



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #16-26-OPE

HOME VISIT NEEDED/HOMEBOUND (HVN/HB) STATUS REQUEST/REASONABLE ACCOMMODATION REQUEST (RAR) UNIT

Date: December 28, 2016	Subtopic(s): HVN, HB, RAR Operations Unit
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AUDIENCE The instructions in this policy directive are for Job Center and Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff and are informational for all other staff.

POLICY Individuals with physical and mental health disabilities are protected by the Americans with Disabilities Act (ADA) and other federal, state, and local laws as well as social service regulations. No qualified individual with a physical or mental health disability may be excluded from participation in or denied the benefits, programs, and services of a public entity or be subject to discrimination by any public entity. An individual with a disability is “qualified” if he/she, with or without a reasonable accommodation (RA), meets the essential eligibility requirements to receive benefits or services or participate in the programs or activities provided by a public entity.

The Human Resources Administration (HRA) is required, in compliance with federal, state, and local laws and regulations to provide reasonable accommodations to individuals with disabilities and to make reasonable modifications to its policies, practices, or procedures when such modifications are necessary to avoid discrimination on the basis of a disability and to ensure meaningful access to the Agency’s programs, benefits, and facilities, except where the provision of a reasonable accommodation would fundamentally alter the nature of the Agency’s service, program, or activity.

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

Reasonable accommodation includes providing home visit needed/homebound services to our applicants/participants so that these individuals may not be excluded from participation in or denied the benefits, programs, and services offered by HRA.

BACKGROUND

Program Areas

The Home Visit Needed/Homebound (HVN/HB) process involves different program areas within the HRA. These program areas are Family Independence Administration, Office of Constituent Services and Customized Assistance Services. Listed below is an overview of the functions of each area within the HVN/HB process.

Family Independence Administration (FIA)

Within the FIA program area there are different staff members and units that are involved with the HVN/HB process.

JOS/Worker at the Job Center

When an applicant or participant contacts the Job Center either in person, by telephone, by fax, or by mail, the JOS/Worker in the Job Center is responsible for assisting the applicant or participant in recording a HVN/HB status request. Once recorded on the Help for People with Disabilities (**HRA-102C**) notice, the JOS/Worker in the Job Center must send an email with the completed **HRA-102C** to the Office of Constituent Service (OCS) at ConstituentAffairs@hra.nyc.gov and to Center 90 at Ctr90HVNRequests@hra.nyc.gov

The JOS/Worker at the Job Center is also responsible for ensuring that a required home visit for any or pending additional allowance or emergency needs for participants with an already approved HVN/HB status is sent to Center 90 at Ctr90HVNRequests@hra.nyc.gov timely.

Worker at the NCA SNAP Center

When an applicant or participant contacts the NCA SNAP Center either in person, by telephone, by fax or by mail, the Worker is responsible for assisting the applicant or participant in recording the HVN/HB status request. Once recorded on the **HRA-102C**, the Worker must send an email with the completed **HRA-102C** to the OCS at ConstituentAffairs@hra.nyc.gov and to Center 90 at Ctr90HVNRequests@hra.nyc.gov.

The Worker is also responsible for ensuring that a required home visit for any additional or emergency need for participants with an already approved or pending HVN/HB status is sent to Center 90 at Ctr90HVNRequests@hra.nyc.gov timely.

RAR/HVN Liaison

The RAR/HVN Liaison at the Job Centers and at the NCA SNAP Centers must keep a record of all HVN/HB requests on the Control of Assignments/Referrals (Form **W-708**). The **W-708** is used to track the home visits. The RAR/HVN Liaisons at the Job/SNAP Centers are responsible to ensure that all of the information required on the **W-708** is entered on the form.

Home Visit Needed/Reasonable Accommodation Request (HVN/RAR) Center #90

Center 90 consists of the RAR Operations Unit and the HVN Unit and is responsible for conducting all home visits Citywide as of August 1, 2016.

Reasonable Accommodation Request (RAR) Operations Unit

The RAR Operations Unit, located at Center 90 is staffed with RAR Specialists, RAR Supervisors and a RAR Director. Each RAR Specialist is assigned designated Job Centers and NCA SNAP Centers and provides case management for participants in his/her assigned centers who have made a request for home visit needed/homebound (HVN/HB) status.

The RAR Unit is responsible for:

- receiving and tracking all HVN/HB status requests recorded either directly at Center 90, or those made at the Job or NCA SNAP Centers, or at OCS and forwarded to the RAR Unit mailbox Ctr90HVNRequests@hra.nyc.gov.
- forwarding all HVN/HB status and home visit requests to the HVN Unit Supervisor.
- posting all required HVN/HB related Action Codes in New York City Work Accountability and You (NYCWAY).
- monitoring emails to the FIAADADocs@hra.nyc.gov mailbox from applicants/participants and telephone calls.
- monitoring emails to the Ctr90HVNRequests@hra.nyc.gov mailbox from other program areas of HRA. Includes returning emails and telephone calls within a 72 hour period.

- conducting outreach to applicants/participants that have failed to submit medical or clinical documentation needed for a determination of the HVN/HB status request.
- taking appropriate action on the review and outcome results received from Customized Assistance Services (CAS)/Office of Reasonable Accommodation (ORA).
- reviewing and tracking the request for withdrawal of the HVN/HB status.
- Case Management services include but are not limited to:
 - enhanced outreach efforts, including live reminder calls for home visits.
 - help with identifying and securing Reasonable Accommodations, obtaining medical/clinical documentation, understanding and completing forms.
 - making a referral for APS or Domestic Violence services where appropriate.
 - reviewing of case records with outreach to clients prior to and after an adverse action notice has been initiated to avoid negative case actions and to help clients maintain access to their benefits.
 - calls to the applicant/participant confirming the outcome of the requested actions.

The Home Visit Needed (HVN) Unit

The HVN Unit at Center 90 is staffed with HVN Unit JOS/Caseworkers, HVN Unit Supervisors, an HVN Unit Assistant Office Manager (AOM) and an HVN Unit Deputy Director. Each HVN Unit JOS/Caseworker is assigned designated Job Centers and NCA SNAP Centers and has the following responsibilities:

- Conducting the home visit interview.
- Processing the CA case actions in the Paperless Office System (POS).
- Communicating with the RAR Specialist.
- Tracking home visit appointments where the originally scheduled interview could not be conducted.

The HVN Unit Supervisor has the following responsibilities:

- Coordinating all home visit appointments.
- Assigning the home visit appointments to the HVN Unit JOS/Caseworker.
- Signing off daily on CA POS case actions.

- Reviewing the Error Reports daily and ensuring that corrective action is taken.
- Function as Utility Liaison for the applicants/participants requiring home visits.
- Responding to emails and telephone calls timely.
- Responding to Office of Constituent Services on all HVN/HB status request.
- Providing the HVN Outcome Report to the RAR Unit every Monday, Wednesday and Friday.
- Forwarding completed SNAP application and recertification to the designated RAR Specialist.

Office of Constituent Services

The Office of Constituent Services (OCS) is responsible for entering HVN/HB and all other Reasonable Accommodation (RA) requests into the Intranet Quorum (IQ) system and sending the applicant/participant a receipt of the request.

Customized Assistance Services

The office of Customized Assistance Services (CAS) reviews all requests for HVN/HB status. The requests are submitted to CAS through the Tracking Reasonable Accommodation Cases System (TRACS). CAS is responsible for assisting the individuals that request assistance in obtaining medical documentation. CAS' Office of Reasonable Accommodation (ORA) is also responsible for reviewing all supporting medical or clinical documentation submitted and making a clinical determination of the individual's eligibility for HVN/HB status. CAS must enter the evaluation outcome in TRACS.

Refer to CAS/ORA Procedure "Processing Requests for Reasonable Accommodations"

Forms and Action Codes

Throughout this policy directive many forms and NYCWAY action codes are referenced. To assist in the use of these forms and action codes we have included two attachments.

HVN/HB Forms

All relevant HVN/HB forms are listed on the Home Visit Needed/Homebound Process Forms Guide (**Attachment A**). These forms can be accessed on eDocs or by clicking the hyperlinks embedded in **Attachment A**.

Actions Codes

All relevant NYCWAY action codes are listed on the NYCWAY Action Codes for the Home Visit Needed/Homebound (HVN)/HB Process (**Attachment B**). A description and the purpose or instruction for each action code is also provided in **Attachment B**.

REQUIRED ACTION

FIA HVN Unit staff conduct initial home visits as an accommodation to applicants/participants who claim to have a physical or mental health impairment that restricts the individual's ability to leave his/her place of residence or neighborhood, or are otherwise unable to appear at an HRA office.

HVN/HB status requests are not limited to application and recertification appointments and may be requested at any time that an applicant/participant is unable to appear in-person to conduct agency-related business where no other accommodation is reasonably viable (such as mail, fax, phone or authorized representative, etc) to meet the individual's needs.

Cash Assistance (CA) Home Visit Needed/Homebound Status Request Process

Requesting Home Visit Needed/Homebound Status

A CA applicant/participant may request a home visit at any time in person or via telephone, fax, email or mail. When a request for HVN/HB status is received at the Job Center, the JOS/Worker must take action based on the following scenarios.

Requests Made in Person

If the request is made in person, the JOS/Worker must give the applicant/participant the Help For People With Disabilities (**HRA-102c**) form and offer to help the individual record this request.

If the individual wishes to submit the **HRA-102c** or a written request in lieu of the **HRA-102c** and/or medical or clinical documentation at the Center, the JOS/Worker must:

- sign and make a copy of the completed **HRA-102c** and return the original form to the individual as receipt of the request for HVN/HB status.

- scan and index the form and any submitted documents into the HRA OneViewer, if there is an active CA case or the application has been registered in POS.
- scan the form and documents in PDF onto the desktop.
- forward the request with the form and documents to OCS via email at constituentaffairs@hra.nyc.gov and Center 90 via email at Ctr90HVNRequests@hra.nyc.gov. The Job Center's RAR/HVN Liaison must be copied on the email.
- inform the applicant/participant that someone will contact him/her to schedule a home visit interview appointment.

Note: If an applicant makes a verbal request for an HVN/HB status, but does not want to fill out the **HRA-102c**, the JOS/Worker must complete the **HRA-102c** on behalf of the client.

The RAR/HVN Liaison must annotate the request on the Control of Assignments/Referrals (Form **W-708**).

If the applicant submits a CA Application at the time of the HVN/HB status request, the JOS/Worker must:

- enter the application information in POS. The case will be registered in the center were the application was received.
- scan and index any documentation submitted.

Requests Made Via the Telephone

If the request is made via the telephone to the Job Center, the JOS/Worker must transfer the call to the RAR/HVN Liaison at the Job Center. The RAR/HVN Liaison must:

- complete the **HRA-102c** together with the applicant/participant on the phone.
- scan and index the form and documents.
- forward the request with the form and documents to OCS via email at constituentaffairs@hra.nyc.gov and Center 90 via email at Ctr90HVNRequests@hra.nyc.gov. The Job Center's RAR/HVN Liaison must be copied on the email..
- annotate the request on the Control of Assignments/Referrals (Form **W-708**).
- inform the applicant/participant that someone will contact him/her to schedule a home visit interview appointment.

Requests Made Via Mail or Fax

If the request is made via mail, the JOS/Worker must forward the correspondence to the RAR/HVN Liaison at the Job Center. The RAR/HVN Liaison must:

- scan and index the form or written request and documents.
- forward the request with the form and documents to OCS via email at constituentaffairs@hra.nyc.gov and Center 90 via email at Ctr90HVNRequests@hra.nyc.gov.
- annotate the request on the Control of Assignments/Referrals (Form **W-708**).

For Participants Only

For participants requesting a home visit, on the day of the HVN/HB request, the JOS/Worker must enter “Yes” to the homebound question “*Is any adult in the household homebound or requesting a home visit?*” on the POS Medical screen and Action Code **192P** (HVN/HB Status Request Pending Documentation) will post in NYCWAY.

The Action Code **192P** must be posted on the day of the HVN/HB request, before the home visit is conducted to avoid potential adverse actions until the HVN/HB status request is processed. The case cannot be transferred to another center while there is an open **192P** in NYCWAY.

The RAR/HVN Liaisons will be able to post Action Code **192P** directly in NYCWAY only when staff is unable to post the code through POS. Staff must not post a new **192P** if there is an open **192A**, **192F**, **192L** or a **192U** on the case.

If another **192P** is posted, staff must thoroughly review all HVN/HB actions on the case to ensure that an outcome determination has not already been made. If the status was granted and the time has not expired, the **192P** is a duplicate that was posted in error. Staff must notify the RAR/HVN Liaison who must email the NYCWAY Help Desk and FIA ADA mailbox with the case information and request to cancel the duplicate **192P**.

Processing the Request for HVN/HB Status

OCS will enter the completed **HRA-102c** in the IQ system and send the Notification of Receipt of Your Reasonable Accommodation Request (**HRA-102b**) to the requestor to confirm that the request was received.

IQ will generate e-mails to CAS and the FIA RAR Operations Unit advising that the individual filed an **HRA-102c** and if assistance was requested to obtain medical documentation. IQ sends information to the central data base which populates the Client Services Screen which is viewed in multiple HRA systems including NYCWAY and POS.

The RAR Unit will receive an email generated from the IQ system with the information of the applicant/participant that has requested the HVN/HB status. The RAR Unit will forward the HVN/HB status request information to the HVN Unit Supervisor.

Scheduling the Home Visit Appointment

The HVN Unit Supervisor will schedule the home visit based on the following scenarios.

Application Received

If the CA application has been received before the home visit, the case must be screened for Expedited Supplemental Nutrition Assistance Program (ESNAP) Service. The HVN Unit Supervisor must contact the applicant to confirm an appointment date. The Home Visit Appointment Notice (**FIA-1028b**) must be sent indicating the appropriate date:

- If the applicant is eligible for ESNAP service, the home visit must be conducted within two (2) business days from receipt of the application.
- If the applicant is not eligible for ESNAP service, the home visit must be conducted within three (3) business days of receipt of the application.

The Eligibility Factors and Suggested Documentation Guide (**W-119D**), with the applicable eligibility factors checked, must be sent to the applicant with the **FIA-1028b**.

Refer to [PD #14-13-OPE](#) for further information about ESNAP eligibility

Application Not Received

If the applicant called for a home visit and no application was received, an application package must be taken to the home visit within three (3) business days from the request. The HVN Unit Supervisor must contact the applicant to confirm an appointment date. The **FIA-1028h** must be mailed to the applicant confirming the appointment date and time.

Appointment Confirmed

The HVN Unit Supervisor must contact the individual by phone before scheduling a home visit to ensure that the individual will be available. The HVN Unit Supervisor will select the first option on the Notice of Scheduled Home Visit Form (**FIA-1028h**) confirming the home visit appointment that was agreed to during the telephone conversation, complete the form and send it to the individual.

Appointment Not Confirmed

If the HVN Unit Supervisor is not able to contact the individual to schedule a home visit, he/she will select the second option on the **FIA-1028h** requesting that they contact the Center. The HVN Unit Supervisor must complete the form and mail it to the individual.

In both of the instances mentioned, on the **FIA-1028h** in “*The purpose of this home visit is to discuss:*” box, the HVN Unit Supervisor must indicate the reason for the visit (application, recertification, etc.) and in the “*You must have the following documentation available during the home visit:*” box, the HVN Unit Supervisor must indicate the documents required.

Once an arrangement for a home visit has been made, the HVN Unit Supervisor will assign the home visit to the HVN Unit JOS/Caseworker.

Appointment Refused

If the individual refuses to accept or make an appointment, the HVN Unit Supervisor must send the individual the Notice of Refused Home Appointment (**FIA-1028v**). The HVN Unit Supervisor must check the second box, “*An HRA worker spoke with you to schedule a home visit appointment, but you refused to schedule the appointment.*”

Home Visit Appointment Not Conducted

Appointment Missed or Rescheduled

If the HVN Unit JOS/Caseworker fails to appear for the home visit, the appointment will be rescheduled. However, if the HVN Unit JOS/Caseworker arrives after the appointment time and the applicant/participant still wishes to conduct the interview, the HVN Unit JOS/Caseworker must conduct the home visit interview. If the HVN Unit JOS/Caseworker arrives after the appointment time and the applicant/participant does not wish to conduct the interview, the appointment must be rescheduled. No negative case actions may be taken at that time.

For all applicants/participants that are not home at the time of the scheduled home visit appointment, upon return to the Job Center, the HVN Unit JOS/Caseworker must mail the Missed Homebound Assessment Interview Form (**FIA-1028n**) to the applicant/participant. The applicant/participant must contact HRA to reschedule the appointment and to verify that he/she still wants to pursue the request for HVN/HB status and/or the application.

Refused to Conduct the Home Visit Interview

If the applicant/participant refuses to conduct the interview once the HVN Unit JOS/Caseworker has arrived at the home, the HVN Unit JOS/Caseworker must mail the Notice of Refused Home Appointment (**FIA-1028v**) to the applicant/participant. The HVN Unit JOS/Caseworker must check the first box, "*An HRA worker came to your home for a home appointment, but you refused the appointment.*"

Monitoring Home Visit Appointments Not Conducted

The HVN Unit JOS/Caseworker must enter the case information for every missed appointment on the **W-708** card. The HVN Unit Supervisor must monitor and collect the **W-708** card daily and must send a list of home visits that could not be conducted to the Deputy Director of Center 90 via email.

Applicants/participants that do not contact the JOS/Caseworker to reschedule the missed home visit appointment after 60 days will be listed on the "**192P Greater Than 60 Days Report**". The RAR Unit will review this report. (See page 53 for actions taken on this report.)

The Home Visit

In addition to the application/recertification packet, the HVN/HB request process for all ongoing CA cases requires the HVN Unit JOS/Caseworker to take the following forms to the home visit:

- Home Visit Needed/Homebound Determination Process Form (**FIA-1028**), which explains the HVN/HB status request process and the contact number for Center 90, must be provided to the applicant/participant.
- The Home Visit Needed Request Activities of Daily Living – Client Information Form (**CAS-102**) to be completed at the home visit with the applicant/participant, signed and returned to the Job Center to be scanned and indexed;
- The Home Visit Needed Request Clinician Assessment Form (**CAS-103**), along with a postage paid return envelope for the applicant's/participant's medical provider to return to the Job Center within 30 calendar days. The applicant/participant must be given the option to email the form or medical/clinical documentation directly to the RAR Unit via the FIAADADocs@hra.nyc.gov mailbox.
- Two (2) Documentation Request for HVN/HB Status Form (**FIA-1028i**). One copy must be scanned and indexed into the case record upon return from the visit.
- Two (2) Documentation Receipt (**EXP-76R**). Documents submitted must be checked on the form. One copy must be given to the applicant/participant as receipt of documentation submitted at the interview. The second copy must be scanned and indexed into the case record.
- Two (2) Documentation Requirements and/or Assessment Follow-Up (**W-113K**) to manually list required eligibility documents that were not submitted at the interview with a postage-paid return envelope. One copy must be given to the applicant/participant and the second copy must be scanned and indexed into the case record.
- Two (2) HIPAA Authorization for the Disclosure of Individual Health Information (**HRA-108**) forms.

Note: See the Requests for Assistance to Obtain Medical Documents section below for details on how to complete the **HRA-108**.

- Thrive NYC palm cards. Thrive NYC is a mayoral initiative to change the way New Yorkers think about mental health and the way that mental health services are delivered. Before conducting the home visit the HVN Unit JOS/Caseworker must check the WMS language indicator and take the Thrive NYC palm card in the correct language.

Note: At the home visit, the HVN Unit JOS/Caseworker must ask the individual for any current medical or clinical documents and if provided, indicate so on the **EXP-76R**.

Requests for Assistance to Obtain Medical Documents

Even if the applicant/participant indicates that he/she has a medical provider, the HVN Unit JOS/Caseworker must offer HRA's assistance in obtaining medical documentation. Individuals who accept HRA's offer will be provided assistance by Customized Assistance Services (CAS). The **HRA-108** must be completed and signed in order for CAS to provide assistance.

- The RAR Specialist must ensure that the fields listed below are completed on both copies of this form.
 - Patient Name
 - Social Security Number (if available)
 - Patient Address
 - Date of Birth
 - Line 8 – Name and address of health provider or entity to release this information _____.
 - Line 10(a) – (If applicable) Specific information to be released:
 - Line 10(b) – By initialing here ____, I authorize _____ to discuss my health information with the NYC Human Resources Administration.
 - Signature of Patient or Authorized Representative by Law and Date.
 - Any other field, if applicable.

One copy of the form must be brought back to the Job Center to be scanned and indexed and one copy is for the applicant/participant to give to his/her medical provider.

Note: Under no circumstances should an applicant/participant sign a blank **HRA-108** form.

If the applicant/participant refuses to sign the **HRA-108**, the HVN Unit JOS/Caseworker must write “Refused to Sign” over lines 8-14, and explain to the individual that he/she must assume full responsibility to ensure that complete medical documentation is returned to FIA and that without the signed release, the Human Resources Administration (HRA) cannot provide help in securing medical documentation on his/her behalf.

