



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

## POLICY DIRECTIVE #16-17-ELI

*(This Policy Directive Obsoletes PD #99-100RR)*

### VETERANS' BENEFITS AND SERVICEMEMBER'S ALLOTMENTS

<p><b>Date:</b> September 13, 2016</p>	<p><b>Subtopic(s):</b> Eligibility</p>
<p><b>AUDIENCE</b></p>	<p>These instructions are for staff at all Job Centers and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Centers. They are informational for all other staff.</p>
<p><b>REVISIONS TO THE ORIGINAL DIRECTIVE</b></p>	<p>This policy directive has been revised to inform staff of the following:</p> <ul style="list-style-type: none"> <li>• The Michael J. Handy Veterans' Job Center (MJHVJC) manages the Cash Assistance (CA) cases in which at least one member of the household is a veteran, to help them get all the veterans-related benefits they may be entitled to.</li> <li>• Those who answer yes to any veterans-related question in the Paperless Office System (POS) application/recertification interview <u>must</u> be referred to the United States Department of Veterans Affairs (VA) New York Regional Benefit Office to apply/submit a claim for veterans-related benefits.</li> <li>• Once VA staff has submitted the applicant's/participant's claim for veterans-related benefits, they initialize an account in <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a>, to enable online tracking.</li> <li>• Those visiting the NY Regional Benefit Office can also meet with staff of the New York State Division of Veterans Affairs (NYSDVA), to apply/submit a claim for veterans-related benefits/services that NYSDVA administers/enables.</li> <li>• <b>Attachment #1</b>, List of Veterans' Affairs Offices, is obsolete and has been replaced by <b>Attachment B</b>, US Department of Veterans Affairs NYC Facilities.</li> </ul>

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

**POLICY**

Individuals and their dependents/family members who are serving/have served in the US Armed Services must apply for veterans-related benefits/services as a condition of eligibility for Cash Assistance (CA) and Medical Assistance (MA).

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**BACKGROUND**

The Office of Temporary and Disability Assistance (OTDA) requires that, as a condition of CA eligibility, all individuals who are veterans apply for veterans-related benefits/services.

Applying for veterans-related benefits is not an eligibility requirement for SNAP benefits.

The VA and NYSDVA offer a variety of benefits/services that can improve the quality of life of veterans, servicepersons, their dependents, and/or their family members. However, since these benefits/services are not automatically provided, individuals must apply/submit claims for them.

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**REQUIRED ACTION**

To comply with the State requirement, Family Independence Administration (FIA) staff at Centers must identify veterans, servicepersons, their dependents, and their family members who are immediately/potentially eligible for veterans-related benefits/services, and refer them to the VA’s NY Regional Benefit Office to apply/submit claims for veterans-related benefits/services.

Revised – Identification of veterans in POS.

During application/recertification interviews, Job Opportunity Specialists (JOS)/Workers must inquire whether the applicant/participant, or anyone in his/her household, is an active member/veteran of the U.S. Military. In the **Other Information** screen of POS, any applicant/participant answering yes to at least one of the questions “Have You or Anyone In Your Household Ever Been in the U.S. Military?”, “Has Your Spouse Ever Been in The U.S. Military?”, and/or “Is Anyone in the Household a Dependent of Someone Who Is or Was in The U.S. Military?” must be referred to the VA’s NY Regional Benefit Office to apply/submit a claim for veterans-related benefits/services.

Veteran cases must be processed in POS utilizing the appropriate Veteran’s Indicator Individual Level Codes (see Worker’s Guide To Codes pg. 1.4-14 and the IM Operational Handbook – Authorization of Grants pg. 36).

If POS is unavailable, and the CA application/recertification is being completed on paper, the JOS/Worker must review the individual’s

Revised – Identification of veterans via the **LDSS-2921** and the **LDSS-3174**.

responses to questions concerning serving in the U.S. Military.

- For applicants, the JOS/Worker must ensure that the questions in Section 23 on page 17 of the New York State Application for Certain Benefits and Services (**LDSS-2921**) are answered.
- For participants, the JOS/Worker must ensure that the questions in Section 24 on page 17 of the New York State Recertification for Certain Benefits and Services (**LDSS-3174**) are answered.

If the answer to any veterans-related question is left blank, the JOS/Worker must ask the question as worded on the form.

If the oral reading of the question fails to produce a definitive reply, the JOS/Worker may rephrase the question, by asking:

- Have you ever served in the Armed Forces or are you on active duty?
- Are you/have you ever been in the military services?
- Do you live in the household of someone who has served/is serving in the Armed Forces?

If the answers to all of the veterans-related questions are “No”, the JOS/Worker must confirm that neither the applicant/participant, nor his/her family members/dependents, have served or are currently serving in the U.S. Military.

If the answer to any veterans-related question is “Yes,” the JOS/Worker must advise the applicant/participant that:

- he/she may be eligible for veterans-related benefits/services.
- his/her spouse, child(ren), and/or other dependent(s) may be eligible for veterans-related benefits/services.
- he/she must apply/submit a claim for veterans-related benefits/services.
- he/she must provide proof that such application/claim has been submitted.

