM

[PB #14-34-OPE](#)
[PB #14-69-OPE](#)
[PB #14-97-OPE](#)
[PD #13-18-EMP](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** CNS Text and Fill Options for WMS CILOCA Denial Code M55
- Attachment B** CNS Text for WMS CILOCA Denial Code G46
- Attachment C** CILOCA Income Requirement Amounts
- Attachment D** CILOCA Ineligible Criteria for Use with **OCFS-LDSS-4780**
- Attachment E** CILOCA Ineligible Criteria for Use with **OCFS-LDSS-4782**
- M-528m** Child Care Guarantee Informational (Rev. 4/30/15)
- M-528m (S)** Child Care Guarantee Informational (Rev. 4/30/15) (Spanish)
- M-528n** Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case (Rev. 2/20/13)
- M-528n (S)** Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case (Rev. 2/20/13) (Spanish)
- M-528p** Child Care in Lieu of Cash Assistance (CILOCA) Discussion Guide (REV. 4/30/15)
- FIA-1026b** Appointment Notice Child Care In Lieu of Cash Assistance (CILOCA) (Rev. 4/30/15)
- FIA-1026b (S)** Appointment Notice Child Care In Lieu of Cash Assistance (CILOCA) (Spanish) (Rev. 4/30/15)
- FIA-1026c** Notice of Rescheduled Appointment for Child Care In Lieu of Cash Assistance (CILOCA) (Rev. 4/30/15)
- FIA-1026c (S)** Notice of Rescheduled Appointment for Child Care In Lieu of Cash Assistance (CILOCA) (Spanish) (Rev. 4/30/15)

FIA-1093	Child Care in Lieu of Cash Assistance (CILOCA) Recertification Return Appointment
FIA-1093 (S)	Child Care in Lieu of Cash Assistance (CILOCA) Recertification Return Appointment
BEV-229 (E)	Notice To Report To BEV Interview
CS-560CC	Notice of Eligibility for Transitional Child Care Benefits (Rev. 6/07)
CS-560CC (S)	Notice of Eligibility for Transitional Child Care Benefits (Spanish) (Rev. 8/07)
CS-560DD	Notice of Ineligibility for Transitional Child Care Benefits (Rev. 5/07)
CS-560DD (S)	Notice of Ineligibility for Transitional Child Care Benefits (Spanish) (Rev. 8/07)
OCFS-LDSS- 4779	APPROVAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Rev. 1/2013) APPROVAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (REV. 1/2013) Prefilled
OCFS-LDSS- 4779 (S)	APPROVAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Spanish) (Rev. 1/2013) APPROVAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Spanish) (REV. 1/2013) Prefilled
OCFS-LDSS- 4780	DENIAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Rev. 6/2013) DENIAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Rev. 6/2013) Prefilled
OCFS-LDSS- 4780 (S)	DENIAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Spanish) (Rev. 6/2013) DENIAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS (Spanish) (Rev. 6/2013) Prefilled
OCFS-LDSS- 4782	NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS (Rev. 6/2013) NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS (Rev. 6/2013) Prefilled
OCFS-LDSS- 4782 (S)	NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS (Spanish) (Rev. 6/2013) NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS (Spanish) (Rev. 6/2013) Prefilled
OCFS-LDSS- 4784 (E)	APPROVAL OF YOUR REDETERMINATION FOR CHILD CARE BENEFITS (Rev. 6/20/13) APPROVAL OF YOUR REDETERMINATION FOR CHILD CARE BENEFITS (Rev. 6/20/13) Prefilled
OCFS-LDSS- 4784 (S)	APPROVAL OF YOUR REDETERMINATION FOR CHILD CARE BENEFITS (Spanish) (Rev. 6/20/13) APPROVAL OF YOUR REDETERMINATION FOR CHILD CARE BENEFITS (Spanish) (Rev. 6/20/13) Prefilled

Attachment A

CNS TEXT AND FILL OPTIONS FOR WMS CILOCA DENIAL CODE M55

This is to tell you that your application for Public Assistance has been withdrawn at your request because you want to apply for Child Care in Lieu of Cash Assistance (CILOCA)

Your request for CILOCA has been denied because:

1. Your household does not meet the eligibility criteria for Cash Assistance and to be eligible for CILOCA you must first be eligible for Cash Assistance. You were not eligible for Cash Assistance because you failed to keep an appointment with the Bureau of Eligibility Verification on __/__/__.
2. Your household does not meet the eligibility criteria for Cash Assistance and to be eligible for CILOCA you must first be eligible for Cash Assistance. You were not eligible for Cash Assistance because you or another individual in your household 18 years of age or older failed to comply with the finger imaging requirement.
3. You are a single parent who is working or self-employed and you are not earning at least \$153/week or \$663/month.
4. You are a two parent household and you and the other parent are not earning a combined income of at least \$219/week or \$949/month.
5. You are a single parent household working at a job that is exempt from the state minimum wage requirement but you are not working at least 17.5 hours per week.
6. You are a two parent household where you and the other parent in the household are employed in a job that is exempt from the minimum wage requirement or are both self-employed but you are not working a minimum of at least 25 hours per week combined.
7. You or the other parent in the household failed to submit valid documentation to verify the employment income and the number of hours worked per week.
8. You are a two-parent household where both parents are employed but one parent is employed/self-employed earning minimum wage or more per hour and is not earning a minimum gross income of \$153 per week or \$663 per month.
9. You are a two-parent household where both parents are employed but one parent is in a job exempt from minimum wage rules that is paying less than minimum wage per hour but is not working at least 7.5 hours per week.

Attachment A

10. You are a two-parent household where one parent is employed/self-employed earning minimum wage or more per hour but is not earning a minimum gross income of \$153 per week or \$663 per month and the other parent is in a job exempt from minimum wage rules that is paying less than minimum wage per hour but is not working at least 7.5 hours per week.

11. You are a two-parent household where at least one parent is unemployed.

12. You are programmatically ineligible for child care in lieu of cash assistance because you are not employed/self-employed.

13. You are programmatically ineligible for child care benefits as your youngest child is over the age of 13.

14. The only parent/guardian does not meet the cash assistance immigrant eligibility and social security number requirement as defined in 18 NYCRR: 349.3 (b) and 351.2 (c).

15. Other - please allow 100 bytes - (requires free fill-in text for notice)

The Regulation to support this action is 18 NYCRR 415.2(a)(1)(ii).

The statute which allows this and should be cited is: SSL 410w

Code M55 will allow multiple fills as follows:

1, 2, 15--- Use only by themselves and not with any other paragraph

3, 5, 14---Can be used together but not with #1,2,4,6,7,8,9,10,11,12 ,13,15.

4, 6, 7, 8, 9, 10, 11---Can be used together but not with #1, 2, 3, 5, 12, 13, 14, 15.

#12, 13---Can be used together but not with #1,2,3,4,5,6,7,8,9,10,11,14

ATTACHMENT B

CNS TEXT FOR WMS CILOCA DENIAL CODE G46

This is to tell you that your application for Public Assistance has been withdrawn at your request because you want to apply for Child Care in Lieu of Cash Assistance (CILOCA). Your request for CILOCA has been denied because you and or the other parent in the household do not meet the eligibility criteria for Cash Assistance and to be eligible for CILOCA you must first be eligible for Cash Assistance. You were not eligible for Cash Assistance because you and/or the other parent in the household had excessive income (attach the budget information showing how the excess income was determined to the CNS notice like we currently do for E30 rejects).

The Regulation to support this action is 18 NYCRR 415.2(a)(1)(ii).

•A BUDGET SHOULD BE SAVED FOR EVERY CILOCA CASE BUT THE INFORMATION SHOULD ONLY BE PULLED INTO CNS FOR REJECTION CODE G46.

CILOCA Income Requirement Amounts

Single parent household

Rates as of:

December 31, 2014	December 31, 2015
\$8.75 hourly	\$9.00 hourly
\$153 weekly	\$158 weekly
\$663 monthly	\$685 monthly

Two parent household

Rates as of:

December 31, 2014	December 31, 2015
\$8.75 hourly	\$9.00 hourly
\$219 weekly	\$225 weekly
\$949 monthly	\$975 monthly

CILOCA Ineligible Language For Use With OCFS-LDSS-4780

Number	Heading	Snippet Language
1	Single Parent Hours	You applied for “Child Care in Lieu of Cash Assistance” and you do not meet the eligibility criteria for this program because based on the information you provided to this agency, you are a single parent earning less than minimum wage from a job that is exempt from the minimum wage requirement but you are not working at least 17.5 hours per week.
2	Single Parent Wages	You applied for “Child Care in Lieu of Cash Assistance” and you do not meet the eligibility criteria for this program because based on the information you provided to this agency, you are a single parent who is either employed at a job that is not exempt from the minimum wage requirement or self-employed but you are not earning at least \$8.75 per hour, or at least \$153 per week, or at least \$663 per month.
3	Two Parent Hours	You applied for “Child Care in Lieu of Cash Assistance” and you do not meet the eligibility criteria for this program because based on the information you provided to this agency, you are a two-parent household and both parents are employed in jobs that are exempt from the minimum wage requirement but are not working for a combined total of at least 25 hours per week.
4	Two Parent Wages	You applied for “Child Care in Lieu of Cash Assistance” and you do not meet the eligibility criteria for this program because based on the information you provided to this agency, you are a two-parent household and you did not verify that both parents earn the State minimum wage of \$8.75 per hour or are self-employed and earn at least a total of \$219 per week, or at least a total of \$949 per month.
5	Two parent with two different employment criteria	You applied for “Child Care in Lieu of Cash Assistance” and you do not meet the eligibility criteria for this program because based on the information you provided to this agency, you are a two parent household and you did not verify that one parent is making minimum wage and earns a minimum of \$153 per week or \$663 per month and that the other parent is in a job exempt from minimum wage working a minimum of 7.50 hours per week.