One-Shot Deal Applicants

Home visit requests for One-Shot Emergency Assistance cases will not be processed in the same manner as requests for on-going CA cases. For home visit requests from One-Shot Emergency Assistance applicants, the HVN Unit JOS/Caseworker must make a home visit and take the application packet to the home; however One Shot Emergency Assistance cases are not required to complete HVN forms or return HVN/HB medical documents.

For these cases, the HVN Unit JOS/Caseworker must enter “Yes” to the homebound question “*Is any adult in the household homebound or requesting a home visit?*” on the POS Medical screen. Action Code **19SI** (HVN/HB Single Issue One Shot Deal Request Pending Documentation) will post in NYCWAY for identification purposes only and will self-complete.

Processing the CA Application/Recertification

Entering the CA Application/Recertification information in POS

After conducting the home visit interview, the HVN Unit JOS/Caseworker must:

- scan and index the **CAS-102** into the OneViewer (under the correct or most appropriate document type).

Note: If an individual indicates on the **CAS-102** that he/she has submitted a supportive housing application (**HRA 2010e**) within the past twelve months, has completed a Wellness Comprehensive Assessment and Rehabilitation Evaluation (WeCARE) medical assessment within the past twelve months, or has used home care/home attendant services within the past twelve months, this information should be forwarded to CAS even if the **CAS-103** is not submitted within the 30 calendar day timeframe.

Note: Avoid scanning and indexing multiple types of HVN related documents under a single document type.

For information on referral to WeCARE, refer to the “WeCARE Direct Referral” procedure.

- take the following actions in POS:
 - Register new applications.
 - Complete the **Application Interview Activity** in POS, including:
 - enter “Y” to the homebound question “*Is any adult in the household homebound or requesting a home visit?*” on the POS Medical screen (if not previously recorded) and choose the individual requesting HVN/HB status from the drop-down menu.

AFIS Homebound Indicator

AFIS is a requirement only for CA benefits.

Refer to [PD #13-08-ELI](#) for information on finger imaging for CA cases.

All NYCWAY action codes associated with the HVN/HB process are listed on **Attachment B**.

See the instructions on page twelve (12) for processing One-Shot Emergency.

Once the POS HVN/HB question is answered as Yes, POS enters “6” (Exempted Homebound Individual) on the POS TAD in the Automated Finger Imaging System (AFIS) exemption field for all HVN/HB individuals who do not already have an AFIS code. This code will exempt the individual from the finger imaging requirement.

Additionally, once the POS HVN/HB question is answered as Yes, Action Code **192P** (HVN/HB Status Request Pending Documentation) will post in NYCWAY to exempt the applicant from in-center appointments until the outcome of the HVN/HB status request is determined and/or the resolution of any appeal is complete.

Note: For participants requesting a home visit, Action Code **192P** should be posted *before* the home visit is conducted to record the participant’s request for HVN/HB status and to prevent call-in appointments until the outcome of the HVN/HB status request is determined and/or the resolution of any appeal is complete.

Requesting Assistance from CAS to Assist Applicant/Participant in Obtaining Medical Documentation

For those applicants/participants that requested assistance or responded affirmative to HRA’s offer of assistance in obtaining medical documentation, the HVN Unit JOS/Caseworker will forward the information to the HVN Unit Supervisor. The HVN Unit Supervisor will send an email to the RAR Specialist. The RAR Specialist must:

- enter Action Code **19DO** (CAS help requested) in NYCWAY. Once the action code is entered in NYCWAY, TRACS will pull case information for CAS to take appropriate action.

- send an email and the scanned completed copy of Form **HRA-108** to CAS at the CAS ADA mailbox.

The subject line of the email should read, "HVN/HB Request for Assistance with Medical Documentation".

Use a table to list the client's name (last, first), case number, the HVN documents available in the OneViewer, and confirm the Home Visit Needed (HVN)/Homebound (HB) HVN Unit Checklist of Documents for CAS Review (**FIA-1028L**) was attached to the email. See the example below:

	Name	Case Number	HVN Documents	FIA-1028L
1	Smith, John	#1234567	HRA-108, 102, 103	See attached
2	Doe, Jane	#8910112	HRA-108, 102, 103	See attached

Submission of Documentation

Request of Additional Time to Submit Documentation

If the applicant/participant requests additional time to submit medical/clinical documentation, the HVN Unit JOS/Caseworker must inform the HVN Unit Supervisor. The HVN Unit Supervisor will forward the request to the RAR Specialist to enter Action Code **19TR** (Additional Time Required For Document) with a Future Action Date of 15 days in NYCWAY.

Receipt for Documentation Submitted to HVN/RAR Job Center #90

Individuals that opt to email documentation to the FIAADADocs@hra.nyc.gov mailbox will receive an autoreply to the email address used to send the documents. The auto reply verifies that the documents were received. The mailbox is monitored by RAR Specialists, RAR Supervisors, Deputy Director and Director.

Documentation that is mailed or faxed to HVN/RAR Job Center #90 must be scanned and indexed. An **EXP-76R** must be mailed to the applicant/participant as verification that the documents were received.

The **EXP-76R** is generated via the following interfaces:

- Document Intake – printed in center when documents are indexed using this activity on the same day. CSIC users are the primary users.
- Print Forms window – staff can generate a receipt from this window from interview and change action activities for documents scanned and indexed on the same day.
- Print a Form activity – staff can generate a receipt from this activity for documents scanned and indexed on the same day via the Tools>Indexing menu.
- Print to Mail – receipts are generated for indexing completed outside of the Document Intake activity, e.g. after documents submitted via self-service scanning, mobile upload or Right Fax documents are indexed.

No Medical Documentation Required

CA and NCA SNAP applications cannot be denied for failure to return medical documentation for HVN/HB status.

Applicants/participants have 30 days to return medical/clinical documentation. If the applicant/participant indicates on the **CAS-102** one of the items listed below, medical documentation is not necessary for CAS to review the applicant's/participant's eligibility for HVN/HB status.

- A supportive housing application (**HRA 2010e**) was submitted within the past twelve months.
- A completed WeCARE medical assessment was done within the past twelve months.
- Homecare or Home Attendant Services used within the past twelve months.

No Medical Documentation Submitted

After 20 days, if the applicant/participant fails to submit medical or clinical documentation to support the HVN/HB status request and did not indicate on the **CAS-102** the submission of the **HRA 1020e** within the past twelve months or the completion of a WeCARE medical assessment within the past twelve months or having used Homecare or Home Attendant Services, the HVN Unit JOS/Caseworker will enter Action Code **19ND** (HVN Medical Documents not Returned) in the NYCWAY system. This will place the case on the HVN/HB Worklist.

Completing the POS Activity

The HVN Unit JOS/Caseworker must make a CA eligibility determination, complete the required POS activity and forward the POS activity to the HVN Unit Supervisor for approval.

When the HVN Unit Supervisor receives the POS action from the HVN Unit JOS/Caseworker, he/she will review the case and approve or disapprove the case action. (See section below for additional information on supervisory action in POS).

A new form “Reasonable Accommodation Request Operations (RAR-O) Center 90 Review and Checklist” (**FIA-1028u**) was created to assist the HVN Unit Supervisor in ensuring that the review covers all the necessary areas.

Pre-Notice of Intent (Pre-NOI) Supervisory Review of Adverse Actions for HVN/HB at Eligibility Determination

The Supervisory Approval-Medical window included in the POS activities listed below, will require the supervisors to review and complete additional questions for all HVN/HB cases.

- **Approve CA Eligibility Decision**
- **Approve IN/ESNAP (CA Case)**
- **Approve EC – CA Application Interview**
- **Approve EC – IN/ESNAP (CA Case)**

The Supervisory Approval-Medical window (shown on the following page) will appear in the above mentioned activities for each household member with an answer of “Yes” for the question, *“Is any Adult in the Household Homebound or requesting a home visit?”*

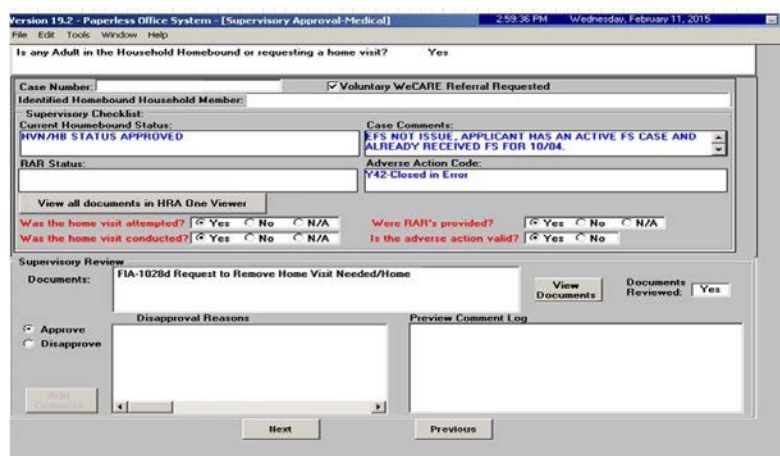
The supervisor must take the following actions on the Supervisory Approval-Medical window:

- Ensure that all HVN/HB related documents are scanned and indexed. This can be done by clicking on the *“View related documents in HRA One Viewer”*.

- Answer the following questions:
 - “Was the home visit attempted?”
 - “Was the home visit conducted?”
 - “Were RAR’s (Reasonable Accommodations Requested) provided?”
 - “Is the negative action valid?”

Note: If there is no adverse action for the HVN/HB individual, these questions will be disabled.

Approve or disapprove the window.



The HVN Unit Supervisor must send an email to the RAR Specialist to inform him/her that the case action has been completed in POS.

Outreach for Applicants/Participants that Fail to Submit Documentation

The RAR Operations Unit must review the HVN/HB Worklist on a daily basis and must conduct outreach. The RAR Specialist must:

- search NYCWAY to ensure that the applicant/participant has no WeCARE history within the last 12 months.

Note: RAR Operations Unit must also search NYCWAY by SSN, if available, as WeCARE assessment may have been made under a CA case number. They must also search in archive data by SSN.

- search the Placement Assessment and Client Tracking (PACT) system to verify that an **HRA-2010e** has not been submitted in the past twelve months.
- search the Long-Term Care Web System to verify that Homecare or Home Attendant Services has not been used within the past twelve months.

If a WeCARE history, an **HRA-2010e** or a Homecare/Home Attendant Services within the last 12 months is found in NYCWAY, PACT, the WeCARE System or the Long-Term Care Web System, the RAR Specialist must forward the case information to CAS for review. (See page 21).

If no WeCARE history, no **HRA-2010e** and no Homecare/Home Attendant Services is found in NYCWAY, PACT, the WeCARE System or the Long-Term Care Web System, the RAR Specialist will post Action Code **19RO** (RAR Operations Initiates Outreach) in NYCWAY. The Action Code **19RO** will place the individual on the **RAOUT** Worklist. The RAR Operations Unit will monitor this Worklist and will call the applicant/participant to further assist in obtaining the medical or clinical documentation necessary to make a determination on the request for HVN/HB status.

If the outreach is successful, the RAR Specialist must enter Action Code **19PC** (Phone Call Successful).

- If documentation is obtained, the RAR Specialist must forward the HVN/HB status request to CAS. (See page 21).
- If documentation is not obtained but the applicant/participant requests assistance in obtaining the documentation, the RAR Specialist must:
 - send the **HRA-108** to the applicant/participant to fill out and return to the center, if not already in the file; and
 - enter Action Code **19DO** (CAS help requested) in NYCWAY.

If the outreach is not successful, the RAR Specialist must (after day 30):

- enter Action Code **19NP** (Phone Call Unsuccessful) followed by Action Code **192N** (Status Not Approved) in NYCWAY;
- mail out the **FIA-1028s** indicating that the HVN/HB status is denied because no medical documentation was received and the Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**);

- after the 30 day appeal timeframe has expired and no appeal was filed, submit a request to the POS Help Desk for removal of the homebound indicator;
- access the **Employability Code Determination Window** to ensure that the applicant's/participant's employability status codes are correct.

Submitting Request to CAS for Recommendation

Medical Documentation Submitted

When all eligibility and medical documentation is submitted and the applicant is determined eligible for CA, the RAR Specialist must enter Action Code **19DC** (Complete Document Packet Sent to CAS) in NYCWAY to indicate that the case is ready to be reviewed by CAS.

If the participant requested the HVN/HB status at the time of recertification and returned all required documentation, the RAR Specialist must enter Action Code **19DC** (Complete Document Packet Sent to CAS) in NYCWAY to indicate that the case is ready to be reviewed by CAS.

If the Action Code **19DC** is not posted, the referral will not be identified in NYCWAY and TRACS will not create a case. If the case is not created in TRACS, CAS will not be aware of the HVN status request.

No Medical Documentation Submitted but Has an HRA 2010e or WeCARE Medical Assessment or Homecare/Home Attendant Services

The RAR Specialist must refer the case to CAS even if no documentation is submitted by the applicant/participant if:

- A supportive housing application (**HRA 2010e**) was submitted within the past twelve months. The RAR Specialist must enter Action Code **19PH** (Supportive Housing Application (**HRA 2010e**) Submitted within Past 12 Months) in NYCWAY.
- A completion of a WeCARE medical assessment within the past twelve months. The RAR Specialist must enter Action Code **19PW** (WeCARE Assessment in Past 12 Months) in NYCWAY.
- A Homecare or Home Attendant Services has been used within the past twelve months. The RAR Specialist must enter Action Code (**19PL**) in NYCWAY.

CAS/ORA Review and Outcome for CA Cases

As part of the HVN/HB medical/clinical review process, CAS/ORA must review all supporting medical documentation submitted and make a clinical determination of the individual's eligibility for HVN/HB status.

Once Action Code **19DC** is entered in NYCWAY, TRACS will read the code and create the request by retrieving all HVN/HB pertinent information from NYCWAY and all pertinent documents from the HRA One Viewer and the WeCARE Viewer. The staff at CAS will review the case, take all necessary actions in TRACS and upon completion, TRACS will post the appropriate determination outcome codes in NYCWAY.

An email is sent by TRACS to the FIA ADA inbox on a daily basis with a list of all HVN/HB status requests completed the day before by CAS. The email includes pertinent case information and also alerts the RAR Operations Unit of the results of the codes posted in NYCWAY. The results include the error message received from NYCWAY on cases where the outcome did not post. The RAR Operations Unit will enter the appropriate outcome manually in NYCWAY.

If Action Codes **19PW**, **19PH**, or **19PL** were posted in NYCWAY and no documentation is found in any of HRA's systems, CAS will conduct outreach to the applicant/participant, collateral contacts, and/or the medical provider in order to obtain medical documentation. Once outreach attempts have been exhausted, CAS will disapprove the request because medical documentation was not provided/obtained.

HVN/HB Action Codes

Note: The **192N** is used with failure to provide medical documentation/HRA unable to obtain or the medical documentation submitted does not support HVN/HB status.

Possible determinations and action codes include:

- 192F** HVN/HB Temporary Exemption (180 days),
- 192L** HVN/HB Status Approved (365 days),
- 192U** HVN/HB Status Approved for More Than 365 days,
- 192N** HVN/HB Status Not Approved

HVN/HB Status Denied

CA applicants/participants determined ineligible for HVN/HB status may be offered an alternative accommodation. CAS/ORA will conduct outreach and offer alternative RAs to the applicant/participant before the denial of the HVN/HB status is processed.

Refer to CAS/ORA Procedure "Processing Requests for Reasonable Accommodations".

When the HVN/HB status denial code (**192N**) posts in NYCWAY, NYCWAY will generate the **FIA-1028s** along with the **HRA-102**, to inform the applicant/participant of the denial of the HVN/HB status and provide appeal language if he/she disagrees with the agency's determination. The HVN/HB status will remain in place for CA applicants and participants for at least 30 days. These individuals must continue to be treated as HVN/HB until the appeal process is complete.

For information on referral to WeCARE refer to the "WeCARE Direct Referral" procedure.

When CA applicants/participants are not approved for HVN/HB status and do not file an appeal within 30 days, Action Code **192E** (HVN/HB Status End/No Appeal Filed) will post in NYCWAY. Non-exempt individuals will receive a direct referral to WeCARE for assessment.

HVN/HB Status Approved

When the HVN/HB status approval code (**192F, 192L or 192U**) post in NYCWAY, NYCWAY will generate the **FIA-1028a** along with the **HRA-102**, to inform the applicant/participant of the approval of the HVN/HB status and provide appeal language if he/she disagrees with the agency's determination.

Case Maintenance for CA Participants with HVN/HB Status

Once an applicant/participant receives HVN/HB approval a home visit is conducted for any in-person contact that is necessary. If the participant reports any changes in living situation, such as addition of or removal of an individual in the household, moving, etc., a home visit may be scheduled to obtain documentation and have forms completed, if necessary based on the request type and available documentation. If the participant reports an emergency situation, such as a utility shut off, eviction, etc, and a home visit is required, it must be scheduled by Center 90 in a timely manner to abate the emergency, to obtain required documentation and or have necessary forms completed.

Refer to [PD #14-14-OPE](#)
for requests for
Additional Allowances

If the request is made at the responsible Job Center it must be recorded on the **W-137A** which must be sent to the participant, as per current procedure.

When a request is made at the responsible Job Center, the JOS/Worker, in consultation with the RAR/HVN Liaison, must determine if a home visit is required in order to address the request. If based on the request type and available documentation a home visit is not required, the responsible Job Center will process the request in accordance with current procedure.

If the request requires a home visit (i.e. no documentation available, no utility account information, etc.) the RAR/HVN Liaison at the responsible Job Center must send an email to the RAR Operations Unit via Ctr90HVNRequests@hra.nyc.gov and the corresponding RAR Specialist to alert them that a home visit is required. The email must indicate case information and the type of request.

Home visit must be scheduled in time to abate an emergency, if one is presented. In situations where the home visit is required, the RAR Specialist must refer the request to the HVN Unit for scheduling via the IQ system. The HVN Unit must update the IQ system with the home visit appointment information. The request is tracked and timed in IQ. The RAR Specialist must verify in the IQ system that an appointment was scheduled. After the appointment date, the RAR Specialist must follow up with the participant to ensure that the needs were met.

Example 1: John Adams is a participant who has been granted HVN/HB status. John calls his responsible Job Center to report that his rent has gone up. The JOS/Worker taking the call asks Mr. Smith if he can email or fax a copy of his new lease. Mr. Smith confirms that he can fax it and does so expeditiously. Once the JOS/Worker has the new lease, he can confirm with the RAR/HVN Liaison that no home visit is needed and take the necessary action to rebudget the case with the increased rent amount.

Example 2: Jane Adams is a participant who has been granted HVN/HB status. Jane calls her responsible Job Center to report that she received an eviction notice from the Marshall. The JOS/Worker taking the call asks Ms. Adams if she can fax or email the notice and any other related documents to the Job Center. Mrs. Adams replies that her dear son Quincy has been sick so she cannot leave the house to get to a fax machine. The JOS/Worker discusses this with the RAR/HVN liaison and they determine that a home visit is required in order to assist Mrs. Adams. They inform Mrs. Adams that someone will be contacting them to schedule a home visit. The RAR/HVN Liaison then sends an email to Ctr90HVNRequests@hra.nyc.gov, and the corresponding RAR Specialist, to alert them that a home visit is required. The HVN Unit at Center 90 conducts the home visit and processes the request as per current procedure.

POS Supervisory Approval-Medical Window

The Supervisory Approval-Medical window now included in the POS activities listed below, will require the supervisors to review and complete additional questions for all HVN/HB cases.

- **Approve CA Case Action**
- **Approve Non-Food Emerg/Special Grant**
- **Approve EC – CA Change Case Data**
- **Approve EC – Non-Food Emerg/Special Grant**

The Supervisory Approval-Medical window (shown below) will appear in the above mentioned activities for each household member with an answer of “Yes” for the question, *“Is any Adult in the Household Homebound or requesting a home visit?”*

The supervisor must take the actions on the Supervisory Approval-Medical window mentioned on pages 27 and 28.

Recertification Process for CA Participants in HVN/HB Status

Based on the WINRO **WIN32X**, if a CA recertification is required for a case that has an HVN/HB indicator in WMS, POS will post Action Code **908H** (HVN/HB Recertification) in NYCWAY to prevent the scheduling of an in office recertification appointment and place the case into the **Schedule Home Visit Recertification** queue monitored by the HVN Unit.

Scheduling the HVN/HB CA Recertification Interview

The HVN Unit Supervisor must access the **Schedule Home Visit Recertification** queue and will do the following:

- Contact the participant to schedule a home visit;
- Enter the agreed appointment date into POS. Management Information Systems (MIS) will generate and mail the Notification of Recertification Appointment (**W-908T**) with the Help for People with Disabilities (**HRA-102c**) to the participant.
- Assign the home visit recertification interview to an HVN Unit JOS/Caseworker.

Note: The participant will receive a reminder Robo-Call with customized text the day before the appointment date.