#### Applying for Veterans-related Benefits/Services

Applicants/participants whose household includes an individual who

Those whose households have a member with military service must apply for veterans' benefits at the VA's NY Regional Benefit Office.

is serving/has served in the US military must go to the VA's NY Regional Benefit Office at 245 W. Houston Street between the hours of 8:00 am and 4:00 pm, to apply/submit a claim for veterans-related benefits/services. Directions to the office are available by telephoning 511.

The JOS/Worker must email the VA's NY Regional Benefit Office at [Thomas.collins1@va.gov](mailto:Thomas.collins1@va.gov) and [john.stewart@va.gov](mailto:john.stewart@va.gov), to inform them that the Human Resources Administration (HRA) is referring an applicant/participant to apply/submit a claim for veterans-related benefits/services, and requesting confirmation that an application/claim for veterans-related benefits was submitted.

The email must include the:

- individual's name.
- last four digits of his/her Social Security Number.
- individual's date of birth.

The JOS/Worker must copy the Center Director's Designee on the email.

The JOS/Worker must annotate the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) and the Inquiry Regarding Veterans' Benefits and Serviceman's Allotments (**M-15**) (both attached), give both forms to the applicant/participant, and instruct him/her to:

- go to the VA's NY Regional Benefit Office within 10 days of the CA application/recertification interview, to apply/submit a claim for veterans-related benefits.
- have the VA Benefits Counselor annotate the **M-15**.
- return the **W-113K** and the **M-15** to the Center within 15 days.

The VA's NY Regional Benefit Office operates on a walk-in, first come, first served basis. All individuals arriving between 8:00 am and 4:00 pm will be seen the same day.

#### Applicant/Participant Goes to the VA's NY Regional Benefit Office

When the applicant/participant goes to the VA's NY Regional Benefit Office, the VA Benefits Counselor will:

- initiate an application/submit a claim for veterans-related benefits/services for him/her.
- annotate the **M-15**.
- give the applicant/participant written verification that an

application/claim submission for veterans-related benefits has been initiated.

- email the JOS/Worker an electronic equivalent of that verification.

The benefits counselor will establish an account for the applicant/participant in the VA's online benefit system, eBenefits, so that he/she can monitor/update his/her application/claim at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

Individuals can pursue claim for veterans-related benefits online, at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

If the applicant/participant cannot visit [www.ebenefits.va.gov](http://www.ebenefits.va.gov), he/she may call the VA's Benefits Hotline at (800) 827-1000, to discuss the status of his/her application/claim submission.

Applicants/participants can also visit the VA's NY Regional Benefit Office to discuss their application/benefit status/appeal for VA administered veterans-related benefits/services.

NYSDVA also has Staff at 245 W. Houston Street

NYSDVA also has staff at the VA's New York Regional Benefit office, who can assist applicants/participants apply for veterans-related benefits/services administered/enabled by NYSDVA. NYSDVA's staff is in Room 205 at 245 W. Houston Street, and can be reached by phone at (212) 807-3162.

Applicant/Participant Returns to the Center with Verification of Applying/Submitting a Claim for Veterans-Related Benefits/Services

The applicant/participant must bring back the written verification of applying/submitting a claim for veterans-related benefits/services to the Job Center.

Proof of application/claim submission for VA administered veterans-related benefits/services includes the following:

- the completed **M-15**.
- the written verification given the applicant/participant.
- the emailed confirmation from the VA to the JOS/Worker.
- a cancelled veteran's benefit check.
- a benefit notice from the VA.
- other benefit-related correspondence from the VA.

Once received from the applicant/participant, the JOS/Worker must scan and index that proof of application/claim submission for veterans-related benefit/services into the HRA One Viewer.

### Michael J. Handy Veterans Job Center (MJHVJC)

The Michael J. Handy Veterans' Job Center (MJHVJC) manages the cases of participants in which at least one member of the household has served/is serving in the military. These cases are periodically transferred out of other Job Centers to the MJHVJC by Management Information Systems (MIS), when it executes its Mass Transfer Out (MTO). MJHVJC collaborates with the VA, NYSDVA, and the Department of Homeless Services (DHS) by:

- Referring non-homeless participants to employment/training.
- Assisting with Supplemental Social Security Income (SSI) applications.
- Referring veterans to the VA for bereavement counseling, education, employment, housing, healthcare, outreach, readjustment counseling, and veterans benefits.
- Processing Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) One Shot Deal (OSD) applications, for security, broker's fees, furniture allowance, and rent arrears.
- Collaborating with the Atlantic Men's Shelter and America Works to assist work-ready individuals secure employment.

### Veterans-Related Benefits

Veterans-related benefits include cash and non-cash benefits.

VA cash benefits include monthly disability, retirement, and survivor payments. VA non-cash benefits and services include medical and mental health in-patient and outpatient services; housing and home mortgage programs; education and training programs; nursing home care; civil service preference; and burial benefits.

NYSDVA cash benefits include annuity payments, tuition assistance, and property tax exemptions. NYSDVA non-cash benefits and services include housing and home mortgage programs; education and training programs; veterans homes; civil service preference; and burial benefits.

New York & Federal Benefits for Qualified Veterans & Their Families (rev. 6/15) (**Attachment A**) contains more detail on these and other veterans-related benefits/services

### Servicemember's Allotments

Servicemember's Allotments are monthly payments made to dependents/family members immediately related to individuals

currently serving in the military.