6	FTK Mandatory Appointment	You applied for "Child Care in Lieu of Cash Assistance" and you failed to keep a mandatory appointment to evaluate your continued eligibility for Child Care in Lieu of Cash Assistance (CILOCA) on _____.
7	Ineligible Income/Resources	You applied for "Child Care in Lieu of Cash Assistance" and your income/resources exceeds the Cash Assistance eligibility limits and, therefore, you are not eligible for Child Care in Lieu of Cash Assistance (CILOCA).
8	Failed to submit verification	You applied for "Child Care in Lieu of Cash Assistance" and you failed to submit the documentation listed below to verify your eligibility for Child Care in Lieu of Cash Assistance (CILOCA).
9	Ineligible Alien	You applied for "Child Care in Lieu of Cash Assistance" you do not meet the eligibility criteria for this program because based on the information you provided to this agency, at least one parent does not meet the alien eligibility criteria for Cash Assistance.
10	No Child Under 13	You applied for "Child Care in Lieu of Cash Assistance" and you do not meet the eligibility criteria for this program because your youngest child is over age 13.
11	Denial Failure to comply with BEV	You applied for "Child Care in Lieu of Cash Assistance" and you do not meet the eligibility criteria for Cash Assistance. To be eligible for CILOCA you must first be eligible for Cash Assistance. You were not eligible for Cash Assistance because you failed to keep an appointment with the Bureau of Eligibility Verification on __/__/__.
12	Denial Failure to cooperate with BEV	You applied for "Child Care in Lieu of Cash Assistance" and you do not meet the eligibility criteria for Cash Assistance. To be eligible for CILOCA you must first be eligible for Cash Assistance. You were not eligible for Cash Assistance because you failed to cooperate with the Bureau of Eligibility Verification.
13	Denial Failure to comply with Finger Imaging	You applied for "Child Care in Lieu of Cash Assistance" and you do not meet the eligibility criteria for Cash Assistance. To be eligible for CILOCA you must first be eligible for Cash Assistance. You were not eligible for Cash Assistance because you or another individual in your household 18 years of age or older failed to comply with the finger imaging requirement.

CILOCA Snippets For Use With OCFS-LDSS-4782

Number	Heading	Snippet Language
1	Single parent hours	You were in receipt of “Child Care in Lieu of Cash Assistance” and you no longer meet the eligibility criteria for this program because based on the information you provided to this agency, you are a single parent earning less than minimum wage from a job that is exempt from the minimum wage requirement but you are not working at least 17.5 hours per week.
2	Single parent Wages	You were in receipt of “Child Care in Lieu of Cash Assistance” and you no longer meet the eligibility criteria for this program because based on the information you provided to this agency, you are a single parent who is either employed at a job that is not exempt from the minimum wage requirement or self-employed but you are not earning at least \$8.75 per hour, or at least \$153 per week, or at least \$663 per month.
3	Two parents hours	You were in receipt of “Child Care in Lieu of Cash Assistance” and you no longer meet the eligibility criteria for this program because based on the information you provided to this agency, you are a two-parent household and both parents are employed in jobs that are exempt from the minimum wage requirement but are not working for a combined total of at least 25 hours per week.
4	Two parent with two different critieria	You were in receipt of “Child Care in Lieu of Cash Assistance” and you no longer meet the eligibility criteria for this program because based on the information you provided to this agency, you are a two parent household and you did not verify that one parent is making minimum wage and earns a minimum of \$153 per week or \$663 per month and that the other parent is in a job exempt from minimum wage working a minimum of 7.50 hours per week.
5	Two parents wages	You were in receipt of “Child Care in Lieu of Cash Assistance” and you no longer meet the eligibility criteria for this program because based on the information you provided to this agency, you are a two-parent household and you did not verify that both parents earn the State minimum wage of \$8.75 per hour or are self-employed and earn at least a total of \$219 per week, or at least a total of \$949 per month.

6	Failed to keep mandatory appointment	You were in receipt of "Child Care in Lieu of Cash Assistance" and you are no longer eligible because you failed to keep a mandatory appointment to evaluate your continued eligibility for Child Care in Lieu of Cash Assistance (CILOCA) on _____.
7	Ineligible income resources	You were in receipt of "Child Care in Lieu of Cash Assistance" and you no longer meet the eligibility criteria for this program because based on the information you provided to this agency, your income/resources exceeds the Cash Assistance eligibility limits
8	Failed to submit verification	You were in receipt of "Child Care in Lieu of Cash Assistance" and you no longer meet the eligibility criteria for this program because you failed to submit documentation to verify your continued eligibility for Child Care in Lieu of Cash Assistance (CILOCA).
9	Ineligible Alien	You were in receipt of "Child Care in Lieu of Cash Assistance" and you are no longer eligible for this program because at least one parent does not meet the alien eligibility criteria for CILOCA.
10	No Child Under 13	You were in receipt of "Child Care in Lieu of Cash Assistance" and you are no longer eligible for this program because your youngest child is 13 or older.
11	Failure to comply with BEV	You were in receipt of "Child Care in Lieu of Cash Assistance" and you are no longer eligible for this program because your household no longer meets the eligibility criteria for Cash Assistance. To be eligible for CILOCA you must first be eligible for Cash Assistance. You are no longer eligible for Cash Assistance because you failed to comply with the Bureau of Eligibility Verification.
12	Failure to cooperate with BEV	You were in receipt of "Child Care in Lieu of Cash Assistance" and you are no longer eligible for this program because your household no longer meets the eligibility criteria for Cash Assistance. To be eligible for CILOCA you must first be eligible for Cash Assistance. You are no longer eligible for Cash Assistance because you failed to cooperate with the Bureau of Eligibility Verification.
13	Failure to comply with Finger Imaging	You were in receipt of "Child Care in Lieu of Cash Assistance" and you are no longer eligible for this program because your household no longer meets the eligibility criteria for Cash Assistance. To be eligible for CILOCA you must first be eligible for Cash Assistance. You are no longer eligible for Cash Assistance because you or another individual in your household 18 years of age or older failed to comply with the finger imaging requirement.

Child Care Guarantee Informational

This is to notify you that there has been a change in law that allows more **working** families to receive a guarantee of child care. You may decide that, instead of receiving Cash Assistance (CA), what you really need is help paying for child care. **Families who are applying for and are found eligible for, or are receiving, CA and need child care in order to work**, may be eligible for a child care guarantee for working families. A child care guarantee means that if you meet the eligibility requirements, the social services district must pay an eligible child care provider for your child care. **This guarantee applies only to the hours you are working and a reasonable amount of time for you to get to and from work to your child care provider.**

Who is eligible?

You are eligible for this guarantee if you are applying for and found eligible for CA and choose child care instead of CA, or if you are receiving CA and ask that your CA case be closed, and:

- You are earning at least minimum wage or are employed in a job where minimum wage is made by the combination of gross earnings and tips, or you are self-employed; **AND**
- Your gross earnings are equal to or greater than the amounts listed below; **OR**
- If you are employed in a job exempt from minimum wage rules and you are earning less than minimum wage, you work the minimum number of hours listed below.

What if I am earning at least minimum wage (\$8.75 per hour), am I eligible?

If you are earning at least minimum wage and are a single parent, you must have gross earnings of at least \$153 per week or \$663 per month. If you are a two-parent family, you both must work and have combined gross earnings of at least \$219 per week or \$949 per month. If one parent is not self-employed, gross earnings apply.

What if I am self-employed?

If you are self-employed and are a single parent, you must have gross receipts less allowable deductions of at least \$153 per week or \$663 per month. If you are a two-parent family, you both must be employed and if self-employed have combined gross receipts less allowable deductions of \$219 per week or \$949 per month. If one parent is not self-employed, gross earnings apply.

What if my earned income falls below any of the above amounts?

If your gross earnings fall below the above amounts, you will no longer be eligible for this guarantee. If this happens, you may want to ask your Worker if you are eligible for child care under another program.

What if my job doesn't pay minimum wage?

If you are a single parent whose employer is not required to pay minimum wage and you are earning less than \$8.75 per hour, you must be working at least 17.5 hours per week. If you are a two-parent household with both parents working, you must have a combined total of at least 25 hours per week.

What if we are a two- parent household where one of us earns below minimum wage and the other earns at least minimum wage or is self employed?

A two-parent household where one parent earns at least minimum wage or is self-employed and the other parent is employed in a job exempt from minimum wage rules that pays less than minimum wage is eligible for the child care guarantee if:

- the parent earning at least minimum wage or who is self-employed earns at least \$153 per week or \$663 per month; and
- the parent earning less than minimum wage is working a minimum of 7.5 hours per week.

What if my work hours drop below these amounts?

If you are earning less than minimum wage and your hours drop below the above number, you will not be eligible for the guarantee.

What if my income or hours of work change all of the time?

If your hours of work or earnings are constantly changing, we will look at an average number of hours and amount of income that occurs over a period of three to six months. As long as the average number of hours or amount of income meets the minimum described above, you will still be eligible.

What happens if my income rises above the CA income limit and I become ineligible for CA?

Once your family income is at or above the amount that would allow you to remain eligible for CA but is at or below 200% of the State Income Standards, you may be eligible for transitional child care.

What if I am working and going to school?

The guarantee applies only to the hours that you are working and a reasonable amount of time for you to get to and from work from your child care provider. You also may be eligible for child care for the hours that you are in school. If you need child care in order to go to school, you should discuss this with your Worker.

Are all of my children eligible for the child care guarantee?

Any child under the age of 13 is covered by the guarantee. If you have older children with special needs who need child care, they may be eligible under a different child care program. You should let your Worker know about any of your children who have special needs.

How will receipt of the child care guarantee affect my child support money?

If you are eligible for the child care guarantee and receive court ordered child support, you will be able to keep all of your child support money.

Does my eligibility for this child care guarantee have a time limit like the 60-month time limit for CA?

No, your child care benefits under this guarantee are not limited to 60 months. You can continue to receive child care benefits for as long as you are eligible.

Why don't I have a child care guarantee while I am on CA?

Actually, you do. CA participants who are participating as required in work activities also have a child care guarantee as long as they meet certain requirements. However, the child care in lieu of CA guarantee discussed in this letter allows you to receive the same guarantee of child care without having to remain on CA.

If I decide all I really need is child care, how do I apply for the child care guarantee?

If you are eligible for CA and decide that all you really need is child care, your Worker can tell you how to apply for the child care guarantee. If you are already receiving CA and are otherwise eligible for the program, you will need to close your CA case in order to get this guarantee.

Will all of my child care be paid?

If you choose to receive child care assistance instead of receiving CA and child care, you will have to pay part of your child care costs, in the amount of \$15 per week for full time care or \$12 per week for part time care. This is called your family share. Additionally, if your provider charges above the market rate, you will need to pay the amount that your provider charges above the market rate.

Who can care for my child?

You can choose any eligible child care provider. This may be a licensed or registered day care center, family or group family day care home, or school-age child care program. You can also choose a relative, neighbor, or friend. If you want a relative, neighbor, or friend to care for your child, he or she will need to meet certain eligibility requirements and enroll with a legally-exempt caregiver enrollment agency. Ask your Worker for the enrollment forms.

What if I change my mind and decide that I need CA as well as child care?

You can still apply for CA at any time. If you are found eligible for CA, you may still be eligible for child care.

What about other benefits like Supplementary Nutrition Assistance Program (SNAP) Benefits and Medical Assistance?

Your SNAP eligibility will not be affected if you request child care instead of CA.

If you are applying for Medical Assistance and you choose to receive child care instead of CA, your application will be referred to the Medicaid program for a separate determination. If you are currently receiving Medicaid and request that your CA case be closed, your Medicaid will continue unchanged until Medicaid can complete a separate determination.

What if I have any questions about this letter?

You can contact your Worker.