Conducting the CA Recertification Home Visit Interview

At the home visit the designated HVN Unit JOS/Caseworker must:

- complete the recertification package with the participant.
- give the participant a **W-113K** listing any outstanding documents required to complete the recertification determination.
- give an **EXP-76R** for any documents submitted during the home visit.
- Discuss the HVN/HB renewal process with the client. The discussion includes the:
 - renewal deadline,
 - supporting documentation process, and
 - the option to ask HRA for help in obtaining the supporting documentation.

Completing the CA Recertification for HVN/HB Individuals

The HVN Unit JOS/Caseworker will take the following actions upon return to Job Center 90:

- Complete the CA Recertification Interview in POS.
- Follow the same process as for other CA recertifications.

Pre-Notice of Intent (Pre-NOI) Supervisory Review of Adverse Actions for HVN/HB at Recertification

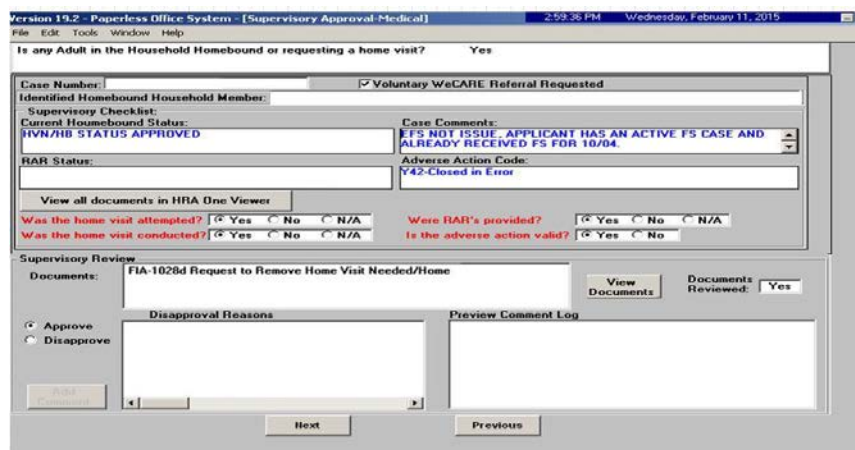
A Supervisory Approval-Medical window in the **Approve CA Recertification** activity will now require the supervisors to review and complete additional questions for all HVN/HB cases. The Supervisory Approval-Medical window (shown below) will appear in the **Approve CA Recertification** activity for each household member with an answer of “Yes” for the question, “*Is any Adult in the Household Homebound or requesting a home visit?*”

The supervisor must take the following actions on the Supervisory Approval-Medical window:

- Ensure that all HVN/HB related documents are scanned and indexed. This can be done by clicking on the “*View related documents in HRA One Viewer*”.
- Answer the following questions:
 - “Was the home visit attempted?”
 - Was the home visit conducted?”
 - “Were RAR’s (Reasonable Accommodations Requested) provided?”
 - “Is the negative action valid?”

Note: If there is no adverse action for the HVN/HB individual, these questions will be disabled.

Approve or disapprove the window.



Missed CA Recertification Home Visit Interview

Refer to [PB # 15-104-OPE](#) for information on Robo-Calls and how HVN/HB cases are handled.

If the participant is not at home for the recertification appointment, the HVN Unit JOS/Caseworker must start the interview activity in POS and indicate whether the appointment was kept or missed. The participant will receive a missed appointment Robo-call the day after the missed interview. The Robo-call will have the updated language which includes the additional information on Reasonable Accommodations. The HVN Unit JOS/Caseworker must wait 6 days (5 days after the Robo-call) to process the **G20** (Failure to Recertify – Home Visit) in POS.

Requesting Home Visit Needed/Homebound Status at Recertification

If, upon receipt of the **W-908T**, a participant who is not currently designated as HVN/HB calls and requests a home visit, ask if the disability is temporary and the expected duration of the disability.

If the disability is expected to last less than 30 days and if the in-office interview can be held within the required recertification timeframe, reschedule the in-office recertification appointment.

If the in-office interview cannot take place within this timeframe, follow the instructions on page 3 in the Request Made Via the Telephone section.

CA Applicant/Participant Requests to Withdraw HVN/HB Status

If a CA applicant/participant contacts a Job Center to request removal of his/her HVN/HB status, the designated JOS/Worker must:

- send or give the applicant/participant a Request to Remove Home Visit Needed/Homebound Status (**FIA-1028d**) to be completed, signed and returned;
- annotate the POS case record, after the **FIA-1028d** has been completed, signed and returned, to indicate the request to withdraw HVN/HB status;
- scan and index the **FIA-1028d**; and
- forward the information to the RAR/HVN Liaison.

The RAR/HVN Liaison at the Job Centers submits these requests with a copy of the completed **FIA-1028d** to the RAR Operations Unit via the “FIA ADA” mailbox and to the corresponding RAR Specialist’ email. The subject line of the e-mail must read “Request to Withdraw HVN/HB Status for _____” (include the individuals name and case number in the subject line). The RAR Specialist will process the withdrawal as follows:

- review and confirm the applicant/participants request for removal of HVN/HB status;
- post Action Code **192W** (HVN/HB Status Request Withdrawn) in NYCWAY. NYCWAY updates POS in the overnight batch processing; and
- send the applicant/participant a Notice of Removal of Home Visit Needed/Homebound Status Form (**FIA-1028e**).

HVN/HB Request Code Posted in Error

If the worker answered “Yes (Y)” to the POS question “*Is any adult in the household homebound or requesting a home visit?*” in error and the **192P** has posted in NYCWAY, the JOS/Worker must immediately notify the Designated Supervisor or Center Director who must send a request to the POS HelpDesk to change the answer in POS from **Y** to **N** and to the NYCWAY HelpLine to enter Action Code **19EE** (HVN/HB Administrative Removal). The **19EE** is a code that cannot be entered in NYCWAY by Job Center Staff.

Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Requests for Home Visits

An NCA SNAP applicant/participant may contact a center at any time to request a home visit. The NCA SNAP Worker should inform the applicant/participant requesting a home visit of the various options available for submitting an application including mail, fax, authorized representative or on-line application. If the applicant/participant does not accept any of these options, the NCA SNAP Worker must take action based on the following scenarios:

Requests Made in Person

If the request is made in person, the Worker must give the applicant/participant the Help For People With Disabilities (**HRA-102c**) form and offer to help the individual record this request.

If the individual wishes to submit the **HRA-102c** or a written request in lieu of the **HRA-102c** and/or medical documentation at the Center, the Worker must:

- sign and make a copy of the completed **HRA-102c** and return the original form to the individual as receipt of the request for HVN/HB status.
- scan and index the form and documents into the HRA OneViewer, if there is an active NCA SNAP case or the application has been registered in POS.
- scan the form and documents in PDF on the desktop.
- forward the request with the attached form and documents to the Office of Constituent Services (OCS) via email at constituentaffairs@hra.nyc.gov. The Center's RAR/HVN Liaison must be copied in the email.
- inform the applicant/participant that someone will contact him/her to schedule a home visit interview appointment.

The RAR/HVN Liaison must annotate the request on the Control of Assignments/Referrals (Form **W-708**).

If the applicant submits a SNAP Application at the time of the HVN/HB status request or the individual is a current participant, the Worker must:

- enter the application information in POS.
 - in the Medical screen answer “Y” to the question “*Is any adult in the household homebound or requesting a home visit?*”;
 - select the individual(s) who made a request for HVN/HB in the “Who” drop down menu; and
 - once the request is recorded, access the Employability Code Determination Window to ensure that the HVN/HB individual receives the SNAP employability status code **70** (Exemption claimed – pending medical documentation).
- scan and index any documentation submitted.

Requests Made Via the Telephone

If the request is made via the telephone to the SNAP Center, the Worker must transfer the call to the RAR/HVN Liaison at the Center. The RAR/HVN Liaison must:

- complete **HRA-102c** together with the applicant/participant on the phone.
- scan and index the form and documents.
- forward the request to the Office of Constituent Services (OCS) via email at constituentaffairs@hra.nyc.gov.
- annotate the request on the Control of Assignments/Referrals (Form **W-708**).
- inform the applicant/participant that someone will contact him/her to schedule a home visit interview appointment.

Requests Made Via Mail/Fax

If the request is made via mail or fax, the Worker must forward the correspondence or fax to the RAR/HVN Liaison at the SNAP Center. The RAR/HVN Liaison must:

- scan and index the form or written request and documents.
- forward the request to the Office of Constituent Services (OCS) via email at constituentaffairs@hra.nyc.gov.
- annotate the request on the Control of Assignments/Referrals (Form **W-708**).

Processing the Request for HVN/HB Status

OCS will enter the completed **HRA-102c** in the IQ system and send the Notification of Receipt of Your Reasonable Accommodation Request (**HRA-102b**) to the requestor to confirm that the request was received.

IQ will generate e-mails to CAS and the FIA RAR Operations Unit advising that the individual filed an **HRA-102c** and if assistance was requested to obtain medical documentation. IQ sends information to the central data base which populates the Client Services Screen which is viewed in POS.

The RAR Unit will receive an email generated from the IQ system with the information of the applicant/participant that has requested the HVN/HB status. The RAR Unit will forward the HVN/HB status request information to the HVN Unit Supervisor.

Offering Alternative to the HVN/HB Status to NCA SNAP Individuals

When the HVN Unit Supervisor receives the HVN/HB status request information for NCA SNAP cases, he/she must take action based on the following scenarios.

Application Received

The HVN Unit Supervisor must verify in the One Viewer or the email attachment if the **LDSS-4826** or the online summary (for applications submitted electronically) was received. If the **LDSS-4826** or the online summary was received, whether mailed, faxed or submitted on-line, the HVN Unit Supervisor verifies if an interview was conducted via telephone or in person.

Interview Conducted

If an interview was conducted, the HVN Unit Supervisor ensures that the homebound question in POS is answered "Yes" for the appropriate individual and the employment status code **70** (Exemption claimed – pending medical documentation) is assigned upon case acceptance.

Interview Not Conducted

If an interview was not conducted, the HVN Unit Supervisor calls the applicant/participant to offer an alternative to the home visit needed interview. The alternative to a home visit needed interview is a telephone interview or the assignment of an authorized representative by the applicant/participant.

Application Not Received

If the application was not received, the HVN Unit Supervisor calls the applicant/participant to offer an alternative to the home visit needed interview. The alternative to a home visit needed interview is a telephone interview or the assignment of an authorized representative by the applicant/participant, once the application is submitted either on-line, in person, by mail or by fax.

Telephone Interview Accepted

If the applicant/participant accepts a telephone interview, the HVN Unit Supervisor forwards the application to the Mail Application Referral Unit (MARU). MARU takes action as per [PD #15-07-OPE](#). The HVN Specialist must inform the applicant/participant that an HVN/HB status is not necessary if they choose an alternative.

Telephone Interview Accepted but No Application

If the applicant/participant accepts a telephone interview, the HVN Unit Supervisor must explain to the applicant/participant that in order to schedule the telephone interview an application must be submitted and offer the options of submitting the application via mail, fax or on-line through ACCESS NYC. The HVN Unit Supervisor must inform the applicant/participant that regardless of the method used to submit the application, once the application is received, a staff member will call to schedule the telephone interview. The HVN Unit Supervisor must also inform the applicant/participant that an HVN/HB status is not necessary if they choose an alternative.

If the applicant/participant does not have access to an application, the RAR Specialist should offer to have the application kit or the recertification kit mailed. Applications are received by MARU who will take action as per [PD #15-07-OPE](#). Recertifications are received by the Centralized Recertification Mail Unit (CRMU) and action will be taken as per [PD #15-30-SYS](#).

If the applicant/participant states that he/she is unable to fill out the application, a home visit must be made.

Authorized Representative Selected

Refer to [PB #09-113-OPE](#).

If an authorized representative is selected, give the applicant/participant all the necessary information for the requirements of an authorized representative.

Individual Accepts the Alternative But Wants the HVN/HB Status

Because SNAP offers telephone interviews or the right to have an authorized representative conduct the interview as an alternative to conducting an in person interview, the HVN/HB status may not be required for the applicant applying for or participant receiving SNAP benefits.

If after the interview was conducted and the case action was processed without a home visit, the applicant/participant still wishes to be coded HVN/HB, the HVN Unit Supervisor must verify that the required HVN/HB forms are on file.

If the forms are not on file, the HVN Unit Supervisor must confirm that the forms were sent to and received by the applicant/participant. If the required HVN/HB forms were not received by or sent to the applicant/participant, the RAR Specialist must send the following forms with a business reply envelope to the applicant/participant.

- Home Visit Needed/Homebound Determination Process Form (**FIA-1028**).
- HIPAA Authorization for the Disclosure of Individual Health Information Form (**HRA-108**).
- Home Visit Needed Request Activities of Daily Living – Client Information Form (**CAS-102**).
- Home Visit Needed Request Clinician Assessment Form (**CAS-103**).

The applicant/participant and his/her medical provider must complete and return the forms within 30 calendar days.

Scheduling the Home Visit Appointment

If the applicant/participant chooses to have a home visit interview, the HVN Unit Supervisor must schedule a timely home visit appointment. The Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (**W-129G**) and the **FIA-1028h** must be mailed to the applicant confirming the appointment date and time.

The HVN Unit Supervisor will assign the case to an HVN Unit JOS/Caseworker to conduct the interview.

Home Visit Appointment Not Conducted

Appointment Missed or Rescheduled

If the HVN Unit JOS/Caseworker fails to appear for the home visit, the appointment will be rescheduled. However, if the HVN Unit JOS/Caseworker arrives after the appointment time and the applicant/participant still wishes to conduct the interview, the HVN Unit JOS/Caseworker must conduct the home visit interview. If the HVN Unit JOS/Caseworker arrives after the appointment time and the applicant/participant does not wish to conduct the interview, the appointment must be rescheduled, within the certification period.

For all applicants/participants that are not home at the time of the scheduled home visit appointment, upon return to the Job Center, the HVN Unit JOS/Caseworker must mail the Missed Homebound Assessment Interview Form (**FIA-1028n**) to the applicant/participant. The applicant/participant must contact HRA to reschedule the appointment and to verify that he/she still wants to pursue the request for HVN/HB status and/or the application.

Refused to Conduct the Home Visit Interview

If the applicant/participant refuses to conduct the interview once the HVN Unit JOS/Caseworker has arrived at the home, the HVN Unit JOS/Caseworker must mail the Notice of Refusing a Home Appointment (**FIA-1028v**) to the applicant/participant. The HVN Unit JOS/Caseworker must check the first box, "*An HRA worker came to your home for a home appointment, but you refused the appointment.*"

Monitoring Home Visit Appointments Not Conducted

The HVN Unit JOS/Caseworker must enter the case information for every missed appointment on the **W-708** card. The HVN Unit Supervisor must monitor and collect the **W-708** card daily and must send a list of home visits that could not be conducted to the RAR Specialist via email.

The Home Visit

In addition to the application/recertification packet, the HVN/HB request process for all NCA SNAP cases requires the HVN Unit JOS/Caseworker to take the following forms to the home visit:

- Home Visit Needed/Homebound Determination Process Form (**FIA-1028**), which explains the HVN/HB status request process and provides the contact information for Center 90.
- The Home Visit Needed Request Activities of Daily Living – Client Information Form (**CAS-102**) to be completed at the home visit with the applicant/participant, signed and returned to the Job Center to be scanned and indexed;
- The Home Visit Needed Request Clinician Assessment Form (**CAS-103**), along with a postage paid return envelope for the applicant's/participant's medical provider to return to the Job Center within 30 calendar days. The applicant/participant must be given the option to email the form or medical/clinical documentation directly to the RAR Unit via the FIAADADocs@hra.nyc.gov mailbox.
- Two (2) Documentation Request for HVN/HB Status Form (**FIA-1028i**). One copy must be scanned and indexed into the case record.
- Two (2) Documentation Receipt (**EXP-76R**). Documents submitted must be checked on the form. One copy must be given to the applicant/participant as receipt of documentation submitted at the interview. The second copy must be scanned and indexed into the case record.
- Two (2) Action Is Required! You Must Submit Documents for Your SNAP Case (**FIA-1146**) to manually list required eligibility documents that were not submitted at the interview with a postage-paid return envelope. One copy must be given to the applicant/participant and the second copy must be scanned and indexed into the case record.
- Two (2) HIPAA Authorization for the Disclosure of Individual Health Information (**HRA-108**) forms.

Note: See the Requests for Assistance to Obtain Medical Documents section on page 12 for details on how to complete the **HRA-108**.

- Thrive NYC palm cards. Thrive NYC is a mayoral initiative to change the way New Yorkers think about mental health and the way that mental health services are delivered. Before conducting the home visit the HVN Unit JOS/Caseworker must check the WMS language indicator and take the Thrive NYC palm card in the correct language.

All relevant HVN/HB forms can be accessed on eDocs or by clicking the hyperlinks embedded in **Attachment A** and all relevant action codes are listed on **Attachment B**.

Note: At the home visit, the HVN Unit JOS/Caseworker must ask the individual for any current medical or clinical documents and if provided, indicate so on the **EXP-76R**.

Requests for Assistance to Obtain Medical Documents

Even if the applicant/participant indicates that he/she has a medical provider, the HVN Unit JOS/Caseworker must offer HRA's assistance in obtaining medical documentation. Individuals who accept HRA's offer will be provided assistance by Customized Assistance Services (CAS). The **HRA-108** must be completed and signed in order for CAS to provide assistance. (Follow the instructions on page 12 for completing the **HRA-108**).

Processing the NCA SNAP Application

After the home visit is conducted, the HVN Unit JOS/Caseworker does the following:

- If a case number is available, scan and index the application and all documentation received at the interview and contact the HVN Unit Supervisor via email to inform him/her that the interview was conducted and that the application and documentation have been scanned and indexed into the OneViewer.
- If there is no case number, scan the application and all documentation received at the interview into a PDF file and contact the HVN Unit Supervisor via email to inform that the interview was conducted and attach the PDF version of the application and documentation to the email.
- If the application was received at the home visit interview, the case must be screened for Expedited SNAP benefits.

Refer to [PD #14-13-OPE](#) for further information about ESNAP eligibility

The HVN Unit Supervisor ensures that the **LDSS-4826** and all collected documents including the HVN/HB documents are scanned and indexed in the viewer or submitted with the email.

In the review of the documents submitted, the HVN Unit Supervisor must ensure that the **HRA-108** was signed, if necessary. If the applicant/participant refused to sign the **HRA-108**, the HVN Unit Supervisor must ensure that:

- the individual was informed that assistance to secure medical documentation cannot be provided without a signed **HRA-108** and that he/she must assume full responsibility to return complete medical documentation to FIA;
- “Refused to Sign” was written across the front of the **HRA-108** form (if not written, he/she must do so);
- the form was scanned and indexed with the other HVN/HB documents or that the PDF version was included in the email.

Forwarding Information to the RAR Operations Unit

After the review of the case, the HVN Unit Supervisor notifies the RAR Specialist of the completion of the home visit interview via the “FIA ADA” mailbox and to the corresponding RAR Specialist’ email. The subject line of the e-mail must read “Home Visit SNAP Interview Conducted” and include the individuals name and case number (if available) in the subject line. If no case number is available, the email must include the applicant’s date of birth and the PDF version of the application and documentation must be attached.

Requesting Assistance from CAS to Assist Applicant/Participant in Obtaining Medical Documentation

If assistance in obtaining medical documentation is requested, the RAR Specialist will send an email to the CAS ADA mailbox (CASADA@hra.nyc.gov). The email must include the following:

“HVN/HB Request for Assistance with Medical Documentation” in the subject line.

The body of the email should state, “An HVN/HB status determination is requested for the client(s) listed below”.

Use a table to list each client’s name (last, first), case number, the HVN documents available in the Viewer, and confirm the **FIA-1028L** was attached to the email. See the example below:

	Name	Case Number	HVN Documents	FIA-1028L
1	Smith, John	#1234567	HRA-108, 102, 103	See attached
2	Doe, Jane	#8910112	HRA-108, 102, 103	See attached

A signed copy of the scanned form **HRA-108** must also be attached.

Submission of Documentation

Request of Additional Time to Submit Documentation

If the applicant/participant requests additional time to submit medical/clinical documentation, the HVN Unit JOS/Caseworker must inform the HVN Unit Supervisor. The HVN Unit Supervisor will forward the request to the RAR Specialist to enter a case comment in SNAP POS indicating that a 15 day extension has been granted.

Receipt for Documentation Submitted to HVN/RAR Job Center #90

Individuals that opt to email documentation to the FIAADADocs@hra.nyc.gov mailbox will receive an autoreply to the email address used to send the documents. The auto reply verifies that the documents were received. The mailbox is monitored by the RAR Specialist.

Documentation that is mailed or faxed to HVN/RAR Job Center #90 must be scanned and indexed. An EXP-76R must be mailed to the applicant/participant as verification that the documents were received. See page 17 for information on generating the EXP-76R.

No Medical Documentation Required

Applicants/participants have 30 days to return medical/clinical documentation. If the applicant/participant indicates on the **CAS-102** one of the items listed below, medical documentation is not necessary for CAS to review the applicant's/participant's eligibility for HVN/HB status.

- A supportive housing application (**HRA 2010e**) was submitted within the past twelve months.
- A completed WeCARE medical assessment was done within the past twelve months.