There are two types of servicemember's allotments:

- Type 1 consists of a part of a servicemember's pay, and a shelter allowance from the military, made to the servicemember's dependent/family member. The dependent/family member can apply for this, even if the servicemember does not wish to provide the assistance. Those eligible include a legal/divorced spouse; an unmarried child/step child/adopted dependent less than 21 years old; an unmarried child more than 21 years old who is incapable of self-support due to physical/mental incapacity and dependent on the servicemember for more than half of his/her support; a parent; and a step-parent dependent on the servicemember for more than half of his/her support.
- Type 2 consists solely of a portion of a servicemember's pay to an individual of his/her choosing, with no additional allowance provided by the military. Since this type of allotment is strictly voluntary, his/her dependent(s) cannot apply for it.

#### Processing Veterans' Benefits and Servicemember's Allotments

Documentation that may be used to verify receipt and level of veterans' benefits income include:

- A letter from the VA's New York Regional Benefit Office.
- A Military Discharge Form (**DD-214**).
- A copy of a VA benefit check/check stub.

Upon receipt of this verification, the JOS/Worker must:

- Annotate the veteran indicator code in POS on the **TAD** and update the veteran status of the individual in the Welfare Management System (WMS) [see Worker's Guide To Codes pg. 1.4-14].
- Annotate the case record of the applicant/participant who has complied with the referral but was found ineligible for veteran-related benefits. File a copy of the documentation received from the applicant/participant in the case record, by scanning and indexing it into the HRA OneViewer.
- Count as income the amount of the veterans-related payments received in the household budget calculation, and generate a budget for the case using either income source code **18** (disabled veteran's benefits/service connected), code **19** (disabled

veteran’s benefits/non-service connected), or code **55** (veteran’s benefit or pension).

**Note:** Individuals who are receiving VA disability compensation (codes **18** and **19**) are exempt from Able-Bodied Adults Without Dependents (ABAWD) requirements, regardless of the percentage of disability rating. SNAP recipients, including those individuals receiving Temporary Assistance, who are also receiving VA disability compensation should be assigned an ABAWD indicator code of “**N**” (Non-ABAWD).

The JOS/Worker must ensure that participants are informed, on the Notice of Recertification Appointment (**W-908T**) (see attached), to provide outstanding verification of veterans’ benefits at the time of recertification.

Pamphlets and Inquiries

NYSDVA produces a pamphlet, “New York State & Federal Benefits for Qualified Veterans & Their Families” (rev. 6/15) (**Attachment A**), that details information about veterans-related benefits/services. This pamphlet is useful for a better understanding of the host of federal and state veterans-related benefits and services available.

The JOS/Worker must inform applicants/participants that they may obtain a copy of this pamphlet, a directory of NYSDVA offices, and/or inquire about veterans-related benefits/services by visiting NYSDVA in room 205 at 245 W. Houston Street or by calling them at (212) 807-3162; or by contacting NYSDVA at their Albany office at:

New York State Division of Veterans’ Affairs  
 5 Empire State Plaza, Suite 2836  
 Empire State Plaza  
 Albany, New York 12223-1551  
 Telephone: 1-888-VETS NYS (1-888-838-7697)

Failure to Comply

If an applicant/participant fails to comply with this requirement, deny/close the case.

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

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There are no POS implications.



Supplemental Nutrition Assistance Program (SNAP) Implications      An applicant/participant who was rejected/discontinued for Cash Assistance (CA) and Medical Assistance (MA) remains eligible for SNAP benefits. A referral for separate SNAP determination must be made for the household.

Medicaid Implications      The Medical Assistance (MA) application for the household will be denied if an applicant fails to comply. An active Medical Assistance (MA) case for the household will be discontinued if a participant fails to comply. However, the Medical Assistance (MA) for children less than 19 years old on the case will be continued for 12 months or until they reach their 19<sup>th</sup> birthday.

**LIMITED ENGLISH PROFICIENT (LEP) AND HARD-OF-HEARING IMPLICATIONS**      For Limited English Proficient (LEP) and hard-of-hearing applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD # 16-14-OPE](#) and [PD # 16-16-OPE](#).

**FAIR HEARING IMPLICATIONS**  
Avoidance/Resolution      Applicants/participants are entitled to a fair hearing if they feel the Agency was incorrect in its determination. Remember to give the applicant/participant the opportunity for a conference/resolution on the issue.

Conferences      If an applicant/participant comes to the Job Center and requests a conference, the Center’s Receptionist must alert the Fair Hearing and Conference (FH&C) unit that the applicant/participant is to be seen by an FH&C AJOS/Supervisor I. If the applicant/participant calls the Case Management Unit (CMU) JOS/Worker directly, the JOS/Worker must tell the applicant/participant to call the FH&C unit.


The FH&C AJOS/Supervisor I will listen to and evaluate the applicant’s/participant’s complaint regarding the denial/discontinuance. After reviewing the case record and discussing the issue with the CMU Group Supervisor or JOS/Worker, the FH&C AJOS/Supervisor I will make a decision. The FH&C AJOS/Supervisor I is responsible for ensuring that further appeal by the applicant/participant through a fair hearing request is properly controlled, and that appropriate follow-up is taken in all phases of the fair hearing process.