Información Sobre Garantía de Cuidado Infantil

Por el presente le informamos que ha habido un cambio en la ley que permite a más familias **que trabajan** recibir una garantía de cuidado infantil. Usted puede decidir que en lugar de Asistencia en Efectivo (CA), lo que realmente necesita es ayuda para pagar el cuidado infantil. **Las familias que estén solicitando y a las que se les determine elegibles para Asistencia en Efectivo, o que estén recibiendo, y que necesiten cuidado infantil para poder trabajar**, pueden ser elegibles para una garantía de cuidado infantil para las familias que trabajan. La garantía de cuidado infantil significa que si usted reúne los requisitos de elegibilidad, el distrito de servicios sociales tendrá que pagar los servicios de un proveedor elegible de cuidado infantil para su cuidado infantil. **Esta garantía sólo cubre las horas en que usted esté trabajando y un tiempo razonable para ir al trabajo y volver al local del proveedor de cuidado infantil.**

¿Quién es elegible?

Usted es elegible para esta garantía si está solicitando y se les determina elegible para Asistencia en Efectivo y elige cuidado de infantil en lugar de Asistencia en Efectivo, o si está recibiendo Asistencia en Efectivo y solicita el cierre de su caso de Asistencia en Efectivo, y si:

- Usted gana por lo menos el salario mínimo o está empleado en un trabajo en el cual el salario mínimo está compuesto de la combinación del ingreso bruto más las propinas, o usted trabaja por cuenta propia; **Y**
- Su ingreso bruto equivale a o es superior a las cantidades indicadas más abajo; **O**
- Si usted está empleado en un trabajo exento de las disposiciones de salario mínimo y gana menos del salario mínimo, usted trabaja la cantidad mínima de horas indicadas más abajo.

¿Qué tal si gano por lo menos el salario mínimo (\$8.75 por hora), soy elegible?

Si usted gana por lo menos el salario mínimo y es padre o madre soltero(a), debe tener ingreso bruto de \$153 semanales o \$663 mensuales. Si usted forma parte de un hogar con ambos padres, los dos padres deben trabajar y ganar un ingreso total bruto de \$219 semanales o \$949 mensuales. En caso de que uno de los padres/madres no trabaje por cuenta propia, se toman en cuenta los ingresos brutos.

¿Qué tal si trabajo por cuenta propia?

Si usted trabaja por cuenta propia y es padre o madre soltero(a), debe ganar un ingreso bruto menos las deducciones admitidas de por lo menos \$153 a la semana o \$663 al mes. Si integra un hogar con ambos padres, ambos padres deben estar empleados y si trabajan por cuenta propia deben ganar un ingreso bruto menos las deducciones admitidas de \$219 semanales o \$949 mensuales. Si uno de los padres no trabaja por cuenta propia, corresponden las cantidades de ingreso bruto.

¿Qué tal si mi ingreso salarial se reduce y resulta inferior a las cantidades indicadas arriba?

Si su ingreso bruto es inferior a las cantidades indicadas arriba, usted deja de ser elegible para esta garantía. En tal caso, puede consultar con su Trabajador para averiguar si usted es elegible para cuidado infantil de otro programa.

¿Qué tal si en mi empleo no pagan el salario mínimo?

Si usted es un(a) padre/madre soltero(a) cuyo empleador no está obligado a pagar el salario mínimo, y usted gana menos de \$8.75 la hora, debe estar trabajando por lo menos 17.5 horas semanales. Si usted forma parte de un hogar de dos padres que trabajan, debe tener un total combinado de por lo menos 25 horas semanales.

¿Que tal si somos un hogar con los dos padres, donde uno de los padres gana menos del salario mínimo y el otro gana por lo menos el salario mínimo o trabaja por cuenta propia?

Un hogar con los dos padres, donde uno de ellos gana por lo menos el salario mínimo o trabaja por cuenta propia y el otro está empleado en un trabajo exento de las disposiciones de salario mínimo y gana menos del salario mínimo, es elegible para la garantía de cuidado infantil si:

- el padre/madre que gana por lo menos el salario mínimo o trabaja por cuenta propia gana por lo menos \$153 a la semana o \$663 mensual; y
- el padre/madre que gana menos del salario mínimo está trabajando por lo menos 7.5 horas a la semana.

¿Qué tal si mi horario de trabajo es inferior a las horas indicadas?

Si usted gana menos del salario mínimo y su horario de trabajo es inferior a las horas indicadas, usted no es elegible para esta garantía.

¿Qué tal si mis ingresos u horas de trabajo cambian constantemente?

Si su horario de trabajo o sus ingresos cambian a menudo, tendremos en cuenta el promedio de horas y cantidad de ingreso de un período de tres a seis meses. Mientras el promedio de horas o cantidad de ingreso cumpla con las cantidades mínimas señaladas más arriba, usted será elegible.

¿Qué tal si mis ingresos aumentan en exceso del límite de ingresos de CA y llego a ser inelegible para CA?

Una vez que los ingresos familiares igualen o superen la cantidad que le permitiría permanecer elegible para Asistencia en Efectivo, pero equivalgan o sean inferiores al 200% del Estándar Estatal de Ingresos, usted puede ser elegible para beneficios de cuidado infantil transitorio.

¿Qué tal si trabajo y estudio?

Esta garantía sólo cubre las horas en las que usted está trabajando y un tiempo razonable que le permita ir al trabajo desde el local del proveedor de cuidado infantil y del trabajo de vuelta al local del proveedor. Además usted podría ser elegible para cuidado infantil durante las horas que usted asiste a la escuela. Si necesita cuidado infantil para asistir a la escuela, debe tratar del tema con su Trabajador.

¿Son elegibles todos mis hijos para la garantía de cuidado infantil?

La garantía cubre a todos los niños menores de 13 años de edad. Si usted tiene hijos mayores de 13 años de edad con necesidades especiales que necesiten cuidado infantil, pueden ser elegibles para un programa distinto de cuidado infantil. Usted debe informarle a su Trabajador sobre cualquiera de sus niños que tengan necesidades especiales.

¿Cómo se verá afectado el dinero de mi manutención debido al recibo de la garantía de cuidado infantil?

Si usted es elegible para la garantía de cuidado infantil y recibe manutención de niños por orden judicial, puede retener todo su dinero de la manutención de niños.

¿Tiene límite de tiempo mi elegibilidad para esta garantía de cuidado infantil como el límite de 60 meses para Asistencia en Efectivo?

No, sus beneficios de cuidado infantil bajo esta garantía no se limitan a 60 meses. Usted puede seguir recibiendo los beneficios de cuidado infantil siempre y cuando sea elegible.

¿Por qué no tengo una garantía de cuidado infantil mientras recibo Asistencia en Efectivo?

En realidad, sí la tiene. Los participantes de Asistencia en Efectivo que participan como debido en actividades laborales también tienen una garantía de cuidado infantil siempre que cumplan ciertos requisitos. Sin embargo, la garantía de cuidado infantil en lugar de Asistencia en Efectivo tratada en esta carta le permite recibir la misma garantía de cuidado infantil sin tener que seguir recibiendo Asistencia en Efectivo.

Si decido que lo único que realmente necesito es cuidado infantil, ¿cómo solicito la garantía de cuidado infantil?

Si usted es elegible para recibir Asistencia en Efectivo y decide que lo único que necesita es cuidado infantil, su Trabajador le puede informar cómo solicitar la garantía de cuidado infantil. Si usted ya está recibiendo Asistencia en Efectivo y es por lo demás elegible para el programa, usted tendrá que cerrar su caso de Asistencia en Efectivo para poder obtener esta garantía.

¿Se pagará todo mi cuidado infantil?

Si usted opta por recibir asistencia de cuidado infantil en lugar de Asistencia en Efectivo y cuidado infantil, tendrá que pagar parte de los costos de cuidado infantil, en la cantidad de \$15 semanales para cuidado a tiempo completo o \$12 semanales para cuidado a tiempo parcial. Esto se denomina su porción familiar. Además, si su proveedor cobra en exceso de la tarifa del mercado, usted tendrá que pagar la cantidad que su proveedor cobre en exceso de la tarifa del mercado.

¿Quién puede cuidar a mi hijo(a)?

Usted podría elegir cualquier proveedor elegible de cuidado infantil. Puede ser una guardería, hogar individual o de grupo para cuidado infantil o programa de guardería escolar con licencia o registrados. También puede elegir a un familiar, vecino o amigo. Si usted opta por un familiar, vecino o amigo para que cuide a su hijo(a), dicha persona tendrá que satisfacer ciertos requisitos de elegibilidad e inscribirse en una agencia de proveedores legalmente exentos. Pídale a su Trabajador los formularios de inscripción.

¿Qué tal si cambio de parecer y decido que además de cuidado infantil necesito Asistencia en Efectivo?

En tal caso aún puede solicitar Asistencia en Efectivo en cualquier momento. Si se determina que usted es elegible para Asistencia en Efectivo, aún puede ser elegible para cuidado infantil.

¿Qué tal de los otros beneficios como del Programa de Asistencia de Nutrición Suplementaria (SNAP) y Asistencia Médica?

Su elegibilidad para SNAP no se verá afectada si usted solicita cuidado infantil en lugar de Asistencia en Efectivo.

Si usted solicita Asistencia Médica y opta por recibir cuidado infantil en lugar de Asistencia en Efectivo, su solicitud se trasladará al programa Medicaid para una determinación por separado. Si usted actualmente está recibiendo Medicaid y solicita que se cierre su caso de Asistencia en Efectivo, sus beneficios de Medicaid continuarán sin cambios hasta que Medicaid pueda llevar a cabo una determinación por separado.

¿Qué tal si tengo alguna pregunta sobre esta carta?

Puede comunicarse con su Trabajador.

Date: _____

Case Number: _____

Case Name: _____

Request for Child Care Assistance or Request to Close My Cash Assistance (CA) Case

I am requesting that the Human Resources Administration (HRA) determine if I am eligible for a child care subsidy guarantee "in lieu of CA." I understand that I may be eligible for the "in lieu of CA" child care guarantee for the following reasons:

- I work the number of hours or earn the minimum income required of me;
- My family's income and resources are within CA limits;
- I need child care for a child or children under age 13; and
- I am using an eligible child care provider.

If I am found eligible for and choose the "in lieu of CA" child care guarantee, I also understand that:

- I may use a licensed or registered child care provider. If I want to use a friend, relative, or neighbor to provide child care instead of a licensed or registered child care provider, that provider must meet certain eligibility requirements and be enrolled by the Informal Child Care Provider Enrollment Agency.
- My child care provider determines how much he/she will charge.
- I will be required to pay some of my child care costs. This amount will be \$15 per week for full time care or \$12 per week for part time care. If my provider charges more than the market rate, I understand that I will have to pay the amount above the market rate plus my family's share. If I hire a child care provider to come to my home, I understand that, as that person's employer, I must pay him/her minimum wage and provide benefits.
- I must immediately report any changes that might affect my eligibility for child care to my Worker. This includes any changes regarding where I am living, who is living in my household, my work schedule, my employer, my child care needs, my child care provider, and my income and resources.