- Homecare or Home Attendant Services used within the past twelve months.

No Medical Documentation Submitted

After 20 days, if the applicant/participant fails to submit medical or clinical documentation to support the HVN/HB status request and did not indicate on the **CAS-102** the submission of the **HRA 1020e** within the past twelve months or the completion of a WeCARE medical assessment within the past twelve months or having used Homecare or Home Attendant Services, the HVN Unit JOS/Caseworker will enter a case comment in SNAP POS.

Completing the SNAP POS Activity

The RAR Specialist forwards the case information via email to the RAR/HVN Liaison at the Special Project Center (SPC) to complete the Application Interview activity in SNAP POS.

The RAR/HVN Liaison at the SPC assigns the case to a JOS/Worker to enter the information in SNAP POS.

When the action is entered in SNAP POS, the JOS/Worker at the Special Project Center notifies the RAR/HVN Liaison.

The RAR/HVN Liaison at the Special Project Center does the following:

- Confirms that the interview is completed in SNAP POS;
- Ensures that all collected HVN/HB documents are scanned and indexed in the viewer; and
- Sends an email to the RAR Operations Unit via the “FIA ADA” mailbox and to the corresponding RAR Specialist’ email. The subject line of the e-mail must read “HVN/HB Status Request Entered in SNAP POS” (include the individuals name and case number in the subject line).

Outreach for NCA SNAP Applicants/Participants that Fail to Submit Documentation

If documents to support HVN/HB status are not returned by the applicant/participant, the RAR Specialist must:

- search NYCWAY to ensure that the applicant/participant has no WeCARE history within the last 12 months.

Note: RAR Operations Unit must also search NYCWAY by SSN, if available, as WeCARE assessment may have been made under a CA case number. They must also search in archive data by SSN.

- search the Placement Assessment and Client Tracking (PACT) system to verify that an **HRA-2010e** has not been submitted in the past twelve months.
- search the Long-Term Care Web System to verify that Homecare or Home Attendant Services has not been used within the past twelve months.

If a WeCARE history, an **HRA-2010e** or a Homecare/Home Attendant Services within the last 12 months is found in NYCWAY, PACT, the WeCARE System or the Long-Term Care Web System, the RAR Specialist must forward the case information to CAS for review and recommendation. (See page 42).

If no WeCARE history, no **HRA-2010e** and no Homecare/Home Attendant Services is found in NYCWAY, PACT, the WeCARE System or the Long-Term Care Web System, the RAR Operations Unit must do outreach. The RAR Specialist will call the applicant/participant to further assist in obtaining the medical or clinical documentation necessary to make a determination on the request for HVN/HB status.

If the outreach is successful, the RAR Specialist must enter a case comment in SNAP POS indicating that an outreach was successfully completed and the result of the outreach. The outreach is successful if:

- documentation is obtained. The RAR Specialist must forward the HVN/HB status request to CAS. (See page 42).
- documentation is not obtained but the applicant/participant requests assistance in obtaining the documentation. The RAR Specialist must:
 - send the **HRA-108** to the applicant/participant to fill out and return to Center 90, if not already in the file; and
 - follow the steps on page 35 for requesting assistance from CAS to assist applicant/participant in obtaining medical documentation.

If the outreach is not successful, the RAR Specialist must (after the 30th day):

- enter a case comment in SNAP POS indicating that the outreach was unsuccessful and the result of the outreach.
- mail out the **FIA-1028s** indicating that the HVN/HB status is denied because no medical documentation was received and the Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**);
- after the 30 day appeal timeframe has expired and no appeal was filed, submit a request to the POS Help Desk for removal of the homebound indicator;
- access the **Employability Code Determination Window** to ensure that the applicant's/participant's employability status codes are correct.

Submitting Request to CAS for Recommendation

Once the RAR Operations Unit verifies that all required documentation has been received and scanned and indexed into the One Viewer, the RAR Specialist must email CAS/ORA via the CAS ADA mailbox to notify them of the HVN/HB request and that the completed HVN/HB packet is available for CAS' assessment. The email will include the same information mentioned on page 36 with the exception of the subject line. The subject line must read "HVN/HB Status Request Determination".

CAS/ORA Review and Outcome for NCA SNAP Cases

Once an HVN/HB clinical determination is made on an NCA SNAP case, CAS will notify the RAR Operations Unit via an email to the FIA ADA mailbox within five (5) business days. The RAR Operations Unit will take one of the following actions:

HVN/HB Status Approved

If the applicant/participant is determined eligible for the HVN/HB status, the RAR Specialist will:

- complete the **FIA-1028a**;
- scan and index the **FIA-1028a** and the **HRA-102** into the viewer;
- mail the completed **FIA-1028a** and the **HRA-102** to the applicant/participant; and
- notify the Division of Supplemental Nutrition Assistance Program Services' Central Office about the determination.

HVN/HB Status Denied

If the applicant/participant is determined ineligible for the HVN/HB status, the RAR Specialist will:

- complete the **FIA-1028s**;
- scan and index the **FIA-1028s** and **HRA-102** into the viewer;
- mail the completed **FIA-1028s** and the **HRA-102** to the applicant/participant; and
- notify the Division of Supplemental Nutrition Assistance Program Services' Central Office about the determination.

When NCA SNAP applicants/participants are not approved for HVN/HB status, the answer to the question "*Is any adult in the household homebound or requesting a home visit?*" must remain "Y" in POS and the individual must continue to be treated as HVN/HB until the appeal process is complete.

If no appeal is filed, the RAR Operations Unit must:

- check the case notes in POS to ensure that no appeal or extension to file an appeal has been requested.
- contact the POS Help Desk to change the answer of "Y" to "N" for the question "*Is any adult in the household homebound or requesting a home visit?*";
- If the HVN/HB request was for the casehead, once the Help Desk removes the casehead from the Who list for the question "Is any adult in the household homebound or requesting a home visit?" update the TAD screen in POS to remove the "Y" in the WMS HB field.

Requests to Withdraw HVN/HB Status for NCA SNAP Cases

If a SNAP applicant/participant contacts a SNAP Center to request removal of his/her Homebound Status, the RAR/HVN Liaison must:

- send or give the individual a Request for Removal of Homebound Status (**FIA-1028d**) to complete and return;
- annotate the SNAP POS case record to indicate that the individual requested to withdraw his/her HVN/HB status;
- scan and index the **FIA-1028d**; and
- contact the RAR Operations Unit via the "FIA ADA" mailbox and the corresponding RAR Specialist' email.

The RAR Operations Unit must:

- review and confirm the applicant's/participant's request for removal of HVN/HB status;
- send the applicant/participant an **FIA-1028e** and an **HRA-102**;
- connect to the applicant's/participant's Center via the POS Portal and access his/her case to enter a detailed case comment using the "**SNAP Application Interview**" activity for applicants and the "**SNAP Change Case Data**" activity for participants;
- access the "**Employability Code Determination Window**" to ensure that the applicant's/participant's employability code is correct;
- suspend the case activity; and
- submit a request to the POS Help Desk for removal of the homebound indicator.

When the POS Help Desk receives a request for removal of the homebound indicator, the POS Help Desk submits the request to MIS. MIS will remove the indicator using the "**Home Visit Needed/Homebound Status Removal**" activity.

Once MIS confirms that the HVN/HB indicator has been removed, the RAR Operations Unit must:

- resume the suspended "**SNAP Application Interview**" or "**SNAP Change Case Data**" activity; and
- access the "**Employability Code Determination Window**" and the TAD to review the applicant's employability code and the household's homebound indicator.

Temporary Home Visit Needed Status for Individuals Pending Access-A-Ride/Para Transit Services

If an individual comes to a Job Center and states that he/she has or needs Access-A-Ride or other type of para-transit services, the JOS/Worker must:

- give the individual the **HRA-102c** and offer to assist the individual in completing it.
- sign and make a copy of the completed **HRA-102c** and return the original form to the individual as receipt of the request for HVN/HB status. scan and index the form and documents into the HRA OneViewer, if there is an active CA case or the application has been registered in POS.
- scan the form and documents in PDF on the desktop.

- forward the request with the form and documents to the Office of Constituent Services (OCS) via email at constituentaffairs@hra.nyc.gov. The Center's RAR/HVN Liaison must be copied in the email.

OCS will enter the completed **HRA-102c** in the IQ system and send the **HRA-102b** to the requestor to confirm that the request was received.

IQ will communicate with the central data base which will prompt NYCWAY to post action code **5AAR** (RAR Applying for Access-A-Ride). Action Code **5AAR** will exempt the individual for up to 90 days from in-center call in appointments. Individuals pending approval from MTA will be treated similar to a home visit needed status.

Sixty (60) days after the pending approval for Access-A-Ride/Para Transit services has been granted, NYCWAY will generate and mail the Your "No In-Office Appointments While You Apply for Access-A-Ride" Accommodation Is Ending Soon (**HRA-102e**) notice to the participant. Additionally, the RAR Operations Unit will attempt to contact the applicant/participant to follow-up on the decision of the pending application for Access-A-Ride/Para Transit services.

- If Access-A-Ride/Para Transit services are approved, the RAR Specialist will:
 - enter Action Code **5ARX** (Access-A-Ride APL Period Ended) in NYCWAY to end the home visit needed status. Action Code **5ARX** will:
 - grant the individual priority queuing (a/k/a shorter wait times).
 - send the individual the Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait Times (HRA-104a) notice
 - alert the central data base which will forward the information to the Client Services Screen. Both the Paratransit Services In Place and Priority Queuing RA must appear in the Client Services Screen.

- If the application for Access-A-Ride/Para Transit services was submitted, but MTA has not made a decision, the RAR Specialist will take no action; wait for 90 day milestone.
- If Access-A-Ride/Para Transit services are denied, the RAR Specialist must:
 - enter Action Code **5AAT** in NYCWAY and select “Para Transit Denied” from the drop down to end the home visit needed status. Action Code **5AAT** will:
 - alert the central data base which will forward the information to the Client Services Screen.
 - triggers a direct referral to WeCARE with Opt-out language if employment status permits based on current procedure.
- If the individual has not yet applied for Access-A-Ride/Para Transit services, the RAR Specialist must:
 - offer the individual help applying for Para Transit.
 - remind the individual that the application must be submitted in 30 days.
- If the individual does not respond, the RAR Specialist must contact MTA for status update and depending on MTA’s report will take one of the actions listed above.

Ninety (90) days after pending approval for Access-A-Ride/Para Transit services has been granted, the RAR Operations Unit will contact the MTA to follow-up on the decision of the pending application for Access-A-Ride/Para Transit services.

- If Access-A-Ride/Para Transit services are approved, the RAR Specialist must take the actions listed above for approval at 60 days.
- If the application for Access-A-Ride/Para Transit services is in process, the RAR Specialist will grant the individual a 45 day extension on the home visit needed status and document the extension with a case note in NYCWAY and leave the **5AAR** Action Code open. At the 45th day, the RAR Specialist will contact MTA to check for determination.
- If Access-A-Ride/Para Transit services are denied, the RAR Specialist must take the actions listed above for denial at 60 days.

- If the individual never applied for Access-A-Ride/Para Transit services, the RAR Specialist will enter Action Code **5AAT** and select “Para Transit – Never Applied” from the drop down in NYCWAY to end the status. Action Code **5AAT** also:
 - alerts the central data base which will forward the information to the Client Services Screen.
 - triggers a direct referral to WeCARE with Opt-out language if employment status permits based on current procedure.

Case Management Services

The RAR Operations Unit provides case management services to all HVN/HB applicants/participants. The purpose of the case management services is to assist the individuals in meeting HRA requirements. Case management services are centered on the needs of the participants and are flexible, taking into consideration the changes that affect the lives of each participant.

Case Management Service consists of the three tiers listed below and all three tiers are used with all HVN/HB applicants/participants at all home visit interviews.

Three tiers of Case Management:

- Tier I: provides reminder calls in advance of upcoming appointments to avoid potential negative case actions and to help the applicants/participants maintain access to their benefits.
- Tier II: is an assessment for any physical or mental limitations using the screening tools devised by expert consultants. Based on the results of the assessment, an individualized case management service tailored to the applicant/participant's personal needs is created and provided to the individual.
- Tier III: an evaluation of the applicant/participant's needs in the home regarding domestic violence, substance use and if the individual may be a danger to him/herself or others. This evaluation is conducted by a HVN Unit JOS/Caseworker that has been cross-trained by Adult Protective Services (APS).

In addition to providing the three tiers case management services mentioned above, Case Management Service is provided to the applicant/participant at different stages throughout the HVN/HB status request process. Listed below are actions that the HVN Unit staff must take at these different stages:

- Case management service is provided at the first contact with the applicant/participant to schedule the initial home visit appointment to determine eligibility for HVN/HB status. The RAR Supervisor who contacts the applicant/participant must:
 - Identify him/herself to the applicant/participant.
 - Seek to schedule the appointment at the applicant/participant's most convenient day and time within Agency limit.
 - Give the applicant/participant the name of the worker that will be conducting the home visit interview as well as the name and telephone number of the worker's supervisor and the general telephone number for the RAR Operations Unit.
 - Inform the applicant/participant that they will receive a notice with the appointment date and time and that the worker's name and telephone number will be on the notice.

- Case management service is provided at every (initial interview and all other interviews if approved for the HVN/HB status) home visit interview. The HVN Unit JOS/Caseworker conducting the home visit must:
 - Identify him/herself to the applicant/participant and provide his/her supervisor's name and number as well as the RAR Operations general telephone number.
 - Help with:
 - understanding and completing forms.
 - obtaining medical/clinical documentation when requested.
 - identifying and securing other Reasonable Accommodation such as help understanding and completing forms, which needs to be documented for future home visits.

- identify a possible situation where additional case management services may be needed. Such as:
 - the applicant/participant appears to be unable to meet basic daily living needs, or
 - if based on observations it appears that the applicant/participant may be a danger to him/herself or to others.
 - Help acquiring other HRA services offered for specifically vulnerable populations. Such as a referral to Adult Protective Services (APS).
- On-going Case Management Services will be provided to all applicants/participants that request HVN/HB status. The applicant/participant will get the **FIA-1028** which includes the RAR Unit general telephone number. The applicant/participant can call this number for any request including:
 - an emergency that requires the agency's assistance
 - to schedule a home visit
 - questions or concerns about their case
 - to report any changes in their household

Additionally on-going Case Management Services include:

- Telephone calls or other method of contact required to remind the participant of an upcoming recertification appointment or other appointment that has been scheduled.
- Telephone calls or other method of contact required to inform the participant of the outcome of a request.
- Multiple opportunities for the participant to comply with Agency requirements (within timeframes allowed by law).
- Review of negative case actions

To refer the case to APS, the referral must either be made online through APS.net or by telephone.

The HVN Unit JOS/Caseworker who conducted the home visit may observe a possible situation requiring additional case management service. Two key examples of situations where the HVN Unit JOS/Caseworker may feel additional case management services would be appropriate are, if the applicant/participant appears to be unable to meet basic daily living needs, or if based on observations it appears that the applicant/participant may be a danger to him/herself or to others. In these situations, the HVN Unit JOS/Caseworker must notify the HVN Unit Supervisor, who will notify the RAR Operations Unit. The RAR Operations Unit must make a referral to Adult Protective Services (APS) or other similar HRA program. If APS finds that the individual does in fact need their services, APS will assist the applicant/participant in maintaining his/her benefits and HVN/HB status.

Note: Even for cases with an APS or other agency referral, the RAR Operations Unit is still responsible for helping applicants/participants meet agency requirements.

Appeals

Filing for an Appeal

Requests for an appeal of an HVN/HB status determination (**HRA-102**) may be completed by the applicant/participant (or his/her representative) and either mailed to the address below, faxed or emailed to the ADA Compliance Officer within 30 calendar days of the determination notice.

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax number:(917) 639-0333
Email: RARappeals@hra.nyc.gov

For CA cases, refer to **Attachment B** for NYCWAY action codes

The applicant/participant may call the Office of Constituent Services (OCS) at (212) 331-4640 or fax OCS at (212) 331-4686 to obtain assistance in completing the **HRA-102**.

If the appeal is sent directly to the Job Center or NCA SNAP Center, the **HRA-102** must be emailed to the above RAR Appeals mailbox.

Note: CA and NCA SNAP individuals who file an appeal must continue to be treated as HVN/HB during the appeal process.

Once the request for an appeal is filed, the ADA Compliance Officer will contact the RAR Operations Unit via email to FIA ADA mailbox.

Appeal Filed For CA Cases

The RAR Operations Unit must post Action Code **192A** (Appeal Filed) in NYCWAY.

Appeal Filed For NCA SNAP Cases

The RAR Operations Unit must:

- enter a case note in POS that an appeal has been filed and that the HVN status must not be removed from the case until an appeal decision is made.
- contact the Division of SNAP Services Central Office to ensure that the answer to the question "*Is any adult in the household homebound or requesting a home visit?*" in POS remains "Y" until the outcome of the appeal.

The RAR Operations Unit will monitor cases to ensure no negative case action is posted until the appeal process is completed.

Appeal Denied For CA Cases

When an appeal is denied, the RAR Operations Unit will post Action Code **192D** (HVN/HB Appeal Denied) which will refer the participant to WeCARE for assessment, if otherwise non-exempt from work requirements.

Appeal Denied For NCA SNAP Cases

When an appeal is denied, the RAR Operations Unit will contact the POS Help Desk for removal of the answer "Y" to the question "*Is any adult in the household homebound or requesting a home visit?*". If the denied HVN/HB request was for the casehead, the NCA SNAP Designated Worker must also update the TAD screen in POS to remove the "Y" in the WMS homebound indicator field.

Renewal of HVN/HB Status

Participants who are currently granted temporary HVN/HB status for 180, 365 days, or more than 365 days, must submit new updated documentation prior to the expiration of the current HVN/HB status period in order to continue/renew the HVN/HB status.

Participant Notified of Expiration of the HVN/HB Status

Action Code **19EN** (HVN/HB Exemption Expiration Notice) will post in NYCWAY 30 days prior to the expiration of the Home Visit Needed/Homebound Status and will generate the Notification of Expiration of Home Visit Needed/Homebound Status form (**FIA-1028k**) which will be sent to the CA and NCA SNAP participant. The **FIA-1028k** mailing includes a **CAS-103** and a postage paid return envelope.

Twenty (20) days after the posting of the **19EN**, if no response is received, RAR/Operations staff will conduct outreach as well as check HRA systems to determine if:

- There is any WeCARE history within the last 12 months.
- A Supportive Housing Application (**HRA-2010e**) has been filed in the last 12 months.
- Homecare or Home Attendant Services have been utilized in the last 12 months.

If any of these are found, the RAR Specialist will post the **19DC** to refer the case to CAS/ORR for review.

Participant Fails to Request Renewal of HVN/HB Status

If the participant fails to respond by the date of expiration of the HVN/HB status, outreach was unsuccessful, and none of the above listed items checked for in HRA systems were found, NYCWAY will post Action Code **192B** (HVN/HB Expired), and the participant (if otherwise non-exempt) will be referred directly to WeCARE through an automated referral process.

Participant Requests Renewal of HVN/HB Status

If the participant requests a renewal of his/her HVN/HB status, the designated JOS/Worker in the Special Project Center will post Action Code **192Q** (HVN/HB Exemption Renewal Request) forward submitted/returned documents to CAS, and follow the same process as for initial HVN/HB status request (refer to page 13 and 14). The process includes posting Action Code **19DC** which will generate the CAS review.

For CA and NCA SNAP cases, the Special Project Center will process HVN/HB renewals, forward submitted/returned documents to CAS, and follow the same process as for initial HVN/HB status requests.

If an individual requests renewal without providing supporting documentation, staff must post the **192Q** and provide the participant 30 days to submit documentation. If no documentation is submitted after the 20th day, additional outreach must be conducted. If after day 30 no documentation is submitted, outreach has been successful, and HRA systems do not have evidence of a WeCARE history, submission of an **HRA 2010e** or Homecare/Home Attendant Services have not been utilized, staff must post the **192B**.

Request for Assistance in Obtaining Medical Documentation

If the participant request assistance in obtaining medical documentation, the JOS/Worker at the Special Project Center must offer HRA's assistance in obtaining medical documentation. The **HRA-108** must be completed and signed in order for CAS to provide assistance. The JOS/Worker must:

- enter Action Code **19DO** (CAS help requested) in NYCWAY;
- send an email and the scanned completed copy of Form **HRA-108** to CAS at the CAS ADA mailbox.

The subject line of the email should read, "HVN/HB Request for Assistance with Medical Documentation". Use the table shown on page 16 to submit the individual's information.

Request Additional Time to Submit Documentation

If the client requested renewal of the HVN/HB status but needs additional time to submit updated documentation, enter Action Code **19TE** (Additional Time Required For Document) with a Future Action Date in NYCWAY.

Failure to Submit Documentation

Participants who requested a renewal of their HVN/HB status but do not submit new or updated documentation to support the continued need for HVN/HB status, have not requested an extension of time to obtain the required medical documentation, and who do not have one of the three bulleted items on page 50, must be sent the **FIA-1028e** notifying them of the removal of their HVN/HB status, and an **HRA-102** instructing them how to appeal the denial determination.

