



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #15-21-ELI (This Policy Directive Replaces PD #14-06-ELI)

REVISION TO SHELTER ARREARS POLICY AND REPAYMENT AGREEMENTS

Date: August 12, 2015	Subtopic(s): Shelter Arrears Repayment
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AUDIENCE The instructions in this policy directive are for Job Center and Homelessness Diversion Unit (HDU) staff and are informational for all other staff.

REVISIONS TO PRIOR PROCEDURE

This policy directive has been revised to include the following information:

- The Shelter Arrears Repayment Agreement Worksheet (**W-147F**) form has been revised to reflect new monthly income limits;
- The Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (**W-147H**) form has been revised to capture the signature of the Safety Net applicants at the time of the request. The statement has been added to the **W-147H** affirming that if the approved amount of arrears is less than the requested amount, the applicant is required to repay only the reduced amount and will be so advised;
- The Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**) form has been revised and no longer requires an applicant signature. The statement has been added to the **W-147KK** affirming that if the approved amount of arrears is less than the requested amount, the applicant is required to repay only the reduced amount and will be so advised;
- The Information About Repaying the Department of Social Services For Rental Arrears (**W-147PP**) form has been revised to replace words *just signed an agreement* with word *agreed*;

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send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- The Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance [For Applicants Only] (**W-145HH**) form was converted to the Print-to-Mail (PTM) process and is now mailed by MIS (Management Information Systems) mail distribution on the day after the decision is recorded in the Paperless Office System (POS) and approved by the appropriate supervisor(s); and
- The process for the homebound applicants/participants with an emergency need for payment of shelter arrears was included in the policy.

POLICY

Applicants/participants who need emergency assistance with shelter arrears may be eligible for a payment to prevent eviction or foreclosure.

Payments may be made for a period of time prior to the month in which a Family Assistance (FA) or Safety Net Assistance (SNA) case is opened.

Payments may also be made to applicants seeking emergency assistance under Emergency Assistance to Families (EAF), Emergency Safety Net Assistance (ESNA), or Emergency Assistance for Adults (EAA).

For EAF and ESNA, the following rules apply:

- The amount of the shelter arrears payment is limited to a total period of six months, once every five years. However, Rental Assistance Unit (RAU) may determine, on a case-by-case basis, whether an exception to policy should be made for additional shelter arrears payment if necessary.
- The payment of shelter arrears above the Agency maximum monthly shelter allowance is subject to recovery.

These requirements do not apply to payments made under EAA.

BACKGROUND

Applicants for One Shot Deals

Emergency Assistance to Needy Families with Children (EAF)

See [PD #08-43-ELI](#) Emergency Assistance to Needy Families with Children (EAF).

If a household applies for a one-shot deal for payment of shelter arrears under EAF, the payment can be issued as long as the household meets the criteria for EAF and the arrears are not used to duplicate or replace recurring shelter payments already issued. If the household is deemed eligible, the shelter arrears should be paid under the EAF category.

To be categorically eligible for EAF, the household must contain either an individual with a medically verified pregnancy, or a child under the age of 18 (or age 18 and attending full-time secondary school or the equivalent level of vocational or technical training.) In addition, the following criteria must be met:

- The child must be currently living with an adult related by blood, marriage or adoption;
- The child, parents or other eligible relatives must be without immediately accessible resources necessary for meeting their needs;
- The child must be facing destitution or requiring emergency assistance to provide living arrangements for him/her in a home; and
- The emergency could not have been foreseen by the applicant and was not under his/her control.

If the applicant receives a one-time-only shelter arrears payment under EAF, any amount above the Agency monthly shelter allowance is an overpayment and is subject to recovery.

Revised

Applicants applying for an EAF grant that exceeds the Agency monthly shelter allowance are required to repay the excess portion of the EAF grant. Form **W-147KK** informs the applicant that he/she will receive a monthly bill from the Division of Accounts Receivable and Billing (DARB) until the full amount of the excess portion of the EAF grant is paid in full. The **W-147PP** form must be given to the applicant with the **W-147KK** form.

See [PB #15-55-SYS](#)

Note: Previously, the **W-147KK** required a signature from the applicant. The form was revised and no longer requires an applicant signature. When required, the **W-147KK** and **W-147PP** are mailed by the Management Information Systems (MIS) to the applicant via Print-to-Mail (PTM).

Emergency Safety Net Assistance (ESNA)

See the [Temporary Assistance Source](#) Book(TASWB), Chap.10, Sec. F9 & I.

Revised

For shelter arrears paid under the ESNA category, the entire shelter arrears payment is recoverable. The Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (**W-147H**) form must be signed as a condition of eligibility. The **W-147PP** form must be given to the applicant with the **W-147H** form.

See [PB #15-55-SYS](#)

Note: Previously, the **W147-H** and **W-147PP** forms were printed after the approval for shelter arrears was received from RAU. The Notice to Report to Center (**M-3g**) was sent to the applicant asking them to return to the Job Center in which they applied, to sign the **W-147H** repayment agreement.

Revised

The **W-147H** language was revised to capture the signature of the Safety Net applicants at the time of the request. The **W-147H** form now says the applicant agrees to repay up to the requested amount of arrears. The approved amount cannot exceed the requested amount, but can be less than the requested amount.

New

In POS, the **W-147-H** now prints in the **Print Forms to Sign** (Task 5) window when the request for rent arrears or mortgage arrears is recorded, along with the **W-147PP**. The JOS/Worker must print the form and capture the signature electronically in POS. The form must be signed by the applicant (and legal spouse, if necessary). The original copy of the **W-147H** and the **W-147PP** must be given to the applicant.

New

If the signature cannot be captured in POS or the referral is initiated through the Rental Assistance Database (RAD), the JOS/Worker must print the **W-147H** and **W-147PP** form and ask the applicant to sign.

The signed form must be scanned and indexed into the HRA OneViewer.

In addition, all of the following conditions must be met:

- The payment is deemed essential to stop the eviction or foreclosure and no other shelter arrangements are available to stop the eviction or foreclosure; or
- The health and safety of the applicant is severely threatened by failure to make such a payment; and
- The authorization of the payment receives special written approval from the Agency; and
- The applicant demonstrates ability to pay future shelter expenses. However, if the Agency determines that the individual or family has sufficient income or resources to pay for other permanent housing, shelter arrears need not be paid.

Income and resources must be evaluated to determine eligibility.

Suspended Repayment Agreements

If an individual receives an emergency shelter arrears payment under ESNA and later becomes eligible for recurring CA through a separate application, the repayment agreement must be suspended through a system generated action from Investigation, Revenue and Enforcement Administration’s (IREA) Division of Claims and Collections.

Revised

An outstanding balance owed on the suspended agreement, including any amount in excess of the Agency maximum shelter allowance, is not recoverable during receipt of recurring CA benefits.

See TASB, Chap.12.

Emergency Assistance to Adults (EAA)

To prevent eviction or foreclosure for persons receiving SSI, the dollar amount paid under EAA is not limited to the Agency maximum monthly shelter allowance for shelter or by the five-year CA limit as for FA Cases. In addition, there is no limit on the number of months that can be paid for shelter arrears under EAA.

A signed repayment agreement is not required for a one-shot deal emergency payment granted under EAA, or for any payments made to a participant with recurring benefits.

Applicants for Ongoing CA with an Emergency Need

Pre-CA Shelter Arrears

Applicants for ongoing CA who have an emergency need for payment of shelter arrears must be evaluated to determine eligibility for an emergency grant under the EAF, ESNA, or EAA categories.

See [TASB](#), Chap. 21, Sec. E.

Applicants for ongoing assistance may receive an allowance for rent, mortgage, or tax arrears for a period before the case is opened, if the following conditions are met:

- The payment is essential to stop an eviction or foreclosure and no other shelter arrangements are available to stop the eviction or foreclosure; or
- The health and safety of the applicant is threatened by failure to make such a payment; and
- Authorization of the payment receives special written approval from the Agency; and
- The applicant demonstrates an ability to pay future shelter expenses. However, if the Agency determines that the individual or family has sufficient income or resources to pay for other permanent housing, shelter arrears need not be paid.

Income and resources must be evaluated to determine eligibility.

Refer to the Authorization of Grants manual for recoupment information.

Such payment may exceed the Agency maximum monthly shelter allowance. However, any amount which exceeds the maximum monthly shelter allowance is an overpayment and is subject to recoupment.

Revised

Note: If an individual receives an emergency shelter arrears payment under ESNA and later becomes eligible for recurring CA through a separate application, the repayment agreement must be suspended until the individual is no longer receiving recurring CA. At that time, the unpaid balance again will become due to the Human Resources Administration (HRA) under the terms of the agreement.

Additional Allowances for Participants

Shelter Arrears While on CA

An additional allowance for shelter expenses may be issued to an FA or SNA participant who is threatened with eviction or foreclosure for nonpayment of shelter expenses. If the arrears payment duplicates shelter payments already issued or exceeds the Agency maximum monthly shelter allowance, a recoupment must be initiated.

A shelter arrears payment that exceeds the Agency maximum monthly shelter allowance for the household size may be provided if all of the following criteria are met.

Income and resources must be evaluated to determine eligibility.

The participant must:

- Agree to use all available liquid resources (e.g., cash, checking or savings accounts) for the payment of the shelter expenses to prevent the eviction or foreclosure;
- Demonstrate his/her ability to pay future shelter expenses beyond the amount of the Agency monthly maximum shelter standard;
- Understand that all rent or mortgage payments are restricted; and
- Have not previously received an allowance for more than the Agency maximum monthly shelter allowance over a six-month period within the last five years (Shelter arrears payments *may* be granted as an *exception to policy* to participants who request shelter arrears within the five year period).

Assistance from a third party donor is an acceptable means of paying future shelter expenses.

Note: If the shelter expense is equal to or lower than the Agency monthly maximum shelter allowance for the household size, the conditions listed above are not required in order to issue the arrears payment.

The household must use its available resources first.

For all case types, individuals must use all available resources to alleviate the emergency need before receiving emergency assistance funds. This includes 401(k), 403(b), Individual Retirement Accounts (IRAs) and pension funds.

REQUIRED ACTION

CMU JOS/Workers must evaluate and determine eligibility for all applicants/participants requesting emergency assistance to pay shelter arrears.

New

Note: The same rules apply to the homebound applicants/participants who have an emergency need for payment of shelter arrears. They must be evaluated to determine eligibility for an emergency grant during a home visit. If it applies to the applicant/participant, the **W-147H** must be signed. The JOS/Worker must provide the original copy of the **W-147H** and the **W-147PP** form to the applicant/participant at the time of the home visit.

Note: For Centers that do not have an HDU, the designated CMU staff person will complete the HDU Intake Activity and refer to RAU.

CMU JOS/Worker must refer requests for shelter arrears over the Agency maximum or which cover a period greater than four months (even if within the Agency limit) to HDU. Other shelter arrears requests must remain with CMU for processing (Refer to **PB #13-79-SYS Shelter Related Requests Referral Process**).

See [PB #13-79-SYS](#) and [Fax Flash 13/48](#).

Note: Reception must not send application cases directly to HDU. CMU must handle the application first. There are no exceptions.

HDU will process the request through the new **HDU Intake Activity** in POS, and then refer the case to RAU. RAU will determine if the household is eligible for the emergency grant and relay the determination back to HDU/CMU staff in POS via the Rental Assistance Database (RAD).

Referral of Shelter Requests to HDU

See [PB #12-102-SYS](#) CA POS Release Notes Version 16.3 for information on updated POS screens related to Shelter (Housing) Expenses.

To initiate and refer the shelter request to HDU, the JOS/Worker must first explore potential income and resources with the applicant/participant, and:

- Enter the request in the **Shelter (Housing) Expenses** window in the appropriate POS activity;
- Initiate the **Single Issue (SI) Grant Requests Task List** in POS;

See [PD #10-22-SYS](#)
Single Issuance Grant
Requests in POS.

Note: Criteria in **Task 4** of the **HDU Intake Activity** are used to reach a preliminary eligibility determination for EAF and/or a Repayment Agreement. The final determination is made based on the actual approved amount from RAU. When **Task 4** is completed, POS will pre-fill and automatically save the Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (**W-145TT**) and Shelter Arrears Repayment Agreement Worksheet (**W-147F**) forms into the HRA OneViewer.

- At **Task 6 (Outstanding Requests)** the system will prompt the JOS/Worker to make an In-Center referral to HDU (for centers that do not have a HDU, the applicant will be referred to the designated CMU staff person). In the **In-Center Referral** window:
 - Ensure that **Assign HDU Intake** is selected in the **Select Activity** menu;
 - Select the appropriate HDU Supervisor in the **Refer Case To** section;
 - Enter a comment describing why the activity is being referred to the HDU Supervisor.

In Model Office centers, the applicant/participant must receive an HDU General ticket from the Model Office Numbering Identification Queue (MONIQ) and be routed to HDU.

In Non-Model Office centers, the applicant/participant must be given the Routing Control Sheet (**W-270**) and be routed to HDU.

Note: JOS/Workers *must* complete the entire interview with the applicant/participant before routing them to HDU. POS will display the following messages when a shelter arrears grant request is recorded and must be reviewed by HDU.

POS Messages
reminding staff to
complete the interview
before routing individuals
to HDU

Message in CA Application Interview for Non-HDU Workers
“There are grant requests requiring review by HDU. The In-Center Referral window will send the Assign HDU Intake to the HDU Supervisor’s queue. Complete the interview with the applicant (including ESNAP and immediate needs, if applicable) before routing them to HDU.”

Message in CA Recertification Interview for Non-HDU Workers
“There are grant requests requiring review by HDU. The In-Center Referral window will send the Assign HDU Intake to the HDU Supervisor’s queue. Complete the interview with the participant before routing them to HDU.”

Message in CA Application Interview for HDU Workers/Non-HDU Workers authorized to review HDU shelter requests

“There are grant requests requiring review by HDU. Please complete the interview (including ESNAP and immediate needs, if applicable) before starting the HDU Intake.”

Message in CA Recertification Interview for HDU Workers/Non-HDU Workers authorized to review HDU shelter requests

“There are grant requests requiring review by HDU. Please complete the interview with the participant before starting the HDU Intake.”

Cases referred to HDU will appear in the HDU Supervisor’s queue for assignment to a HDU/CMU JOS/Worker via the **Assign HDU Intake Activity**. In the HDU Supervisor’s queue, the HDU Supervisor must:

- Select the case with the **Assign HDU Intake Activity**;
- Select **“Start”**;
- Once the case opens, select **“Next”**.

A list of HDU/CMU JOS/Workers will appear for the HDU Supervisor to assign the **HDU Intake Activity**.

Applicant/Participant fails to appear for the HDU interview appointment

If the applicant/participant does not appear for the HDU interview and the case appears in the HDU Supervisor’s queue, the HDU Supervisor must assign the case to the HDU/CMU JOS/Worker with the case comment, “The applicant/participant failed to appear for the interview, please enter Outcome and Date”.

Upon receipt of the case, the HDU/CMU JOS/Worker must proceed to the **Plan of Action** screen and enter the **Outcome** and **Date**.

Applicant/Participant fails to return to HDU with the requested documentation

If the applicant/participant does not return with the requested documentation, the HDU/CMU JOS/Worker must proceed to the **Plan of Action** screen and enter the **Outcome** and **Date**.

Note: To enter an outcome for the scenarios noted above in the **Outcome** drop-down list, select “**Other**” and type in the appropriate comment in the “**Other Details**” field (e.g., Failed to appear on mm/dd/yy or Did not return with requested documentation on mm/dd/yy). Type the date entering the outcome in the “**Outcome Date**” field.

Referral to RAU

See **Attachment 01 A** for HDU Intake Activity Instructions.