- By withdrawing my request for CA, or asking that my CA case be closed, I will not receive CA at this time. However, if I change my mind, I may apply for CA in the future.
- The 60-month time limit for CA does not apply to this child care guarantee.
- I may be eligible for 12 months of transitional child care services when my income or resources are no longer within CA limits.
- Withdrawing my request for CA, or asking that my CA case be closed, will not affect my application for or eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits or Medicaid.
- If I have any questions about my eligibility for this child care guarantee, I can call:

Worker's Name

Telephone Number

If I am found eligible for the "in lieu of CA" child care guarantee, I am requesting the following:

Applicant

- I want to apply for child care assistance only, instead of applying for CA, under which child care assistance may also be paid. I understand that if I change my mind in the future, I can still apply for CA at that time. If I also applied for Medicaid and SNAP benefits, a separate determination will be made.

Participant

- I request that my CA case be closed **because I want child care instead of CA**. A separate Medicaid determination and a separate SNAP determination will be made.

SAMPLE

Applicant's/Participant's Signature

Date

Withdrawal from the child care subsidy guarantee "in lieu of CA"

- I have changed my mind and do **not** want child care instead of CA.

Applicant's/Participant's Signature

Date

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Petición de Asistencia de Cuidado Infantil o Petición del Cierre de Mi Caso de Asistencia en Efectivo

Por la presente solicito que la Administración de Recursos Humanos (Human Resources Administration – HRA) determine si soy elegible para la garantía de subsidio de cuidado infantil "en vez de Asistencia en Efectivo". Entiendo que podría ser elegible para la garantía de subsidio "en vez de Asistencia en Efectivo" para el cuidado infantil por las siguientes razones:

- Trabajo el número de horas o gano el ingreso mínimo que se me exige;
- Los ingresos y bienes de mi familia caen dentro de los límites de Asistencia en Efectivo;
- Necesito cuidado infantil para un niño o niños menores de 13 años; y
- Estoy utilizando un proveedor de cuidado infantil elegible

Además si se determina que soy elegible y elijo la garantía de cuidado infantil "en vez de Asistencia en Efectivo", entiendo que:

- Puedo hacer uso de un proveedor de cuidado infantil autorizado o registrado. Si deseo asignar a un amigo, pariente o vecino como proveedor de cuidado infantil en lugar de un proveedor de cuidado infantil autorizado o registrado, dicho proveedor debe reunir ciertos requisitos de elegibilidad y estar inscrito por la Agencia de Inscripción del proveedor informal de cuidado infantil.
- Mi proveedor de cuidado infantil determinará su tarifa de cobro.
- Yo tendré que pagar una parte del pago del cuidado de mis niños. Esta cantidad será de \$15 semanales por cuidado de tiempo completo o \$12 semanales por cuidado de tiempo parcial. Si mi proveedor cobra por encima de la tarifa del mercado, entiendo que tendré que proveer toda cantidad que exceda a la tarifa del mercado además de mi cuota familiar. Si contrato a un proveedor de cuidado infantil en mi hogar, entiendo que como empleador de dicha persona, debo pagarle el sueldo mínimo y suministrar beneficios.
- Debo informar de inmediato a mi Trabajador sobre cualquier cambio que pueda afectar mi derecho al cuidado infantil. Esto incluye cualquier cambio en mi situación de vivienda, las personas que vivan conmigo, mi horario de trabajo, mi empleador, mi proveedor de cuidado infantil y cambios en mis ingresos y bienes.

- No recibiré Asistencia en Efectivo en este momento si retiro mi solicitud de dicha asistencia, o si solicito que se cierre mi caso. Sin embargo, si cambio de parecer, posteriormente tendré el derecho de solicitar Asistencia en Efectivo.
- El plazo de 60 meses de Asistencia en Efectivo no corresponde a esta garantía de cuidado infantil.
- Si mi ingreso o recursos exceden el límite establecido para la Asistencia en Efectivo, puede que tenga derecho a 12 meses de servicios de transición de cuidado infantil.
- En caso de cualquier pregunta sobre mi elegibilidad respecto a esta garantía de cuidado infantil, puede llamar a:

Nombre del Trabajador

Número de Teléfono

Si se determina que tengo derecho a la garantía de cuidado infantil "en vez de Asistencia en Efectivo", solicito lo siguiente:

Solicitante

- Deseo solicitar sólo asistencia de cuidado infantil en lugar de solicitar Asistencia en Efectivo, conforme a la cual se puede pagar además la asistencia de cuidado infantil. Entiendo que si posteriormente cambio de parecer, aún podré solicitar Asistencia en Efectivo en ese momento. Si también solicito para Medicaid y beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP), se llegará a una determinación por separado.

Participante

- Solicito que mi caso de Asistencia en Efectivo se cierre **ya que prefiero cuidado infantil en vez de Asistencia en Efectivo**. La decisión respecto al Medicaid se tomará independientemente de la decisión respecto a los beneficios de SNAP.

Firma del Solicitante/Participante

Fecha

Retiro de garantía de asignación de cuidado infantil "en lugar de Asistencia en Efectivo"

- He cambiado de parecer, **no** deseo cuidado infantil en vez de Asistencia en Efectivo.

Firma del Solicitante/Participante

Fecha

Childcare in Lieu of Cash Assistance (CILOCA) Discussion Guide

The goal of CILOCA is to assist families in becoming financially independent. It is very important for the Worker to present the option of CILOCA completely and clearly, and to ask the appropriate questions in order to help each applicant/participant determine if CILOCA is the best option for their family at that time. The following is a discussion guide, not a script. Tailor each discussion to the individual's circumstances.

Once you have established that an applicant/participant is employed: "I see that you are employed, and that you have children in your household under the age of 13. Did you know that you may be eligible for childcare assistance instead of Cash Assistance (CA)? You may decide that instead of receiving CA, what you really need is help paying for childcare. If you meet the eligibility requirements of the CILOCA program (CILOCA is Childcare in Lieu of Cash Assistance), HRA must pay an eligible childcare provider for your childcare."

"Of course, if you are working and need childcare while on CA, HRA will also pay for your childcare. However, while in receipt of CA, you are using up your 60-month lifetime limit of CA. What is great about CILOCA is that it **does not count** against your time limit. Therefore, you can save your months of eligibility for CA for a time when you are in greater need of financial help. If, at any time while in receipt of CILOCA, you decide that you need or want CA, you can always apply for it. Also, choosing CILOCA has no effect on your Supplemental Nutrition Assistance Program (SNAP) or Medicaid eligibility. If you ever become financially ineligible for CILOCA, you will be evaluated for an additional year of Transitional Childcare benefits."

"Another benefit of choosing CILOCA instead of CA is that you do not have to make up the difference between the hours you already work and the hours of work activity required to receive CA. For example, to qualify for CA, you must work and/or be engaged in a work activity for 35 hours per week. If you are working 30 hours per week, to qualify for CA, you would have to participate in a work-related activity for an additional five hours per week. But, if you choose CILOCA, you would not be required to be engaged those additional hours to qualify."

"Lastly, if you receive child support payments while in receipt of CA, HRA keeps most of your child support money as reimbursement for assistance paid to you. You will only receive up to \$100 per month or up to a maximum of \$200 of the support money paid to you if you have 2 or more children. With CILOCA, you will receive all of your child support money."

"So, if all you really need is childcare assistance and you choose not to receive CA, let me know at any time."

"Would you be interested in learning more about CILOCA and seeing if you qualify for it?"

If the applicant/participant answers, "Yes," then continue as follows. Otherwise, finish with client contact as appropriate.

(See page 2)

“How many hours per week are you working?”

Only continue the discussion if the individual qualifies for CILOCA by working in a job that is exempt from minimum wage rules and that pays less than minimum wage, and he/she works a minimum of:

- 17.5 hours per week for single-parent households;
- 25 combined hours per week for two-parent households with both parents working; **OR**

if the individual has gross earnings of at least minimum wage or more, or is self-employed making at least:

- \$153 per week or \$663 per month for single-parent households; or
- \$219 per week combined or \$949 per month combined for two-parent households with both parents working; **OR**

if the individual is part of a two parent household where one parent earns at least minimum wage or is self-employed and the other parent is employed in a job exempt from minimum wage rules that pays less than minimum wage and:

- the parent earning at least minimum wage or who is self-employed earns at least \$153 per week or \$663 per month; and
- the parent earning less than minimum wage is working a minimum of 7.5 hours per week.

If the individual is already receiving CA (in the case of a participant), inform him/her that their CA case must be closed in order to receive CILOCA but their SNAP and Medicaid will not be affected.

From here, continue with the rest of the eligibility verification, budgeting, and childcare processes as outlined in the CILOCA procedure (PD-ELI). Once eligibility has been verified, reinforce that he/she may change his/her mind and reapply for CA at any time. Refer to PD-ELI to answer any questions the individual may have.

SAMPLE

Date: _____
ACCIS Case Number: _____
Case Name: _____
Last Known CA Case Number: _____

Child Care In Lieu of Cash Assistance (CILOCA) Recertification Appointment Notice

Our records indicate that you must be recertified by _____ to continue receiving Child Care In Lieu of Cash Assistance (CILOCA). An appointment has been arranged for you to provide documentation to support your continued financial eligibility for Cash Assistance and to show that you continue to meet the CILOCA eligibility requirements listed on the reverse side of this notice.

In order to discuss your eligibility for continued CILOCA, we have scheduled the appointment below for you*:

*If you are a two-parent household, both parents are required to report to the interview.

Appointment Date: _____ Time: _____
Address: _____
City: _____ State: _____ Zip Code: _____

This is a mandatory eligibility appointment. Failure to keep this appointment will affect your eligibility for continued child care payments. If you have any questions or are unable to keep this appointment, please call **(212) 835-7001** before your appointment date. You can also call this number if you have a physical, mental health or learning problem that makes it difficult for you to keep this appointment.

Please bring documentation verifying the items below:

- Proof of shelter expenses (such as rent or mortgage);
- Proof of any earned or unearned income received in the last 30 days, (such as paystubs, letter from employer on official stationery listing salary and hours worked or, if self-employed, tax records); if you are a two-parent household, proof of income for both parents must be submitted. If your income fluctuated (changes a lot) you will need to bring 3 to 6 months of paystubs. If you have any questions about proof of income, please call **(212) 835-7001**.
- Proof of any assets/resources (such as motor vehicle registration or title, savings/checking accounts);
- Proof of any changes in your living situation, such as change in household size. If you are reporting newborns, bring the birth certificate(s) and social security card(s) as verification.

(See page 2)

You must also bring to this interview the enclosed child care provider enrollment form(s) completed by you and your child care provider.

Please see below to determine what forms you should bring.