After 30 days, if no appeal is filed, CA participants who are not otherwise exempt will be referred directly to WeCARE.

Weekly HVN/HB Reports

HVN SNAP Cases Report

The HVN Unit Supervisor must complete the **HVN SNAP Cases Report** on a weekly basis. This report tracks all home visits that the HVN Unit conducts for NCA SNAP Centers. This report must be sent every Monday before 11 A.M. to the responsible RAR Specialist.

The RAR Specialist will complete the **SNAP Home Visits Report** on a weekly basis using the information submitted on the **HVN SNAP Cases Report** and forward this report to the RAR Unit Director.

HVN Overdue Report

Every Wednesday, OCS submits the **HVN Overdue Report** to the RAR Operations Unit Supervisors. The RAR Operations Unit Supervisors will forward the case information to the corresponding RAR Specialist. Depending on the type of inquiry in the **HVN Overdue Report** the RAR Specialist will get the necessary information from the HVN Unit Supervisor or by contacting the applicant/participant that made the request. The RAR Specialist must reply to these inquiries by the Friday of the week received.

HVN Notice of Intent (NOI) Initiated List

Every week the RAR Operations Unit will review the cases for which an NOI has been generated. The RAR Operations Unit will look to determine if the proposed action, clocking down in WMS, is correct when taken. If the action identified is incorrect, the RAR Operations Unit must submit the Transaction Cancellation Data Entry Form (**LDSS-3652**) through the Paperless Alternate Module (PAM) to cancel the negative case action. A detailed case comment must be made in POS to explain why the negative case action was stopped.

HVN Closing Past 14 Days List

MIS generates the **HVN Closing Past 14 Days List** and sends it to the RAR Operations Unit Director. On a weekly basis, the **HVN Closing Past 14 Days List** is sent to the HVN Unit Supervisor for review and to take appropriate actions. The HVN Unit Supervisor must annotate the report indicating the action that was taken and return the report to the RAR Specialist by the end of the week.

129P Greater Than 60 Days Report

Applicants/participants that do not contact the HVN unit to reschedule the missed home visit appointment after 60 days will be listed on the “**192P Greater Than 60 Days Report**”. The RAR Unit will review this report and will post Action Code **192X** to complete the **192P** action code.

Tracking and Monitoring Report

The RAR Specialist in the RAR Operations Unit must complete the **Tracking and Monitoring Report** on a daily basis. This report captures information on all RAR and HVN/HB request that is received by the RAR Operations Unit. Once the information is entered into this report, the RAR Specialist must enter the information in the IQ system. A copy of this report is sent to the RAR Operations Unit Director on a weekly basis.

PROGRAM IMPLICATIONS

Paperless Office
System (POS)
Implications

POS implications are included in the procedure.

Supplemental Nutrition Assistance Program (SNAP) Implications

If a CA applicant who requests HVN/HB status is determined ineligible for CA but eligible for SNAP, POS will have the Home Visit Needed Question set to “Yes” on the corresponding SNAP case if the separate determination is done in the corresponding SNAP site.

If there is a homebound indicator in WMS because the home visit needed/homebound individual is the casehead, when the CA case is closed but remains eligible for SNAP, the homebound indicator will transfer to the new NCA SNAP case created during the automated separate SNAP determination process.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT (LEP) AND HARD-OF-HEARING IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired 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

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up-to-date. Remember that 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 participant 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.

Applicants/Participants will also be able to schedule a telephone conference. The number to call will be on the Notice of Intent / Notice of Decision (NOI/NOD). OCS staff will field the calls to schedule the Conference and if the Client Services Screen indicates that the individual has HVN/HB status, the telephone conference will be scheduled with Center 90. The designated RAR Operations Unit Supervisor will be responsible for calling the applicant/participant and conducting the telephone conference.

The FH&C AJOS/Supervisor I, or designated RAR Operations Unit Supervisor, will listen to and evaluate any material presented by the applicant/participant, review the case file, and explain the reason for the Agency’s action(s) to the individual.

After reviewing the documentation and case record and discussing the issue with the JOS/Worker or Reasonable Accommodation worker responsible for the case and/or their supervisor, the FH&C AJOS/Supervisor I, or designated RAR Operations Unit Supervisor will attempt to resolve the issue.

The FH&C AJOS/Supervisor I, or designated RAR Operations Unit Supervisor, is responsible for ensuring that further appeal by the participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets


Should the applicant/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.

All Evidence Packets must contain a detailed history (e.g., copies of POS “Case Comments” and/or NYCWAY “Case Notes” screens, History Sheet [**W-25**]), copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

RELATED ITEMS

- [PB #16-35-OPE](#)
 - [PB # 15-104-OPE](#)
 - [PD #15-07-OPE](#)
 - [PD #14-14-OPE](#)
 - [PD #14-13-OPE](#)
 - [PD # 12-29-ELI](#)
 - [PB #09-113-OPE](#)
-

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Home Visit Needed/Homebound Process Forms Guide
- Attachment B** NYCWAY Action Codes for the Home Visit Needed/Homebound (HVN)/HB) Process
- EXP-76R** Documentation Receipt (Rev. 12/8/15)

EXP-76R (S)	Documentation Receipt (Spanish) (Rev. 12/8/15)
FIA-1028 (E)	Home Visit Needed/Homebound Determination Process (Rev.12/28/16)
FIA-1028 (S)	Home Visit Needed/Homebound Determination Process (Spanish) (Rev. 12/28/16)
FIA-1028a (E)	Approval of Your Request for Home Visit Needed/Homebound Status (Rev. 12/28/16)
FIA-1028a (S)	Approval of Your Request for Home Visit Needed/Homebound Status (Spanish) (Rev. 12/28/16)
FIA-1028b (E)	Home Visit Appointment Notice (CA Application) (Rev. 12/28/16)
FIA-1028b (S)	Home Visit Appointment Notice (CA Application) (Spanish) (Rev. 12/28/16)
FIA-1028d (E)	Request to Remove Home Visit Needed/Homebound Status (Rev. 3/03/11)
FIA-1028d (S)	Request to Remove Home Visit Needed/Homebound Status (Spanish) (Rev. 3/03/11)
FIA-1028e (E)	Notice of Removing of Home Visit Needed/Homebound Status (Rev. 12/15/15)
FIA-1028e (S)	Notice of Removing of Home Visit Needed/Homebound Status (Spanish) (Rev. 12/15/15)
FIA-1028h (E)	Notice of Scheduled Home Visit (Rev. 7/10/13)
FIA-1028h (S)	Notice of Scheduled Home Visit (Spanish) (Rev. 7/10/13)
FIA-1028i (E)	Documentation Request for Home Visits Needed/Homebound Requests (Rev. 12/28/16)
FIA-1028i (S)	Documentation Request for Home Visits Needed/Homebound Requests (Spanish) (Rev. 12/28/16)
FIA-1028k (E)	Request to Renew Home Visit Needed/Homebound Status (Rev. 12/15/15)
FIA-1028k (S)	Request to Renew Home Visit Needed/Homebound Status (Spanish) (Rev. 12/15/15)
FIA-1028L (E)	Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Required Documents for CAS Review (Rev. 12/28/16)
FIA-1028n (E)	Missed Homebound Assessment Interview (Rev. 12/28/16)
FIA-1028n (S)	Missed Homebound Assessment Interview (Spanish) (Rev. 12/28/16)
FIA-1028s (E)	Denial of Your Request for Home Visit Needed/Homebound Status (12/15/15)

FIA-1028s (S)	Denial of Your Request for Home Visit Needed/Homebound Status (Spanish) (12/15/15)
FIA-1028u (E)	Reasonable Accommodation Request Operations (RAR-O) Center #90 Review and Checklist (12/28/16)
FIA-1028v (E)	Notice of Refused Home Appointment (12/28/16)
FIA-1028v (S)	Notice of Refused Home Appointment (Spanish) (12/28/16)
FIA-1146 (E)	Action is Required! You Must Submit Documents For Your SNAP Case (12/7/15)
FIA-1146 (S)	Action is Required! You Must Submit Documents For Your SNAP Case (Spanish) (12/7/15)
CAS-102	Home Visit Needed Request Activities of Daily Living -Client Information Form (Rev. 8/29/16)
CAS-102 (S)	Home Visit Needed Request Activities of Daily Living-Client Information Form (Spanish) (Rev. 8/29/16)
CAS-103	Home Visit Needed Request Clinician Assessment Form (Rev. 9/21/16)
HRA-102 (E)	Request for an Appeal of a Reasonable Accommodation Determination (Rev. 4/4/16)
HRA-102 (S)	Request for an Appeal of a Reasonable Accommodation Determination (Spanish) (Rev. 4/4/16)
HRA-102b (E)	Receipt for the Reasonable Accommodation You Asked For (10/23/15)
HRA-102b (S)	Receipt for the Reasonable Accommodation You Asked For (Spanish) (10/23/15)
HRA-102c (E)	Help For People With Disabilities (Rev. 01/05/16)
HRA-102c (S)	Help For People With Disabilities (Spanish) (Rev. 01/05/16)
HRA-102e	Your "No In-Office Appointments While You Apply for Access-A-Ride" Accommodation Is Ending Soon (12/28/16)
HRA-102e (S)	Your "No In-Office Appointments While You Apply for Access-A-Ride" Accommodation Is Ending Soon (Spanish) (12/28/16)
HRA-104	Decision on Your Reasonable Accommodation Request (10/27/15)
HRA-104 (S)	Decision on Your Reasonable Accommodation Request (Spanish) (10/27/15)
HRA-104a (E)	Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait Times (12/28/16)

- HRA-104a (S)** Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait Times (Spanish) (12/28/16)
- HRA-105** Denial of Reasonable Accommodation: No Documentation (10/27/15)
- HRA-105 (S)** Denial of Reasonable Accommodation: No Documentation (Spanish) (10/27/15)
- HRA-108 (E)** HIPAA Authorization for the Disclosure of Individual Health Information (Rev. 12/28/16)
- HRA-108 (S)** HIPAA Authorization for the Disclosure of Individual Health Information (Spanish) (Rev. 12/28/16)
- FIA-1028c (E)** Mandatory Appointment Notice (Non Cash Assistance Supplemental Nutrition Assistance Program [SNAP] Application) (Obsolete)
- FIA-1028c (S)** Mandatory Appointment Notice (Non Cash Assistance Supplemental Nutrition Assistance Program [SNAP] Application) (Spanish) (Obsolete)

INDEX

AUDIENCE1

POLICY1

BACKGROUND2

Program Areas.....2

Family Independence Administration (FIA)2

JOS/Worker at the Job Center.....2

Worker at the NCA SNAP Center2

RAR/HVN Liaison3

Home Visit Needed/Reasonable Accommodation Request (HVN/RAR) Center #903

Reasonable Accommodation Request (RAR) Operations Unit3

The Home Visit Needed (HVN) Unit.....4

Office of Constituent Services5

Customized Assistance Services5

Forms and Action Codes5

HVN/HB Forms.....5

Actions Codes6

REQUIRED ACTION.....6

Cash Assistance (CA) Home Visit Needed/Homebound Status Request Process6

Requesting Home Visit Needed/Homebound Status.....6

Requests Made in Person.....6

Requests Made Via the Telephone7

Requests Made Via Mail or Fax8

For Participants Only8

Processing the Request for HVN/HB Status9

Scheduling the Home Visit Appointment9

Application Received9

Application Not Received10

Appointment Confirmed10

Appointment Not Confirmed10

Appointment Refused10

Home Visit Appointment Not Conducted11

Appointment Missed or Rescheduled11

Refused to Conduct the Home Visit Interview11
Monitoring Home Visit Appointments Not Conducted.....11
The Home Visit12
Requests for Assistance to Obtain Medical Documents13
One-Shot Deal Applicants14
Processing the CA Application/Recertification14
Entering the CA Application/Recertification information in POS.....14
Requesting Assistance from CAS to Assist Applicant/Participant in Obtaining
Medical Documentation15
Submission of Documentation.....16
Request of Additional Time to Submit Documentation.....16
Receipt for Documentation Submitted to HVN/RAR Job Center #9016
No Medical Documentation Required17
No Medical Documentation Submitted17
Completing the POS Activity.....18
Pre-Notice of Intent (Pre-NOI) Supervisory Review of Adverse Actions for HVN/HB at
Eligibility Determination18
Outreach for Applicants/Participants that Fail to Submit Documentation19
Submitting Request to CAS for Recommendation.....21
Medical Documentation Submitted.....21
No Medical Documentation Submitted but Has an HRA 2010e or WeCARE Medical
Assessment or Homecare/Home Attendant Services21
CAS/ORR Review and Outcome for CA Cases22
HVN/HB Action Codes.....22
HVN/HB Status Denied.....23
HVN/HB Status Approved.....23
Case Maintenance for CA Participants with HVN/HB Status23
POS Supervisory Approval-Medical Window.....25
Recertification Process for CA Participants in HVN/HB Status25
Scheduling the HVN/HB CA Recertification Interview.....26
Conducting the CA Recertification Home Visit Interview26
Completing the CA Recertification for HVN/HB Individuals26
Pre-Notice of Intent (Pre-NOI) Supervisory Review of Adverse Actions for HVN/HB at
Recertification27
Missed CA Recertification Home Visit Interview28

Requesting Home Visit Needed/Homebound Status at Recertification.....28

CA Applicant/Participant Requests to Withdraw HVN/HB Status28

HVN/HB Request Code Posted in Error.....29

Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP)

Requests for Home Visits29

Requests Made in Person.....29

Requests Made Via the Telephone31

Requests Made Via Mail/Fax.....31

Processing the Request for HVN/HB Status31

Offering Alternative to the HVN/HB Status to NCA SNAP Individuals.....32

Application Received32

Interview Conducted32

Interview Not Conducted32

Application Not Received32

Telephone Interview Accepted.....33

Telephone Interview Accepted but No Application33

Authorized Representative Selected33

Individual Accepts the Alternative But Wants the HVN/HB Status34

Scheduling the Home Visit Appointment34

Home Visit Appointment Not Conducted35

Appointment Missed or Rescheduled35

Refused to Conduct the Home Visit Interview35

Monitoring Home Visit Appointments Not Conducted.....35

The Home Visit36

Requests for Assistance to Obtain Medical Documents37

Processing the NCA SNAP Application37

Forwarding Information to the RAR Operations Unit.....38

**Requesting Assistance from CAS to Assist Applicant/Participant in Obtaining
 Medical Documentation38**

Submission of Documentation.....39

Request of Additional Time to Submit Documentation.....39

Receipt for Documentation Submitted to HVN/RAR Job Center #9039

No Medical Documentation Required39

No Medical Documentation Submitted40

Completing the SNAP POS Activity.....40

Outreach for NCA SNAP Applicants/Participants that Fail to Submit Documentation .40
Submitting Request to CAS for Recommendation.....42
CAS/ORR Review and Outcome for NCA SNAP Cases.....42
HVN/HB Status Approved.....42
HVN/HB Status Denied.....43
Requests to Withdraw HVN/HB Status for NCA SNAP Cases43
**Temporary Home Visit Needed Status for Individuals Pending Access-A-Ride/Para
Transit Services.....44**
Case Management Services47
Appeals50
Renewal of HVN/HB Status.....52
Weekly HVN/HB Reports.....54
PROGRAM IMPLICATIONS.....55
 Paperless Office System (POS) Implications.....55
 Supplemental Nutrition Assistance Program (SNAP) Implications56
 Medicaid Implications56
LIMITED ENGLISH PROFICIENT (LEP) AND HARD-OF-HEARING IMPLICATIONS.....56
FAIR HEARING IMPLICATIONS.....56
RELATED ITEMS57
ATTACHMENTS.....57
INDEX61

Home Visit Needed/Homebound Process Forms

Form #	Form Name	Purpose/Instruction
FIA-1028	Home Visit Needed/Homebound Determination Process	Must be given to all applicants/participants who request HVN/HB status. This form explains the steps in the HVN/HB process. Given by JOS at the home visit to applicants/participants.
FIA-1028a	Approval of Your Request for Home Visit Needed/Homebound Status	HVN/HB status approval must be mailed to applicants/participants after the CAS clinical determination is received. It provides the approval determination and includes instructions about how to file an appeal of the determination. Form HRA-102 (Request for an Appeal) must be included in the mailing. Mailed by the RAR Specialist.
FIA-1028b	Home Visit Appointment Notice (Cash Assistance Application)	Must be sent to notify a CA applicant that a home visit appointment has been scheduled. Used when the application for HVN has been submitted with request. Mailed by the HVN Unit.
FIA-1028d	Request to Remove Home Visit Needed/Homebound Status	Must be sent or given to applicants/participants currently coded as homebound who request that homebound status be removed. The form must be signed by the applicant/participant and be returned to document the request for removal of status. Give or sent by the RAR Operations Unit.
FIA-1028e	Notice of Removing of Home Visit Needed/Homebound Status	Must be sent to participants currently in HVN/HB (192H) status to notify him/her that HVN/HB status will be removed and the reason for the removal. Participants are also given instructions for appealing the removal of HVN/HB status. Form HRA-102 (request for an appeal) must be included in the mailing. Mailed by the RAR Operations Unit.
FIA-1028h	Notice of Scheduled Home Visit	Must be sent to participants who request home visit and applicants who request home visit but did not submit an application.
FIA-1028i	Documentation Request for Home Visits Needed/Homebound Requests	Must be left with the applicant/participant at the home visit as documentation that HVN/HB forms were provided. For NCA SNAP applicants/participants, if a home visit is not necessary, the form may be mailed.
FIA-1028k	Request to Renew Home Visit Needed/Homebound Status	Must be sent to the applicant/participant 30 days before expiration of HVN/HB status with instructions about how to renew the status.
FIA-1028L	Home Visit Needed (HVN)/Homebound (HB) Status Liaison Checklist of Documents for CAS Review	Must be completed by the RAR Operations Unit and included in the email informing CAS of the documents available in the OneViewer for review.

Home Visit Needed/Homebound Process Forms (continued)

Form #	Form Name	Purpose/Instruction
FIA-1028n	Missed Homebound Assessment Interview	This form is mailed to the applicant/participant if the applicant/participant is not home at the time of the scheduled home visit appointment. This form indicates the date of the missed appointment, instructs the applicant/participant to contact HRA to reschedule the appointment and to verify that s/he still wants to pursue the Request for HVN/HB status and/or the application. The form also informs the applicant/participant that failing to contact HRA may result in the denial of their HVN/HB request.
FIA-1028s	Denial of Your Request for Home Visit Needed/Homebound Status	HVN/HB status denial must be mailed to applicants/participants after the CAS clinical determination is received. It provides the status determination and includes instructions about how to file an appeal of the denial. Form HRA-102 (Request for an Appeal) must be included in the mailing. Mailed by the RAR Operations Unit.
FIA-1028v	Notice of Refused Home Visit Appointment	This notice is sent to the applicant/participant that requested HVN/HB status and when the individual was called he/she refused the appointment or when the home visit was made refused the appointment.
HRA -102	Request for an Appeal of a Reasonable Accommodation Determination	Must be sent to the applicant/participant with forms FIA-1028a , FIA-1028e , or FIA-1028s . It must be returned by applicant/participant to the OLA/ADA Compliance Officer in order to formally request an appeal.
HRA-102b	Receipt for the Reasonable Accommodation You Asked For	This notice will be sent to the applicant/participant that has requested a HVN/HB status by OCS when the HRA-102c is received, or when any request for a reasonable accommodation is received.
HRA-102c	Help for People With Disabilities	This form must be given to the applicant/participant to complete when he/she requests HVN/HB status and/or any other reasonable accommodations.
HRA-108	HIPPA Authorization for the Disclosure of Individual Health Information	The applicant/participant must sign this authorization to allow HRA to communicate with his/her medical provider to request information about their medical condition, if the applicant/participant is requesting HRA's assistance to obtain medical documentation. This authorization will also allow CAS to request health information from the medical provider if the applicant/participant requested HRA's assistance in obtaining medical documentation. Two copies of this form must be mailed/brought to the applicant/participant. One copy is returned to the Center and the other copy is for the medical provider.
CAS- 102	HVN Request Activities Of Daily Living	At the home visit, the HVN Unit Worker must ask the applicant/participant the questions on this form and record the answers. The answers will help CAS make a clinical determination about HVN/HB status.
CAS-103	HVN Request Clinician Assessment Form	This form must be given or sent to the applicant/participant to take/send to their medical provider. The information captured on this form will help to document the need for HVN/HB status. Brought to the home visit by the HVN Unit Worker.