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

**REFERENCES**

93 ADM-21  
 GIS 16 TA/DC044  
 PASB XX-C, XXI-L-all  
 FSSB XII-C-1, XII-G-7  
 18NYCRR Sections 350.7, 351.2(e), 395  
 Social Services Law 168 (Veteran Assistance)  
 Executive Law Sections 350-364

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

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- Attachment A** New York & Federal Benefits for Qualified Veterans & Their Families (rev. 6/15)
  - Attachment B** US Department of Veterans Affairs NYC Facilities Inquiry Regarding Veterans' Benefits and Serviceman's Allotments (rev. 2/28/08)
  - M-15**
  - W-113K** Documentation Requirements and/or Assessment Follow-Up (rev. 8/21/12)
  - W-908T** Notice of Recertification Appointment (rev. 8/21/12)

## Aid and Attendance

Wartime Veterans, regardless of combat, and non-remarried surviving spouses may be eligible for significant financial assistance to pay for help with activities of daily living provided by a long term care facility, nursing home, or in home care provided by a family member, friend, or an entity. Eligibility is based on income, assets, and need for assistance.

## Blindness

**Federal:** Veterans receiving compensation for service-connected disability and are blind in both eyes or are in receipt of Aid and Attendance may qualify. Blindness need not be service-connected. Guide Dogs, electronic and mechanical aids are available.

**State:** A New York State Blind Annuity is available to legally blind wartime Veterans or their unremarried surviving spouses, who reside and are domiciled in New York State. Blindness does not need to be service-connected.

## Burial

**Federal:** Financial assistance for burial and plot expenses available for eligible survivors of qualified Veterans. Burial in National Cemeteries available to certain Veterans and family members. Claim must be filed within two years after permanent interment. The VA provides headstones or grave markers for unmarked burial sites. An American flag is available to drape the casket and be given to next of kin.

**State:** Payments authorized by counties for indigent NYS Veterans and certain family members; purchase of headstone also authorized.

**State:** A supplemental burial allowance of up to \$6,000 is authorized for certain military personnel killed in combat or dying from combat wounds.

## Civil Service

**Federal:** Ten-point preference for eligible disabled Veterans in competitive exams only. Certain requirements waived and special priority given in certain job categories. Unremarried widow(er)s, certain spouses and mothers of disabled Veterans also are eligible for preference. Five-point preference for wartime Veterans honorably discharged.

**State:** Qualified disabled Veterans eligible for appointment to non-competitive State employment positions under Sections 55-c of the New York State Civil Service Law.

Information on jobs with New York State agencies is available at [www.cs.ny.gov](http://www.cs.ny.gov) or by email at [pio@cs.state.ny.us](mailto:pio@cs.state.ny.us) or by calling 1-877-NYS-JOBS (1-877-697-5627)

**State and Local:** Ten-point additional credit preference toward original and future appointment for disabled wartime Veterans; five-points for wartime service; and two and a half points for competitive promotional exams. Job retention rights applicable to Veterans and spouses of totally disabled Veterans.

## Disability Benefits

**VA Compensation:** Veterans with a disability or disease incurred or exacerbated during active service are entitled to monthly compensation payments determined by the severity of the condition or loss of earning power. Application may be made for the benefit anytime during the Veteran's lifetime. Additional monetary allowances for dependents of Veterans with 30 percent or greater disability rating.

## Education

**Federal:** The VA administers basic education programs for Veterans and service persons seeking assistance for education or training, which may be non-contributory, contributory, or training for unemployed Veterans.

**Children of Veterans (Federal):** If Veteran's death or total disability is service-connected or if the disability is granted to certain service members still on active duty, the children may pursue approved courses in schools and colleges under the Dependents Education Assistance program. Orphans generally ages 18-26, receive a financial stipend for up to 45 months schooling. Certain children beginning at age 14, may be eligible for special restorative training.

**Widow(er)s and Spouses (Federal):** Educational benefits and financial stipends are also available to widow(er)s and spouses of certain Veterans who died of service-connected disability or who are disabled 100% from service-connected causes or for certain service members who are granted the disability while still on active duty.

**State: G.I. Bill** Veterans who are not New York State residents can attend State University of New York or City University of New York colleges on the G.I. Bill and still receive the in-state tuition rate.

**State: Veterans Tuition Award** Under Education Law Section 669-a, NY residents who are "combat Veterans" of the Vietnam, Persian Gulf, and Afghanistan conflicts, or who have received an Expeditionary Medal, may be eligible to receive the NYS Veterans' Tuition Award. Effective July 1, 2008, the award per semester will equal to the amount of undergraduate tuition charged by SUNY to NYS residents or actual tuition, whichever is less.

**State: Child of a Veteran Award** provides eligible children of deceased Veterans, or those service-connected disabled of 40% or greater, or those classified as former prisoners of war, or as missing in action, a non-competitive award of \$450 a year.

**State: Military Service Recognition Scholarship (MSRS)** Available to certain dependents of military personnel killed, severely disabled or missing in action while serving in combat or a combat zone of operation since Aug. 2, 1990.

## Employment & Training

As guaranteed by the New York State Veterans Bill of Rights for Employment Services, Veterans are entitled to priority service at all New York State Department of Labor offices in referrals to jobs, as well as for employment counseling, vocational testing and other services. Veterans receive special priority for all services and training funded by the Workforce Investment Act. For more information call 1-800-342-3358 or contact your nearest State Labor office.