Type of Child Care:	You should bring:
Informal child care provider (babysitter)	Completed forms OCFS-LDSS-4699 , OCFS-LDSS-4699.2 , and CS274W , and a copy of your provider's current photo identification document (ID).
Informal group care includes unlicensed family day care providers or unlicensed group day care providers (includes school aged children).	Completed forms OCFS-LDSS-4700 and CS274W .
Licensed child care facility	Completed form CS274W .

Failure to submit the required documentation and child care forms may result in the discontinuance of your Child Care in Lieu of Cash Assistance case.

To be eligible for CILOCA, you must be eligible for Cash Assistance and must meet the CILOCA eligibility criteria listed below.

Eligible Single-parent households:

- The parent/guardian earns at least the State minimum wage of \$8.75 per hour or is self-employed and earns at least \$153 per week or \$663 per month; **OR**
- The parent/guardian is employed at least 17.5 hours per week in a job exempt from minimum wage rules that pays less than minimum wage.

Eligible Two-parent households:

- A two-parent household with both parents earning at least the State's minimum wage of \$8.75 per hour or with both parents self-employed and earning at least \$219 per week combined or \$949 per month combined; **OR**
- A two-parent household with both parents employed for a combined total of at least 25 hours per week in jobs exempt from minimum wage rules that pay less than minimum wage; **OR**
- A two-parent household that has one parent employed and earning at least the State minimum wage or is self-employed and the other parent is employed in a job exempt from minimum wage rules that pays less than minimum wage. The parent earning at least minimum wage or who is self-employed must earn at least \$153 per week or \$663 per month and the parent working a job earning less than minimum wage must be working a minimum of 7.5 hours per week.

Fecha: _____
Nombre del Caso ACCIS: _____
Número del Caso: _____
Último Número Conocido de
Caso de Asistencia en Efectivo: _____

de Cuidado Infantil en Lugar de Asistencia en Efectivo (CILOCA) Recertificación/Aviso de Cita

Según nuestros archivos, usted tiene que recertificarse para el _____ para seguir recibiendo Cuidado Infantil en Lugar de Asistencia en Efectivo (CILOCA). A usted se le ha programado una cita para presentar documentación para justificar que usted sigue cumpliendo los requisitos de elegibilidad listados al dorso de este aviso.

Para tratar de su elegibilidad para CILOCA continua le hemos programado a usted la siguiente cita*:

Si usted es parte de un hogar de dos padres/madres, ambos padres tiene que presentarse a tiene que presentarse a la entrevista.

Fecha de la Cita: _____ Hora: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

SAMPLE

Esta cita de elegibilidad es obligatoria. El no cumplir esta cita afectará su elegibilidad de pagos continuos de cuidado infantil. Si usted tiene cualquier pregunta o si no puede cumplir esta cita, favor de llamar al **(212) 835-7001** antes de la fecha de su cita. Usted también puede llamar a este número si tiene un problema físico, mental, o de aprendizaje que le dificulte cumplir esta cita.

Favor de traer comprobantes de lo siguiente:

- Prueba de gastos de albergue (como alquiler o hipoteca);
- Prueba de todo ingreso salarial o no salarial recibido en los últimos 30 días (como talones de paga, carta de parte del empleador en membrete oficial que indique salario y horas trabajadas, o si trabaja por cuenta propia, expedientes tributarios); debe presentar prueba de ingreso para ambos padres/madres, si es parte de un hogar de dos padres/madres. Si su ingreso fluctúa (cambia bastante), usted va a tener que traer talones de paga por 3 a 6 meses. Si tiene alguna pregunta sobre prueba de ingreso, favor de llamar al **(212) 835-7001**.
- Prueba de todo activo/recurso (como matrícula de vehículo o título, cuenta de ahorros/corriente);
- Prueba de todo cambio en su situación de vivienda, como cambio en la composición del hogar. Si usted está reportando a recién nacidos, traiga certificado(s) de nacimiento y tarjeta(s) de seguro social como comprobante.

Además, usted debe traer a esta entrevista el/los adjunto(s) formulario(s) de inscripción del proveedor de cuidado infantil llenado(s) por usted y su proveedor de cuidado infantil.

Vea más abajo para determinar los formularios que debe traer.

Tipo de Cuidado Infantil:	Usted debe traer:
Proveedor informal de cuidado infantil (niñera)	Formularios OCFS-LDSS-4699, OCFS-LDSS-4699.2, y CS274W llenados, y una copia del documento actual de identificación con foto de su proveedor (ID).
Cuidado informal en grupo incluye a los proveedores de guarderías familiares sin licencia, o a los proveedores de guardería en grupo sin licencia (incluye a los niños de edad escolar)	Formularios OCFS-LDSS-4700 y CS274W llenados.
Local de cuidado infantil con licencia	Formulario CS274W llenado.

El no presentar la documentación necesaria y formularios de cuidado infantil puede resultar en la discontinuación de su caso de Cuidado Infantil en Lugar de Asistencia en Efectivo.

Para ser elegible para CILOCA, usted debe ser elegible para Asistencia en Efectivo y debe reunir los requisitos de elegibilidad de CILOCA listados más abajo.

Hogares Elegibles con Padre/Madre Soltero(a)

- El padre/madre/tutor gana por lo menos el salario mínimo Estatal de \$8.75 la hora o trabaja por cuenta propia y gana por lo menos \$153 a la semana o \$663 al mes; **○**
- El padre/madre/tutor está empleado(a) por lo menos 17.5 horas a la semana en un trabajo exento de las reglas del salario mínimo que paga menos del salario mínimo.

Hogares Elegibles con Dos Padres:

- Un hogar con dos padres en que ambos ganen por lo menos el salario mínimo Estatal de \$8.75 la hora o en que ambos padres trabajen por cuenta propia y ganen por lo menos \$219 a la semana entre los dos o \$949 al mes entre los dos; **○**
- Un hogar de dos padres empleados por un total combinado de por lo menos 25 horas a la semana en trabajos exentos de las reglas del salario mínimo que paguen menos del salario mínimo; **○**
- Un hogar de dos padres en que un(a) padre/madre esté empleado y quien gane por lo menos el salario mínimo Estatal o quien trabaje por cuenta propia, y en que el otro padre esté empleado en un trabajo exento de las reglas del salario mínimo que pague menos del salario mínimo. El padre que gane por lo menos el salario mínimo o quien trabaje por cuenta propia debe ganar por lo menos \$153 a la semana o \$663 al mes y el padre/madre quien tenga un trabajo que pague menos del salario mínimo debe trabajar un mínimo de 7.5 horas a la semana.

Date: _____
ACCIS Case Number: _____
Case Name: _____

Notice of Rescheduled Appointment for Child Care In Lieu of Cash Assistance (CILOCA)

You* requested to reschedule your Child Care in Lieu of Cash Assistance (CILOCA) appointment. Please report to the location listed below at the date and time indicated.

Appointment Date: _____ Time: _____
Address: _____
City: _____ State: _____ Zip Code: _____

*If you are a two-parent household, your spouse must be present at the interview.

This is a mandatory eligibility appointment. If you have any questions or are unable to keep this appointment, please call **(212) 835-7001** before your appointment date. You can also call this number if you have a physical, mental health, or learning problem that makes it difficult for you to keep this appointment.

Please bring documentation verifying the items below:

- Proof of shelter expenses (such as rent or mortgage);
- Proof of any earned or unearned income received in the last 30 days, (such as paystubs, letter from employer on official stationery listing salary and hours worked or, if self-employed, tax records); if you are a two-parent household, proof of income for both parents must be submitted. If your income fluctuated (changes a lot) you will need to bring 3 to 6 months of paystubs. If you have any questions about proof of income, please call **(212) 835-7001**.
- Proof of any assets (such as motor vehicle registration or title, savings/checking accounts);
- Proof of any changes in your living situation, such as change in household size. If you are reporting newborns, bring the birth certificate(s) and social security card(s) as verification.

(See page 2)

In addition to the above documentation, you must bring the enclosed child care provider enrollment form(s) completed by you and your child care provider to this interview.

Please see below to determine what forms you should bring.

Type of Child Care:	You should bring:
Informal child care provider (babysitter)	Completed forms OCFS-LDSS-4699 , OCFS-LDSS-4699.2 , and CS274W , and a copy of your provider's current photo identification document (ID).
Informal group care includes unlicensed family day care providers or unlicensed group day care providers (includes school aged children).	Completed forms OCFS-LDSS-4700 and CS274W .
Licensed child care facility	Completed form CS274W .

Failure to submit the required documentation and child care forms may result in the discontinuance of your Child Care in Lieu of Cash Assistance case.

To be eligible for CILOCA, you must be eligible for Cash Assistance and must meet the CILOCA eligibility criteria listed below.

Eligible Single-parent households:

- The parent/guardian earns at least the State minimum wage of \$8.75 per hour or is self-employed and earns at least \$153 per week or \$663 per month; **OR**
- The parent/guardian is employed at least 17.5 hours per week in a job exempt from minimum wage rules that pays less than minimum wage

Eligible Two-parent households:

- A two-parent household with both parents earning at least the State's minimum wage of \$8.75 per hour or with both parents self-employed and earning at least \$219 per week combined or \$949 per month combined; **OR**
- A two-parent household with both parents employed for a combined total of at least 25 hours per week in jobs exempt from minimum wage rules that pay less than minimum wage; **OR**
- A two-parent household that has one parent employed and earning at least the State minimum wage or is self-employed and the other parent is employed in a job exempt from minimum wage rules that pays less than minimum wage. The parent earning at least minimum wage or who is self-employed must earn at least \$153 per week or \$663 per month and the parent working a job earning less than minimum wage must be working a minimum of 7.5 hours per week.

Fecha: _____
Número de Caso de ACCIS: _____
Nombre del Caso: _____

Aviso de Reprogramación de Cita para Cuidado Infantil en Lugar de Asistencia en Efectivo (CILOCA)

Usted* solicitó una reprogramación de su cita de Cuidado Infantil en Lugar de Asistencia en Efectivo (CILOCA). Favor de presentarse al local listado más abajo en la fecha y hora indicadas.

Fecha de la Cita: _____ Hora: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

*Si usted es parte de un hogar de dos padres/madres, su cónyuge debe estar presente durante la entrevista.

Esta cita de elegibilidad es obligatoria. Si usted tiene alguna pregunta o si no puede cumplir la cita, favor de llamar al **(212) 835-7001** antes de la fecha de su cita. También, puede llamar a este número si tiene cualquier problema físico, de salud mental o de aprendizaje que le dificulte cumplir esta cita.