HDU instruction if case does not come directly from CMU/CSIC

See [PB #13-56-OPE](#) Revision to RAU Referral Process

Upon receipt of the case, the HDU/CMU JOS/Worker must:

- Determine whether or not the applicant/participant has income or resources available to meet the emergency need;
 - If the case *does not* come directly from CMU/CSIC, HDU staff must create a new activity by starting the **Non-Food Emergency** or **Change Case Data Interview** activity. Once the rent emergency is addressed in the **SI Grant Requests Task List (Tasks 1-5)**, at **Task 6**, a message will appear stating the case will suspend and the **HDU Intake Activity** is ready to begin.
- Complete the **HDU Intake Activity** in POS (See **Attachment A**);
- Scan and index the RAU Packet (See **PB #13-56-OPE**). POS will not proceed unless the RAU packet has been scanned and indexed first;
- Forward the **HDU Intake Activity** to the HDU Supervisor for approval.

The HDU Supervisor will open the **HDU Intake Activity** and approve/disapprove the completed screens.

If the **HDU Intake Activity** is approved, the HDU Supervisor will send the RAU packet to RAU via POS. The information entered and approved in POS will be transferred to RAD.

If the **HDU Intake Activity** is disapproved, the HDU Supervisor will return the activity to the HDU/CMU JOS/Worker for correction. Once the required corrections are made, the HDU/CMU JOS/Worker must forward the case back to the HDU Supervisor for approval.

RAU Determinations

RAU will determine if the household is eligible for the emergency grant and, if so, the amount of arrears the applicant is eligible to receive.

Once a determination has been made in RAD, the case will appear in the **RAU Recommendation to HDU (RAU Recommendation to CMU)** for cases referred to RAU by CMU) queue in POS where the HDU/CMU Supervisor must assign the RAU Determination to the HDU/CMU JOS/Worker. To assign the RAU Determination, the HDU/CMU Supervisor must:

- Access the **RAU Recommendation to HDU** queue (**RAU Recommendation to CMU** for CMU Supervisors). Cases with RAU determinations should appear as **Assign Non-Food Emergency or Assign Change Case Data**.
- Highlight the case and select **“Start”**.
- Once the case opens, select **“Next”**. The list of HDU/CMU JOS Workers will appear.
- Select the HDU/CMU JOS Worker for assignment.

Note: HDU/CMU Supervisors must monitor their queue at all times for RAU decisions.

The HDU/CMU JOS/Worker will be able to view the RAU Determination and Reason by accessing the **Grants** and **Referrals and Outcomes** tabs of the **Request Action** window in **Task 6** of the **Single Issue Grant Request List**.

To view prior **RAU** decisions, access **Task 6** by selecting **Review Case**, entering the Case Number and selecting **Recommendation Received from RAU** from the **Activity Type** column of the **Activities List**.

Applicants for One-Shot Deals

See [PB #11-118-OPE](#)
Voluntary Payroll
Deductions for NYC
Employees with Repayment
Agreements for One-Time
Emergency Payments for
handling one-shot
emergency grants for NYC
employees. Additional
forms are required for
voluntary payroll deduction.

When a household applying for a One-Shot deal requests emergency assistance for shelter arrears, the JOS/Worker must register the case in the appropriate category. He/she should then initiate and refer the shelter request to HDU as described in the **Referral of Shelter Requests to HDU** on page 7.

Note: If POS is down, the JOS/Worker must ensure that forms **W-145TT** and **W-147F** are completed, scanned and indexed as part of an EAF eligibility determination.

The HDU/CMU Supervisor must then refer the shelter request to RAU as described in the **Referral to RAU** section on page 10.

One-Shot Deals for EAF

Revised

The HDU/CMU JOS/Worker must provide the applicant with the POS prefilled **W-147KK** form and **W-147PP** form. Form **W-147KK** informs the applicant that he/she will receive a monthly bill from the Division of Accounts Receivable and Billing (DARB) until the full amount of the excess portion of the EAF grant is paid in full. The **W-147PP** contains complete information about the repayment billing process of the shelter arrears to the Department of Social Services.

Upon receipt of the RAU approval, if the case is eligible under the EAF category, the HDU/CMU JOS/Worker must:

Revised

- Single-Issue (**SI**) the case using Opening Code **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) on the POS Turn-Around Document (TAD).
- Complete the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:

See [PD #10-22-SYS](#).

Rent in excess of the Agency maximum must be issued using Special Grant Code **30**.

- Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
- If the rent/mortgage exceeds the Agency maximum for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.

See [PD #13-14-ELI](#)

Revised Level of Approval for CA.

- Forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.

New

See [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by MIS to the applicant to inform him/her of the Agency's decision on the request for shelter arrears.

One-Shot Deals for ESNA

If the applicant is not eligible under the EAF category, eligibility must be determined under the ESNA category.

New

At the time of the request, the POS pre-filled form **W-147H** must be signed by the applicant (and legal spouse, if necessary). The form must be printed in the **Print Forms to Sign** (Task 5) window along with the **W-147PP**. The **W-147H** now prints with the requested amount of rent arrears. The original copy of the **W-147H**, with the **W-147PP** form, must be given to the applicant.

New
 If the signature cannot be captured in POS, the JOS/Worker recording the grant request must print the **W-147H** and **W-147PP** form and have the applicant sign the forms. The signed form must be scanned and indexed into the HRA OneViewer.

Note: No changes may be made to the **W-147H**. Do not use “White-Out” on the **W-147H**. If a change is necessary, a new form must be completed and signed by the applicant.
 Upon receiving the RAU approval, the HDU/CMU JOS/Worker must:

Revised

- Single-Issue (**SI**) the case using Opening Code **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) on the POS Turn-Around Document (TAD).
- Complete the PA Single Issuance Authorization Form (**LDSS-3575**) on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- Forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.

See [PD #10-22-SYS](#).

Rent in excess of the Agency maximum must be issued using Special Grant Code **30** (Rent Payments in Excess of Maximum).

See [PD #13-14-ELI](#)
 Revised Level of Approval for CA.

New
 See [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by MIS to the applicant to inform him/her of the Agency’s decision on the request for shelter arrears.

One-Shot Deals for EAA

Upon receipt of the RAU approval, if the case is eligible under the EAA category, the HDU/CMU JOS/Worker must:

Revised

A signed repayment agreement is not required for EAA.

- Single-Issue (**SI**) the case using Opening Code **Y39** (Case accepted only for emergency shelter arrears and or emergency utility arrears with no repayment agreement) on the POS Turn-Around Document (TAD).

- Complete the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- Forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.

Rent in excess of the Agency maximum must be issued using Special Grant Code **30** (Rent Payments in Excess of Maximum).

See [PD #13-14-ELI](#) Revised Level of Approval for CA.

New
See [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by MIS to the applicant to inform him/her of the Agency's decision on the request for shelter arrears.

Applicant Ineligible for EAF/ESNA/EAA One-Shot Deal

If an applicant is ineligible for a One-Shot Deal emergency grant under the EAF, ESNA and EAA categories, the JOS/Worker must reject the case with code **Y95** (Application for Emergency Assistance Only).

Subsequent Shelter Arrears Assistance for ESNA Applicants

If an applicant applying for a One-Shot deal is not current on payments in accordance with his/her current repayment agreement, he/she will not be eligible for any additional shelter arrears assistance under ESNA. However, compliance with the repayment agreement is not a condition of eligibility for EAF or recurring CA.

Note: If an applicant is not current on utility arrears payments, he/she may still be eligible for shelter arrears assistance.

Applicants for Ongoing CA with an Emergency Need

EAF Applicants for Ongoing CA

When an applicant who applies for ongoing CA has an emergency need for shelter arrears, the case must be referred to HDU, then RAU, as described in the **Referral of Shelter Requests to HDU** (page 7) and **Referral to RAU** (page 10) sections.

Form **W-145TT** is only valid for households that include children or pregnant women.

Note: If POS is down, the JOS/Worker must ensure that Forms **W-145TT** and **W-147F** are completed to determine EAF eligibility. Forms **W-145TT** and **W-147F** must also be scanned and indexed into the HRA OneViewer.

If the amount requested for EAF exceeds the Agency monthly shelter allowance, the applicant must repay the excess portion of the EAF grant.

The **W-147KK** is completed in the event the case is not accepted for ongoing assistance so that the repayment of the excess rent can be pursued.

The HDU/CMU JOS/Worker must provide the applicant with the POS prefilled **W-147KK** form and **W-147PP** form. Form **W-147KK** informs the applicant that he/she will receive a monthly bill from the Division of Accounts Receivable and Billing (DARB) until the full amount of the excess portion of the EAF grant is paid in full. The **W-147PP** contains complete information about the repayment billing process of the shelter arrears to the Department of Social Services.

Upon receipt of the RAU approval, the HDU/CMU JOS/Worker must:

- Single-Issue (**SI**) the case using Opening Code **Y41** (Case accepted for immediate needs) on the POS Turn-Around Document (TAD).
- Complete the **LDSS- 3575** on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below the Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- Forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval, if necessary.

Rent in excess of the Agency maximum must be issued using Special Grant Code **30**.

See [PD #13-14-ELI](#) Revised Level of Approval for CA.

New
See [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by MIS to the applicant to inform him/her of the Agency's decision on the request for shelter arrears.

If the applicant is accepted for ongoing CA, the JOS/Worker must enter a case comment to indicate that Form **W-147KK** is not required (Form **W-147KK** cannot be discarded because the form has been electronically saved into the HRA OneViewer).

If applicable, a recoupment for the excess rent must be initiated by completing the PA Recoupment Data Entry Form – WMS (**LDSS-3573-NYC**).

Revised

If the applicant is denied for ongoing CA, POS will forward the **W-147KK** electronically to IREA.

IREA’s Division of Claims and Collections will be responsible for initiating the billing. If the applicant becomes eligible for ongoing CA at a later date, Claims and Collections will suspend the repayment order until the CA case closes.

ESNA Applicants for Ongoing CA

Applicants who are single adults or childless couples must sign form **W-147H**.

If an applicant is deemed ineligible for emergency assistance through EAF (for example, a single adult with no children), his/her emergency need may be met with an ESNA grant. If determined eligible for an ESNA grant, the repayment agreement will be required.

In this instance, the case must be referred to HDU, then RAU as described in the **Referral of Shelter Requests to HDU** (page 7) and **Referral to RAU** (page 10) sections.

New

At the time of the request, the POS pre-filled form **W-147H** must be signed by the applicant (and legal spouse, if necessary). The form must be printed in the **Print Forms to Sign** (Task 5) window along with the **W-147PP**. The **W-147H** now prints with the requested amount of arrears. The original copy of the **W-147H**, with the **W-147PP** form, must be given to the applicant.

If the signature cannot be captured in POS, the JOS/Worker recording the grant request must print the **W-147H** and **W-147PP** form and ask the applicant to sign. The signed form must be scanned and indexed into the HRA OneViewer.

Note: No changes may be made to the **W-147H**. Do not use “White-Out” on the **W-147H**. If a change is necessary, a new form must be completed and signed by the applicant.

If the applicant is deemed eligible for ESNA and payment is granted:

Revised

- Single-Issue (**SI**) the case using Opening Code **Y41** (Case accepted for immediate needs) on the POS Turn-Around Document (TAD).
- Complete the **LDSS- 3575** on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:

Rent in excess of the Agency maximum must be issued using Special Grant code **30** (Rent Payments in Excess of Maximum).

- Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below the Agency maximum monthly shelter allowance for the household size.
- If the rent/mortgage exceeds the Agency maximum for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- Forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.

New
See [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by MIS to the applicant to inform him/her of the Agency's decision on the request for shelter arrears.

If the applicant is accepted for ongoing CA, the JOS/Worker must enter a case comment to indicate Form **W-147H** is not required because of acceptance of ongoing CA (Form **W-147H** cannot be discarded because the form has been electronically saved into the HRA OneViewer).

If applicable, a recoupment for the excess rent must be initiated by completing the **LDSS-3573 NYC**.

If the ESNA case is accepted for recurring CA, a recoupment must be initiated for rent arrears paid above the Agency maximum.

Note: A recoupment must be initiated for any shelter arrears amount paid above the Agency maximum for the household size (Special Grant Code **30**).

If the applicant is denied for ongoing CA, POS will electronically forward the **W-147H** electronically to IREA.

Additional Allowances for Participants

Participants requesting an additional allowance for emergency shelter assistance must complete the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) form.

The JOS/Worker must initiate and refer the shelter request to HDU as described in the **Referral of Shelter Requests to HDU** section beginning on page 7.

The HDU/CMU Supervisor must then refer the shelter request to RAU as described in the **Referral to RAU** section on page 10.

Upon receipt of RAU approval, the HDU/CMU JOS/Worker must:

See [PD #10-22-SYS](#).
Revised

- Complete the **Single Issue Data Entry** window and enter Special Grant Code depending on circumstances in the Shelter/Recoupment field of the **LDSS-3575**.
- Forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.
- Complete the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137B**) form advising the participant of the Agency's decision.

Recoupment of Rent in Excess of the Agency Maximum Shelter Allowance

When a household receives an emergency shelter arrears payment and is eligible for recurring CA, a recoupment must be initiated for the amount that exceeds the Agency maximum monthly shelter allowance

The JOS/Worker must:

Revised

- Multiply the household's shelter allowance by the number of months (durational period) for which assistance to pay shelter arrears was granted. This is the total shelter allowance for the period in arrears. For example:
 - $\$215 \times 10$ (months in arrears) = \$2,150
- Subtract the total shelter allowance for the period in arrears *from* the total shelter arrears issued by the Agency. This is the amount over the Agency maximum that was issued:

For example, a household received \$5,000 from the Agency for ten months shelter arrears.

- $\$5,000$ (total arrears issued) - $\$2,150$ = $\$2,850$ (amt. above max)

The recoupment amount is \$2,850.

Refer to the
Authorization of Grants
Manual for more
information

In POS on the **LDSS-3573 NYC**, the JOS/Worker must:

- Place a checkmark in the **New Claim (1)** box;
- Enter **S** in the **Offense Type** field in the **Offense Data** section;
- Enter the recoupment amount in the **Offense Amount** section;

Revised

- Answer the **Is M-3E Signed?** question. If **Y** is checked, WMS will not generate a Notice of Intent to Reduce Public Assistance;
- Print and sign the form and ensure that it is forwarded to the Supervisor for signature; and
- Forward it to PAM for data entry.

PROGRAM IMPLICATIONS

Model Center Implications

Use FRED/MONIQ to route the applicant/participant to the appropriate area that will address his/her housing emergency.

Paperless Office System (POS) Implications

Updated **W-145HH**, **W-147F**, **W-147H**, **W-147KK**, and **W-147PP** are available in POS.

SNAP Implications

There are no SNAP implications.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING-IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #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 either adequate or timely and adequate notification of all actions taken on their case.

Conferences

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

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

If the determination is that the participant has presented good cause for the infraction or that the outstanding Notice of Intent (NOI) needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will Settle in Conference (SIC), post Action Code **820** (Good Cause Granted), refer the participant back to the JOS/Worker by posting Action Code **11FH** (Referral from FH&C for Eligibility Assessment), and enter detailed case notes in New York City Work, Accountability and You (NYCWAY). The AJOS/Supervisor I will forward all verifying documentation submitted by the 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 **01** if the case has been granted Aid to Continue (ATC), or prepare and submit a CA Recoupment Data Entry Form – WMS (**LDSS-3573**) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the participant fails to show good cause for the infraction or if it is determined that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the participant why he/she cannot SIC. The AJOS/Supervisor I must complete an **M-186a** form.

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

Evidence Packets

All Evidence Packets must contain a detailed history (e.g., copies of POS "Case Comments" and/or NYCWAY "Case Notes"), copies of relevant WMS screen printouts, notices, and other documentation relevant to the action taken.