## Gold Star Parents Annuity

New York State provides an annuity payment of \$500 per parent, up to \$1000 per deceased Veteran for Gold Star Parents (as defined in 10 USC 1126) who reside and are domiciled in New York State.

## Health Care

**Hospitalization:** VA facilities give the highest priority for medical care to those Veterans who are: rated service-connected disabled; retired by disability from active duty; were awarded the Purple Heart; in receipt of VA pension; are eligible for Medicaid; are former POW's; in need of care for a condition related to exposure to dioxin or other toxic substance (Agent Orange) or Gulf War diseases, or exposure to ionizing radiation while on active duty. Non-service connected Veterans may be treated if facility resources allow, and may be subject to a test of financial means and a co-payment.

Veterans who served in combat locations since Nov. 11, 1998 are eligible for free health care for five years following discharge for conditions potentially related to combat service.

**Outpatient Medical Treatment:** VA provides medical services to eligible Veterans on an outpatient basis within the limits of the facilities.

## Homes (state) for Veterans

The Homes for Veterans Program offers low interest rate mortgage programs and additional benefits to qualified Veterans making homeownership more attainable for Veterans by relaxing eligibility requirements, eliminating fees, and providing closing cost assistance. Co-Op's eligible.

## Home Loan Guaranty

**Federal:** Certain Veterans and spouses are eligible for GI loans for homes, condominiums and manufactured homes. Participating financial institutions receive a guarantee from the VA covering part of the loan in the event of default on repayment. Applicants must apply for a certificate of eligibility.

## Insurance

Holders of USGLI, NSLI and VSLI policies can obtain information concerning conversion, beneficiary changes, loans and disability riders from their local State Veteran Counseling Center. Service-members with SGLI have 120 days following separation from service to convert to a permanent insurance plan.

## Licenses & Permits

Veterans with a 40% or greater disability rating are eligible for low-cost hunting and fishing licenses, and free use of state parks, historic sites and recreation sites.

## Nursing Home Care

**Nursing Home (Domiciliary) Care (Federal):** Admission limited to eligible Veterans who are disabled, unable to earn a living and in need of medical treatment and full care other than hospitalization. Nursing home care can be authorized for a limited period on referral from VA medical centers.

**State Veterans Homes:** The New York State Department of Health operates four state Veterans homes for Veterans, spouses and certain parents: a 242-bed Veterans home at

Oxford, Chenango County, a 250-bed Home at St. Albans, Queens; a 126-bed Home in Batavia, Genesee County; and a 250-bed home at Montrose, Westchester County. A 350-bed Veterans Home on the campus of SUNY at Stony Brook, Long Island is operated by the University's Health Sciences Center. Health care and skilled nursing services are available at all facilities.

## Pension Benefits

**VA Disability Pension (Non-Service Connected):** A monthly pension is payable to eligible wartime Veterans, or surviving spouses, with limited income and non-service-connected disabilities that are permanent and totally disabling. Veterans must be determined to be permanently and totally disabled for pension purposes. Payments based on annual income.

## Property Tax Exemption

Partial exemption from real property taxes is based on wartime or "Cold War era" service, combat and expeditionary duty, and degree of service-connected disability. Applications must be filed before the local Taxable Status Day. Qualifying surviving spouses may file for benefit based on their spouse's military service. Gold Star parents may be eligible, subject to local statute. Exemption applies to local and county property taxes and may apply to school taxes.

## Re-Employment

Application to former employer for restoration to pre-military position, other than temporary employment, should be made within 90 days of separation. Job reinstatement is for like seniority, status and pay. Reservists after initial training must seek reinstatement within 31 days.

## Review of Discharge

Military Boards of Review have authority to correct and upgrade most discharges based on facts presented for consideration.

## Specially Adapted Homes

**Federal:** Certain seriously disabled or blinded Veterans may be eligible for a grant to build or adapt their home to meet the wheelchair needs or other adaptations for the Veteran's disability.

**State:** Seriously disabled Veterans who are eligible to receive federal funds to adapt their homes are exempt from local property taxes, including school taxes and special charges.

## Survivors' Benefits

**VA Dependency and Indemnity Compensation (DIC):** DIC payments are payable to eligible spouses, unmarried children under 18, certain children pursuing higher education, certain helpless children, and dependent parents of Veterans whose death was service-connected. Benefits are discontinued upon remarriage. Annual income of parents is an eligibility factor for parental DIC.

**VA Surviving Spouse Pension (Non-Service-Connected Death):** Certain surviving spouses and children of a deceased wartime Veteran may be eligible for a death pension. Amount depends on monthly income and, in some instances, net worth. Minor children may be eligible even though spouse remarries.

## Vocational Rehabilitation

**Federal:** Entitlement to vocational rehabilitation benefits — including institutions of higher education, trade schools, apprenticeship programs and on-the-job training are available for eligible Veterans with service-connected disabilities.

**State:** The Adult Career and Continuing Education Services office provides qualified disabled Veterans a program of vocational evaluation, consultation and training.