Favor de traer documentación que compruebe lo siguiente:

- Gastos de albergue (como alquiler o hipoteca);
- Ingreso salarial o no salarial recibido durante los últimos 30 días, (como talones de paga, una carta por parte de su empleador con membrete oficial, que indique salario y horas trabajadas o, si usted trabaja por cuenta propia, expedientes tributarios); si usted es parte de un hogar con dos padres/madres, debe presentar comprobante de ingreso para ambos padres/madres. Si su ingreso fluctúa (cambia bastante), usted va a tener que traer talones de paga por 3 a 6 meses. Si tiene alguna pregunta sobre prueba de ingreso, favor de llamar al **(212) 835-7001**.
- Activos (como título o matrícula de vehículo, cuenta de ahorros/corriente);
- Cualquier cambio en su situación de vivienda, como el número de integrantes de su hogar. Si usted está informándonos de algún recién nacido, traiga lo(s) certificado(s) de nacimiento(s) y tarjeta(s) de seguro social como comprobantes.

(Vea la página 2)

Además de la documentación de arriba, usted debe traer a esta entrevista el formulario adjunto del proveedor de cuidado infantil llenado por usted y por su proveedor.

Favor de consultar la tabla más abajo para determinar los formularios que usted debe traer.

Tipo de Cuidado Infantil:	Usted debe traer:
Proveedor informal de cuidado infantil (niñera)	Formularios llenados OCFS-LDSS-4699-S, OCFS-LDSS-4699-2S, y CS274W-S , y una copia del documento actual de identificación con foto de su proveedor (ID).
Cuidado informal en grupo incluye a los proveedores de guarderías familiares sin licencia o a los proveedores de guardería en grupo sin licencia (incluye a los niños de edad escolar)	Formularios llenados OCFS-LDSS-4700-S y CS274W-S .
Local de cuidado infantil con licencia	Formulario llenado CS274W-S .

El no presentar la documentación y formularios de cuidado infantil necesarios puede resultar en la discontinuación de su caso de Cuidado Infantil en Lugar de Asistencia en Efectivo.

Para ser elegible para CIL OCA, usted debe ser elegible para Asistencia en Efectivo y debe reunir los requisitos de elegibilidad de CIL OCA listados más abajo.

Hogares Elegibles de un(a) Solo(a) padre/madre:

- El/la padre/madre/tutor gana por lo menos el salario mínimo Estatal de \$8.75 la hora o trabaja por cuenta propia y gana por lo menos \$153 a la semana o \$663 al mes; **O**
- El padre/madre/tutor está empleado por lo menos 17.5 horas a la semana en un trabajo exento de las reglas del salario mínimo que pague menos del salario mínimo.

Hogares Elegibles de Dos padres/madres:

- Un hogar de dos padres/madres en que ambos padres/madres ganen por lo menos el salario mínimo Estatal de \$8.75 la hora, o en que ambos padres/madres trabajen por cuenta propia y ganen un total combinado de por lo menos \$219 a la semana o \$949 al mes; **O**
- Un hogar de dos padres/madres en que ambos padres/madres están empleados por un total combinado de por lo menos 25 horas a la semana, en trabajos exentos de las reglas del salario mínimo que paguen menos del salario mínimo; **O**
- Un hogar de dos padres/madres en que uno de los/las padres/madres está empleado(a) y gane por lo menos el salario mínimo Estatal o trabaje por cuenta propia, y en que el/la otro(a) padre/madre esté empleado(a) en un trabajo exento de las reglas del salario mínimo, que pague menos del salario mínimo. El/la padre/madre quien gana por lo menos el salario mínimo o quien trabaja por cuenta propia debe ganar por lo menos \$153 a la semana o \$663 al mes, y el/la padre/madre quien trabaja en un empleo que gane menos del salario mínimo debe trabajar un mínimo de 17.5 horas a la semana.

Date: _____
Case Name: _____
ACCIS Case Number: _____
Applicant/
Registration Number: _____

Child Care in Lieu of Cash Assistance (CILOCA) Recertification Return Appointment

In order to complete the Child Care In Lieu of Cash Assistance (CILOCA) recertification process, the documentation in the checked boxes below must be submitted by the appointment date.

Appointment Date: _____ Time: _____ Telephone: _____
Address: _____

City: _____ State: _____ Zip: _____

- LDSS-4699** **LDSS-4700** **CS-274W**

Additional documents listed below. If none of the above child care provider forms are checked, the documentation requested below may be submitted via fax to: **(212) 835-7001** or mailed to the above address. A self-addressed return envelope has been provided to you.

Name	Eligibility Factor

REMINDER: All documents must be received by the above appointment/due date.

Failure to keep this appointment or failure to contact the Worker below by the appointment/due date will make you ineligible for continued Child Care in Lieu of Cash Assistance.

Parent/Guardian Signature

Date

Worker's Name (Please print)

Worker's Telephone Number

Fecha: _____
 Nombre del Caso: _____
 Número de Caso de ACCIS: _____
 Solicitante/
 Número de Registración: _____

Cita de Vuelta para Recertificación de Cuidado Infantil en Lugar de Asistencia en Efectivo (CILOCA)

Para llevar a cabo el trámite de recertificación de Cuidado Infantil en Lugar de Asistencia en Efectivo (CILOCA), se debe presentar la documentación en las casillas marcadas más abajo para la fecha de la cita.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
 Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

- LDSS-4699** **LDSS-4700** **CS-274W**

Documentos adicionales listados más abajo. Si ninguno de los formularios de cuidado infantil más arriba están marcados, la documentación solicitada más abajo puede presentarse por fax al: **(212) 835-7001** o enviarse por correo a la dirección más arriba. Se le ha adjuntado un sobre con dirección del remitente.

Nombre	Factor de Elegibilidad

RECORDATORIO: Todos los documentos deben ser recibidos para la fecha de la cita/de entrega más arriba.

Al no cumplir esta cita o no comunicarse con el Trabajador más abajo para la fecha de la cita/de entrega resultará en la pérdida de su elegibilidad para Cuidado Infantil en Lugar de Asistencia en Efectivo.

Firma del/de la Padre/Madre/Tutor

Fecha

Nombre del Trabajador (En letra de molde)

Número de Teléfono del Trabajador



Investigation, Revenue and Enforcement Administration
Bureau of Eligibility Verification
109 East 16th Street, 2nd Floor
New York, NY 10003

Date: _____

Name: _____

MA/FS Case Number: _____

Folder/Ticket Number: _____

NOTICE TO REPORT TO BEV INTERVIEW

Dear Mr./Ms. _____

The Bureau of Eligibility Verification is conducting a review of the information you provided for Childcare Eligibility.

Please Report to:

**Bureau of Eligibility Verification
109 East 16th Street, 2nd Floor
New York, NY 10003**

Appointment Date: _____

Time: _____

Please bring this letter and a valid Photo ID when you report for your interview.

FIA Worker: _____

Telephone Number: _____

This is a mandatory eligibility appointment. Failure to keep this appointment may result in the loss of Childcare Benefits.

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

FH&C Telephone Number: _____

Notice of Eligibility for Transitional Child Care Benefits

You have met the eligibility criteria for Transitional Child Care benefits. Your Transitional Child Care benefits are effective _____ to _____, while you are employed.

Child care payments will be paid directly to _____
CHILD CARE PROVIDER FIRST NAME M.I. CHILD CARE PROVIDER LAST NAME

Payments will be provided on behalf of the following:

Child(ren)	Provider	For the Amount of	Effective	Check <input checked="" type="checkbox"/> One
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

You are responsible for a family share, which must be paid to

CHILD CARE PROVIDER FIRST NAME M.I. CHILD CARE PROVIDER LAST NAME

in the amount of \$ _____ per week.

Your provider(s) must submit a monthly attendance form (ACSI) to the ACS Voucher Payment Unit.

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

- ◆ Notify the Transitional Child Care Unit at (212) 835-7681 immediately of any change in family income, persons living in your household, employment child care arrangements or any other changes that may affect your continued eligibility or the amount of your benefit.
- ◆ Promptly pay any family share required.
- ◆ If you are transitioning from temporary assistance, you must actively pursue a child support order and modifications as required.
- ◆ Near the end of the 12 months of Transitional Child Care benefits, you will receive an appointment letter from the Administration for Children's Services (ACS) to redetermine your eligibility for publicly funded child care benefits.

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR § 415.3, 415.4, 415.7.

JOS/WORKER'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

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

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, 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 either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd floor, Manhattan**

- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/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.

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

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 child care 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:

Print Name: _____ Case Number: _____
FIRST NAME M.I. LAST NAME

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____

Caso Número: _____

Nombre del Caso: _____

Centro: _____

Cantidad de Casos: _____

Número de Teléfono de FH&C: _____

Aviso de Elegibilidad para Beneficios de Atención Infantil Transitoria

Usted satisface los criterios de elegibilidad para los beneficios de Atención Infantil Transitoria. Sus beneficios de Atención Infantil Transitoria son efectivos desde: _____ hasta _____ mientras esté empleado.

Los pagos de atención infantil serán emitidos directamente para:

Primer nombre del proveedor Inicial 2do nombre Apellido del proveedor

Los pagos serán suministrados en nombre de:

Niño(s)	Proveedor	Por la suma de	En Vigencia	Seleccione uno <input checked="" type="checkbox"/>
				<input type="checkbox"/> tiempo completo <input type="checkbox"/> parcial
				<input type="checkbox"/> tiempo completo <input type="checkbox"/> parcial
				<input type="checkbox"/> tiempo completo <input type="checkbox"/> parcial
				<input type="checkbox"/> tiempo completo <input type="checkbox"/> parcial
				<input type="checkbox"/> tiempo completo <input type="checkbox"/> parcial
				<input type="checkbox"/> tiempo completo <input type="checkbox"/> parcial

Usted es responsable por una parte de la familia, que debe ser pagado a

Primer nombre del proveedor Inicial 2do nombre Apellido del proveedor

En la suma de \$ _____ por semana.

Su proveedor(es) debe enviar un formulario de asistencia mensual (ACSI) a la Unidad de Pagos de Cupones de ACS.

Para poder continuar recibiendo sus beneficios, estas son sus responsabilidades:

- Notificar a la Unidad de Atención Infantil Transitoria al (212) 835-7681 inmediatamente en caso de cualquier cambio en el ingreso familiar, personas viviendo en su casa, arreglos por empleo de la atención infantil o cualquier otro cambio que pueda afectar su elegibilidad o la suma de su beneficio.
- Pagar oportunamente cualquier parte familiar.
- En caso de estar realizando la transición de asistencia temporaria, debe perseguir activamente un pedido de soporte infantil y modificaciones como sea requerido.
- Cerca del final del período de 12 meses de beneficios de Atención Infantil Transitoria, recibirá una carta para la reunión con la Administration for Children’s Services (Administración de Servicios a la Niñez) (ACS) para redeterminar su elegibilidad para los beneficios de atención infantil a través de fondos públicos.

La ley(es) y/o regulación(es) que nos permite(n) realizar esto es/son la 18NYCRR § 415.3, 414.4, 415.7.