REFERENCES


SSL. Sec. 131-n
 18 NYCRR § 352.7(g)(3) and (4);370.3;372;397.5(l)(3)
[06-INF-25](#)
[Authorization of Grants](#), p.262

[Temporary Assistance Source Book](#), Ch.10 Sec. I, Ch. 12, Ch. 21
Sec. E, Ch. 22, Ch. 31 Sec. H.

RELATED ITEMS

Fax Flash 13/48 PB #11-118-OPE	CMU Shelter Related Requests Referrals to HDU Voluntary Payroll Deductions for New York City Employees with Repayment Agreements for One- Time Emergency Payments
PB #12-102-SYS PB #13-56-OPE	CA POS Release Notes Version 16.3 Revision to the Rental Assistance Unit (RAU) Referral Process
PB #13-79-SYS PB #15-55-SYS	Shelter Related Requests Referral Process CA POS Release Notes Version 19.2
PD #08-43-ELI PD #10-22-SYS PD #13-14-OPE	Emergency Assistance to Needy Families with Children (EAF) Single Issuance Grant Requests in POS Revised Level of Approval for Cash Assistance

ATTACHMENTS

 Please use Print on
Demand to obtain copies
of forms.

Attachment A LDSS-3573 NYC	POS HDU Instructions PA Recoupment Data Entry Form – WMS (Rev. 6/02)
W-137A	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 7/1/14)
W-137A (S)	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 7/1/14)
W-137B	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 7/1/14)
W-137B (S)	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 7/1/14)
W-145HH	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 6/23/14)

W-145HH (S)	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Spanish) (Rev. 6/23/14)
W-145TT	Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (Rev. 3/12/14)
W-147F	Shelter Arrears Repayment Agreement Worksheet (Rev. 8/12/15)
W-147H	Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (Rev. 4/1/15)
W-147H (S)	Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (Spanish) (Rev. 4/1/15)
W-147KK	Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (Rev. 4/1/15)
W-147KK (S)	Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (Spanish) (Rev. 4/1/15)
W-147PP	Information about Repaying The Department of Social Services for Rental Arrears (8/12/15)
W-147PP (S)	Information about Repaying The Department of Social Services for Rental Arrears (Spanish) (8/12/15)

POS HDU INSTRUCTIONS

HDU Intake Activity

After completing the Household Screen, Address Information, and Individual Detail sections in the **HDU Intake Activity**, the HDU worker must complete the following sections:

- Referred to HDU From (see below)
- HDU Information (see pages 3-16)
- SI Grant Requests (see page 17)
- Print Forms (see page 18)
- Approval Elements (see page 19)

Referred to HDU From Window

Version 16.3 - Paperless Office System - [Referred to HDU from] 1:06:29 PM Wednesday, November 07, 2012

File Edit Tools Window Help

Case Information
Case Number: Case Name:

Referred to HDU From:
Homeless Referral Type: At-Risk Population:
Other Details:

Risk Factors
Risk Factors:
Risk Factors Details:

Requesting RAU Reconsideration/Addition	Reason for Reconsideration/Addition
<input type="text" value="YES"/>	<input type="text" value="Additional Documentation"/>

Other Details:

Narrative

In the **Referred to HDU from** Window, the HDU worker must complete:

- the **Referred to HDU From** section.
- the **Risk Factors** section.
- a detailed narrative in the **Narrative** section.

Requests will RAU Reconsideration/Addition will also be shown.

HDU Information Screen

Version 16.2 - Paperless Office System - [HDU Information] 11:49:45 AM Friday, August 24, 2012

File Edit Tools Window Help

Instructions: Use the window below to record grant requests. To record a request, click "Yes" for the appropriate row in the window. A Response to Question window will appear to allow you to record the details of the request. Once all requests are recorded, click the Next button to continue.

	Yes	No
Is Employed?	<input checked="" type="radio"/>	<input type="radio"/>
Is Self-Employed?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input type="radio"/>	<input type="radio"/>
Are There Rent Or Mortgage/Tax Arrears?	<input type="radio"/>	<input type="radio"/>
Mortgage/Property Tax Arrears?	<input type="radio"/>	<input type="radio"/>
HDU Shelter Arrears Detail	<input type="radio"/>	<input type="radio"/>
Household Resources, Expenses and Other Potential Savings	<input type="radio"/>	<input type="radio"/>
HDU Decision/Plan of Action	<input type="radio"/>	<input type="radio"/>
Document Deferral	<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

The HDU worker must complete the **HDU Information** section which contain the following screens (shown in pages 3 through 16):

- Is Employed? (read only window, see page 4)
- Is Self-Employed? (read only window, see page 4)
- Do you (or anyone who lives with) have a rent, mortgage or other shelter expenses? (see page 5)
- Are there rent or mortgage arrears? (see page 5)
- Mortgage/Property Tax arrears? (see page 6)
- HDU Shelter Arrears Details (see pages 7-10)
- Household Resources, Expenses and Other Potential Savings (see page 11)
- HDU Decision/Plan of Action (see pages 12-15)
- Document Deferral (see page 16)

Is Employed? Response to Question Window (Read Only)

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING: Yes No

Is Employed?

Response to Question

Info from WRS Employee _____ Employer _____ Street _____ City _____ Zip _____ Wage Year Quarter _____	Who _____ Start Date 00/00/0000 Expected End Date... 00/00/0000 Type of Work... Beauty Culture Employer 111 Main Gross income \$0.00 \$0.00 \$0.00 \$0.00 Street 111 Main St Frequency Hours/Freq... Taxes Withheld Day Paid City Queens BW <input type="radio"/> Yes <input type="radio"/> No State NY Zip - Is Health Insurance Available through Your Employer (even If you are not participating)? <input type="radio"/> Yes.. <input type="radio"/> No Contact Do you have child or dependent care expenses due to employment (including job search)? <input type="radio"/> Yes <input type="radio"/> No Title Do you have other employment-related expenses (including job search)? <input type="radio"/> Yes <input type="radio"/> No Phone - - Document... Scan Comment
--	---

OK Cancel

Is Self-Employed? Response to Question Window (Read Only)

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING: Yes No

Is Self-Employed?

Response to Question

Info from WRS Employee _____ Employer _____ Street _____ City _____ Zip _____ Wage Year Quarter _____	Who _____ Start Date 00/00/0000 Expected End Date... 00/00/0000 Company Name <input type="radio"/> Yes <input type="radio"/> No Gross Income Frequency Taxes Withheld Day Paid Name \$0 \$0 <input type="radio"/> Yes <input type="radio"/> No Business Address Different from Residence <input type="radio"/> Yes.. <input type="radio"/> No Hours Per Frequency Expenses Monthly Net Income Amount Business Type Business Tel # \$0 \$0 <input type="radio"/> Yes.. <input type="radio"/> No \$0.00 Is Health Insurance Available to You (even If you are not participating)? <input type="radio"/> Yes.. <input type="radio"/> No Do you have child or dependent care expenses due to employment (including job search)? <input type="radio"/> Yes <input type="radio"/> No Do you have other employment-related expenses (including job search)? <input type="radio"/> Yes <input type="radio"/> No Document... Scan Comment...
--	---

OK Cancel

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses? Response to Question Window

Yes No

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?

Response to Question

Shelter Information

Shelter Type Apt pvt house...	Shelter Code 01	Change Shelter type? <input checked="" type="radio"/> Yes <input type="radio"/> No	Actual amount charged for Rent/Mortgage \$400.00	Frequency M	Verified <input checked="" type="radio"/> Yes <input type="radio"/> No
Click to View/Update Details of the Current Shelter Type		Housing Advantage Indicator(HAI)	Rent Charged To Secondary Tenant	Frequency	Verified
			.00		

Landlord Information

Landlord Type Landlord	SSN/Tax Number 11123455	
Name Landlord Name	Phone	
House/PO Box Number 22	Apt/Suite Number 22	
Street Dir West	Street Name 121st	Street Type Str
City New York	State New York	Zip 10026

Restriction Information

Has The Household Requested A Rent Restriction Exemption? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Rent Restriction Type Direct Involuntary (PA level)		
PA Shelter Amount 400.00		
Is the restriction information the Same As The Landlord Information? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Name Client Name for Landlord Nam		
House Number or PO Box 22	Apt/Suite 22	
Street Dir West	Street Name 121st	Street Type Str
City New York	State New York	Zip 10026

Excess Rent

Monthly Excess Rent: \$0.00

Document... Scan

Routing Number

Comment...

OK Cancel

Are There Rent Or Mortgage/Tax Arrears? Response to Question Window

Are There Rent Or Mortgage/Tax Arrears?

Response to Question

<input checked="" type="radio"/> Rent Arrears	Arrears Amount \$1,569.00	Period From 01/01/2012	Period To 07/31/2012	Months of Arrears 08
<input type="radio"/> Mortgage Arrears	Arrears Amount \$0.00	Period From 00/00/0000	Period To 00/00/0000	Months of Arrears
	Property Tax Arrears Amount \$0.00	Property Tax Period From 00/00/0000	Property Tax Period To 00/00/0000	Property Tax Months of Arrears

Amortization of mortgage on applicant/recipient-owned property: Amount \$1,568.00

Carrying charges on applicant/recipient-owned property: Amount \$1,596.00

Document... Comment...

OK Cancel

Mortgage/Property Tax Arrears? Response to Question Window

Mortgage/Property Tax Arrears?							
Response to Question							
<p>This window allows you to record the property details for homeowners requesting assistance with Mortgage/Tax Arrears or information for those requesting assistance with a Co-op purchase. For Co-op purchase, the purchase price must be entered and all details about the purchase must be entered in the "How was Home Afforded/Details of Co-op Purchase?" question.</p>							
Type of Request <input type="radio"/> Purchase Co-op Apt <input type="radio"/> Help with Mortgage/Tax Arrears <input type="radio"/> Property Tax Arrears Only		Purchase Price (Incl tax, fees & closing costs) Property Purchase Date: 00/00/0000 \$:00		Name of Mortgage Holder _____		Terms of Mortgage Years: _____ Interest: _____	
Did you or will you make Down Payment a Down Payment? <input type="radio"/> Yes <input type="radio"/> No		Amount \$:00		Is Property Producing Income? <input type="radio"/> Yes <input type="radio"/> No		Monthly Amount Received \$:00	
				Number of Mortgages _____		Date Last Mortgage was taken 00/00/0000	
Equity in Home? <input type="radio"/> Yes <input type="radio"/> No		Equity Amount \$:00		Foreclosure Action? <input type="radio"/> Yes <input type="radio"/> No		Foreclosure Details _____	
						How Afforded Home/Details of Co-op Purchase? _____	
Document...		Scan		Comment...			
<input type="button" value="OK"/>				<input type="button" value="Cancel"/>			

Note: The **Mortgage/Property Tax Arrears? Response to Question Window** is used to record *property specific information* for homeowners requesting Mortgage/Tax Arrears or Co-op purchase assistance.

The screenshot shows a software window titled "Response to Question". It contains several sections of data entry fields:

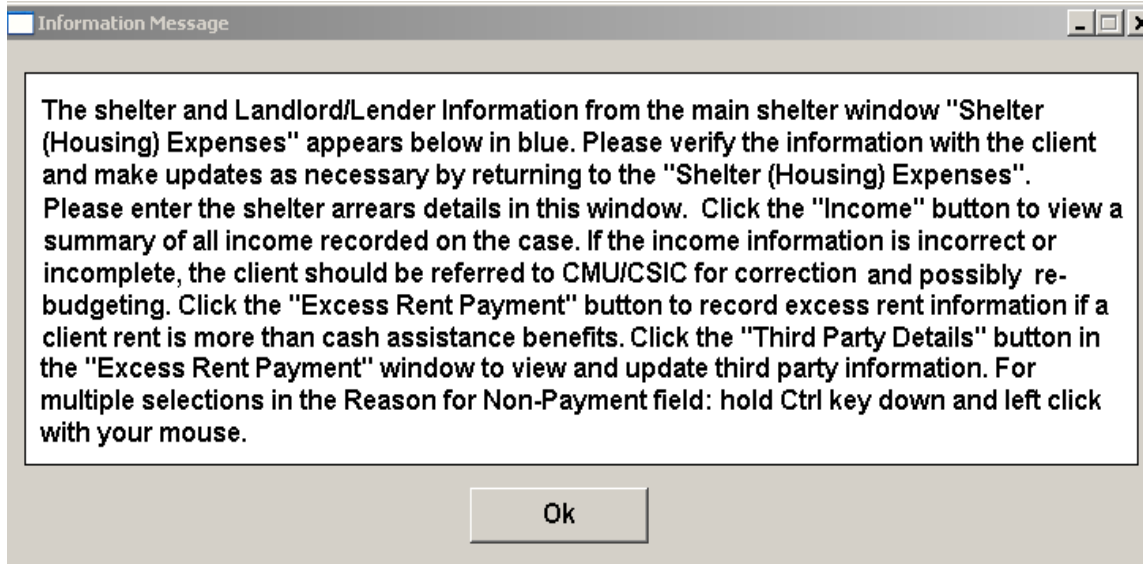
- Case Information:** Includes fields for Case Number, Case Name, Contact Person, Street Address, City, State, Zip Code, Phone #, and AlternativePhone #.
- Shelter Information:** Includes Shelter Type, Shelter Code, Rent Restriction Type, Actual Rent, Frequency, PA Shelter Amount, and Excess Rent.
- Landlord/Lender Information:** Includes Landlord/Lender Name, Landlord/Lender Email, Landlord/Lender Address, Landlord/Lender Phone#, Landlord Cell#, and Landlord/Lender Fax#.
- Arrears Information:** Includes Breakdown Submitted? (Yes/No), Legal Fees, Formerly on Advantage Program, Mortgage/Rent Arrears, Property Tax Arrears, Principle reason for Non Payment, and Non Payment Detail.
- Client Status:** Includes "Is Client Faced with?" with checkboxes for Non Pay Petition, Eviction, Dispossess, Holdover, Post Eviction, No Court Action, Client Foreclosure, and Landlord Foreclosure.
- Court Information:** Includes "Is there a Court Stipulation?", "Is there a order to Show Cause?", Court Date, Follow Up Date, Date, and Eviction Date.
- Housing Assistance:** Includes "Has the Client Applied for Housing Through?" with checkboxes for Section 8 Housing, NYCHRA, and FEPS, each with a date field.

At the bottom of the form, there are three buttons: "Instructions", "Excess Rent", and "Income". A callout box with a pointer to these buttons contains the text: "Instructions, Excess Rent, and Income options. See pages 8 through 10 for examples." Below the buttons are "OK" and "Cancel" buttons.