**Division of  
Veterans' Affairs**

# New York State & Federal Benefits for Qualified Veterans & Their Families

**New York State  
Division of Veterans' Affairs  
2 Empire State Plaza, 17th Floor  
Albany, NY 12223-1551**

**1-888-VETS NYS  
(1-888-838-7697)**

**[www.veterans.ny.gov](http://www.veterans.ny.gov)**

**Andrew M. Cuomo**  
Governor  
State of New York

**Eric J. Hesse**  
Director  
Division of Veterans' Affairs

## ATTACHMENT B

### US Department of Veterans Affairs - NYC Facilities

#### BENEFITS

##### **Veterans Benefits Administration (VBA)**

Services include Compensation, Pension, and Vocational Rehabilitation and Employment (VR&E) for Veterans, Service members, their families and survivors. In addition, we offer counseling about eligibility for VA benefits and how to apply, and information about VA health care and memorial benefits.

1. New York Regional Benefit Office  
245 W Houston St.  
New York, NY 10014  
800-827-1000

*Veterans may also learn about and apply for many benefits online:*

<http://www.benefits.va.gov/BENEFITS/Applying.asp>

#### HEALTHCARE

##### **VA Medical Centers**

VHA medical facilities provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. In addition, most of our medical facilities offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care.

1. Brooklyn Campus of the VA NY Harbor Healthcare System  
800 Poly Place  
Brooklyn, NY 11209  
718-836-6600
2. James J. Peters VA Medical Center  
130 West Kingsbridge Road  
Bronx, NY 10468  
718-584-9000
3. Manhattan Campus of the VA NY Harbor Healthcare System  
423 East 23rd Street  
New York, NY 10010  
212-686-7500

#### Key Phone Numbers

VA Benefits Hotline  
1-800-827-1000

Veteran Crisis Line  
1-800-273-8255

Combat Call Center  
1-877-WAR-VETS ( 877-927-8387)

National Call Center for Homeless Veterans  
1-877-4AID-VET (1-877-424-3838)

VA Nurses Help Line  
1-800-877-6976

## **Vet Centers**

Vet Centers provide free and confidential readjustment counseling and outreach services on a walk-in basis to all service members and veterans (and their family members) who have served in a combat zone, or experienced Military Sexual Trauma (MST). Vet Centers also provide bereavement counseling to family members who have lost loved ones in the line of duty. In addition, Vet Centers serve all veterans in search of information or referrals regarding benefits, education, employment, housing or healthcare.

1. Bronx Vet Center  
2471 Morris Ave., Suite 1A  
Bronx, NY 10468  
718-367-3500
2. Brooklyn Vet Center  
25 Chapel St. Suite 604  
Brooklyn, NY 11201  
718-630-2830
3. Harlem Vet Center  
2279 3rd Avenue, 2nd Floor  
New York, NY 10035  
646-273-8139
4. Manhattan Vet Center  
32 Broadway, 2nd Floor - Suite 200  
New York, NY 10004  
212-951-6866
5. Queens Vet Center  
75-10B 91 Avenue  
Woodhaven, NY 11421  
718-296-2871
6. Staten Island Vet Center  
60 Bay Street  
Staten Island, NY 10301  
718-816-4499

## **Community Based Outpatient Clinics (CBOC)**

CBOCs provide the most common outpatient medical services, including health and wellness visits. In addition, many have collocated programs to address veterans' psychosocial needs, including housing & homelessness programs, social work and mental health services.

1. Harlem Community Clinic  
55 West 125th Street  
New York, NY 10027  
646-273-8125
2. Staten Island Community Clinic  
1150 South Ave, 3rd Floor – Suite 301  
Staten Island, NY 10314  
718-761-2973
3. Thomas B. Noonan Community Clinic (Queens)  
47-01 Queens Blvd, Room 301  
Sunnyside, NY 11104  
718-741-4800
4. Yonkers Community Clinic  
124 New Main St.  
Yonkers, NY 10701  
914-375-8055 X 4400

*Full VA Facility list here:*

[http://www.va.gov/directory/guide/rpt\\_fac\\_list.cfm](http://www.va.gov/directory/guide/rpt_fac_list.cfm)

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Case Type: \_\_\_\_\_

### Inquiry Regarding Veterans' Benefits and Servicemen's Allotments

#### Identifying Information

Relationship to Veteran (i.e., Self, Wife, Widow, etc.):	
Claim Number:	
Name:	
(Last Name)	(First Name)
Birth Date:	Birth Place:
Serial Number:	
Social Security Number:	
Branch of Service:	Rank:
Date of Enlistment:	Date of Discharge:
If Veteran is Deceased, Date of Death:	Place:
Present Address:	
Previous Address:	
Maiden Name of Veteran's Wife, if Applicable:	

**Information Requested from Veterans Administration Regarding Benefits Checked Below:**

- Compensation or pension (for disability or death).
- Education and training allowance (if known to be attending school).
- \*Insurance (attached is authorization, form **W-515**, signed by Widow or other survivor or by the Veteran).
- \*Medical care or exam report (no clearance without claim number; attached is authorization, form **W-515**, signed by Veteran).

**Information Requested from Armed Forces Regarding:**

- \*Servicemen's Allotments (no clearance without serial number).

Remarks (include pertinent benefit information appearing on Veterans Administration Correspondence):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The Worker must prepare a separate **M-15** form for each of the items listed on the previous page (if more than one item applies, check only one box per form). In addition, each form must be scanned into the electronic file.