FIRMA DEL TRABAJADOR/JOS FECHA FIRMA DEL SUPERVISOR FECHA

USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN, ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIA Y AUDIENCIA JUSTA EN ESTA NOTIFICACIÓN PARA SABER CÓMO APELAR ESTA DECISIÓN.

Información de Conference and Fair Hearing (Conferencia y Audiencia Justa)

CONFERENCIA

Si usted piensa que nuestra decisión es equivocada, o si no entiende dicha decisión, por favor llámenos para fijar una conferencia (una reunión informal con nosotros). Para esto, llame a la unidad de Conference and Fair Hearing (Conferencia y Audiencia Justa) (FH&C), al número de teléfono en la primera página de esta notificación o escribanos a la dirección de la misma página. A veces esta es la forma más rápida de resolver un problema. Le recomendamos hacer esto incluso aunque haya pedido una Audiencia Justa. Si usted pide una conferencia, todavía tiene derecho a una Audiencia Justa.

AUDIENCIA JUSTA DEL ESTADO

Cómo pedir una Audiencia Justa: Si usted piensa que la decisión(es) que estamos tomando es/son incorrecta(s), puede solicitar una Audiencia Justa del Estado por teléfono, por escrito, fax, en persona o en línea.

- (1) **TELÉFONO:** (800) 342-3334 (Por favor tenga esta notificación a mano cuando llame)
- (2) **POR ESCRITO:** Envíe una copia de toda la notificación, con la sección "Solicitud de Audiencia Justa" completa, para:

**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O.BOX 1930
Albany, NY 12201**

(Por favor mantenga una copia para usted)

- (3) **FAX:** Envíe un fax con la copia completa de la notificación, con la sección "Solicitud de Audiencia Justa" completa al número: **(518) 473-6735**.
- (4) **EN PERSONA:** Traiga una copia completa de la notificación, con la sección "Solicitud de Audiencia Justa" completa a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance en: **14 Boerum Place, Brooklyn o 330 West 34th Street, tercer piso, Manhattan**
- (5) **EN LÍNEA:** Complete la solicitud en línea en: <http://www.otda.state.ny.us/oah/forms.asp>

Qué puede esperar en una Audiencia Justa: El Estado le enviará un aviso informándole cuándo y dónde será mantenida la Audiencia Justa. En la audiencia, usted tendrá el chance de explicar por qué usted considera que la decisión es incorrecta. Para ayudarlo a explicar su caso, usted puede traer a la audiencia un abogado y/o testigos tales como parientes o un amigo, y/o dar al Oficial de la Audiencia cualquier documentación escrita relacionada a su caso, tales como: tolonarios de pago, rentas, recibos, cuentas o declaraciones médicas, etc. Si no puede asistir usted mismo, puede enviar a una persona en su lugar. En el caso de enviar a dicha persona a la Audiencia, sin ser su abogado, debe proveerla de una carta para exhibir frente al Oficial de Audiencia demostrando que usted desea ser representado por ella. En la audiencia, usted, su abogado o su representante también pueden realizar preguntas a los testigos que nosotros presentamos, o que usted presenta, para explicar el caso.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtenerla contactando su Sociedad de Ayuda Legal local u otros grupos legales de abogados. Puede localizar su Sociedad de Ayuda Legal o grupo de abogados más cercanos, consultando las Páginas Amarillas en la sección "Abogados."

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarse a estar preparado para la audiencia, usted tiene derecho de revisar sus archivos de caso. Si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de documentos específicos existentes en sus archivos que usted crea que puede necesitar para prepararse para su Audiencia Justa. Para pedir documentos o averiguar como revisar su archivo, llame al **(718) 722-5018** o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si usted desea copias de documentos existentes en su archivo de caso, debe pedirlos con anticipación. Ellas le serán suministradas dentro de un tiempo razonable con anterioridad a la fecha de la audiencia. Los documentos le serán enviados por correo postal, solamente en el caso en que lo solicite específicamente.

INFORMACIÓN: Si usted desea más información acerca de su caso, cómo pedir una Audiencia Justa, cómo revisar su archivo o cómo obtener copias de documentos adicionales, llame o escribanos al número de teléfono/dirección detallados en la página 1 de esta notificación.

SOLICITUD DE AUDIENCIA JUSTA

Fecha Límite: Si usted desea que el Estado revea nuestra decisión, debe pedir una Audiencia Justa dentro de los sesenta (60) días desde la fecha de la notificación de las cuestiones de atención infantil.

Si usted no puede contactar a la New York State Office of Temporary and Disability Assistance (Oficina del Estado de Nueva York de Asistencia Temporal y de Discapacidad) por teléfono, fax, en persona, o en línea, por favor escriba o pida una Audiencia Justa antes de la fecha límite.

Deseo una Audiencia Justa. La decisión de la Agencia es incorrecta porque:

Nombre en letra de Imprenta: _____ Caso Número: _____

NOMBRE INICIAL APELLIDO
2º NOMBRE

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

FH&C Telephone Number: _____

Notice of Ineligibility for Transitional Child Care Benefits

We have determined that you are ineligible for Transitional Child Care benefits for the reason or reasons explained below.

Your gross monthly income of \$ _____ exceeds the allowable limit for your family size of _____.

You have not provided us with the following documents: _____

Your public assistance case is active (open). You may be eligible for other child care benefits. Contact your Worker at the Job Center. Transitional Child Care benefits are available only to families who are working and whose public assistance cases are closed.

You are a two-parent household. Both parents must submit pay information if both parents are working. Otherwise, the nonworking parent is deemed available to care for the child(ren) unless that parent is physically or emotionally incapacitated. A recent doctor's note must be submitted, describing the condition, treatment and prognosis for recovery in such cases.

Your child care provider does not meet State/Agency guidelines.

The child(ren) for whom you are requesting child care payments is/are over 13 years of age.

You did not request child care assistance within the twelve-month period after your public assistance case closed.

You did not receive public assistance in three of the six months prior to your case closing.

Current income information is not on file for _____ . If you wish to have your case redetermined,
PARTICIPANT'S NAME

please have your employer complete the enclosed **Request for Information from Employer (CS-560U)** then submit it with your application for **Child Care Subsidy (CS-925)**.

Current income information is not on file for _____ and child care was not in place at the time of
PARTICIPANT'S NAME

case closing. If you have your child care provider complete the enclosed Child Care Provider form and have your employer complete the enclosed **Request for Information from Employer (CS-560U)**, you may resubmit your request for Transitional Child Care Benefits.

Other: _____

The law(s) and/or regulation(s) that allow(s) us to do this is/are: 18 NYCRR § 415.2.

Worker's Signature

Date

Supervisor's Signature

Date

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

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, 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 either:
14 Boerum Place, Brooklyn or 330 West 34th Street, 3rd floor, Manhattan
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/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.

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

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 child care 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:

Print Name: _____ Case Number: _____
 FIRST NAME M.I. LAST NAME

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
Caso Número: _____
Nombre del Caso: _____
Centro: _____
Cantidad de Casos: _____
Teléfono de FH&C: _____

Aviso de No Elegibilidad para Beneficios de Atención Infantil Transitoria

Hemos determinado que usted no es elegible para los beneficios de Atención Infantil Transitoria por la razón o razones que se explican a continuación:

- Su ingreso bruto mensual de \$ _____ excede el límite permisible para su tamaño de familia de _____.
- Usted no ha suministrado los siguientes documentos: _____

- Su caso de asistencia pública está activo (abierto). Puede ser elegible para otros beneficios de atención infantil. Contacte con su Asistente Social en el Centro de Trabajo. Los beneficios de Atención Infantil Transitoria están disponibles solamente para las familias que trabajan y cuyos casos de asistencia pública están cerrados.
- Usted pertenece a un hogar con 2 padres. Ambos padres deben enviar información de pago en caso que los dos estén trabajando. De lo contrario, el padre sin trabajo es considerado disponible para cuidar de los hijos a menos que ese padre esté física o emocionalmente incapacitado. Se debe enviar una nota reciente del profesional médico, describiendo la condición, tratamiento y pronóstico de recuperación, para dichos casos.
- Su proveedor de atención infantil no satisface las condiciones de la Agencia / Estado.
- El niño(s) para el cual está solicitando pagos de atención infantil tiene(n) más de 13 años de edad.
- Usted no solicitó asistencia de cuidado infantil dentro del período de 12 meses después que su caso de asistencia pública fue cerrado.
- Usted no recibió asistencia pública en tres de los seis meses anteriores al cierre de su caso.
- La información de ingresos actuales no está en el archivo de _____ y la atención infantil no estaba determinada en el momento del cierre del caso. Si hizo completar el formulario de Proveedor de Atención Infantil adjunto por el proveedor de atención infantil de su hijo; y que su empleador completara la **Solicitud de Información del Empleador (CS-560U)**, puede re-enviar su solicitud de Beneficios de Atención Infantil Transitoria.
- Otra: _____

La ley(es) y/o regulación(es) que nos permite(n) realizar esto es/son la 18NYCRR § 415.3, 414.4, 415.7.

Firma del Trabajador

Fecha

Firma del Supervisor

Fecha

USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN, ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIA Y AUDIENCIA JUSTA EN ESTA NOTIFICACIÓN PARA SABER CÓMO APELAR ESTA DECISIÓN.

Información de Conference and Fair Hearing (Conferencia y Audiencia Justa)

CONFERENCIA

Si usted piensa que nuestra decisión es equivocada, o si no entiende dicha decisión, por favor llámenos para fijar una conferencia (una reunión informal con nosotros). Para esto, llame a la unidad de Conference and Fair Hearing (Conferencia y Audiencia Justa) (FH&C), al número de teléfono en la primera página de esta notificación o escribanos a la dirección de la misma página. A veces esta es la forma más rápida de resolver un problema. Le recomendamos hacer esto incluso aunque haya pedido una Audiencia Justa. Si usted pide una conferencia, todavía tiene derecho a una Audiencia Justa.

AUDIENCIA JUSTA DEL ESTADO

Cómo pedir una Audiencia Justa: Si usted piensa que la decisión(es) que estamos tomando es/son incorrecta(s), puede solicitar una Audiencia Justa del Estado por teléfono, por escrito, fax, en persona o en línea.