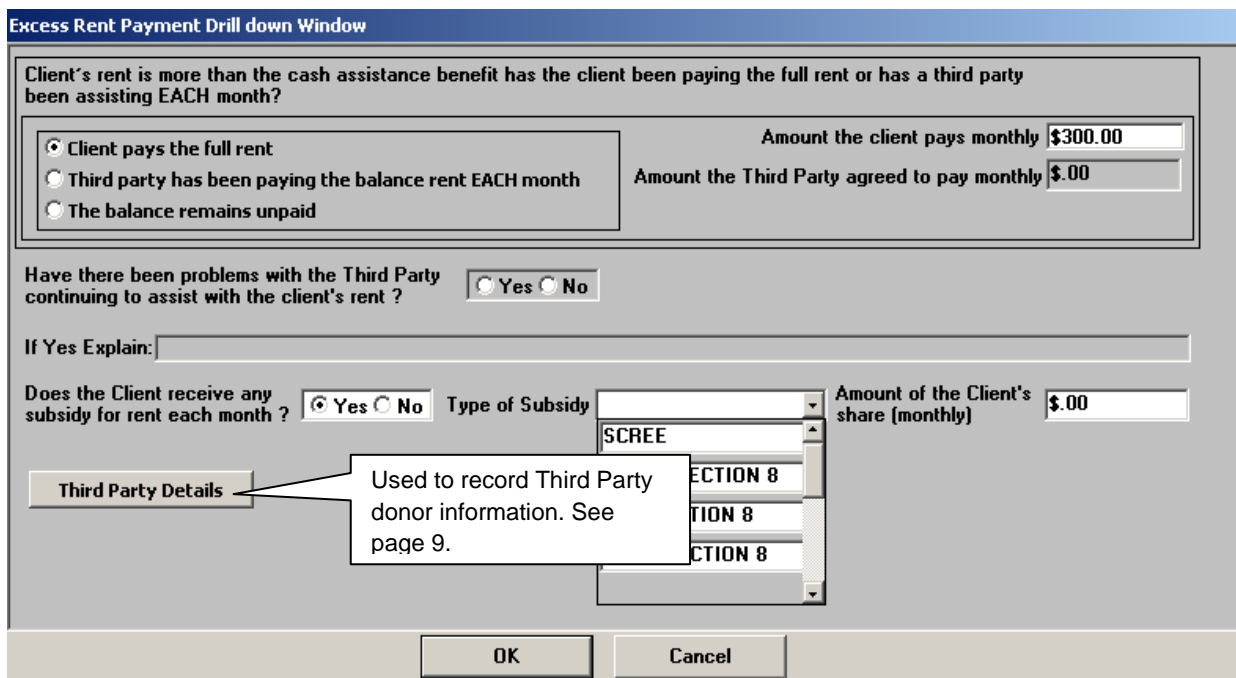
The **Instructions**, **Excess Rent**, and **Income** options may be selected toward the bottom of the **HDU Shelter Arrears Detail** screen.

The **Instructions** option gives directions on how to complete the **Excess Rent**, **Third Party Details** (within the **Excess Rent** window) and **Income** windows.

Instructions Window from HDU Shelter Arrears Detail



Excess Rent Payment from HDU Shelter Arrears Detail



The above **Excess Rent Payment** screen is accessed by clicking on **Excess Rent** on the **HDU Shelter Arrears Detail** screen.

Click on **Third Party Details** to access the **Third Party Drill Down** window.

Third Party Drill Down Window option from Excess Rent Payment Window

Third Party HDUA Drill Down Window

Instructions: A Legally responsible relative is a relative who, by law is responsible for the support and care of another person such as a spouse, parent or step-parent. Parents (including adoptive parents) and step-parents are responsible for the support of their children and/or step-children only under the age of 21. A loan is defined as money that is borrow and must be returned. Court ordered payments are defined as support payments required to be made directly to a recipient pursuant to an order of the family court/payments that are directed by the court.

Donor 1 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip

Donor's relationship to client

Donor's SSN	Donor's Phone No.	Shelter Exp	Freq	Gross Salary	Freq
- -	- -	.00		.00	

Legally Responsible Relative
 Non-Legally Responsible Relative

Net Salary	Freq	Other income	Amount	Freq
.00			.00	

Contribution Information

Monthly Contribution Amount: .00 Is this considered a Loan? Yes No Is this court ordered payment? Yes No

Contribution Start Date: 00/00/0000 Is Donor still assisting? Yes No Contribution End Date: 00/00/0000

Contribution given to whom? To Client Directly to Landlord

Donor 2 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip

Donor's relationship to client

Donor's SSN	Donor's Phone No.	Shelter Exp	Freq	Gross Salary	Freq
- -	- -	.00		.00	

Legally Responsible Relative
 Non-Legally Responsible Relative

Net Salary	Freq	Other income	Amount	Freq
.00			.00	

Contribution Information

Monthly Contribution Amount: .00 Is this considered a Loan? Yes No Is this court ordered payment? Yes No

Contribution Start Date: 00/00/0000 Is Donor still assisting? Yes No Contribution End Date: 00/00/0000

Contribution given to whom? To Client Directly to Landlord

Donor 3 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip

Income Recorded During Interview Window from HDU Shelter Arrears Detail

Income Recorded During Interview

Instructions:
Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually.
For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Name	Income Type	Monthly Amount (Gross)	Monthly Amount (Net)

Total Total

OK

This window is accessed by clicking on **Income** from the **HDU Shelter Arrears Detail** window.

The Income window is used to view a summary of the income recorded on the case. If the income information is incorrect or incomplete the applicant/participant must be referred to CMU/CSIC for correction and possibly re-budgeting.

Instructions

The household resources and expenses in this window are the most current available and are displayed in blue. If after interviewing the client you determine that updated amounts are needed, make entries in the 'HDU Household Resources' and 'HDU Monthly Expenses' areas. After reviewing the household budget with the client you may discover some savings that would assist the family in reducing the need for future public assistance. Please make these entries in the 'Other Potential Savings' area. Information added to fields annotated with an asterisk (*) require an explanation in the narrative field.

HOUSEHOLD RESOURCES		HOUSEHOLD MONTHLY EXPENSES		OTHER POTENTIAL MONTHLY SAVINGS	
Household Resources		Household Monthly Expenses		Other Potential Savings	
Amount	Amount	Amount	Amount	Amount	Amount
Cash	\$0.00	Rent/Mortgage	\$0.00	Will Obtain Employment	\$0.00
Savings/Checking Accounts	\$0.00	Tax	\$0.00	Will Receive Food Stamps	\$0.00
Stocks/Bonds/CDs	\$0.00	Utilities	\$0.00	Expecting SSA or VA Benefits, Other Benefits	\$0.00
Retirement Accounts	\$0.00			Have Second Jo./Higher Paying Job	\$0.00
Personal Assets (Condo, Etc)	\$0.00	HDU H/H Monthly Expenses		Remove children from private school	\$0.00
Life Insurance	\$0.00	Food	\$0.00	Credit Counseling	\$0.00
Alimony	\$0.00	Transportation	\$0.00	Will Sell Car	\$0.00
Disability	\$0.00	Credit Cards	\$0.00	Have Arranged Affordable Child Care	\$0.00
Tax Refund	\$0.00	Garnishees*	\$0.00	Have Arranged Affordable Adult Care	\$0.00
Lawsuits	\$0.00	Car Insurance*	\$0.00	Bankruptcy	\$0.00
Loan From Others	\$0.00	Life Insurance*	\$0.00	Will Receive Additional/Change Health Insurance	\$0.00
PA/FS	\$0.00	Loans*	\$0.00	Third Party Financial Assistance	\$0.00
		Cable TV	\$0.00	Other	\$0.00
		Personal (clothing, laundry, etc)	\$0.00		
		Entertainment	\$0.00	Total Potential Savings	\$0.00
		Home/Cell Phone	\$0.00		
		Child Support*	\$0.00		
		Child Care *	\$0.00		
		Medical Fees*	\$0.00		
		Tuition*	\$0.00		
		Other	\$0.00		
Total Household Resources	\$0.00	Total Household Expenses	\$0.00		

OK
Cancel

The Amounts in blue are pre-populated from prior POS entry. Any updated amounts must be entered in the "grey" areas (See instructions toward the top of the window).

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the Resource Limits. All resources (if any) must be evaluated to determine whether they are countable towards the resource limit or exempt. Also cases applying for a one-time-cash grant must use all available resources and to apply for, as well as pursue, potentially available resources. A resource must be easily converted to available cash, even if it results in a penalty for liquidating the resource, such as in the case of stocks, bonds, etc. Click the 'Landlord Contact' button to record details of discussion with landlord and to indicate that no contact was made.

Case Information
Case Number: 00007421939F Case Name:

Future Rent Payment Plan
Payment Plan w/Landlord: Yes No Status:
Pension Loan: Yes No Status:
Bank/Credit Union Loan: Yes No Status:
Salary Advance: Yes No Status:
Retirement/IRA/401K Loan: Yes No Status:
Cashing Savings Bond: Yes No Status:
Borrow From Family/Friend: Yes No Status:
Cash Value of Life Insurance: Yes No Status:
Other Potential Resource: Yes No Status:
Charity/Church/Synagogue: Yes No Status:

Unforeseen Circumstances that Caused Arrears
Are there unforeseen circumstances that caused the arrears? (select all that apply) Yes No
 Robbery or Loss of Property
 Medical
 Unexpected Death in a Family
 Loss of Income
 Natural Disaster/Fire
 Loss of affordable childcare

Initial Plan of Action example on pages 13 and 14.

HDU Plan of Action
Initial Plan of Action Outcome: Client Refused Services Outcome Date: 09/05/2012
Other Details:

Did the Participant Provide all necessary Documentation? Yes No Deferred RAU Packet Complete: Yes No

Landlord Contact Reason for extension beyond 30 days

Landlord Contact example on page 15.

OK Cancel

The **Initial Plan of Action** and **Landlord Contact** options may be selected from the **HDU Decision/Plan of Action** window.

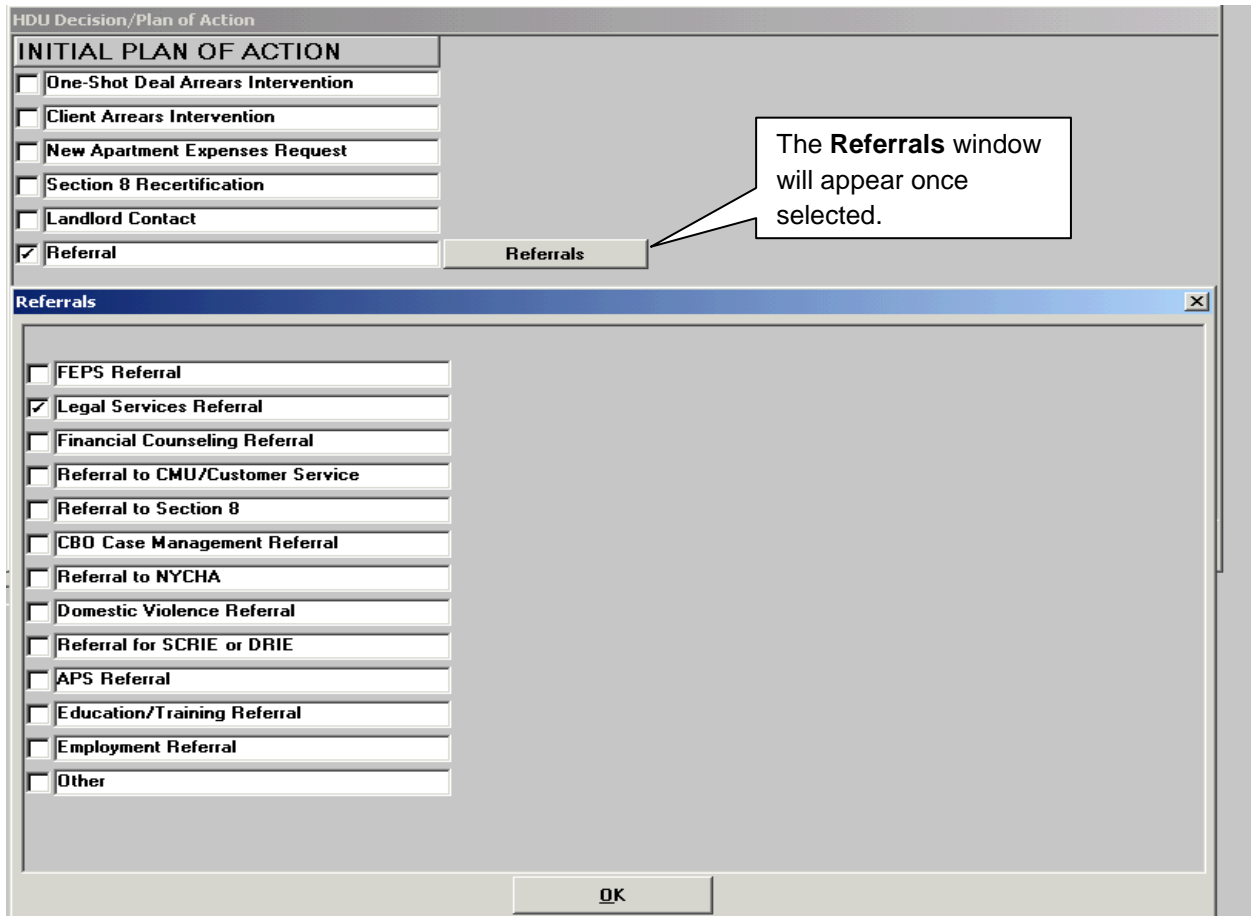
Initial Plan of Action from the HDU Decision/Plan of Action window

The screenshot shows a software window titled "HDU DECISION/PLAN OF ACTION". At the top, there is a text box with the following text: "To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the". Below this, the window title "HDU Decision/Plan of Action" is repeated. The main area contains a list of actions, each with a checkbox and a corresponding button:

- One-Shot Deal Arrears Intervention
- Client Arrears Intervention
- New Apartment Expenses Request
- Section 8 Recertification
- Landlord Contact
- Referral

The "Referrals" button next to the checked "Referral" item is highlighted with a dotted border. A callout box points to this button with the text: "Once Referral is checked, select the adjacent Referrals button to enter a specific referral type." At the bottom of the window, there are two sets of "OK" and "Cancel" buttons.

Referrals window from the Initial Plan of Action window



Landlord Contact window from the HDU Decision/Plan of Action window

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the

Landlord Contact

Case Information
Case Number: Case Name:

Landlord Contact Made? Yes No Discussion Date:

Results of Discussion With Landlord

Move to New Apartment Rent Reduction Arrears Reduction Awaiting FEPS Pending Outcome Negative Outcome

Lease Duration: New Monthly Rent: New Arrears:

Comment...

OK Cancel

OK Cancel

HDU Document Deferral Window

HDU DOCUMENT DEFERRAL WINDOW

Instructions: This HDU Documentation Deferral window lists the names of **all active adult household members over 18 years of age**. If there is someone residing in your household over 18 that does not appear on this list, select "Other Person Not Listed", then enter the name in the "Other Name" field. Once you have selected from the "who" list box, you should select **all of the documents needed for the name you selected only**. For instances when you have more than one selection for a request type, you can make multiple selections per each request type group, Hold the 'Ctrl' button down on your keyboard and left click with your mouse). If you need to make additional request for the **next** household member, use the "scroll bar to view the next available row so that you can fill their request information separately.

Deferral Due Date: Return Documents To: Homeless Diversion Unit (HDU) Must See Your Worker

Who: Other Name:

Request Type	Select Documentation List	Supporting Information
<input type="checkbox"/> Brokers Fees/Voucher	<input type="text"/>	
<input checked="" type="checkbox"/> Mortgage Payments/ Arrears	<input type="text" value="Income tax return for year"/>	<input type="text" value="2011"/>
<input type="checkbox"/> Moving expenses	<input type="text"/>	
<input type="checkbox"/> Property Tax Payments/ Arrears	<input type="text"/>	
<input checked="" type="checkbox"/> Rent Arrears	<input type="text" value="Income tax return for year"/>	<input type="text" value="2003"/>
<input type="checkbox"/> Security Deposit/ Voucher	<input type="text"/>	
<input type="checkbox"/> Other HDU Request:	Specify: <input type="text"/>	

Comments:

Select the person(s) selected for the deferral in the **Who** drop-down box. If there is another individual, over 18 years of age, that is not listed in the drop-down box, select "**Other Person Not Listed**", then enter the name in the **Other Name** field.

Select the **Request Type** and complete the **Select Documentation List** fields.