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Worker's Signature \_\_\_\_\_ Caseload \_\_\_\_\_

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**Report from Veterans Administration (Please fill in the information requested below):**

The above-named Veteran or Widow is currently receiving monthly benefits of \$ \_\_\_\_\_ for \_\_\_\_\_ percent disability compensation or pension. If award was recently taped, please give date \_\_\_\_\_ and effective date of payments \_\_\_\_\_. If award is apportioned, list payment to Veteran, \$ \_\_\_\_\_, and payment to dependent, \$ \_\_\_\_\_.

Comments:

SAMPLE

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center Number: \_\_\_\_\_  
SNAP Filing Date: \_\_\_\_\_  
Subject: \_\_\_\_\_

### Documentation Requirements and/or Assessment Follow-Up

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In order to determine your current or continued eligibility for Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or to process your request for an allowance or special status you must provide the documents indicated below, together with this form, by the due date. If you cannot get the required documents/information by the due date, contact your Worker and ask for an extension. If you cannot get the required documents/information at all, contact your Worker immediately, as he/she may assist you in obtaining the required documents/information. The **W-119D**, which lists the common documents that may be used to verify any eligibility factors listed on **page 2**, is attached.

SAMPLE

Due Date: \_\_\_\_\_  Must see Worker upon return.

**Forms Reminder** (Please return the following Agency form(s), completed and signed where necessary.)

<input type="checkbox"/> <b>LDSS-2474</b> SSI Referral and Certification of Contact <input type="checkbox"/> <b>M-15</b> Inquiry Regarding Veteran's Benefits/Allotment <input type="checkbox"/> <b>W-146E</b> Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance <input type="checkbox"/> <b>W-146W</b> Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> <b>W-147CC</b> Certification of Move Statement <input type="checkbox"/> <b>W-147M</b> Landlord's Statement (Regarding Broker's Fee) <input type="checkbox"/> <b>W-147Q</b> Primary Tenant's Statement Regarding Occupancy of Secondary Tenant	<input type="checkbox"/> <b>W-274U</b> Attestation of Employment as an Informal Child Care Provider <input type="checkbox"/> <b>W-299</b> Notice to Applicants and Participants Regarding Third Party Health Insurance <input type="checkbox"/> <b>W-451</b> NYPD – New York Police Department Report/Referral <input type="checkbox"/> <b>W-582A</b> Family Care Assessment <input type="checkbox"/> <b>W-700E</b> School Attendance Verification Letter
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**CA Appointment Reminder**

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> BTW (Back to Work) Vendor Appointment	<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children's Services Appointment
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**Notes:** For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

The following household member(s) must return in person for the reason indicated below:

Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

**Outstanding documentation** – see the **W-119D** for a list of documents that can be used to verify the outstanding Eligibility Factors.

Name	Eligibility Factor

If this notice does not indicate that you (case head) must see the Worker, you may submit any required documents/information by mail. However, it remains your responsibility to ensure that the required information reaches the Agency by the prescribed deadline.

**FAILURE TO SUBMIT VERIFICATION/DOCUMENTATION OR FAILURE TO CONTACT YOUR WORKER ON OR BEFORE THE DUE DATE MAY MAKE YOU INELIGIBLE FOR CASH ASSISTANCE AND/OR SNAP, OR MAY CAUSE A REDUCTION IN YOUR CASH ASSISTANCE AND/OR SNAP BENEFITS FOR A SPECIFIC PERIOD OF TIME.**

**Notes:** For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

**\*By signing this notice, you (applicant/participant) are acknowledging that you have received notification of all reminders, required referrals, and dates of appointments as indicated in this notice.**

\_\_\_\_\_  
Applicant/Participant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Telephone Number

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Caseload: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker Phone: \_\_\_\_\_  
FH&C Phone: \_\_\_\_\_  
Recertification Process: \_\_\_\_\_

### Notice of Recertification Appointment

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

This letter is to inform you that in order to assist us in determining if you continue to be eligible for the receipt of Cash Assistance, Medical Assistance and/or SNAP, you must be recertified as follows:

1

**Your Recertification will take place:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other:

2

**To reschedule your interview**

Phone Number: \_\_\_\_\_

3

The following adult individual(s), who according to our records is/are 18 years of age or older

4

5

The following case member(s) must be finger imaged. Arrangements will be made at the interview to be finger imaged.

6

Provide Social Security Number for

7

**Be sure to read the "Interview/Application Rights for Supplemental Nutrition Assistance Program (SNAP) Benefits" section of this notice.**

Depending on the program(s) for which you are recertifying, you will need to provide information on and proof of the items checked below that explain your current situation and how it has changed. If you need any help getting this proof, please let your Worker know as soon as possible.

If the Center you report to requires a paper recertification application, it will be provided to you when you arrive for your interview. If you are reporting to a Center that uses a paperless computer system, your recertification application will be completed and filed on the computer. You will be assisted with this electronic recertification process. Regardless of how you file your recertification application, you must provide all documents requested in this appointment notice at the time of your face-to-face interview or through the mail-in interview process.

**Cash Assistance: Proof of Documents** – You will need to:

- provide information about the people in your home;
- prove that the people who get assistance live in your home;
- show proof of expenses (such as rent, utilities, child care);
- show proof of any income you get;
- show proof of any assets you have;
- show proof of any changes in your living situation, such as change in household size.

**SNAP Benefits Documents** – You will need to provide current proof of any of the following that apply:

- earned income for the past four (4) weeks;
- any change of \$100 or more in the amount of your household's monthly unearned income;
- any medical expenses since you last applied or were recertified for anyone in your household who is 60 years of age or older or disabled;
- any change in your living situation such as changes in income, resources, shelter (rent, utility, heat, telephone, etc.), family size, child care costs and any other changes.