**NYCWAY Action Codes for the Home Visit Needed (HVN)
Homebound (HB) Request Process**

Action Code	Description	Purpose/Instruction
192A	HVN/HB Appeal Process	RAR Operations Unit enters code in NYCWAY if an appeal is filed.
192B	HVN/HB Status Expired	NYCWAY system generated.
192D	HVN/HB Appeal Denied	RAR Operations Unit enters code in NYCWAY if an HVN/HB appeal is denied.
192E	HVN/HB Status End/No Appeal Filed	NYCWAY system generated.
192F	HVN/HB Temporary Exemption (90 or 180 days)	RAR Operations Unit enters code in NYCWAY if HVN/HB status is temporarily approved.
192L	HVN/HB Status Approved (365 days)	RAR Operations Unit enters in NYCWAY if HVN/HB status is approved for 365 days.
192N	HVN/HB Status Not Approved	RAR Operations Unit enters code in NYCWAY if HVN/HB Status is not approved.
192P	HVN/HB Status Request Pending Documentation	System posted for ongoing CA cases by JOS/Worker entering "YES" to the homebound question in POS.
19Si	HVN/HB Single Issue One Shot Deal Request Pending Documentation	System posted for One-Shot Deal cases by JOS/Worker entering "YES" to the homebound question in POS. Self-completing.
192U	HVN/HB Approved for More Than 365 days	RAR Operations Unit enters in NYCWAY if HVN/HB status is approved for more than 365 days.
192W	HVN/HB Status Request Withdrawn	RAR Operations Unit enters code in NYCWAY if the request for HVN/HB status is withdrawn.
19DO	Help Requested to Obtain Documents	Posted by JOS/Worker if help is needed to obtain medical documents
19DC	Complete Document Packet Sent to CAS	Posted by the RAR Operations Unit indicating that the email was sent to CAS informing them that the documents are available in the OneViewer.
19ND	HVN Medical Documentation Not Returned	Posted by the RAR Operations Unit if the applicant/participant did not submit any medical documentation to support HVN/HB status within 20 calendar days.
19EE	HVN/HB Administrative Removal	Posted only by MIS (NYCWAY Help Desk when the HVN/HB code was entered in error).

**NYCWAY Action Codes for the Home Visit Needed (HVN)
Homebound (HB) Request Process**

Action Code	Description	Purpose/Instruction
19PW	WeCARE Assessment in Past 12 Months	Posted by RAR Operations Unit when no documents have been provided at the end of the 20-days but the WeCARE box is checked on CAS-102 or WeCARE history is found upon review. .
19PH	Supportive Housing Application (HRA 2010e) Submitted within Past 12 Months	Posted by RAR Operations Unit when no documents have been provided at the end of the 20-days but the supportive housing application box is checked on CAS-102 or the form is found in PACT.
908H	HVN/HB Recertification	Posted in NYCWAY to prevent the scheduling of an in-office recertification appointment.
19TR	Additional Time Required For Document	Posted by JOS/Worker if the applicant/participant request additional time to obtain documents at the initial request for HVN/HB status.
19TA	Additional Time Required For Appeal	Posted by the RAR Operations Unit if the applicant/participant requests additional time to obtain documents following an HVN/HB appeal request.
19EN	HVN/HB Exemption Expiration Notice	NYCWAY system generated
19DI	HVN/HB Completed-Batch Call In	NYCWAY system generated
192Q	HVN/HB Exemption Renewal Request	Posted by JOS/Worker if the participant requests an extension to submit documents once the 19EN has been posted and the FIA-1028L has been mailed.
19RO	RAR Operations Initiates Outreach	Posted by the RAR Operations Unit when initiating outreach for applicants/participants that have failed to submit documentation to verify the need for HVN/HB status.
19PC	Phone Call Successful	Posted by the RAR Operations Unit when outreach is successful.
19NP	Phone Call Unsuccessful	Posted by the RAR Operations Unit when outreach is unsuccessful.

Documentation Receipt

Application
 Recertification
 Employment
 Household Change
 Reasonable Accommodation

Last Name:	First Name:	Case Number:	Case Type:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Address(bldg./house no., apt. no., street/avenue, borough, state, zip code):	Telephone Number:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Document received by:	Date document received:	Time document received:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

<input checked="" type="checkbox"/>	Documents	Document submitted for	<input checked="" type="checkbox"/>	Documents	Documents submitted for
	Adoption Papers			Military Services Record	
	Auto Registration			Naturalization Certificate	
	Auto Title			Pay Stub/Job Information	
	Award Letter/Other Letter			Photo I.D. with Address	
	Bank Statement			Pregnancy Statement	
	Birth Certificate			Property Tax/Mortgage Statement	
	Checking Account			Rent Receipt/Lease	
	Citizenship Papers			School Letter	
	Death Certificate			Separation/Divorce Papers	
	Deed to Property			Social Security Card	
	Dependent Care Costs Statement			Social Security Papers	
	Disability Statement			SSA Letter	
	Divorce Papers			SSI/Social Security Benefit Check	
	Driver's License			Statement from a Third Party	
	Eviction Papers			Support Check Stub	
	Family Court Petition			USCIS Documentation/Correspondence	
	Health Insurance Policy/Card/Letter			U.S. Passport	
	Hospital Letter			UIB Book/Letter	
	Income Tax Return			Unpaid Bills (utility, medical, rent)	
	Landlord/Primary Tenant Letter			Utility Bill	
	Life Insurance Policy			Vehicle Registration Card	
	Marriage Certificate			Veterans Administration Papers	
	Medical or Clinical Records			Other: (see page 2)	

SAMPLE

<input checked="" type="checkbox"/>	Other documents	Documents submitted for

SAMPLE

Recibo de Documentación

Solicitud
 Recertificación
 Empleo
 Cambio en el Hogar
 Arreglo Razonable

Apellido:	Nombre:	Número del Caso:	Tipo de Caso:
Dirección (núm. de edificio/casa, núm. de apto, calle/avenida, condado, estado, código postal):			Número de Teléfono:

Documento recibido por:	Fecha en que el documento fue recibido:	Hora en que el documento fue recibido:

<input checked="" type="checkbox"/>	Documentación	Documentación presentada para	<input checked="" type="checkbox"/>	Documentación	Documentación presentada para
	Documentos de Adopción			Expediente de Servicio Militar	
	Matrícula del Vehículo			Certificado de Naturalización	
	Título del Vehículo			Talón de Paga/Datos de Empleo	
	Carta de Adjudicación/Otro Tipo de Carta			Tarjeta de Identificación con Foto y Dirección	
	Estado de Cuenta Bancaria			Declaración de Embarazo	
	Partida de Nacimiento			Estado de Impuesto de Propiedad/Hipotecario	
	Cuenta Corriente			Recibo de Alquiler/Contrato de Arrendamiento	
	Documentación de Ciudadanía			Carta Escolar	
	Certificado de Defunción			Documentación de Divorcio/Separación	
	Título de Propiedad			Tarjeta de Seguro Social	
	Declaración de Costos de Cuidado de Dependientes			Documentación de Seguro Social	
	Declaración de Discapacidad			Carta de la SSA	
	Documentación de Divorcio			Cheque de Beneficios de Seguro Social/SSI	
	Licencia de Conducir			Declaración de Tercera Persona	
	Documentación de Desalojo			Talón de Cheque de Mantenimiento	
	Petición del Tribunal Familiar			Documentación/Correspondencia de USCIS	
	Póliza/Tarjeta/Carta de Seguro de Salud			Pasaporte de EE.UU.	
	Carta Hospitalaria			Libreta/Carta de UIB	
	Declaración Tributaria			Facturas Impagas (de servicios públicos, médicas, de alquiler)	
	Carta del Casero/Inquilino Principal			Factura de Servicios Públicos	
	Póliza de Seguro de Vida			Tarjeta de Matrícula Vehicular	
	Certificado de Matrimonio			Documentos de la Administración de Veteranos	
	Expedientes Médicos o Clínicos			Otra: (Vea la página 2.)	

SAMPLE

<input checked="" type="checkbox"/>	Otros documentos	Documentos presentados para

SAMPLE

Home Visits Needed/Homebound Process

You asked us for Home Visit Needed/Homebound (HVN/HB) status. This means that an HRA worker will come to you for all your required appointments.

Right now, you have temporary HVN/HB status. This notice explains what you need to do to get ongoing HVN/HB status.

What do I Need to do to Get Home Visit Needed/Homebound (HVN/HB) status?

You need to give us medical or clinical documents, like a letter from your doctor. The documents should show us that you have a disability, physical condition, or mental condition that makes it hard for you to come to an HRA office.

What Happens at the Home Visit?

At the home visit that you asked for, you should give the HRA worker any medical or clinical documents you have to support your Home Visit Needed/Homebound (HVN/HB) status. If you do not have any medical or clinical documents yet, you will have up to 30 days after the home visit to get them. We can also help you get these documents.

You and the HRA worker fill out a form called the Home Visit Needed/Activities of Daily Living Form (**CAS-102**). The worker will also give you:

- Home Visit Needed/Clinician Assessment Form (**CAS-103**) for your doctor or clinical provider to fill out;
- A postage paid envelope for your doctor or medical provider to return Form **CAS-103** to HRA within **30 days**;
- HIPAA Authorization for the Disclosure of Individual Health Information (**HRA-108**) for you to fill out and sign if you want our help in getting medical or clinical documents for you.

If you need our help in getting your medical or clinical documents, you have to fill out and sign Form **HRA-108** and give us your doctor or medical or clinical provider's contact information. We will contact your doctor or clinical provider and ask for the documents.

What Happens if I Do Not Give You Any Clinical Documents?

If you do not give us any medical or clinical documents, and you do not want us to help you get these documents, then we may end your temporary Home Visit Needed/ Homebound (HVN/HB) status. This will happen within 30 days. We will then make appointments for you at an HRA office.

If you don't think that you can get the documents to us within **30 days**, you can ask us for more time.

What Happens After You Get My Clinical Documents?

We will review all your medical or clinical documents. We will then decide if you should have ongoing Home Visit Needed/Homebound (HVN/HB) status.

We will send you a notice that tells you our decision.

If we decide that you will not get HVN/HB status, we will call you to talk about it and see if there are other ways we can help you.

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

Who do I Call If I Have Questions About This?

If you have questions about the Home Visit Needed/Homebound (HVN/HB) process, call us **Monday** through **Friday, 9:00am to 5:00pm** at 929-252-6704 and we will help you. As a backup, you can also call us at 212-331-4640.

You can also call the same numbers to check on the status of your Home Visit Needed/Homebound (HVN/HB) paperwork.

You have the right to feel safe. If you didn't feel safe during your interview you can call 718-291-4141.

SAMPLE

HRA Worker Name (Print)

HRA Worker Signature

Date

Trámite de Necesidad de Visitas al Hogar/Confinamiento al Hogar

Usted nos pidió el estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB). Esto significa que un trabajador de la HRA se trasladará a su hogar para todas las citas que usted deba cumplir.

En este momento, usted tiene estado temporario de HVN/HB. El presente aviso le explica los pasos que debe tomar para obtener estado continuo de HVN/HB.

¿Qué pasos debo tomar para obtener estado de Visitas al Hogar/Confinamiento al Hogar (HVN/HB)?

Usted tiene que proporcionarnos documentos médicos o clínicos, como una carta de parte de su médico. Los documentos deben demostrarnos que usted padece una discapacidad, estado físico o mental que le dificulte trasladarse a una oficina de la HRA.

¿Qué sucede durante la visita al hogar?

Durante la visita al hogar que usted solicitó, debe entregar al trabajador de la HRA todo documento médico o clínico que tenga para apoyar el estado de HVN/HB. Si usted aún no posee documentos médicos o clínicos, dispondrá de hasta 30 días tras la visita al hogar para conseguirlos. Nosotros también podemos ayudarle a conseguir estos documentos.

Usted y el trabajador de la HRA llenarán un formulario llamado Solicitud Necesaria para Visitas Domiciliarias/Actividades de la Vida Diaria (**CAS-102 [S]**). Además el trabajador le dará a usted:

- el Home Visit Needed/Clinician Assessment Form (**CAS-103**) para que lo llene su médico o proveedor clínico;
- un sobre con franqueo pagado para que su médico o proveedor clínico devuelva el formulario **CAS-103** a la HRA dentro de **30 días**;
- la Autorización HIPAA para la Divulgación de Información Médica Personal (**HRA-108 [S]**) para que usted la llene y firme, si desea nuestra ayuda para obtener documentos médicos o clínicos.

Si usted necesita nuestra ayuda para obtener documentos médicos o clínicos, tiene que llenar y firmar el formulario **HRA-108 (S)** y proporcionarnos la información de contacto de su médico o proveedor clínico. Nosotros nos comunicaremos con su médico o proveedor clínico para pedirle los documentos.

¿Qué tal si no proporciono documentos clínicos?

Si usted no desea nuestra ayuda para obtener dichos documentos, y no nos proporciona documentos médicos o clínicos dentro de 30 días, nosotros podemos poner fin a su estado de HVN/HB. Posteriormente nosotros le programaremos citas en una oficina de la HRA.

Si usted no cree que puede proporcionarnos los documentos dentro de **30 días**, puede pedirnos más tiempo.

¿Qué sucederá una vez se reciban mis documentos clínicos?

Revisaremos todos sus documentos médicos o clínicos. Posteriormente decidiremos si usted necesita el estado continuo de HVN/HB.

Le enviaremos a usted un aviso que le indicará nuestra decisión.

Si decidimos que usted no se le otorgará el estado de HVN/HB, le llamaremos para tratar del tema y constatar si le podemos ayudar de otro modo.

Si no está de acuerdo con nuestra decisión, usted o su representante autorizado pueden interponer apelación. Nosotros revisaremos su apelación para determinar si tomamos la decisión correcta.

¿A quién llamo si tengo alguna pregunta?

Si usted tiene alguna pregunta sobre el trámite de HVN/HB, llámenos de **lunes a viernes, 9:00am a 5:00pm**, al 929-252-6704, y nosotros le ayudaremos. Además, usted nos puede llamar al 212-331-4640.

También puede llamar a los números más arriba para darle seguimiento al estado de su trámite de HVN/HB.

Usted tiene el derecho de sentirse seguro(a). Si no se sintió seguro(a) durante su entrevista, puede llamar al 718-291-4141.

SAMPLE

Nombre del Trabajador de la HRA (en letra de molde)

Firma del Trabajador de la HRA

Fecha

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

Approval of Your Request for Home Visit Needed/Homebound Status

Our records show that _____ asked for Home Visit Needed/Homebound (HVN/HB) status.

We have approved this request:

- For more than one year.** We may contact you in the future to obtain updated medical or clinical documents.
- For 12 months** (one year) from _____. We will contact you before your **12 months** are over to give you a chance to renew your HVN/HB status.
- For 6 months** from _____. We will contact you before your **6 months** are over to give you a chance to renew your HVN/HB status.

Having HVN/HB status means we will not ask you to come to an HRA office. We will make home visits with you for all needed appointments.

Note: This notice is only about your HVN/HB status. When we ask you, you still have to give us documents about your eligibility for benefits.

We have added a list (**CAS-341**) to this mailing that shows what documents we reviewed to make our decision.

If you still get a notice telling you to come to an HRA office, please call the number on the appointment notice. Let them know you have Home Visit Needed/Homebound status. **If we are not helping you with your HVN/HB status, you can also call (718) 291-4141 to file a complaint.**

If you have questions about this decision, please call (718) 510-0610.

If you do not agree with our decision, you can file an appeal. Please read "How to Appeal this Decision" on page 2.

(More on Other Side)

How To Appeal This Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us for an appeal in writing before _____.

We added the Request for an Appeal of a Reasonable Accommodation Decision (Form **HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

**Mail: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007**

Fax: (917) 639-0333

Email: RARappeals@hra.nyc.gov

If you need help filing your appeal because of a physical or mental health condition, call us at (212) 331-4640 or email us at constituentaffairs@hra.nyc.gov. We will help you.

If you file an appeal, we will still give you the HVN/HB status until we make an appeal decision.

SAMPLE



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

Aprobación de su Petición del Estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar

Según nuestros archivos, _____ solicitó el estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB).

Nosotros hemos aprobado esta petición:

- Por más de un año.** Puede que nos comuniquemos con usted en un futuro para obtener documentos médicos o clínicos actualizados.
- Por 12 meses** (un año) desde _____. Nos comunicaremos con usted, antes de que se venzan los **12 meses**, para brindarle la oportunidad de renovar su estado de HVN/HB.
- Por 6 meses** desde _____. Nos comunicaremos con usted antes de que se venzan los **6 meses**, para brindarle la oportunidad de renovar su estado de HVN/HB.

El estado de HVN/HB significa que no le pediremos que usted se presente a una oficina de la HRA. Le visitaremos en su hogar para todas las citas necesarias.

Note: Este aviso sólo concierne su estado de HVN/HB. Cuando nosotros se lo pidamos, usted aún tendrá que proporcionar documentación de su elegibilidad para beneficios.

Hemos adjuntado a este envío postal una lista (**CAS-341 [S]**) que indica los documentos que hemos revisado al tomar nuestra decisión.

Si aún recibe un aviso que le indique presentarse a una oficina de la HRA, favor de llamar al número en el aviso de cita. Haga presente que usted cuenta con el estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar. **Si nosotros no le ayudamos con su estado de HVN/HB, también puede llamar al (718) 291-4141 para presentar queja.**

Si usted tiene preguntas sobre esta decisión, favor de llamar al (718) 510-0610.

Si no está de acuerdo con nuestra decisión, puede interponer apelación. Por favor lea la sección en la página 2 "Cómo Apelar esta Decisión".

(Vea a continuación)

Cómo Apelar Esta Decisión

En caso de no estar de acuerdo con nuestra decisión, usted o su representante autorizado pueden interponer apelación. Revisaremos su petición de apelación para verificar que hayamos tomado la decisión justa.

La apelación se debe interponer por escrito antes del _____.

Hemos adjuntado a este envío postal el formulario de Petición de Apelación de la Decisión de Arreglo Razonable (**HRA-102 [S]**). Usted puede llenar y enviarlo por correo postal, fax o correo electrónico a:

**Correo Postal: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Correo Electrónico: RARappeals@hra.nyc.gov**

Si usted necesita asistencia para presentar su apelación debido a una afección física y/o psiquiátrica, llámenos al (212) 331-4640 o envíe un correo electrónico a constituentaffairs@hra.nyc.gov. Nosotros le ayudaremos.

Si usted interpone apelación, le otorgaremos el estado de HVN/HB hasta que tomemos una decisión respecto a su apelación.

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
Job Center: _____

Home Visit Appointment Notice

We received your application for Cash Assistance/Supplemental Nutrition Assistance Program (SNAP) benefits on _____.
Date

You have requested that we do an in-person eligibility interview in your home because you are unable to come to an HRA Center.

We have scheduled an in-home interview for you on:

Date: _____ Time: _____

SAMPLE

This is a mandatory eligibility appointment. Failure to keep an initial eligibility interview without good cause can result in the denial of your application. If you are not able to keep this appointment, please call the number above to reschedule your in-home interview.

We have also enclosed the Eligibility Factors and Suggested Documentation Guide (Form **W-119D**). The eligibility factors that must be verified as a condition of eligibility have been checked.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Teléfono: _____
Centro de Trabajo: _____

Aviso de Cita para Visita al Hogar

Hemos recibido su solicitud de Asistencia en Efectivo/beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) el _____.
Fecha

Usted ha solicitado que nosotros realicemos una entrevista de elegibilidad en persona en su hogar porque usted no puede presentarse a un centro de la HRA.

Le hemos programado una entrevista en su hogar para el

Fecha: _____ Hora: _____

SAMPLE

Esta es una cita obligatoria de elegibilidad. El incumplimiento de una entrevista inicial de elegibilidad sin motivo justificado puede resultar en la denegación de su solicitud. Si usted no puede cumplir esta cita, favor de llamar al número indicado arriba para reprogramar su entrevista en el hogar.

Además, hemos adjuntado la Guía de Factores de Elegibilidad y Documentación Sugerida, (Formulario **W-119D [S]**). Se han marcado los factores de elegibilidad que deben verificarse como condición de elegibilidad.

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

Request to Remove Home Visit Needed/Homebound Status

I requested Home Visit Needed (HVN)/Homebound (HB) status, but I do not want to continue to be treated as HVN/HB. I do not want a representative from the Human Resources Administration (HRA) to come to my home for appointments. I understand that by withdrawing my request, I will have to go to HRA for all required in-person appointments, and effective today I may be subject to additional eligibility requirements not yet fulfilled.

Name: _____
Signature: _____
Date: _____

SAMPLE

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Número del Centro: _____

Petición para el Retiro del Estado de Necesidad de Visitas/Confinamiento al Hogar

Yo solicité un Estado de Necesidad de Visitas/Confinamiento al Hogar (HVN/HB), pero ya no deseo continuar ser tratado como Estado de Necesidad de Visitas al Hogar (HVN/HB). No deseo que un representante de la Administración de Recursos Humanos (HRA) visite mi hogar para citas. Entiendo que al retirar mi pedido de Estado de Necesidad de Visitas al Hogar (HVN/HB) tendré que ir en persona al HRA para todas mis citas requeridas, y apartir de hoy yo podría estar sujeto a requisitos adiconales de elegibilidad que aún no se han cumplido.

Nombre: _____

Firma: _____

Fecha: _____

SAMPLE



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

End of Home Visit Needed/Homebound (HVN/HB) Status: Notice that Your HVN/HB Status is Ending

We want to let _____ know that _____ only has Home Visit Needed/Homebound (HVN/HB) status until _____. This means that after _____, _____ will have to go to an HRA office for in-person appointments.