SI Grant Requests and Issuance

Version 16.2.1 - Paperless Office System - [SI Grant Requests and Issuance] 5:35:09 PM Wednesday, Aug

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required; you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding. Status: No Action Required	NA
2.	Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding. Status: Completed	GO
3.	Task Name: Requests Details Action: This Task must be completed before proceeding. Status: No Action Required	NA
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding. Status: No Action Required	NA
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding. Status: No Action Required	NA

Next Previous

Print Forms

Version 16.2.1 - Paperless Office System - [Print Forms] 5:36:02 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Form No	Form Description	Copies	Forms
DSS2474	SSI Referral and Certification of Contact		e-form
DSS3151	Food Stamp Change Report Form		e-form
DSS3573	PA-Recoupment		e-form
DSS3938	Food Stamp Application Expedited Processing Summary Sheet		e-form
DSS4198	Third Party Data Sheet		e-form
DSS4279	Notice of Responsibilities and Rights for Support		e-form
DSS4529	Agreement to Repay Any Safety Net Assistance Overpayments Still Owed After Case Is Closed		e-form
DSS4530	Assignment of Wages, Salary, Commissions or other Compensation for Services		e-form
DSS4571	Alcohol/Substance Abuse Screening Instrument		e-form
DSS4733	DFR Legal Residence Statement		e-form
DSS4753	Food Stamps - Request for Contact/Missed Interview		e-form
DSS4776	Safety Net Assistance (SNCA) Application (LDSS-4776)		e-form
EXP_76R	Documentation Receipt		e-form
EXP83H	Declaration of Application for a Social Security Number		e-form
M15	Inquiry Regarding Veterans' Benefits and Servicemen's Allotments		e-form
M15F	Agreement to Repay Public Assistance		e-form
M186RR	Mandatory Dispute Resolution Action Taken Form		e-form
M186TT	Mandatory Dispute Resolution No Action Taken Form		e-form

Preview W-145HH Notice Next Print Previous

Approval Elements

Version 16.3 - Paperless Office System - [Approval Elements] 1:46:28 PM Monday, January 14, 2013

File Edit Tools Window Help

Disapproved Element
Address Information Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element
Identity, Citizenship, Relationship, Residence, SSN, Age & Household Composition Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element
Identity, Citizenship, Relationship, Residence, SSN, Age & Household Composition Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

Next Refer to RAU Previous
 Refer Back to Worker

Activity Includes Ready SI Grants: No
 Highest PA Issuance Code Total: 0
 Grants Needing Center Director (Admin JOS II) Approval:
 Next Level: ADMIN JOS

The HDU Supervisor will use the **Approve HDU Intake** activity to approve information completed by the HDU worker via the **HDU Intake** activity. The **Approve HDU Intake** activity will contain the following sections *with Supervisory Review* areas attached toward the bottom of those sections.

- Household Screen
- Address Information
- Individual Detail
- HDU Referred From
- HDU Information
- SI Grant Requests
- Print Forms
- Notice Selection (SCR Centers)
- Approval Elements

Supervisory Approval – HDU Information Example

Version 16.2.1 - Paperless Office System - [Supervisory Approval-Shelter] 5:38:21 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?

Shelter Type	Actual Amount Charged For Rent/Mortgage	Frequency	Rent Charged to Secondary Tenant	Frequency	Verified
23	\$0	M		00	Yes

Housing Advantage Indicator (HAI) _____

No One Pays Rent, Mortgage or Other Shelter Expense Shelter Type _____ Number of bedrooms _____

Monthly PA Shelter Amount _____

Landlord Information:

Landlord Type _____
Name _____
Address _____
NY
Phone - -
SSN _____ Tax Number _____

Rent Restriction Info

Restriction Type _____
PA Shelter Amount: _____
Name _____
Address _____
NY
Routing _____

Supervisory Review

Documents: _____ Documents Reviewed: _____

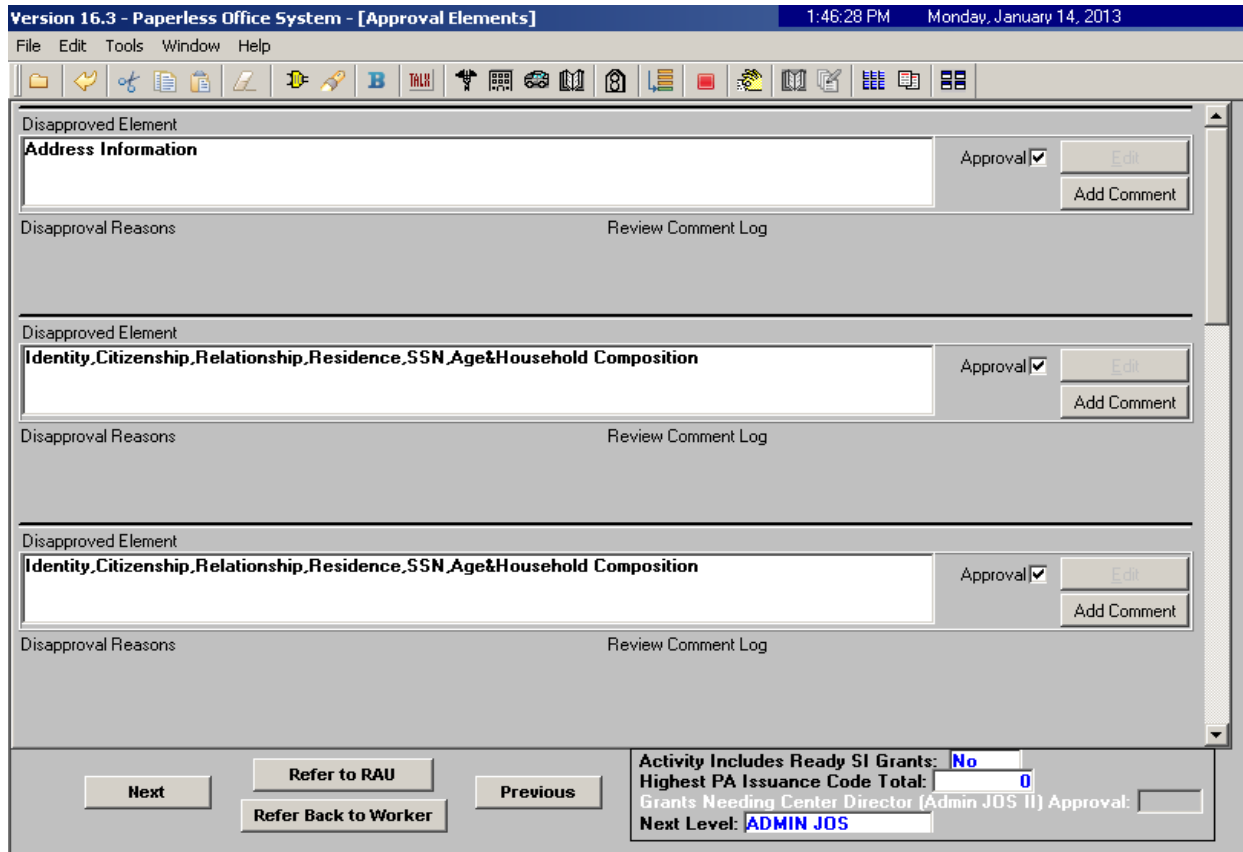
Approve
 Disapprove

Disapproval Reasons

Preview Comment Log

Supervisory Review Area

Approval Elements Screen



The HDU Supervisor sends the case to RAU by selecting the **Refer to RAU** button toward the bottom of the **Approval Elements** screen.

Decisions Received From RAU

When RAU processes a decision on the case, an **Assign Change Case Data** (for active cases) or **Assign Non-Food Emergency** (for applying cases) will be placed in the **RAU Recommendation to HDU** queue.

The **Request Action** window is updated with the RAU decision allowing HDU to process the decision. There are three tabs on the **Request Action** window. The **Grants** tab appears below. Screenshots of the **Referrals and Outcomes** and **Documentation and Verification** tabs appear in the following pages.

Request Action Window: Grants Tab

Version 17.1.1 - Paperless Office System - [Request Action] 8:14:13 AM Wednesday, May 15, 2013

File Edit Tools Window Help

Request Type: Financially Eligible for: EAF? E-SNA? EAA?

Grant Info: Referrals and Outcomes: Documentation and Verification:

Grants Referrals and Outcomes Documentation and Verification

SI Grant Details

SI Grant Needed? Yes No

Decision Due Date: Overdue?

Comments:

SI Grant Decision

RAU Referral Required? Ready for Referral to RAU? Yes No Was Decision Received? Yes No

Decision: Issue Grant Issue Grant Conditionally Deny Grant

Submit Addition to RAU? Yes No Reason:

Not ready for decision

Accept Approved Amount: Approved Period From: To:

Other Action

Deny Denied Amount:

The **SI Grant Details** and the **SI Grant Decision** sections of the **Grants** tab will be systematically pre-filled with the decision details.

If the case is a reconsideration (previously denied by RAU and resubmitted by the Job Center with new information), on the **Grants** tab, Select **Yes** to in response to the **Submit Addition to RAU?** Question. Select an appropriate reason from the **Reason** drop-down list. The complete list of reasons are the following:

- Legal fees
- Change of time period requested (change of dates)
- Additional documentation
- Client/Third Party Contribution
- New income
- Other

The screenshot displays the 'Paperless Office System - [Request Action]' interface. The top status bar shows the version (17.1.1), time (8:16:48 AM), and date (Wednesday, May 15, 2013). The main window has a menu bar (File, Edit, Tools, Window, Help) and a header area with 'Request Type: Rent in Advance (to secure an Apartment)', 'Financially Eligible for: EAF? Yes', 'E-SNA? NA', and 'EAA?'. Below this, 'Grant Info: Complete', 'Referrals and Outcomes: Complete', and 'Documentation and Verification: Complete' are shown in green boxes. The 'Grants' tab is active, showing 'SI Grant Details' with 'SI Grant Needed?' (Yes selected), 'Decision Due Date: 05/17/2013', and 'Overdue? No'. The 'SI Grant Decision' section includes 'RAU Referral Required? Yes', 'Ready for Referral to RAU? Yes', and 'Was Decision Received? Yes'. The 'Decision' dropdown is set to 'Issue Grant Conditionally'. The 'Submit Addition to RAU?' section has 'Yes' selected and 'Reason: Additional Documentation' chosen from a dropdown. Callouts point to the 'Yes' button and the 'Reason' dropdown, with instructions: 'Select Yes button to Submit Addition to RAU? Question.' and 'Select reasons for Submit Addition to RAU here.' The bottom of the window has 'Close', 'Next Request', and 'Previous Request' buttons.

Request Action Window: Referrals and Outcomes tab

Version 17.1.1 - Paperless Office System - [Request Action] 8:13:48 AM Wednesday, May 15, 2013

File Edit Tools Window Help

Request Type: **Rent in Advance (to secure an Apartment)** Financially Eligible for: EAF? Yes E-SNA? NA EAA?

Grant Info: **Complete** Referrals and Outcomes: **Complete** Documentation and Verification: **Complete**

Grants Referrals and Outcomes Documentation and Verification

Referrals

Referral to HDU: Yes No Details:

Referral to RAU: Yes No Details: **Sufficient Income to Pay Future Rent**

Referral to Housing Court: Yes No Details:

Referral to Center Management: Yes No Details:

Landlord Contact: Yes No Details:

Comments:

Close Next Request Previous Request

Request Action Window: Documentation and Verification Tab

No Documents Needed Example:

The screenshot shows the 'Paperless Office System - [Request Action]' window. The title bar includes 'File Edit Tools Window Help'. The 'Request Type' is 'Back Rent or Carrying Charges'. Financially Eligible for: EAF? Yes, E-SNA? NA, EAA? . Status bars show 'Grant Info: Complete', 'Referrals and Outcomes: Complete', and 'Documentation and Verification: Complete'. The 'Documentation and Verification' tab is active. The question 'Does the client need to bring back documents?' has 'No' entered. A 'Comments:' field is empty. Buttons at the bottom are 'Close', 'Next Request', and 'Previous Request'.

Documents Needed Example:

The screenshot shows the 'Paperless Office System - [Request Action]' window. The title bar includes 'File Edit Tools Window Help' and 'Version 17.1 - Paperless Office System - [Request Action] 8:48:47 AM Monday, January 28, 2013'. The 'Request Type' is 'Back Rent or Carrying Charges'. Financially Eligible for: EAF? Yes, E-SNA? NA, EAA? . Status bars show 'Grant Info: Complete', 'Referrals and Outcomes: Complete', and 'Documentation and Verification: Complete'. The 'Documentation and Verification' tab is active. The question 'Does the client need to bring back documents?' has 'Yes' entered. Below it, 'Due date for client to return with documents:' has '02/07/2013' entered. 'Collateral Contact Made?' has radio buttons for 'Yes' and 'No', with 'No' selected. 'Action Taken:' has a dropdown menu. A 'Comments:' field is empty. Buttons at the bottom are 'Close', 'Next Request', and 'Previous Request'.

Single Issue Grant Summary Window

Version 16.2.1 - Paperless Office System - [Single Issue Grant Summary] 5:49:46 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Case Number: Case Name: Suffix:

Re-Use Case Number: Center: Category:

Filters

Show PA Grants Show FS Grants

Code	Description	From / To	Created	Amount	Next Month Amount	Special	Status
30	30 - Rent Payments in Excess of Maximum	08/01/2012-08/31/2012	08/22/2012	\$800.00		E-Check	Awaiting Action

Select **Grant Details** to access the **Single Issue Data Entry** window.

The **Single Issue Grant Summary** window will be updated with the approved grant. HDU or designated staff must process the grant in the **Single Issue Data Entry** window (accessed by selecting **Grant Details**). See **PD #10-22-SYS Single Issuance Grant Requests in POS** for more information.

PA RECOUPMENT DATA ENTRY FORM – WMS

(ROUTING: Original to Control Unit, Duplicate Filed in IM Record)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME		Surname	First Name
ACTION CODE <i>(Place "X" in applicable box; only one)</i>	NEW	CHANGE	
	<input type="checkbox"/> NEW CLAIM <input type="checkbox"/> CHANGE IN DATA <input type="checkbox"/> LIFT – FAIR HEARING – AID TO CONTINUE	<input type="checkbox"/> SUSPEND CLAIM <input type="checkbox"/> TRANSFER RECOUPMENT TO NEW CASE	<input type="checkbox"/> DELETE CLAIM <input type="checkbox"/> FAIR HEARING – AID TO CONTINUE <input type="checkbox"/> REINITIALIZE CLAIM
CASE DATA	AUTHORIZATION NUMBER	IM CENTER	ORIG. ID
	CASE NUMBER	SUFFIX	RECOUP %
FOR ACTION CODE 7	NEW CASE NUMBER	NEW SUFFIX	
FOR ACTION CODE 3	SUSPENSION DATE		
OFFENSE DATA	OFFENSE DATE	OFFENSE Type Sub Type	OFFENSE AMOUNT Dollars Cents
		DATE OVERPAYMENT BEGAN	DATE OVERPAYMENT ENDED
	Is M-3E Signed? (Y) <input type="checkbox"/> Yes (N) <input type="checkbox"/> No	M3ca Date (MANUAL)	
DUPLICATE CHECK FRAUD	REPLACE CHECK NUMBER	REPLACE CHECK AMOUNT	Dollars Cents
	ORIGINAL CHECK NUMBER		
RENT ADVANCE DUPLICATION OFFENSES ONLY	BYPASS RESTRICTION (Y) <input type="checkbox"/> Yes (N) <input type="checkbox"/> No	LANDLORD'S NAME	
	Restriction/Direct Two-Party Indicator (1) <input type="checkbox"/> (2) <input type="checkbox"/>	LANDLORD'S ADDRESS	
		CITY	STATE
		TWO-PARTY DESIGNATION	ZIP CODE
ELIGIBILITY SPECIALIST	DATE	SUPERVISOR'S SIGNATURE	DATE
CONTROL CLERK	DATE	CRT OPERATOR	DATE

SAMPLE

Date: _____
Case Name: _____
Case Number: _____
Caseload: _____
Center: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

Remember:

- (1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.
- (2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

SAMPLE

The reason I need emergency assistance is:

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- | | |
|---|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Additional allowance to maintain or restore utility service |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
Telephone: (718) 473-8310 | |

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES (Continued)

I am requesting the following allowance(s) for special need(s):

<p>Expenses related to moving:</p> <p><input type="checkbox"/> Moving expenses</p> <p><input type="checkbox"/> Security deposit/agreement</p> <p><input type="checkbox"/> Broker's/finder's fee/voucher</p> <p><input type="checkbox"/> Furniture and other household items</p> <p><input type="checkbox"/> Storage of furniture and personal belongings</p>	<p>New Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code</p> <p>When did you move? _____ New rent: \$ _____</p> <p>Landlord's name: _____</p> <p>Primary tenant's name: _____</p> <p>Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code</p>
---	--

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- | | |
|--|---|
| <p><input type="checkbox"/> Clothing for participants in job search activities who have exceptional circumstances, such as homelessness or a recent fire and lack of appropriate clothing</p> <p><input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items</p> | <p><input type="checkbox"/> Child care allowance within approved limits, if needed</p> <p><input type="checkbox"/> Necessary public transportation</p> <p><input type="checkbox"/> Other work activity-related supportive services: _____</p> |
|--|---|

WEP agencies and/or contractors are responsible for providing necessary safety equipment or job-related clothing for their participants.