**Child Care Notice**

To participate in a work activity, if you have children under the age of 13, you may need to make child care arrangements. If you have a child care provider, have him/her complete the child care provider enrollment form, **which is being sent to you in a separate envelope**, and submit it with your recertification application.

**What happens if I do not**

8

**Cash Assistance** – If you do not

9

we will think that you do not want Cash Assistance. We will then close your Cash Assistance case and send you a notice informing you of the closing date. This decision is based on 18 NYCRR § 351.22.

**Medical Assistance** – A face-to-face interview is not required to continue your medical assistance. However, you must report any changes in address, income, resources or household size to this department.

**SNAP Benefits** – If you submit your recertification application by

\_\_\_\_\_ and are still eligible, you will receive uninterrupted SNAP benefits. However, you will not get  
Last Day of Certification Period

SNAP benefits after \_\_\_\_\_ unless you are recertified.  
Last Day of Certification Period

If you, a member of your household or your authorized representative do not

10

you will not get SNAP benefits unless you apply again and are eligible.

If any proof is still needed after

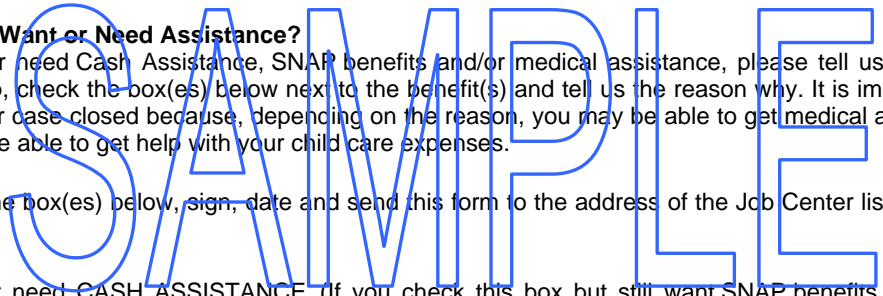
11

you will be told what you need to submit and you will have at least ten (10) days to submit it. This decision is based on 18 NYCRR § 387.17.

**What If I No Longer Want or Need Assistance?**

If you do not want or need Cash Assistance, SNAP benefits and/or medical assistance, please tell us. If you want any of these benefits to stop, check the box(es) below next to the benefit(s) and tell us the reason why. It is important for you to tell us why you want your case closed because, depending on the reason, you may be able to get medical assistance for up to a year. You may also be able to get help with your child care expenses.

If you check any of the box(es) below, sign, date and send this form to the address of the Job Center listed on page 1 of this form.



- I do not want or need CASH ASSISTANCE. (If you check this box but still want SNAP benefits, you must submit a recertification application in the manner explained on page 4 in the Interview/Application Rights for SNAP Benefits section of this notice. Your medical assistance will continue unless you also check the next box.)
- I do not want MEDICAL ASSISTANCE.
- I do not want SNAP benefits.

Reason:

Participant's Signature

Case Number

Date Signed

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE INTERVIEW/APPLICATION RIGHTS FOR  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS AND THE  
CONFERENCE AND FAIR HEARING INFORMATION SECTION OF THIS NOTICE FOR  
HOW TO APPEAL THIS DECISION.**

## Interview/Application Rights for Supplemental Nutrition Assistance Program (SNAP) Benefits

You have a right to:

- request that the SNAP in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather or work or training hours that prevent you from coming during regular office hours.
- ask for an application for SNAP benefits. This office must accept the application as long as it is signed and has a readable name (and address, if you have one).
- apply for SNAP benefits in person, by mail, fax or through an authorized representative. An interview may be required.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may apply for SNAP benefits at the Social Security office instead of turning in your recertification form at the SNAP Center. If you choose to do this, the Social Security office must also get your application by the date noted at the top of page 3 in the SNAP Benefits section of this notice. They will interview you and send your application and supporting documents to the SNAP Center to see if you can still get SNAP benefits.

**SAMPLE**  
**Services and Other Information**

- Social services may provide information and education about family planning for up to 90 days from the effective date stated in this notice. A loss of Cash Assistance and medical assistance benefits will require a redetermination of your eligibility for social services within 30 days of such a decision. This does not necessarily mean that services will be terminated. It means that your continuing eligibility for these services will have to be redetermined. For further information, please contact your Worker.
- If you are getting Cash Assistance, medical assistance or SNAP benefits, you may be able to get a discount on your phone service. For information on LIFELINE, call Verizon toll-free at (800) 555-5000.
- Although you may no longer be eligible for Cash Assistance, SNAP benefits or medical assistance, you still may be eligible for assistance with your heating costs by applying for the Home Energy Assistance Program (HEAP). Information on HEAP can be obtained by calling HEAP Central at (800) 692-0557.

## Conference and Fair Hearing Information

### CONFERENCE

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

### STATE FAIR HEARING

**How to Ask for a Fair Hearing:** If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, 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>

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

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

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

**INFORMATION:** If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

**FAIR HEARING REQUEST**

**Deadline:** If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance or social services issues and ninety (90) days for 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.

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

SAMPLE

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
                    First Name                      M.I.                      Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_