We decided that this person no longer needs home visits because of the following reason:

- We did not get new or updated medical or clinical documents to keep the HVN/HB status.
- We got a written request to remove the HVN/HB status.

If you do not agree with our decision, you can file an appeal. Please read "How to Appeal this Decision" below.

How To Appeal This Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us for an appeal in writing before _____.

We added the Request for an Appeal of a Reasonable Accommodation Decision (Form **HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

**Mail: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov**

If you need help filing your appeal because of a physical or mental health condition, call us at (212) 331-4640 or email us at constituentaffairs@hra.nyc.gov. We will help you.

We will still give you HVN/HB status until _____. If you file an appeal, we will still give you the HVN/HB status until we make an appeal decision.



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

Terminación del Estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB): Aviso de la Terminación de su Estado de HVN/HB

Por la presente informamos a _____ que _____ sólo tiene el estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB) hasta _____. Esto significa que después del _____ tendrá que presentarse a una oficina de la HRA para citas en persona.

Hemos decidido que esta persona ya no necesita visitas al hogar debido a la siguiente razón:

- No hemos recibido documentación médica o clínica, nueva o actualizada, para conservar el estado de HVN/HB.
- Hemos recibido una petición por escrito para cancelar el estado de HVN/HB.

Si usted no está de acuerdo con nuestra decisión, puede interponer apelación. Por favor lea la sección a continuación "Cómo Apelar Esta Decisión".

Cómo Apelar Esta Decisión
<p>Si usted no está de acuerdo con nuestra decisión, usted o su representante autorizado pueden interponer apelación. Revisaremos su petición de apelación para verificar que hayamos tomado la decisión justa.</p> <p>La apelación se debe interponer por escrito antes del _____.</p> <p>Hemos adjuntado a este envío postal el formulario de Solicitud de Apelación de la Decisión de Arreglo Razonable (HRA-102 [S]). Usted puede llenar y enviarlo por correo postal, fax o correo electrónico a:</p> <p style="text-align: center;">Correo Postal: ADA Compliance Officer 150 Greenwich Street, 42nd Floor New York, New York 10007</p> <p style="text-align: center;">Fax: (917) 639-0333</p> <p style="text-align: center;">Correo Electrónico: RARappeals@hra.nyc.gov</p> <p>Si necesita asistencia para presentar su apelación debido a una afección física y/o psiquiátrica, llámenos al (212) 331-4640 o envíe un correo electrónico a constituentaffairs@hra.nyc.gov. Nosotros le ayudaremos.</p> <p>Aún le brindaremos el estado de HVN/HB hasta _____. Si usted interpone apelación, aún le brindaremos el estado de HVN/HB hasta que tomemos una decisión respecto a su apelación.</p>

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Center Telephone No.: _____

Notice of Scheduled Home Visit

We are sending this notice to inform you that an HRA representative will visit your home, as confirmed by our telephone conversation with you on: _____.
Your home visit appointment is scheduled for:

Appointment Date: _____ Time: _____ AM PM

If you are not able to keep this appointment, please call your Center immediately at _____

We are sending this notice to inform you that an HRA representative has been unable to reach you via telephone to schedule a home visit. Please call your Center at: _____ within five business days of receiving this notice to let us know when a Worker can visit you at home.

The purpose of this home visit is to discuss:

You must have the following documentation available during the home visit:

If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to the time scheduled for your home visit.

This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may make you ineligible for or result in a reduction in your Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits.

This is a nonmandatory eligibility appointment.

This is not an eligibility appointment.

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

Aviso de Visita Programada al Hogar

Le estamos enviando este aviso para informarle que un representante de la Administración de Recursos Humanos (Human Resources Administration – HRA) visitará su hogar, según confirmamos en nuestra conversación telefónica el: _____. Su cita de visita al hogar está programada para el:

Fecha de la Cita: _____ Hora: _____ AM PM

Si no puede cumplir esta cita, por favor llame a su Centro inmediatamente al: _____

Le estamos enviando este aviso para informarle que un representante de la Administración de Recursos Humanos (Human Resources Administration – HRA) no pudo comunicarse con usted por teléfono para programar una visita al hogar. Por favor llame a su Centro al: _____ dentro de los cinco días laborales de haber recibido este aviso para informarnos cuándo un Trabajador puede visitar su hogar.

El objetivo de esta visita al hogar es discutir sobre:

Usted debe tener la siguiente documentación disponible durante la visita al hogar:

Si usted tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono indicado arriba. Usted debe comunicarse con nosotros antes de la hora de su cita programada de visita al hogar.

- Esta cita de elegibilidad es obligatoria.** El incumplimiento de esta cita o la falta de comunicación con nosotros puede resultar en su inelegibilidad para Asistencia en Efectivo o en una reducción de dicha asistencia y/o de beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP).
- Esta cita de elegibilidad no es obligatoria.**
- Esta cita no es de elegibilidad.**

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

Documentation Request for Home Visits Needed/Homebound Status Requests

To support your request for Home Visit Needed/Homebound (HVN/HB) status, please provide the documentation indicated by the date listed below. We have enclosed the form(s) that are checked below and a return envelope in which to mail the documentation.

Due Date: _____

Needed Documentation:

- HIPAA Authorization for the Disclosure of Individual Health Information Form (**HRA-108**)
Note: HRA-108 is only needed if you are requesting HRA's assistance to obtain medical documentation.
- Activities of Daily Living–Client Information Form (**CAS-102**)
- Home Visit Needed Request Clinician Assessment Form (**CAS-103**) signed by your medical provider **OR** signed current medical documentation on a clinician's letterhead.

Documents may be emailed, faxed or mailed to:

Center 90:
Attn: HVN/HB Request

Address: _____

City: _____ State: _____ Zip: _____

Fax: 917-639-2534

E-mail: FIAADADocs@hra.nyc.gov

If you are unable to provide the documentation requested by the due date listed above or if you need assistance obtaining medical documentation, please call the telephone number listed above.

If HRA does not receive completed and signed medical documents by the due date listed above, your request for HVN/HB status may be denied.

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

Petición de Documentación para el Estado de Necesidad de Vistas al Hogar/Confinamiento al Hogar

Para justificar su solicitud del estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB), favor de proporcionar la documentación indicada para la fecha listada a continuación. Hemos adjuntado el/los formulario(s) marcado(s) a continuación, así como un sobre con dirección del remitente, para que usted envíe por correo la documentación.

Fecha de vencimiento: _____

Documentación necesaria:

- El formulario de Autorización HIPAA para la Divulgación de Información Médica Personal (**HRA-108 [S]**)
Aviso: El HRA-108 [S] sólo se necesita si usted pide asistencia de la HRA para obtener documentación médica.
- Formulario de Actividades de la Vida Diaria- Información del Cliente (**CAS-102 [S]**)
- Home Visit Needed Request Clinician Assessment Form (Formulario de Evaluación Clínica para Solicitud de Necesidad de Visitas al Hogar) (**CAS-103**) firmado por su proveedor médico **O** documentación médica firmada en membrete del médico.

La documentación se puede enviar por correo electrónico, fax o correo postal al:

Centro 90:
Attn: HVN/HB Request

Dirección: _____

Ciudad: _____ Estado: ____ Código Postal: _____

Fax: 917-639-2534

Correo Electrónico: FIAADADocs@hra.nyc.gov

Si usted no puede proporcionar la documentación solicitada para la fecha de entrega antemencionada o si necesita ayuda para obtener documentación médica, favor de llamar al número de teléfono listado arriba.

Si la HRA no recibe los documentos médicos llenados y firmados para la fecha de vencimiento indicada arriba, se puede denegar su solicitud del estado de HVN/HB.

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

Request to Renew Home Visit Needed/Homebound Status

The Home Visit Needed/Homebound (HVN/HB) status of _____ ends on _____.
This means that, if the HVN/HB status is not renewed _____ will have to go to an HRA office for in person appointments.

We need updated medical or clinical documents to renew your status. We need these documents to decide about renewing the HVN/HB status. We have added the forms below and a return envelope to this mailing. Please make sure the forms are signed and completed before you send them.

Due Date: _____

Forms:

Home Visit Needed Request Clinician Assessment Form (**CAS-103**). This must be signed by a medical or clinical provider.

You can give us a letter from your provider on their letterhead instead of the Home Visit Needed Request Clinician Assessment Form. This letter should describe your condition(s) and limitations and tell us how they make it hard for you to travel to HRA or to access benefits from HRA. The letter should tell us if and when your condition will improve. The letter should come from the clinician who sees you for your condition.

If you need help getting this information from your provider, please fill out and sign HIPAA Authorization for the Disclosure of Individual Health Information Form (**HRA-108**) and send it back to us. Please make sure you write down the name and contact information for your provider and we will contact them.

Please call us if you cannot return the documents and forms by _____. If you need help getting medical or clinical documentation, please call us and let us know. The number to call is _____.

If we do not receive new documents by the due date, we will remove the HVN/HB status. You will have to come to an HRA office for in-person appointments.

You can call us for help at _____.

Please fax, email or mail the documents to us at:

Fax: _____, or
Email: _____, or

Mail: Location Name: _____
Address: _____

City: _____ State: _____ Zip: _____



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Petición de Renovar el Estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar

El estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB) de _____ se vence el _____. Esto significa que si no se renueva el estado de HVN/HB, _____ tendrá que presentarse a una oficina de la HRA para citas en persona.

Necesitamos actualizada documentación médica o clínica para renovar dicho estado. Necesitamos esta documentación para tomar una decisión sobre la renovación del estado de HVN/HB. Hemos adjuntado a este envío postal los formularios a continuación y un sobre con franqueo pagado. Por favor asegúrese de que se hayan firmado y llenado los formularios antes de enviarlos.

Fecha Límite: _____

Formularios:

El formulario Home Visit Needed Request Clinician Assessment Form (**CAS-103**). Este formulario lo debe firmar un proveedor médico o proveedor clínico.

En vez del formulario Home Visit Needed Request Clinician Assessment Form, usted puede proporcionarnos una carta de parte de su proveedor en el membrete de éste. La carta debe reseñar su (s) afección(es) y limitación(es) e indicarnos cómo ésta(s) le dificultan trasladarse a la HRA u obtener acceso a los beneficios de la HRA. La carta también debe indicarnos si se mejorará la afección, y en caso afirmativo, cuándo se mejorará. La carta tiene que ser de parte del clínico que atiende su afección.

Si usted necesita ayuda para obtener esta información de su proveedor, favor de llenar y firmar el Formulario de Autorización HIPAA para la Divulgación de Información Médica Personal (**HRA-108 [S]**) y devolvémoslo. Favor de asegurarse de anotar el nombre de su proveedor e información de contacto del mismo, y nos comunicaremos con él/ella.

Por favor llámenos si usted no puede devolver los documentos y formularios para el _____. Si usted necesita ayuda para obtener documentación médica o clínica, favor de llamar para avisarnos. Por favor llame al _____.

Si nosotros no recibimos nueva documentación para la fecha límite, cancelaremos el estado de HVN/HB. Usted tendrá que presentarse a una oficina de la HRA para llevar a cabo citas en persona.

Usted puede llamarnos para solicitar ayuda al _____.

Por favor envíenos los documentos por fax, por correo electrónico o por correo postal a:

Fax: _____, 0

Correo electrónico: _____, 0

Correo Postal:

Nombre del Local: _____

Dirección: _____

Center Name: _____
Applicant/Participant Name: _____
Case Number: _____
Applicant Registration Number: _____
HVN/HB Status Liaison Name: _____
HVN/HB Liaison
Telephone Number: _____

Home Visit Needed (HVN)/Homebound (HB) Status HVN Unit Checklist of Documents for CAS Review

- A signed and completed HIPAA Authorization for the Disclosure of Individual Health Information Form (**HRA-108**). (If the individual refused to sign **HRA-108**, "Refused to Sign" should be written across the document.). **NOTE:** A completed **HRA-108** is only required when an individual is requesting HRA's assistance to obtain medical documentation
- A signed and completed Activities of Daily Living Client Information Form (**CAS-102**).
- Medical documentation (Check the box below that applies):
 - A signed and completed Home Visit Needed Request Clinician Assessment Form (**CAS-103**).
 - Other signed medical documentation on the medical provider's letterhead.
 - The individual indicated on the **CAS-102** that they have submitted a supportive housing application (**HRA-2010e**) within the past twelve months or have completed a WeCARE medical assessment within the past twelve months.

Make sure you have checked the relevant boxes on this form. Attach this form to your email to CAS.

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

Missed Homebound Assessment Interview

We tried to visit you on _____ but were unable to enter your building or reach you by telephone. It is urgent that you contact us in reference to your request for a Home Visit Needed/Homebound (HVN/HB) interview for Cash Assistance (CA).

As soon as you receive this letter, please call _____
at _____, Monday through Friday between the hours of 9:00 AM and 5:00 PM.

Failure to contact us may result in a denial of your Home Visit Needed/Homebound status request.

Thank you for your cooperation.

SAMPLE

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

Incumplimiento de Entrevista de Evaluación de Confinamiento al Hogar

Nosotros hemos intentado visitarle el _____, pero no pudimos entrar a su edificio o comunicarnos con usted por teléfono. Es urgente que usted se comunique con nosotros respecto a su solicitud de una entrevista de Necesidad de Visita/Confinamiento al Hogar (HVN/HB) para Asistencia en Efectivo (CA)

Tan pronto usted reciba esta carta, favor de llamar a _____ al _____, de lunes a viernes entre las 9:00 AM y las 5:00 PM.

La falta de comunicación con nosotros puede resultar en el rechazo de su solicitud del estado de Necesidad de Visita/Confinamiento al Hogar.

Gracias por su cooperación.

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

Denial of Your Request for Home Visit Needed/Homebound Status

Our records show that _____ asked for Home Visit Needed/Homebound (HVN/HB) status. We denied this request because:

- No Medical Documents to support your request. We do not have any documents that support your request. You did not send us any documents, and we could not get any documents from your doctor or provider.
- The documents we reviewed do not support your request.

We added a list (**CAS-341**) to this mailing that shows what documents we reviewed to make our decision.

You can ask for different kinds of help. Please see the Disability Insert (**HRA-102c**) added to this mailing.

If you have questions about this decision, please call (718) 510-0610.

We may begin calling you into a Human Resources Administration (HRA) office after 30 days unless you file an appeal.

If you do not agree with our decision, you can file an appeal. Please read "How to Appeal this Decision" below.

How To Appeal This Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us for an appeal in writing before _____.

We added the Request for an Appeal of a Reasonable Accommodation Decision (Form **HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

Mail: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov

If you need help filing your appeal because of a physical or mental health condition, call us at (212) 331-4640 or email us at constituentaffairs@hra.nyc.gov. We will help you.

We will still give you HVN/HB status until _____. If you file an appeal, we will still give you the HVN/HB status until we make an appeal decision.

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Denegación de su Petición del Estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar

Según nuestros archivos, _____ ha solicitado el estado de Necesidad de Visitas al Hogar/Confinamiento al Hogar (HVN/HB).

Hemos denegado esta petición por la siguiente razón:

- La falta de documentación médica para justificar la solicitud. No contamos con ninguna documentación que justifique su petición. Además, usted no nos ha enviado ningún documento, y tampoco pudimos obtener documento alguno de su proveedor o médico.
- La documentación, que revisamos no justifica su petición.

Hemos adjuntado a este envío postal una lista (**CAS-341 [S]**) que indica los documentos que hemos revisado al tomar nuestra decisión.

Usted puede solicitar diferentes tipos de ayuda. Favor de consultar el formulario Encarte para Discapacitados (**HRA-102c [S]**) incluido en este envío postal.

Si usted tiene preguntas sobre esta decisión, favor de llamar al (718) 510-0610.

Inicialmente le podemos llamar a una oficina de la Administración de Recursos Humanos (HRA) después de 30 días, a menos que usted interponga apelación.

Si no está de acuerdo con nuestra decisión, puede interponer apelación. Por favor lea la sección a continuación "Cómo Apelar Esta Decisión".

Cómo Apelar Esta Decisión

Si usted no está de acuerdo con nuestra decisión, usted o su representante autorizado pueden interponer apelación. Revisaremos su petición de apelación para verificar que hayamos tomado la decisión justa.

La apelación se debe interponer por escrito antes del _____.

Hemos adjuntado a este envío postal el formulario Petición de Apelación de la Decisión de Arreglo Razonable (**HRA-102 [S]**). Usted puede llenar y enviarlo por correo postal, fax o correo electrónico a:

**Correo Postal: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007**

Fax: (917) 639-0333

Correo Electrónico: RARappeals@hra.nyc.gov

Si usted necesita asistencia para presentar su apelación debido a una afección física y/o psiquiátrica, llámenos al (212) 331-4640 o envíenos un correo electrónico a constituentaffairs@hra.nyc.gov. Nosotros le ayudaremos.

Aún le brindaremos el estado de HVN/HB hasta _____. Si usted interpone apelación, aún le brindaremos el estado de HVN/HB hasta que tomemos una decisión respecto a su apelación.



Reasonable Accommodation Request Operations (RAR-O) Center # 90 Review and Checklist

Reviewed By: _____ Case Number: _____

Date Client Contacted: _____ Date of Review: _____

Client Name: _____ Client Telephone: _____

Review Type (Please Select): Daily NOI Hit Report HVN Closings Past 14 Days Other
 WC SOI Pool List Home Visit Request

List of Documents Reviewed:	
1) _____	2) _____
3) _____	4) _____
5) _____	6) _____

Systems Reviewed	Verification Attached	Number of Pages	Supervisor Verified
POS <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Large Blue 'SAMPLE' watermark]	<input type="checkbox"/> Yes <input type="checkbox"/> No
NYCWAY <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
WMS <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
One Viewer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Action taken in WMS? Yes No If No, Why not? _____

Issue or Concern/Resolved? Yes No How? _____

Final response (RAR Specialist): _____

Date of First Review: _____	Date of Second Review: _____
Reviewed By (Supervisor): _____	Reviewed By (Supervisor): _____
Correction(s) Needed: _____	Correction(s) Needed: _____
_____	_____
_____	_____
_____	_____

(Reviewed By)

(Date of Approval)

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

Notice of Refused Home Appointment

Please Call Us As Soon As Possible To Make Sure Your Benefits are Not at Risk

HRA records show that we tried to make a home appointment with you on _____. You refused the appointment.

Here are the details:

- An HRA worker came to your home for a home appointment, but you refused the appointment.
- An HRA worker spoke with you to schedule a home appointment, but you refused to schedule the appointment.

Refusing a home appointment may affect your benefits. It may also stop us from helping you with something you need.

It is urgent that you contact us about this home visit appointment. As soon as you receive this letter, please call us at 929-252-6704, Monday through Friday, between 8:30 AM and 5:00 PM.

When you contact us, let us know that you received this notice. We will work with you to try to solve the problem. We will try to reschedule the home appointment or find a different way to help you if we can.

DO YOU HAVE QUESTIONS ABOUT THIS LETTER?

CALL US AT 929-252-6704

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

Aviso sobre Declinación de Cita
Favor de Llamarnos Tan Pronto Posible
Para Salvaguardar Sus Beneficios

Según los expedientes de la HRA, nosotros hemos intentado concertar con usted una cita en el hogar el _____. Usted declinó la cita.

Los detalles se indican a continuación:

- Un trabajador de la HRA se presentó a una cita en su hogar, pero usted declinó esa cita.
- Un trabajador de la HRA habló con usted para concertar una cita en su hogar, pero usted no quiso programarla.

El declinar una cita en el hogar puede afectar sus beneficios. Ello además nos puede impedir brindarle a usted la ayuda que necesite.

Es urgente que usted se comunice con nosotros respecto a esta cita en el hogar. Tan pronto reciba esta carta, favor de llamarnos al 929-252-6704, de lunes a viernes, entre las 8:30 AM y las 5:00 PM.

Al comunicarse con nosotros, acuse recibo del presente aviso. Nosotros coordinaremos con usted para intentar solucionar el problema. Trataremos de reprogramar la cita en el hogar o de ayudarle a usted de otro modo, de ser posible.

**¿TIENE USTED ALGUNA PREGUNTA
SOBRE ESTA CARTA?**

LLÁMENOS AL 929-252-6704

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____
SNAP Filing Date: _____

ACTION IS REQUIRED!
YOU MUST SUBMIT DOCUMENTS FOR YOUR SNAP CASE

Please see the list of documents in this notice needed to make a decision on your SNAP case.

SAMPLE
Documents are due by: _____

If you need help getting your documents, or more time, call us immediately at _____.

If you don't give us the documents we need, or if you don't contact us by the due date, your request for SNAP benefits will be denied or your benefits may be reduced.

Please print your full name and case number on ALL copies of the documents you send us.
Here are five ways you can provide documents:

- Fax them to _____.
- Upload them using your smart phone or tablet at www.nyc.gov/hradocs.
- Mail copies using the envelope provided.
- Bring them to a SNAP Center (Self-service options are available at select centers).
- Bring them to one of the neighborhood organizations on the list included with this letter.

We need one document for each household member listed in each category. Please see the enclosed Supplemental Nutrition Assistance Program (SNAP) Documentation Guide (**W-129G**) for additional documents that you can give us.