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker.

I want to add the following person(s) to my cash assistance case:

<p><input type="checkbox"/> New Baby</p> <p><input type="checkbox"/> Child entered home</p> <p><input type="checkbox"/> Child under 18 years of age (whose immigrant status has changed since my last application/recertification)</p> <p><input type="checkbox"/> Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance)</p> <p><input type="checkbox"/> Spouse who previously applied and was denied because immigration status and his/hers status have changed now (this person does not need to complete another application/recertification)</p> <p><input type="checkbox"/> Myself/Adult payee to the case</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p>
---	---

Participant's Signature _____ Date of Request _____ Time of Request _____ AM PM

Worker's Signature _____ Date _____

Fecha: _____
Nombre del Caso: _____
Número del Caso: _____
Unidad de Casos: _____
Centro: _____
Núm. de Teléfono del Trabajador: _____
Núm. de Tel. del FH&C: _____

Petición para Asistencia de Emergencia, Asignaciones Adicionales, o para Añadir a una Persona al Caso de Asistencia en Efectivo (Sólo para Participantes)

Favor de llenar este formulario si necesita asistencia de emergencia, asignaciones adicionales, o para añadir una persona al caso.

Recuerde:

- (1) Puede que se le pida prueba de los datos que usted nos proporcione. Si tiene problemas en obtener pruebas, su Trabajador tiene que ayudarlo.
- (2) Puede que usted aún necesite reunirse con su Trabajador. En tal caso, se le programará una cita.

SECCIÓN I: ASISTENCIA DE EMERGENCIA

El tipo de asistencia de emergencia que estoy solicitando es:

SAMPLE

La razón por la cual necesito asistencia de emergencia es la siguiente:

SECCIÓN II: ASIGNACIONES ADICIONALES

Estoy solicitando la(s) siguiente(s) asignación(es) para necesidad(es) especial(es):

- | | |
|--|--|
| <input type="checkbox"/> Alquiler atrasado | <input type="checkbox"/> Asignación adicional para combustible |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad | <input type="checkbox"/> Asignación adicional para mantener o restaurar servicios públicos |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados | <input type="checkbox"/> Reparaciones a la propiedad |
| <input type="checkbox"/> Asignación para embarazo | <input type="checkbox"/> Reemplazo de ropa perdida a raíz de desastres tal como desamparo o incendio |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde estoy viviendo | <input type="checkbox"/> Otras asignaciones: |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en la Unidad de Reclamos de Entierro
25 Chapel Street, Sala 606
Brooklyn, NY 11201
Teléfono: (718) 473-8310 | |

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECCIÓN II: ASIGNACIONES ADICIONALES (continuación)

Estoy solicitando la(s) siguiente(s) asignación(es) para necesidad(es) especial(es):

Gastos relacionados con la mudanza::

- Gastos de mudanza
- Depósito/acuerdo de garantía
- Pago de comisión/comprobante de agente
- Muebles y otros artículos del hogar
- Almacenamiento de muebles y artículos personales

Nueva Dirección: _____
 (con núm. de apt.)

 Ciudad Estado Código Postal

¿Cuándo se mudó? _____ Nuevo alquiler: \$ _____

Nombre del casero: _____

Nombre del inquilino principal: _____

Dirección: _____
 (con núm. de apt.)

 Ciudad Estado Código Postal

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Estoy solicitando los siguientes servicios de apoyo:

- Ropa para participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en situaciones **fuera de lo común**, tales como desahucio o incendio reciente y no tener la vestimenta adecuada.
- Asignación de cuidado infantil dentro de los límites aprobados, de ser necesario
- Cuota de autorización, relacionada con actividad/participación, de uniformes o bienes duraderos dentro de los límites aprobados, a la hora de presentar la documentación que compruebe la necesidad de dichos artículos
- Transporte público necesario
- Otros servicios de apoyo relativos a actividades de trabajo: _____

Las agencias de WEP y/o los contratistas tienen la responsabilidad de proporcionar a sus participantes la ropa o el equipo de seguridad necesarios para el trabajo.

Se brindarán los servicios necesarios cuando usted empiece una actividad de trabajo. Si se produce algún cambio en sus necesidades, o si usted no está recibiendo un servicio necesario, debería solicitar una asignación adicional.

SECCIÓN IV: AÑADA A UNA PERSONA AL CASO

Si usted no tiene toda esta información, aún puede presentar este formulario a su Trabajador.

Deseo añadir a la(s) siguientes personas a mi caso de asistencia en efectivo:

- Recién nacido
- Niño ingresó al hogar
- Niño menor de 18 años de edad (cuyo estado de inmigración haya cambiado desde mi última solicitud/recertificación)
- Cónyuge/Adulto que viva conmigo quien no haya presentado solicitud anteriormente (para recibir asistencia dicha persona debe llenar una solicitud)
- Cónyuge quien anteriormente haya presentado solicitado y haya sido rechazado por su estado de inmigración y cuyo estado haya cambiado (dicha persona no necesita llenar otra solicitud/recertificación)
- Yo mismo(a)/Beneficiario adulto al caso
- Otra Persona _____
- Otra Persona _____
- Otra Persona _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

 Firma del Participante

 Fecha de la Petición

 Hora de la Petición

AM PM

 Worker's Signature

 Fecha

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

**Action Taken on Your Request for Emergency Assistance, Additional Allowances,
or to Add a Person to the Cash Assistance Case
(For Participants Only)**

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

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On _____, you requested Emergency Assistance Additional Allowance for:
(Date)

SAMPLE

Your request for _____ has been accepted. You will receive:

One payment in the amount of \$ _____ . Period covered, if applicable: _____

Method of payment:

- Broker's or finder's fee/voucher
- Check to be picked up by you at your Job Center
- Check mailed to your home
- As an addition to your regular public grant, which can be obtained through the EBT system
- Security deposit agreement
- Direct vendor check
- Other action: _____

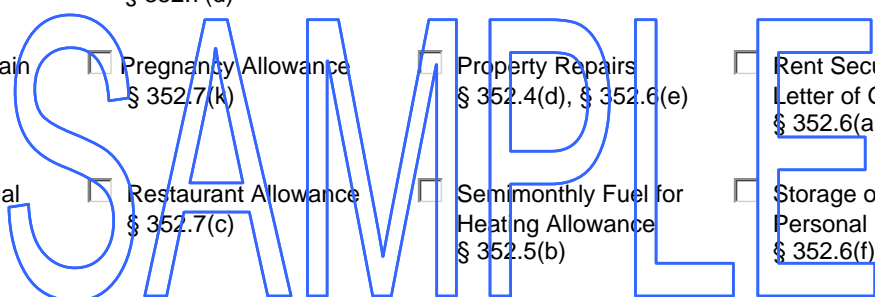
You will receive a second notice informing you as to how your ongoing benefits will be affected.

On _____, you were referred to the Burial Claims Unit at 25 Chapel Street, Room 606, Brooklyn, NY 11201, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30 | <input type="checkbox"/> Additional Allowance for Fuel § 352.5 | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7(g) | <input type="checkbox"/> Back Rent § 352.7(g) |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a) | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a) | <input type="checkbox"/> Moving Expenses § 352.6(a) |
| <input type="checkbox"/> Payment to Maintain or Restore Utility Services § 352.5 | <input type="checkbox"/> Pregnancy Allowance § 352.7(k) | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e) | <input type="checkbox"/> Rent Security Deposit/ Letter of Guarantee § 352.6(a) |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b) | <input type="checkbox"/> Restaurant Allowance § 352.7(c) | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | | | |
- Other (specify): _____



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 one (1)** of this notice or write to us at the address on **page one (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: **14 Boerum Place, Brooklyn, NY 11201**
- (5) **ONLINE:** Complete an online request form at: <http://www.ctda.ny.gov/eah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have disability you cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page one (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 Cash Assistance, medical assistance or social services issues and ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) 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. **Note:** If your situation is extremely serious please explain your situation; the State will attempt to process your request for a Fair Hearing as quickly as possible. If you call to request a Fair Hearing, please be prepared to explain your situation to the person who answers the phone.

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

SAMPLE

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad de Casos: _____
Núm. de Teléfono del Trabajador: _____
Núm. de Teléfono de FH&C: _____

Medidas Tomadas con Respecto a su Petición de Asistencia de Emergencia, Asignaciones Adicionales, o Añadida de una Persona al Caso (Sólo para Participantes)

La(s) decisión(es) de la Agencia con respecto a su(s) programa(s) de beneficio(s) se explica(n) más abajo, junto a la(s) casilla(s) marcada(s) .

Este Aviso sólo se refiere a su petición de una asignación adicional para satisfacer una necesidad específica, un cambio en la concesión o una solicitud de asistencia de emergencia. Si su petición de asistencia adicional es rechazada, su caso actual de Asistencia en Efectivo no será afectado.

El _____, usted solicitó Asistencia de Emergencia Asignación Adicional para:
(Fecha)

SAMPLE

Su solicitud de _____, ha sido aceptada. Usted recibirá:

Un pago por la cantidad de \$ _____. Período de cobertura, si corresponde: _____.

Método de pago:

Pago/comprobante de agente o intermediario Cheque que debe ser recogido por usted en su Centro de Trabajo Cheque enviado por correo a su hogar

Un suplemento a su concesión pública usual, que se puede obtener a través del sistema de EBT Acuerdo de depósito de garantía Cheque directo al contratista

Otra medida: _____

Usted recibirá un segundo aviso informándole de cómo serán afectados sus beneficios actuales.

NOTA: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

El _____, usted fue enviado a la Unidad de Reclamos de Sepultura (Burial Claims Unit) en 25 Chapel Street, Sala 606, Brooklyn, NY 11201, (718) 473-8310, para solicitar una asignación de sepultura.

Su petición de _____ ha sido rechazada debido a que:

La(s) ley(es) y/o reglamento(s) que nos permite(n) hacer esto es/son 18 NYCRR (favor de ver la sección a continuación):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agregar una Persona al Hogar § 352.30 | <input type="checkbox"/> Asignación Adicional para Combustible § 352.5 | <input type="checkbox"/> Pagos Atrasados de Hipoteca y/o Impuestos § 352.7(g) | <input type="checkbox"/> Alquiler Atrasado § 352.7(g) |
| <input type="checkbox"/> Pago/Comprobante de Agente o Intermediario de Bienes Raíces §352.6(a) | <input type="checkbox"/> Pérdida Catastrófica (reemplazo de ropa y muebles perdidos por un fuego, inundación u otro desastre) § 352.7(d) | <input type="checkbox"/> Muebles y Otros Artículos Domésticos § 352.7(a) | <input type="checkbox"/> Gastos de Mudanza § 352.6(a) |
| <input type="checkbox"/> Pagos para Mantener o Restaurar Servicios de Electricidad y Gas § 352.5 | <input type="checkbox"/> Asignación para Embarazo §352.7(k) | <input type="checkbox"/> Reparaciones a la Propiedad § 352.4(d), § 352.6(e) | <input type="checkbox"/> Depósito de Garantía de Alquiler/Carta de Garantía § 352.6(a) |
| <input type="checkbox"/> Reparaciones de Artículos Domésticos Indispensables §352.7(b) | <input type="checkbox"/> Asignación para Restaurante § 352.7(c) | <input type="checkbox"/> Asignación Quincenal de Combustible para Calefacción § 352.5(b) | <input type="checkbox"/> Almacenamiento de Muebles y Pertenencias Personales § 352.6(f) |
| <input type="checkbox"/> Actividad de Trabajo Relacionada con Servicios de Apoyo § 385.4 | | | |

SAMPLE

Otros (datos específicos): _____

Firma del JOS/Trabajador

Fecha

Firma del Supervisor

Fecha

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

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en la **página uno (1)** de este aviso, o escríbanos a la dirección que también aparece en la **página uno (1)** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

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

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Favor de guardar una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) en:
14 Boerum Place, Brooklyn, NY 11201.
- (5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.ny.gov/oah/forms.asp>

Qué Puede Esperar de la Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted está incapacitado(a), y no puede transportarse, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado, ni empleado(a) de abogado, su representante debe traer una carta firmada al oficial de Audiencias Imparciales.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica o servicios sociales y noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite. **Nota:** Si su circunstancia es sumamente urgente, favor de explicarlo en detalle; el Estado hará todo esfuerzo de procesar su solicitud para una Audiencia Imparcial lo más pronto posible. Si usted llama para solicitar una Audiencia Imparcial, por favor esté preparado para explicar su situación a la persona que conteste el teléfono.

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

SAMPLE

Nombre en
Letras de
Molde: _____
Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

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

Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only)

The Agency's decision(s) regarding your application(s) is/are explained below next to the marked box(es) .

Immediate Needs

This notice applies only to your request for assistance to meet an immediate need. If you have also applied for ongoing cash assistance, this notice does not affect your application for ongoing Cash Assistance. You will also receive a notice advising you of this Agency's decision on your application for ongoing Cash Assistance when your eligibility has been determined.

If your application for ongoing Cash Assistance is denied for failure to comply with eligibility requirements, a second request for an immediate needs/emergency grant for "no food" or items relating to personal care, filed within three months of the original application denial, may also be denied unless you can document good cause for your original failure to comply.

On _____, you requested assistance to meet an immediate need of:

We are giving you this notice to tell you that your request for an immediate needs grant was evaluated and the following decision was made:

- An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____.
(Date)
- An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for _____.
- A personal care kit has been provided on _____.
(Date)
- A Goodwill Voucher has been provided in the amount of \$ _____ for _____ on _____.
(Date)
- If this box is checked, you are responsible for repaying \$ _____ as shown:
 - This amount must be repaid to us in accordance with the agreement to repay that you signed on _____.
(Date)
 - You must repay the amount shown above because it is more than the Human Resources Administration (HRA) shelter maximum of \$ _____ for your family size of _____ for each month of arrears that HRA agreed to pay.