- (1) **TELÉFONO:** (800) 342-3334 (Por favor tenga esta notificación a mano cuando llame)
(2) **POR ESCRITO:** Envíe una copia de toda la notificación, con la sección "Solicitud de Audiencia Justa" completa, para:

**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. BOX 1930
Albany, NY 12201**

(Por favor mantenga una copia para usted)

- (3) **FAX:** Envíe un fax con la copia completa de la notificación, con la sección "Solicitud de Audiencia Justa" completa al número: **(518) 473-6735**.
(4) **EN PERSONA:** Traiga una copia completa de la notificación, con la sección "Solicitud de Audiencia Justa" completa a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance en: **14 Boerum Place, Brooklyn o 330 West 34th Street, tercer piso, Manhattan**
(5) **EN LÍNEA:** Complete la solicitud en línea en: <http://www.otda.state.ny.us/oah/forms.asp>

Qué puede esperar en una Audiencia Justa: El Estado le enviará un aviso informándole cuándo y dónde será mantenida la Audiencia Justa. En la audiencia, usted tendrá la chance de explicar por qué usted considera que la decisión es incorrecta. Para ayudarlo a explicar su caso, usted puede traer a la audiencia un abogado y/o testigos tales como parientes o un amigo, y/o dar al Oficial de la Audiencia cualquier documentación escrita relacionada a su caso, tales como: talones de pago, rentas, recibos, cuentas o declaraciones médicas, etc. Si no puede asistir usted mismo, puede enviar a una persona en su lugar. En el caso de enviar a dicha persona a la Audiencia, sin ser su abogado, debe proveerla de una carta para exhibir frente al Oficial de Audiencia demostrando que usted desea ser representado por ella. En la audiencia, usted, su abogado o su representante también pueden realizar preguntas a los testigos que nosotros presentamos, o que usted presenta, para explicar el caso.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtenerla contactando su Sociedad de Ayuda Legal local u otros grupos legales de abogados. Puede localizar su Sociedad de Ayuda Legal o grupo de abogados más cercanos, consultando las Páginas Amarillas en la sección "Abogados."

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarse a estar preparado para la audiencia, usted tiene derecho de revisar sus archivos de caso. Si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de documentos específicos existentes en sus archivos que usted crea que puede necesitar para prepararse para su Audiencia Justa. Para pedir documentos o averiguar como revisar su archivo, llame al **(718) 722-5018** o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si usted desea copias de documentos existentes en su archivo de caso, debe pedirlos con anticipación. Ellas le serán suministradas dentro de un tiempo razonable con anterioridad a la fecha de la audiencia. Los documentos le serán enviados por correo postal, solamente en el caso en que lo solicite específicamente.

INFORMACIÓN: Si usted desea más información acerca de su caso, cómo pedir una Audiencia Justa, cómo revisar su archivo o cómo obtener copias de documentos adicionales, llame o escribanos al número de teléfono/dirección detallados en la página 1 de esta notificación.

SOLICITUD DE AUDIENCIA JUSTA

Fecha Límite: Si usted desea que el Estado revea nuestra decisión, debe pedir una Audiencia Justa dentro de los sesenta (60) días desde la fecha de la notificación de las cuestiones de atención infantil.

Si usted no puede contactar a la New York State Office of Temporary and Disability Assistance (Oficina del Estado de Nueva York de Asistencia Temporal y de Discapacidad) por teléfono, fax, en persona, o en línea, por favor escriba o pida una Audiencia Justa antes de la fecha límite.

Deseo una Audiencia Justa. La decisión de la Agencia es incorrecta porque:

Nombre en letra de Imprenta: _____ Caso Número: _____

NOMBRE *INICIAL* *APELLIDO*
2º NOMBRE

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPROVAL OF YOUR APPLICATION FOR 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 <hr/> 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.
------------	----------	------------	---------------------	----------------------

Your application dated _____ for child care benefits has been approved.
 Your child care benefits are effective* _____ to* _____ while you are _____

Comments: _____

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 application 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. 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.

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:	District:
Address:	Case Number:
	Telephone:

ESTADO DE NUEVA YORK
OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS

APROBACIÓN DE SU SOLICITUD PARA 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 TELEFONO 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. DE TRABAJADOR(A)	NOMBRE DE LA UNIDAD O TRABAJADOR(A)	NO. DE TELEFONO DEL TRABAJADOR(A)	

Su solicitud fechada el _____ para beneficios de cuidado infantil ha sido aprobada.

Los beneficios de cuidado infantil son efectivos* del _____ a* _____
mientras usted está en _____

Comentarios:

BENEFICIOS. El pago será provisto en nombre de los siguientes:

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

**Nota: "efectivo" significa que la acción o el beneficio empieza ese día; "a" significa que la acción o el beneficio está en efecto hasta e incluyendo ese día.
**El pago puede variar basado en fluctuaciones en su actividad aprobada y/o ausencias.*

Los beneficios serán pagados: Directamente a usted. Directamente a su proveedor(a).

Su proveedor(a) debe presentar una factura mensual y una lista de asistencia.

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

- Efectivo el _____, una **Porción Familiar Semanal** debe ser pagada a _____ en la cantidad de \$ _____ por semana.
- Efectivo _____, una **Porción Familiar Adicional** debe ser pagada a _____ en la cantidad de \$ _____ por semana.
- Efectivo _____, 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 del 100% anual del ingreso estatal estándar para una familia de _____ \$ _____
 Ingreso restante \$ _____
 Ingreso restante \$ _____ X porción familiar _____ % = \$ _____
 \$ _____ / 52 semanas = \$ _____ porción semanal de la familia

Todas las porciones se las redondea a la cifra más próxima a \$0.50. Hay una tarifa mínima de \$1 por semana para todas las familias que no están recibiendo Asistencia Temporal.

Para continuar recibiendo beneficios, éstas son sus responsabilidades:

- Notifique a su trabajador(a) de caso inmediatamente sobre cualquier cambio en el ingreso económico de la familia, la persona que vive en su hogar, empleo, arreglos de cuidado infantil u otros cambios que puedan afectar su elegibilidad continua o la cantidad de su beneficio.
- Pague con prontitud cualquier porción familiar requerida.

**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 RECHAZAR SERVICIOS: La aprobación de su solicitud no le obliga a aceptar estos servicios. Usted puede declinar aceptar servicios si así lo desea.

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. 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.

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: _____

Distrito: _____

Dirección: _____

Número de Caso: _____

Teléfono: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DENIAL OF YOUR APPLICATION FOR 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.
------------	----------	------------	---------------------	----------------------

Your application dated _____ has been **denied** and the reason or reasons your application has been denied are explained below.

Comments: _____

You are ineligible to receive benefits because:

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 _____.
(Please see the attached addendum for additional information)

You have not provided us with the following documents: _____

You are not programmatically eligible for child care services because: _____

Due to insufficient funding the district is not opening cases at this time.

Due to insufficient funding, the district is only opening cases up to _____ % 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. *(Please see attached addendum for additional information)*

Other: _____

The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____

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. 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.

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 DENIAL OF YOUR APPLICATION
FOR CHILD CARE BENEFITS-FINANCIAL ELIGIBILITY CALCULATION**

Effective Date: _____

Case Name: _____ Case Number: _____

We have determined that you are not 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 on page one of this notice to determine if you were denied child care benefits 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 of \$ _____.

*Other income not listed above and defined in New York State regulation 18 NYCRR 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 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

DENEGACIÓN DE SU SOLICITUD DE BENEFICIOS PARA CUIDADO INFANTIL

FECHA DE LA NOTIFICACIÓN		FECHA EFECTIVA		NOMBRE Y DIRECCIÓN DE LA AGENCIA/CENTROS 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="checkbox"/> Conferencia con la Agencia Asistencia e Información sobre Audiencias Imparciales	
				Acceso a Registros	
				Información sobre Asistencia Legal	
NO. DE LA OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR(A)	UNIDAD O NOMBRE DEL TRABAJADOR(A)	NO. DE TELEFONO DEL TRABAJADOR(A)	

Su solicitud fechada el _____ ha sido **denegada** y la razón o razones por las que su solicitud ha sido denegada se explican abajo.

Comentarios: _____

Usted no es elegible para recibir beneficios debido a que:

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 de su familia de \$ _____ excede el ingreso mensual máximo de \$ _____. Para el tamaño de una Familia de _____ (Vea al anexo adjunto para información adicional)

Usted no ha provisto los siguientes documentos: _____

Usted no es elegible bajo el programa de servicios de cuidado infantil porque: _____

Debido a insuficientes fondos, el distrito no está abriendo casos en este momento.

Debido a fondos insuficientes, el distrito sólo está abriendo casos hasta el _____ % 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 de elegibilidad para una designación garantizada de cuidado infantil. (Vea el anexo adjunto para información adicional)

Otro: _____

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

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. 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.

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:	Distrito:
Dirección:	Número de Caso:
	Teléfono:

ANEXO A LA DENEGACIÓN DE SU SOLICITUD PARA BENEFICIOS DE CUIDADO INFANTIL-CÁLCULO DE ELEGIBILIDAD FINANCIERA

Fecha Efectiva: _____

Nombre del Caso: _____ Número de Caso: _____

Hemos determinado que usted no es elegible para beneficios de cuidado infantil. El ingreso mensual bruto de su familia es \$ _____ . Esto excede el ingreso mensual bruto máximo de \$ _____ para una familia del tamaño 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 residiendo en su hogar. Sí No **Si usted tiene un niño(a) con necesidades especiales que necesita cuidado infantil, usted puede que haya recibido esta notificación en error. Contacte a su trabajador(a) en la primera página de esta notificación para determinar si usted ha sido denegado beneficios de cuidado infantil erróneamente.**

El ingreso mensual bruto de su familia fue determinado por los siguiente 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 \$ _____ para el tamaño de una familia de _____ .

Esto excede el 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 I 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.

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 _____ . 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 _____. (Please see the attached addendum for additional information)					
<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. (Please see the attached addendum for additional information)					
<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**
CLIENT/FAIR HEARINGS COPY

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="checkbox"/> 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 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: _____

Distrito: _____

Dirección: _____

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.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPROVAL OF YOUR REDETERMINATION FOR 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.
------------	----------	------------	---------------------	----------------------

Your application dated _____ for child care benefits has been approved.
 Your child care benefits are effective* _____ to* _____ while you are _____
 Comments: _____

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
 CLIENT/FAIR HEARINGS COPY**

RIGHT TO REJECT SERVICES: Approval of your application 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: _____

ESTADO DE NUEVA YORK
 OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS
APROBACIÓN DE SU REDERMINACIÓN PARA 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	NO. DE TELEFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA... <input type="radio"/> Conferencia con la Agencia _____ <input type="radio"/> Asistencia e Información sobre Audiencias _____ <input type="radio"/> Acceso a Registros _____ <input type="radio"/> Información sobre Asistencia Legal _____		
NOMBRE DEL CASO (Y C/O Nombre si Presente) Y DIRECCIÓN				
NO. DE OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR(A)	NOMBRE DE LA UNIDAD O DEL TRABAJADOR(A)	NO. DE TELEFONO DEL TRABAJADOR(A)

Su solicitud fechada el _____ para beneficios de cuidado infantil ha sido aprobada.
 Sus beneficios de cuidado infantil son efectivos* _____ hasta* _____
 el mientras usted esté _____.

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; "hasta" 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 pagarse 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.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISION.
 ASEGURESE DE LEER EL REVERSO DE ESTA NOTIFICACION SOBRE COMO APELAR ESTA DECISION.**

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 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: _____

Distrito: _____

Dirección: _____

Número de Caso: _____

Teléfono: _____