Immediate Needs (Continued)

- Assistance to meet a food-related immediate need is denied because you:
- failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - were issued same day SNAP
 - other reason for denial (please specify):

- Assistance to meet a nonfood-related immediate need is denied because you:
- failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - applied for Cash Assistance on _____ (within the last three months) and were issued one of the following: _____ (Date)
 - immediate need(s) grant(s)
 - personal care kit(s)
 - Goodwill Voucher(s)
 - other grants (please specify):

and subsequently, failed to comply with the eligibility requirements without good cause. The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- Other action taken on your application:

Medical Assistance

- If you need help with your medical bills, you must apply separately for Medical Assistance. If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**.
- Your Medical Assistance stays the same.
- Your application for Medical Assistance is being reviewed. We will send you our decision within 30 days.

**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 Section

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State Fair Hearing with a State hearing officer.

1) 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 telephone 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.

2) STATE FAIR HEARING

You have the following number of days from the date of this notice to ask for a Fair Hearing:

Benefit Area	Time Limit
Cash Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you must repay cash assistance because you signed a repayment agreement, or because the shelter arrears that HRA agreed to pay is more than the HRA shelter maximum, and if you do not agree that you must repay or you do not agree with the amount HRA says you must repay, you must call for a Fair Hearing. If you do not call for a Fair Hearing, you cannot claim in the future that the Agency's decision that you owe the debt was wrong. The time limit for calling for a Fair Hearing on the issue of the repayment is the same as the limit for any cash assistance action this notice is telling you about, 60 days.

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

- 1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at:
14 Boerum Place, Brooklyn, NY 11201.
- (5) ONLINE:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

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

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the Hearing Officer that you want this person to represent you at the hearing.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the Hearing Officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, or doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE TELEPHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

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 telephone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

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

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

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Signature: _____ Date: _____

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

Aviso de Decisión sobre la Asistencia para Cubrir una Necesidad Inmediata o Asignación Especial (Sólo para Solicitantes)

La(s) decisión(es) de la Agencia respecto a su(s) solicitud(es) se explica(n) más abajo junto a la(s) casilla(s) marcada(s) .

Necesidades Inmediatas

Este aviso corresponde solamente a su solicitud de asistencia para cubrir una necesidad inmediata. Si usted también ha solicitado Asistencia en Efectivo continua, este aviso no afecta su solicitud de dicha asistencia. Usted también recibirá un aviso notificándole de la decisión de esta Agencia sobre su solicitud de Asistencia en Efectivo continua cuando se haya determinado su elegibilidad.

Si su solicitud de Asistencia en Efectivo continua es rechazada debido a incumplimiento de requisitos de elegibilidad, puede que también se rechace una segunda solicitud de concesión de emergencia/necesidad inmediata para artículos "no alimentarios" relacionados con el cuidado personal, si la misma es presentada menos de tres meses después de haber sido rechazada la primera solicitud, a menos que usted muestre pruebas válidas que justifiquen su incumplimiento respecto a los requisitos de la primera solicitud.

El _____, usted solicitó asistencia para cubrir una necesidad inmediata de:

Por medio del presente aviso le informamos que hemos evaluado su solicitud respecto a una concesión para cubrir necesidades inmediatas y la decisión es la siguiente:

- Una concesión de emergencia preinvestigación por la cantidad de \$ _____ estará a su disposición el _____
(Fecha)
- Se le ha otorgado una concesión única de emergencia por la cantidad de \$ _____ para _____
- Se le ha facilitado un botiquín de cuidado personal (personal care kit) el _____
(Fecha)
- Se le ha otorgado un Comprobante de Buena Voluntad de \$ _____ para _____ el _____
(Fecha)
- Si se marca esta casilla, usted es responsable por el reembolso de \$ _____ como indicado:
 - Esta cantidad se nos tiene que pagar conforme al acuerdo de reembolso que usted firmó el _____
(Fecha)
 - Usted tiene que reembolsar la cantidad indicada más arriba porque es superior al máximo de albergue de la Administración de Recursos Humanos (Human Resources Administration – HRA) de \$ _____ para el tamaño de su familia con _____ personas para cada mes de atraso que HRA acordó pagar.

Necesidades Inmediatas (Continuación)

- Asistencia para cubrir una necesidad inmediata relacionada con la alimentación se le ha rechazado porque:
- no estableció/documento la identidad
 - tiene recursos en exceso
 - es un extranjero indocumentado
 - recibió una concesión para necesidades inmediatas en los últimos 90 días y no cumplió posteriormente los requisitos de elegibilidad
 - a usted se le expedieron beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) el mismo día
 - Otro razón por el rechazo (por favor especifique):

- Asistencia para cubrir una necesidad inmediata no relacionada con la alimentación se le ha rechazado porque:
- no estableció/documento la identidad
 - tiene recursos en exceso
 - es un extranjero indocumentado
 - recibió una concesión para necesidades inmediatas en los últimos 90 días y no cumplió posteriormente los requisitos de elegibilidad
 - solicitó Asistencia en Efectivo el _____ (dentro de los últimos tres meses), usted recibió:

- (Fecha)
- concesión(es) para necesidades inmediatas
 - botiquín(es) de cuidado personal
 - Comprobante(s) de Buena Voluntad
 - Otras concesiones (por favor especifique).

y posteriormente, no cumplió con los requisitos de elegibilidad sin motivo justificado. Los reglamentos que nos permiten hacer esto son 18 NYCRR § 351.1, § 351.8, y § 352.7.

- Otras acciones tomadas hacia su solicitud:

Asistencia Médica

- Si usted necesita ayuda para pagar sus facturas médicas, tiene que solicitar Asistencia Médica por separado. Si desea más información sobre elegibilidad para Asistencia Médica, llame al número de teléfono de su Trabajador en la **página 1**.
- Su Asistencia Médica permanecerá sin cambios.
- Se está evaluando su solicitud de Asistencia Médica. Le enviaremos nuestra decisión dentro de 30 días.

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

Sección sobre Conferencias y Audiencias Imparciales

Si usted cree que nuestra decisión fue equivocada, puede solicitar una revisión de nuestra decisión. Corregiremos nuestros errores. Usted puede tomar ambas medidas 1 y 2:

1. Solicitar una reunión (conferencia) con unos de nuestros supervisores;
2. Solicitar una audiencia imparcial Estatal con un Oficial de Audiencia Imparcial.

1) CONFERENCIA

Si usted cree que nuestra decisión es errónea, o si no entiende nuestra decisión, favor de llamarnos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales (Fair Hearing and Conference – FH&C) en la **página 1** de este aviso o escriba a la dirección en la **página 1** de este aviso. A veces esta resulta ser la manera más rápida de resolver un problema que usted pueda tener. Le recomendamos a que así haga, aun si ha solicitado una Audiencia Imparcial. El solicitar una conferencia no le impide solicitar además una Audiencia Imparcial.

2) AUDIENCIA IMPARCIAL ESTATAL

Usted tiene el siguiente número de días desde la fecha de este aviso para solicitar una Audiencia Imparcial:

Tipo de Beneficios	Plazo Límite
Asistencia en Efectivo, Asistencia Médica, Servicios Sociales	60 días
Beneficios de SNAP	90 días

Si este aviso le indica que usted debe reembolsar Asistencia en Efectivo porque firmó un acuerdo de reembolso, o porque los pagos atrasados de albergue que la HRA acordó reembolsar suman más que el máximo para albergue de la HRA, y si usted no está de acuerdo en efectuar este reembolso o si no está de acuerdo con la cantidad que la HRA estipula que usted debe reembolsar, debe llamar para solicitar una Audiencia Imparcial. Si usted no llama para una Audiencia Imparcial, no podrá reclamar posteriormente que la decisión de la agencia que usted tiene una deuda fue errónea. El plazo límite para llamar para una audiencia imparcial sobre el reembolso es el mismo que el plazo límite para cualquier medida de Asistencia en Efectivo sobre la cual este aviso le informa, 60 días.

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

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

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

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

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a: **14 Boerum Place, Brooklyn, NY 11201**.

(5) POR INTERNET: Complete una solicitud electrónica conectándose a:
<http://www.otda.ny.gov/oah/forms.asp>

Si usted no puede comunicarse con la Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York por teléfono, por fax o por Internet, favor de escribir para solicitar una Audiencia Imparcial antes de la fecha límite.

Qué Puede Esperar de la Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Usted puede traer a la audiencia a un abogado, un pariente, un amigo, o alguien para que le ayude con este propósito. Si usted no puede presentarse en persona, puede enviar a alguien que le represente. Si va a enviar a alguien que no es abogado a la audiencia que le represente, debe darle a esa persona una carta para el oficial de audiencias que indique que usted desea que esta persona le represente en la audiencia.

Si usted está incapacitado(a), y no puede transportarse, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado, ni empleado(a) de abogado, su representante debe traer una carta firmada al oficial de Audiencias Imparciales.

Durante la audiencia, usted y su abogado u otro representante tendrán la oportunidad de explicar por qué estamos equivocados y la oportunidad de entregarle al Oficial de Audiencias documentos que aclaren por qué estamos equivocados.

Para ayudarle a explicar en la audiencia por qué usted cree que estamos equivocados, usted debe traer a cualquier testigo que le puedan ayudar. Además, debe traer cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, cuentas, declaraciones médicas.

En la audiencia, usted y su abogado u otro representante pueden interrogar a los testigos por parte nuestra o suya.

SI SU SITUACIÓN ES EXTREMADAMENTE GRAVE, EL ESTADO INTENTARÁ TRAMITAR SU PETICIÓN DE AUDIENCIA IMPARCIAL LO MÁS RÁPIDO POSIBLE. SI USTED LLAMA PARA SOLICITAR UNA AUDIENCIA, FAVOR DE ESTAR LISTO PARA EXPLICAR SU SITUACIÓN A LA PERSONA QUE CONTESTE EL TELÉFONO. SI ESCRIBE, FAXEA O SE COMUNICA CON NOSOTROS POR INTERNET, NO FALTE EN EXPLICAR SU SITUACIÓN.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al (718) 722-5012, por facsímil al (718) 722-5018 o escriba a: HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstos se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

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

Nombre en Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

Firma: _____ Fecha: _____

Determination of Eligibility for Emergency Assistance to Needy Families (EAF)

Case Name:	Case Composition:
Case Number/Suffix:	
Caseload:	
Center:	
Type of Emergency:	
Cause of Emergency:	

As set forth in 18 NYCRR § 372.1 and 97 ADM-20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

I. This Crisis Situation is Due to the Following Circumstance(s):

SAMPLE

<input type="checkbox"/> Fire or other disaster	<input type="checkbox"/> Utility shutoff/termination
<input type="checkbox"/> Asked to leave shared apartment by relative or friend who is primary tenant	<input type="checkbox"/> Eviction by landlord for reasons other than nonpayment of rent (specify): _____
<input type="checkbox"/> Emergency medical expenses required all available resources to be diverted from rent	<input type="checkbox"/> Eviction by landlord due to nonpayment of rent as part of a complex set of problems, which constitutes an emergency for the family
<input type="checkbox"/> Sudden loss of employment due to layoff or other reason not brought about by voluntary quit	<input type="checkbox"/> Victim of domestic violence (adult and/or child)
<input type="checkbox"/> Landlord refused late or partial rent payment	<input type="checkbox"/> Other (specify): _____

II. EAF Eligibility Determination Checklist:

In order to determine participant's eligibility for EAF, respond to each of the following items:

1. Does the caretaker relative or non-parent caretaker receive SSI? If "Yes," determine eligibility for Emergency Assistance of Adults (EAA) first, if "No" or not EAA eligible, proceed to question 2. Yes No

2. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school, who is currently residing with an adult caretaker who is related by blood, marriage or adoption? * Yes No

* The term "caretaker who is related by blood, marriage or adoption" shall include the following:

- (1) the child's father, mother, brother, sister, grandfather, great-grandfather, great-great-grandfather, grandmother, great-grandmother, great-great-grandmother, uncle, great-uncle, great-great-uncle, aunt, great-aunt, great-great aunt, of whole or half blood;
- (2) the child's first cousin, nephew and niece, of whole or half blood;
- (3) the child's stepfather, stepmother, stepbrother, stepsister, but no other step relative;
- (4) in the case of a child who has been surrendered to an authorized agency or who has been adopted:
 - (i) any of the blood or step relatives included in the preceding paragraphs of this subdivision; and
 - (ii) the child's adoptive parents and:
 - (a) the other children of the adoptive parents and the children of such children;
 - (b) the parents, grandparents and great-grandparents of the adoptive parents;
 - (c) the brothers and sisters of the adoptive parents and the children of such brothers and sisters; and
 - (d) the aunts, uncles, great-aunts and great-uncles of the adoptive parents.

(5) the spouse of any person described in the preceding paragraphs, even though the marriage may have been terminated by death, divorce or annulment; and

(6) in the case of a child born out of wedlock, any relative in the maternal line included in the preceding paragraphs of this subdivision and, if paternity has been adjudicated or acknowledged in writing, any relative in the maternal and paternal lines included in the preceding paragraphs.

3. Is there a woman of any age with a medically verified pregnancy?
If you checked "Yes" to either question 2 or 3 above, proceed. If not, the case is ineligible for EAF. Yes No

4. Does the family have resources to meet their needs or available income at or above 200% of the most recently published Federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for the family size? (See **EXP-76D**) Yes No

5. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services? Yes No

6. Will the emergency grant being applied for duplicate or replace a Cash Assistance grant already made under **18 NYCRR § 352.2(a)(b)(c)? (See **W-203K**)
(Do not answer "Yes" if the duplication will replace lost or stolen Cash Assistance.) Yes No

** Each social services district shall utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of Section 352.2 to provide for all items of need, exclusive of:

- (1) shelter;
- (2) fuel for heating;
- (3) additional cost of meals for persons who are unable to prepare meals at home;
- (4) purchase of necessary and essential furniture required for the establishment of a home;
- (5) replacement of necessary and essential furniture for persons in need of Cash Assistance who have suffered the loss of such items as the result of fire, flood or other like catastrophe;
- (6) essential repairs of heating equipment, cooking stoves and refrigerators;
- (7) allowances for occupational training.

If you checked "No" to questions 4, 5, and 6, proceed.
If you checked "Yes" to any of questions 4, 5, and 6, the applicant is ineligible for EAF.

7. Is the necessary payment a diversion payment or a utility emergency payment?
If you checked "Yes" to Number 7, **Stop** — EAF eligible.
If you checked "No" to Number 7, go to Number 8. Yes No

8. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?
If you checked "Yes" to Number 8, **Stop** — EAF eligible.
If you checked "No" to Number 8, ineligible for EAF. Yes No

III. Is This Case Eligible for EAF? Yes No

In accordance with 18 NYCRR § 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

JOS/Worker Signature	Date
Supervisor Signature	Date

IMPORTANT: If you have determined that this case is eligible for EAF, HAVE YOU:

- Completed all questions on this form?
- Signed and date this form, and obtained your Supervisor's signature?
- Entered an "F" in element 270 of POS TAD?

All POS case entries must be descriptive and indicate the nature of the emergency. Please ensure that all related materials are scanned and available on the HRA One Viewer. Complete the POS TAD and annotate the EAF indicator.

(File copy in case record)

**For CIS/OCP Use Only
EAF Indicator Data Entry**

Case Name _____

Case Number

0	0								
---	---	--	--	--	--	--	--	--	--

Suffix

--	--	--	--

Center

0		
---	--	--

Item 270

F

SAMPLE

OCP Control Clerk Date Control Clerk Date

OCP CRT Operator Date Error

Resubmit Date

Control Clerk Date

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

Shelter Arrears Repayment Agreement Worksheet

(Use for EAF and SNA Applicants Only)

APPLICANT INFORMATION (To be completed by the JOS/Worker.)

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

Address: _____

City: _____ State: _____ Zip Code: _____

- B. 1. Is the household eligible for EAF? (Refer to Determination of Eligibility for Emergency Assistance to Needy Families, form **W-145TT**). Yes No
If Yes, a repayment agreement is not required (see exception in the Note below).
If No, go to Question 2.
2. Is the household applying for recurring SNA? Yes No
If Yes, see the asterisk (*) below and proceed to Section C.
If No, proceed to question 3.
3. Is the household applying for ESNA assistance? Yes No
If Yes, proceed to Section C.
If No, reevaluate category of assistance. Return to question 1.

Note: If shelter arrears are paid under Emergency Assistance to Needy Families (EAF), any amount that exceeds the maximum monthly shelter allowance is to be recovered. Complete the Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**).

For applicants found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), any amount that exceeds the maximum monthly shelter allowance is to be recouped. Complete the PA Recoupment Data Entry Form – WMS (**LDSS-3573**) and enter the recoupment in the Welfare Management System (WMS).

* If the applicant is applying for recurring SNA but eligibility has not yet been established for recurring assistance, the Repayment Agreement should be signed in the event that the recurring case is not opened. If the recurring case is opened, the Repayment Agreement is null and void and the arrears should be claimed under the recurring SNA. In this situation, any arrears that exceed the maximum shelter standards for the month of application and/or for any prior months must be recouped from future SNA grants.

Shelter Arrears Repayment Agreement Worksheet (continued)

C. Household size: _____ (Include all persons residing in the applicant's house or apartment.)

D. The household's gross monthly income at the time of application: \$ _____
(Include all earned and unearned income [including SSI] for all persons residing in the applicant's household.)

125% of the 2015 Federal Poverty Level Guidelines

Size of Household	1	2	3	4	5	6	7	8	9	10	For Each Additional Household Member:
Monthly Amount (Rounded)	\$1,226	\$1,659	\$2,093	\$2,526	\$2,959	\$3,393	\$3,826	\$4,259	\$4,693	\$5,126	\$433

E. 125% of the Federal poverty level for the household size in Section C: \$ _____

F. Does the amount in Section E exceed the amount in Section D?

- Yes. Applicant is eligible for ESNA shelter arrears payment. Complete the Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (W-147H) form.
- No. Applicant is ineligible for an ESNA shelter arrears payment.

G. Total arrears requested: \$ _____

H. Estimated monthly repayment amount: \$ _____ (The amount in Section G divided by 12.)

Date: _____

Case Number: _____

Case Name: _____

Center Number: _____

Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement

REPAYMENT AGREEMENT

Case Address (applicant's address at time of arrears): _____

As a condition of eligibility for receiving this assistance to prevent eviction or foreclosure, I agree to repay the Human Resources Administration **up to the amount of _____ in twelve (12) maximum monthly installments of \$ _____**. It is possible the final arrears payment made to my landlord may be less than this amount. If it is less, the amount I need to repay will be reduced and I will be advised at that time.

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

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

Human Resources Administration
Division of Accounts Receivable and Billing
150 Greenwich Street, 34th Floor
New York, NY 10007

If I am receiving shelter arrears assistance, I understand that I will not be eligible to receive another rent, mortgage or tax arrears payment to prevent eviction or foreclosure unless I have fully repaid any assistance received or I am repaying such assistance in accordance with the terms of this/these repayment agreement(s). I also understand that if I fail to repay this assistance in accordance with this/these agreement(s), the Human Resources Administration will enforce this repayment agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages, when appropriate. Additionally, I understand that regardless of the payment agreement, I cannot receive more than one shelter arrears payment in a five-year period, unless the Human Resources Administration has an exception policy and makes an exception.

I understand that the Human Resources Administration also has the right to require that I sign a lien on my real property for receiving a rent, mortgage or tax arrears payment, or for receiving a shelter arrears payment authorized under the category of Emergency Safety Net Assistance. If a lien is taken, that portion, which represents this arrears payment, will be considered satisfied when the arrears payment has been repaid in full.

Later, if I become eligible for recurring Cash Assistance, any unpaid balance of this arrears payment will be suspended until I am no longer receiving recurring Cash Assistance. At that time, the unpaid balance again will become due to the Human Resources Administration under the terms of this agreement.

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

Applicant's Signature

Date

Legal Spouse's Signature

Date

Authorized by

Date

Note: This form is not valid unless the Applicant's signature is present.

SAMPLE

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Número del Centro: _____

Asistencia Urgente de Red de Seguridad (ESNA) Acuerdo de Reembolso de Atrasos de Albergue

ACUERDO DE REEMBOLSO

Dirección del caso (dirección del solicitante a la hora del atraso): _____

Como condición de elegibilidad para recibir esta asistencia para prevenir desahucio o ejecución, acepto reembolsar a la Administración de Recursos Humanos (HRA) hasta la cantidad de _____ en doce (12) plazos máximos mensuales de \$ _____. Es posible que el último pago de atrasos efectuado a mi casero sea inferior a esta cantidad. En tal caso, se reducirá la cantidad que debo restituir y se me aconsejará en ese momento.

Entiendo que cada pago se debe efectuar para la fecha límite indicada en la factura mensual que recibiré de la Administración de Recursos Humanos.

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

Human Resources Administration
Division of Accounts Receivable and Billing
150 Greenwich Street, 34th Floor
New York, NY 10007

Si recibo asistencia para los pagos atrasados de albergue, entiendo que no seré elegible para recibir otro pago de alquiler, hipoteca o impuestos atrasados para evitar desahucio o ejecución, a menos que yo haya reembolsado en total cualquier asistencia recibida, o esté reembolsando dicha asistencia conforme a lo establecido en mi(s) acuerdo(s) de reembolso. Entiendo además que si no reembolso esta asistencia conforme a este(os) acuerdo(s), la Administración de Recursos Humanos hará cumplir este acuerdo de reembolso por cualquier método disponible a un acreedor. Esto incluye, pero no se limita a, remitir el asunto a una agencia de cobros, obtener una decisión judicial, obtener un derecho de retención de bienes raíces u orden de retención de sueldo en caso apropiado. Adicionalmente, entiendo que independientemente del acuerdo de pago, no puedo recibir más de un pago atrasado de albergue en un período de cinco años, a menos que la Administración de Recursos Humanos tenga una política de excepción y ha9ga tal excepción.

Entiendo que la Administración de Recursos Humanos también tiene el derecho de exigir que yo firme un derecho de retención de mis bienes raíces por recibir un pago de alquiler, hipoteca o impuestos atrasados, o por recibir un pago autorizado de albergue atrasado conforme a la categoría de Asistencia de Emergencia de Red de Seguridad. Si se ejerce el derecho de retención, esa porción que representa este pago atrasado se considerará saldada cuando el pago atrasado se rembolsé en total.

Si posteriormente llego a reunir los requisitos de Asistencia en Efectivo recurrente, se suspenderá cualquier saldo sin pagar de la cantidad atrasada, hasta que yo deje de recibir Asistencia en Efectivo recurrente. En ese momento, el saldo sin pagar será pagadero a la Administración de Recursos Humanos conforme a las condiciones de este acuerdo.

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

Firma del Solicitante

Fecha

Firma del Cónyuge Legal

Fecha

Autorizado por

Fecha

Nota: Este formulario no es válido a menos que esté firmado por el solicitante.

SAMPLE

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable and
Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

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

Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears

I, _____, understand that I have applied for Emergency Assistance to help with paying my current shelter expense arrears. My current actual monthly shelter expense (rent/mortgage) is \$_____. I am currently _____ months behind in paying my rent/mortgage. These arrears total \$_____.

I understand that the Human Resources Administration (HRA) allows \$_____ per month as the maximum monthly shelter allowance for my household size of _____. I understand that HRA will pay the maximum monthly allowance for _____ months which totals \$_____.

I understand that I am required to repay HRA any amount paid that is greater than the maximum monthly shelter allowance for my household size.

HRA may approve a payment up to the total arrears indicated above. Of this amount, I understand that the maximum monthly amount that I will be required to repay to HRA is \$_____. If HRA approves a lesser amount, I understand that my monthly payment will be reduced, and I will be advised of the reduced amount.

You will receive a bill each month from the HRA/Division of Accounts Receivable and Billing (DARB), and you will be billed each month until the total amount is paid in full. You have the option at any time of repaying the total balance due in one lump-sum payment.

If you are found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), the amount that exceeds the maximum monthly shelter allowance for your household size will be recouped from your future Cash Assistance grant.

DO NOT SEND IF PROCESSED IN POS

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**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

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

Asistencia de Emergencia a las Familias Necesitadas (EAF) Acuerdo para Reembolsar Atrasos de Albergue Excedentes

Yo, _____, entiendo que he solicitado Asistencia de Emergencia para pagar mis atrasos actuales de gastos de albergue. Mi gasto mensual actual y efectivo de albergue (alquiler o hipoteca) suma \$ _____. Actualmente estoy _____ meses atrasado(a) con el pago de mi alquiler/hipoteca. Estos pagos atrasados suman \$ _____.

Entiendo que la máxima concesión mensual de albergue para el número de integrantes de mi hogar de _____ integrantes permitida por la Administración de Recursos Humanos (HRA) es de \$ _____. Entiendo que la HRA pagará la máxima concesión mensual por _____ meses, la cual suma \$ _____.

Entiendo que se requiere que yo reembolse a la HRA cualquier cantidad pagada superior a la máxima concesión mensual de albergue para el número de integrantes de mi hogar.

La HRA puede aprobar un pago de hasta el total de los atrasos indicados más arriba. De esta cantidad, entiendo que la máxima cantidad mensual que se requiere que yo reembolse a la HRA suma \$ _____. Si la HRA aprueba una cantidad inferior, entiendo que se reducirá mi pago mensual y que se me informará de la cantidad reducida.

Usted recibirá una factura mensual del Departamento de Cuentas por Cobrar y Facturación (DARB) de la HRA, y se le facturará mensualmente hasta que la cantidad debida se reembolse en total. Usted tiene la opción en cualquier momento de pagar la cantidad total en un pago único global.

Si se determina que usted reúne los requisitos conforme a Asistencia Familiar (FA) o Asistencia de Red de Seguridad (SNA) recurrentes, se recuperará de su futura concesión de Asistencia en Efectivo la cantidad excedente de la máxima concesión mensual de albergue para el número de integrantes de su hogar.

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Information About Repaying the Department of Social Services For Rental Arrears

You have agreed to repay the Department of Social Services (DSS) the money you received for assistance for your rental arrears. The Human Resources Administration (HRA) has arranged with its Division of Accounts Receivable and Billing to enroll you in its automated billing process.

How does the automated billing process work?

Once your signed repayment agreement is received and the HRA check to the landlord is cashed, HRA will enter the full amount into the HRA billing system as a billable account. The amount will be divided into the 12 monthly installments required by New York State Social Services law. Each month you will receive a bill from the HRA Division of Accounts Receivable and Billing and a postage pre-paid business reply envelope. Each bill will show payments received since the prior bill and the remaining balance.

How can I change the amount of the bill due each month?

If you want to change the monthly amount due, you can contact the HRA Division of Claims and Collections. The Division will work with you to create a different payment plan based on changes to your finances or other circumstances. You can ask to reduce or increase the monthly bill amount at any time during the 12-month repayment period. You can also repay the outstanding amount in full at any time during the billing process.

When will the monthly billing begin?

The monthly billing begins after your repayment agreement is given to HRA and the check HRA issued to pay your rental arrears is cashed. If the check is not cashed, you will not be enrolled in the monthly billing process and no money will be due to the DSS.

When will the billing end?

The billing will end when the amount is paid in full. If you become an active Cash Assistance recipient before the amount has been paid in full, billing will be stopped until your case closes. If you are sanctioned on your case, we will start billing you again until the total amount is repaid.

Who do I contact with my questions or concerns?

You can contact the HRA Division of Claims and Collections at (212) 274 - 4943. Tell the representative you want to discuss your repayment agreement. You will be given an appointment to talk about your repayment agreement with Division staff.

Where is the Division of Claims and Collections located?

The address is 250 Church Street, 8th Floor, New York, N.Y. 10013.

What happens if I stop paying the bills sent to me?

You are responsible for repaying your rental assistance on the assigned schedule unless you ask for a different payment plan and HRA agrees. If you do not contact the HRA Division of Claims and Collections to change your payment schedule or ask for a suspension, you might have a civil action taken against you. This means you could have your credit score negatively affected, your paycheck garnished, and legal fees plus interest added to the original amount owed.

Información sobre el Reembolso al Departamento de Servicios Sociales Por Pagos Atrasados de Alquiler

Usted ha acordado reembolsar al Departamento de Servicios Sociales (DSS) el dinero que recibió de asistencia para sus pagos atrasados de alquiler. La Administración de Recursos Humanos (HRA) ha acordado con la División de Cuentas por Cobrar y Facturación inscribirle en el trámite automático de facturación.

¿Cómo funciona el trámite automático de facturación?

Una vez se reciba su acuerdo de reembolso firmado y se haya cobrado el cheque de la HRA a nombre del casero, la HRA ingresará la cantidad total en el sistema de facturación como cuenta por cobrar. La cantidad se dividirá entre los 12 plazos mensuales que estipula la Ley Estatal de Servicios Sociales de Nueva York. Cada mes usted recibirá una factura de la División de Cuentas por Cobrar y Facturación de la HRA y un sobre con franqueo pagado y con dirección del remitente. Cada factura indicará los pagos recibidos desde la factura anterior y el saldo remanente.

¿Cómo puedo cambiar la cantidad de la factura que se debe cada mes?

Si usted desea cambiar la cantidad debida mensualmente, puede comunicarse con la División de Reclamaciones y Cobros de la HRA. Esa unidad coordinará con usted para crear un diferente plan de pagos, basado en cambios a sus finanzas u otras circunstancias. En cualquier momento durante el período de reembolso de 12 meses, usted puede solicitar que se disminuya o aumente la factura mensual. Además, usted puede reembolsar la cantidad total debida en cualquier momento durante el trámite de facturación.

¿Cuándo se iniciará la facturación mensual?

La facturación mensual se iniciará después de que se haya proporcionado su acuerdo de reembolso a la HRA y que se cobre el cheque que la HRA expidió para pagar sus atrasos de alquiler. Si no se cobra el cheque, usted no estará inscrito(a) en el trámite de facturación mensual y no se deberá ningún dinero al DSS.

¿Cuándo se terminará la facturación?

La facturación se terminará cuando se salde la cantidad total. Si posteriormente usted pasa a ser beneficiario(a) activo de Asistencia en Efectivo antes de que se salde la cantidad total, no recibirá facturas de pago hasta el cierre de su caso. Si usted es sancionado(a) en su caso, empezaremos nuevamente a enviarle las facturas hasta que se salde la cantidad total.

¿Con quién me comunico si tengo preguntas o dudas?

Puede comunicarse con la División de Reclamaciones y Cobros de la HRA al llamar al (212) 274 - 4943. Infórmele al representante que quiere hablar con alguien sobre su acuerdo de reembolso. Se le programará una cita para que hable con un empleado de la División sobre el acuerdo de reembolso.

¿Dónde está ubicada la División de Reclamaciones y Cobros?

La dirección es 250 Church Street, 8vo piso, New York, N.Y. 10013.

¿Qué tal si dejo de pagar las facturas que se me envían?

Usted es responsable de reembolsar su asistencia de alquiler en las fechas indicadas, a menos que solicite un plan de reembolso diferente y la HRA esté de acuerdo. Si no se comunica con la División de Reclamaciones y Cobros de la HRA para cambiar las fechas de pago de su reembolso, o no solicita que se suspendan las facturas, se puede entablar un proceso civil en contra suya. Esto significa que su puntaje de crédito puede verse afectado, puede embargarse su salario, y pueden agregarse tarifas legales más intereses a la cantidad debida.