SEE THE NEXT PAGE(S) FOR REQUIRED DOCUMENTATION

	<u>Category</u>	<u>Household Member(s)</u>	<u>Common Documentation</u>

SAMPLE

Legend
<p>M - This information is required to make a decision on your application. O - This information may affect if you are eligible for SNAP or the amount you will receive.</p>

	<u>Category</u>	<u>Household Member(s)</u>	<u>Common Documentation</u>

SAMPLE

Legend
<p>M - This information is required to make a decision on your application. O - This information may affect if you are eligible for SNAP or the amount you will receive.</p>

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número del Centro: _____
Fecha de Solicitud de SNAP: _____

**¡USTED DEBE TOMAR UNA MEDIDA!
USTED DEBE PRESENTAR DOCUMENTOS PARA SU CASO DE SNAP**

Por favor vea la lista de documentos de este aviso, los cuales se necesitan para tomar una decisión sobre su caso de SNAP.

Fecha límite de recibir los documentos: _____

Si usted necesita ayuda en obtener los documentos, o si necesita más tiempo, llámenos de inmediato al _____.

Si no presenta la documentación solicitada o no se comunica con nosotros para la fecha límite, se denegará su solicitud de beneficios de SNAP o se puede reducir la cantidad de los mismos.

Por favor escriba en letra de molde su nombre y apellido, y el número de caso en TODAS las copias de los documentos que usted nos envíe. Los siguientes son cinco modos por los cuales usted puede proporcionar los documentos:

- Faxearlos al _____.
- Subirlos mediante un teléfono inteligente o tableta al www.nyc.gov/hradocs.
- Enviar por correo las copias en el sobre adjuntado.
- Traerlos a un Centro de SNAP. (Las opciones de autoservicio están disponibles en centros seleccionados.)
- Traerlos a una de las organizaciones comunitarias en la lista incluida con esta carta.

Necesitamos un documento por cada miembro del hogar listado en cada categoría. Para documentos adicionales que usted puede darnos, por favor remítase a la Guía de Documentación del Programa de Asistencia de Nutrición Suplementaria (SNAP) en adjunto (**W-129G [S]**).

**REMÍTASE A LA(S) SIGUIENTE(S) PÁGINA(S)
PARA LA DOCUMENTACIÓN SOLICITADA**

	<u>Categoría</u>	<u>Miembro(s) del Hogar</u>	<u>Documentación Común</u>

SAMPLE

Clave
M - Esta información es necesaria para tomar una decisión sobre su solicitud.
O - Esta información puede afectar su elegibilidad de SNAP o la cantidad de beneficios que usted recibirá.

	<u>Categoría</u>	<u>Miembro(s) del Hogar</u>	<u>Documentación Común</u>

SAMPLE

Clave
M - Esta información es necesaria para tomar una decisión sobre su solicitud. O - Esta información puede afectar su elegibilidad de SNAP o la cantidad de beneficios que usted recibirá.

HOME VISIT NEEDED REQUEST
Activities of Daily Living – Client Information Form

You asked for Home Visits Needed. Please fill out this form to help us make a decision. Please send us copies of any medical records that would help us do this.

YOUR INFORMATION

Name: _____ Case Number: _____ SSN: _____

Date of Birth: _____ Gender: _____ Phone Number: _____

Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Why are you requesting home visits? _____

How do you travel to appointments? _____

Do you have problems taking public transportation? Yes No

Do you have difficulty traveling alone? Yes No

Do you have Access-a-Ride? Yes No

Do you have someone that helps you travel to appointments? Yes No

Do you have someone that helps you during appointments? Yes No

Do you have SSI/SSDI? Yes No

Do you have Home Care Services? Yes No

If yes, how many hours/days? _____

If you answered 'Yes' to any of the above questions, please explain: _____

Name: _____ Date of Birth: _____ SSN: _____

PLEASE LIST YOUR DOCTOR OR SPECIALIST

Name: _____

Phone Number: _____

Address: _____

PLEASE LIST THE FOLLOWING

Medical Conditions: _____

Mental Health Conditions: _____

Medications: _____

Treatment or Therapy: _____

Medical Equipment (wheelchair, cane, walker, etc.): _____

I CERTIFY THAT THE STATEMENTS ABOVE ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

Signature: _____ Date: _____

IF THIS FORM WAS COMPLETED BY SOMEONE OTHER THAN THE CLIENT, PLEASE FILL IN THE FOLLOWING

Signature of Authorized Representative: _____ Date: _____

Name: _____ Relationship to the Client: _____

SOLICITUD NECESARIA PARA VISITAS DOMICILIARIAS
Actividades de la vida diaria – Formulario de información del cliente

Usted solicitó visitas domiciliarias necesarias. Complete este formulario para ayudarnos a tomar una decisión.
Envíenos las copias de los expedientes médicos que nos ayudarían a hacer esto.

SU INFORMACIÓN

Nombre: _____ Número de caso: _____ Número de seguro social (SSN): _____

Fecha de nacimiento: _____ Sexo: _____ Número de teléfono: _____

Dirección: _____

RESPONDA LAS SIGUIENTES PREGUNTAS

¿Por qué está solicitando visitas domiciliarias? _____

¿Cómo se traslada a las citas? _____

¿Tiene problemas para usar el transporte público? Sí No

¿Tiene dificultad para trasladarse solo? Sí No

¿Tiene acceso al sistema de transporte para personas discapacitadas (Access-a-Ride)? Sí No

¿Tiene a alguien que le ayude a trasladarse a las citas? Sí No

¿Tiene a alguien que le ayude durante las citas? Sí No

¿Tiene ingreso del seguro social (SSI)/seguro social por incapacidad (SSDI)? Sí No

¿Tiene servicios de atención domiciliaria? Sí No

En caso afirmativo, ¿cuántas horas o días? _____

Si respondió "Sí" a alguna de las preguntas anteriores, explique: _____

Nombre: _____ Fecha de nacimiento: _____ SSN: _____

INDIQUE SU MÉDICO O ESPECIALISTA

Nombre: _____

Número de teléfono: _____

Dirección: _____

INDIQUE LA SIGUIENTE INFORMACIÓN

Enfermedades: _____

Enfermedades mentales: _____

Medicamentos: _____

Tratamiento o terapia: _____

Equipo médico (silla de ruedas, bastón, andador, etc.): _____

CERTIFICO QUE LAS DECLARACIONES ANTES MENCIONADAS SON PRECISAS Y FIELES A MI LEAL SABER

Firma: _____ Fecha: _____

**SI ESTE FORMULARIO FUE COMPLETADO POR ALGUIEN QUE NO SEA EL CLIENTE,
PROPORCIONE LA SIGUIENTE INFORMACIÓN**

Firma del representante autorizado: _____ Fecha: _____

Nombre: _____ Relación con el cliente: _____

HOME VISIT NEEDED REQUEST
Clinician Assessment Form

THIS SECTION TO BE COMPLETED BY HRA

Client's Name: _____ Date of Birth: _____ SSN: _____

Address: _____ Gender: _____

HRA Address: _____

THE FOLLOWING SECTIONS MUST BE COMPLETED BY A QUALIFIED, LICENSED HEALTHCARE PROVIDER

Your patient has submitted a request to the New York City Human Resources Administration (HRA) for Home Visits Needed due to an inability to travel to and/or participate in HRA related appointments. To assist HRA in determining your patient's ability to travel to and participate in HRA related appointments, please complete and sign this form and provide copies of any medical records that would be relevant in making this decision. **Please write clearly.**

PLEASE ANSWER THE FOLLOWING

What was the date of the client's last visit? _____

How frequently does the client have appointments? _____

Was the client hospitalized recently? (Check one) Yes No

If yes, what was the date and length of stay? _____

Does the client have Home Care Services? Yes No

If yes, how many hours/days? _____

PLEASE LIST THE FOLLOWING

Medical and/or Psychiatric Diagnoses and Date of Onset: _____

Current Medications: _____

Durable Medical Equipment (if applicable): _____

Types and Frequency of Treatments: _____

Client's Name: _____ Date of Birth: _____ SSN: _____

FUNCTIONAL LIMITATIONS | Do any of the listed clinical conditions affect the following:

- | | | | |
|--|------------------------------|-----------------------------|------------------------|
| Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Climbing Stairs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Sitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Standing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Cognitive Functions (Understanding/Recall) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Being in Crowded Places | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Traveling to Appointments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Taking Public Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Traveling Alone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Participating in Appointments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify: _____ |

SAMPLE

PLEASE ANSWER THE FOLLOWING

Are any of the functional limitations temporary? Yes No

If yes, which ones and what is the estimated date of improvement? _____

IS THERE ANY OTHER INFORMATION YOU'D LIKE US TO KNOW ABOUT THE CLIENT?

PLEASE COMPLETE THE FOLLOWING OR STAMP AND SIGN | THIS FORM IS INVALID WITHOUT SIGNATURE

Clinician's Name (Please print): _____

Specialty: _____ License Number: _____

Address: _____ Phone Number: _____

Clinician's Signature: _____ Date: _____

Request for an Appeal of a Reasonable Accommodation Decision

If you do not agree with our decision about your accommodation, you can file an appeal. We will look at your appeal and decide if we were wrong. You will get a written answer on your appeal.

If you want to appeal, you must do it within thirty (30) days of your Reasonable Accommodation decision.

If you agree with our decision, you do not need to file an appeal.

HOW TO APPEAL

To file an appeal, you can fill out this form or write to HRA.

All appeals should include your name and contact information so that we can get back to you.

You can send your appeal to us by:



MAIL: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, NY 10007



FAX: 917-639-0333



EMAIL: RARappeals@hra.nyc.gov

Are there documents we should see? If you have any documents from your doctor or treatment provider that we should look at, send them with your appeal.

YOU CAN GET HELP WITH THIS FORM!

CALL: 212-331-4640 or **EMAIL** us at constituentsaffairs@hra.nyc.gov

Turn this page over to complete this appeal form 

Section I – Your Information (Please Print Clearly):

Name: _____ Case Number (if known): _____

Social Security Number (if available): _____ Telephone Number: _____

Mailing Address: _____

Section II – What Decision(s) Do you Want to Appeal?

You can use this form to appeal more than one decision.

1) What decision(s) do you want to appeal?

2) Please tell us why you think our decision was wrong. (If you need more space to write, please attach pages.): _____

SAMPLE

HRA Applicant/Participant Signature: _____ **Date:** _____

-or-

For Authorized Representative Only:

Authorized Representative Signature: _____ Date: _____

Print Name: _____

Relationship to Applicant/Participant: _____ Phone: _____

Address: _____

For internal use only:

Completed by Office of Constituent Services: _____ Date: _____

Petición de Apelación de la Decisión de Arreglo Razonable

Si usted no está de acuerdo con nuestra decisión respecto a su arreglo, puede interponer apelación. Nosotros revisaremos la apelación y decidiremos si nos equivocamos. Usted recibirá una respuesta por escrito sobre su apelación.

Si usted desea interponer apelación, debe hacerlo dentro de treinta (30) días a partir de la decisión de Arreglo Razonable.

Si usted está de acuerdo con nuestra decisión, no tiene que interponer apelación.

CÓMO INTERPONER APELACIÓN

Para interponer apelación, puede llenar este formulario o escribir a la HRA.

Toda apelación debe incluir su nombre e información de contacto para que podamos comunicarnos con usted.

Usted puede enviarnos su apelación por:



CORREO POSTAL: ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007



FAX: 917-639-0333



**CORREO
ELECTRÓNICO:** RARappeals@hra.nyc.gov

¿Tiene usted documentación que debemos revisar? Si usted tiene alguna documentación del médico o proveedor de tratamiento que nosotros debemos revisar, envíela junta con su apelación.

USTED PUEDE OBTENER AYUDA PARA LLENAR ESTE FORMULARIO

LLAME AL: 212-331-4640 o envíe **CORREO ELECTRÓNICO** a constituentaffairs@hra.nyc.gov

Vea la próxima página para llenar este formulario de apelación ➡

Sección I – Sus Datos (en letra de molde clara):

Nombre: _____ Número del Caso (de saberlo): _____

Número de Seguro Social (si disponible): _____ Número telefónico: _____

Dirección Postal: _____

Sección II – ¿Qué decisión(es) desea apelar?

Usted puede usar este formulario para apelar más de una decisión.

1) ¿Qué decisión(es) desea apelar?

2) Favor de indicar la razón por la cual usted considera que nuestra decisión ha sido errónea. (Si necesita más espacio para escribir, favor de adjuntar hojas adicionales.):

SAMPLE

Firma del Solicitante/Participante de la HRA: _____ Fecha: _____

-0-

Sólo para el Representante Autorizado:

Firma del Representante Autorizado: _____ Fecha: _____

Nombre en letra de molde: _____

Relación con el/la Solicitante/Participante: _____ Teléfono: _____

Dirección: _____

For internal use only:

Completed by Office of Constituent Services: _____ Date: _____

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

Receipt for the Reasonable Accommodation You Asked For

We received your request on _____ for this accommodation:



This is your confirmation number. Please keep it: _____.

To ask any questions about your request, please call **(212) 331-4640** and tell them your confirmation number.

If you asked for other accommodations, we will send you a separate notice for each one.

We will send you a new notice when we make a decision on your request.

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

Recibo para el Arreglo Razonable Solicitado

Acusamos recibo de su petición el _____ de este arreglo:

SAMPLE

Éste es su número de confirmación. Por favor guárdelo en archivo: _____.

Para hacer preguntas sobre la petición, por favor llame al **(212) 331-4640** y proporcione su número de confirmación.

Si usted solicitó otros arreglos, le enviaremos un aviso por separado para cada arreglo.

Le enviaremos otro aviso cuando tomemos una decisión respecto a su petición.

HELP FOR PEOPLE WITH DISABILITIES

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us?

For example:

- Does your condition make it hard for you to use public transportation?
- Do you need help to get to appointments?
- Does your condition make it hard for you to wait for long periods of time?
- Is it hard for you to read, understand or fill out forms?
- Do you need help because of a vision or hearing impairment?
- Do you need other help because of your condition?

If you do, we may be able to help you. This help is called a reasonable accommodation.

HOW TO ASK FOR A REASONABLE ACCOMMODATION



ASK: You can ask for help when you come to an HRA office or center



CALL: 212-331-4640

You can also write us or fill out the request on the other side of this form and give it to us by:



FAX: 212-331-4685



EMAIL: ConstituentAffairs@hra.nyc.gov



MAIL: HRA
Office of Constituent Services
150 Greenwich street, 35th Floor
New York, NY 10007

GET HELP WITH THIS FORM!

You can get help with this form or with your request.

CALL: 212-331-4640 or **VISIT:** your center or HRA office

Turn this page over to complete the Reasonable Accommodation Request Form. 

HELP FOR PEOPLE WITH DISABILITIES REASONABLE ACCOMMODATION REQUEST FORM

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

YOUR INFORMATION

Name: _____ Date: _____

Case Number: _____ Date of Birth: _____

Phone Number 1: _____ Phone Number 2 (if any): _____

Address: _____

WHY DO YOU NEED HELP?

Tell us how your condition makes it hard to access HRA benefits and services (*if you need more space to write, please attach pages*):

SAMPLE

Choose WHAT help you might need because of your condition:

<input type="checkbox"/> Help for people who are blind or visually impaired <input type="checkbox"/> Making appointments when you can have someone come with you <input type="checkbox"/> No appointments during certain days and times <input type="checkbox"/> No appointments during rush hour <input type="checkbox"/> Shorter wait times <input type="checkbox"/> Transfer your case to center _____ <input type="checkbox"/> Other accommodations that you need to access services at HRA. <i>Explain:</i> _____ _____ _____	<input type="checkbox"/> Help for people who are deaf or hearing impaired <input type="checkbox"/> Sign language interpretation <input type="checkbox"/> No in-office appointments while you apply for Access-A-Ride <input type="checkbox"/> Help reading forms <input type="checkbox"/> Help completing forms <input type="checkbox"/> You need HRA to come to your home for appointments <input type="checkbox"/> Keep your case at your center _____
---	--

How long do you think that you will need this help? _____

You do not need to give us proof of your condition now. We may ask you to give us some medical or clinical documents later.

To be completed by HRA worker if submitted at an HRA location (*Please give a copy to the client*):

Date Received: _____ Location: _____

Name of HRA worker (Print)

Signature

AYUDA PARA LAS PERSONAS CON DISCAPACIDADES

¿Padece usted una discapacidad, afección médica o de salud mental que le dificulte solicitar u obtener beneficios de parte nuestra?

Por ejemplo:

- ¿Le dificulta la afección servirse del transporte público?
- ¿Necesita usted ayuda para trasladarse a las citas?
- ¿Le dificulta la afección esperar por largos ratos?
- ¿Le cuesta trabajo leer, entender o llenar formularios?
- ¿Necesita usted ayuda debido a un impedimento de la vista o de la audición?
- ¿Necesita usted ayuda de otra índole debido a su afección?

En caso afirmativo, tal vez podamos ayudarle. Esta ayuda se denomina arreglo razonable.

COMO SOLICITAR UN ARREGLO RAZONABLE



EN

PERSONA: Usted puede pedir ayuda al presentarse a una oficina o centro de la HRA.



LLAME AL: 212-331-4640

Usted también nos puede escribir o llenar la solicitud al revés de este formulario y presentárnosla por:



FAX: 212-331-4685



**CORREO
ELECTRÓNICO:** ConstituentAffairs@hra.nyc.gov



**CORREO
POSTAL:** HRA
Office of Constituent Services
150 Greenwich street, 35th Floor
New York, NY 10007

¡OBTENGA AYUDA PARA LLENAR ESTE FORMULARIO!

Usted puede obtener ayuda con este formulario o con su solicitud.

LLAME AL: 212-331-4640 o **VISITE:** su oficina o su centro de la HRA.

Pase esta página para llenar el Formulario de Solicitud de Arreglo Razonable. 

AYUDA PARA LOS DISCAPACITADOS FORMULARIO DE SOLICITUD DE ARREGLO RAZONABLE

¿Padece usted una discapacidad, afección médica o de salud mental que le dificulte solicitar u obtener beneficios de parte nuestra? **En caso afirmativo**, favor de llenar este formulario. **En caso negativo**, no necesita llenar este formulario.

SUS DATOS

Nombre y apellido: _____ Fecha: _____

Fecha

Número del Caso: _____ de Nacimiento: _____

Número de Teléfono 1: _____ Número de Teléfono 2 (de haberlo): _____

Dirección: _____

SAMPLE

¿POR QUÉ NECESITA USTED AYUDA?

Explíquenos cómo su afección le dificulta el acceso a los beneficios y servicios de la HRA. (Si necesita más espacio para escribir, favor de adjuntar páginas adicionales.)

Elija QUE ayuda usted necesite debido a su afección:

<input type="checkbox"/> Ayuda para los ciegos o impedidos de la vista <input type="checkbox"/> Citas programadas para cuando usted desea que alguien le acompañe <input type="checkbox"/> Ningunas citas durante ciertos días y horas <input type="checkbox"/> Ninguna cita durante la hora punta <input type="checkbox"/> Tiempo de espera más corto <input type="checkbox"/> Transferencia de su caso al _____ centro <input type="checkbox"/> Otros arreglos que usted necesite para acceder servicios de la HRA. <i>Detalle:</i> _____ _____	<input type="checkbox"/> Ayuda para los sordos o impedidos de la audición <input type="checkbox"/> Interpretación de lenguaje de señas <input type="checkbox"/> Ninguna cita en oficinas mientras usted solicite Access-A-Ride <input type="checkbox"/> Ayuda para leer formularios <input type="checkbox"/> Ayuda para llenar formularios <input type="checkbox"/> Usted necesita que la HRA vaya a su casa para las citas <input type="checkbox"/> Mantenimiento de su caso en el _____ centro
---	--

¿Por cuánto tiempo piensa usted que necesite esta ayuda? _____

Usted no tiene que proporcionar prueba de su afección en este momento. Puede ser que posteriormente nosotros le pidamos documentación médica o clínica.

To be completed by HRA worker if submitted at an HRA location (Please give a copy to the client):

Date Received: _____ Location: _____

Name of HRA worker (Print) _____ Signature _____

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

Your "No In-Office Appointments While You Apply for Access-A-Ride" Accommodation Is Ending Soon

Our records show that we gave _____ an accommodation of **No In-Office Appointments While You Apply for Access-A-Ride**. We have not made and will not make your appointments at an HRA office to give you time to apply for Access-A-Ride.

This accommodation ends if you have not applied by _____ or until the MTA decides on your Access-A-Ride application. We will begin making your appointments at an HRA office after this date or after the MTA decides on your application.

What do I need to do now?

If you already applied for Access-A-Ride with the New York City MTA, then you don't have to do anything now. We will wait until the MTA makes a decision before making in-office appointments for you.

If you still have not applied for Access-A-Ride services, please do it now. Call the New York City MTA at **718-393-4999**. Tell them you want to apply for Access-A-Ride.

We can help you apply for Access-A-Ride. If you want our help, please call us at **212-331-4640** and ask us to help you apply for Access-A-Ride.

What happens next?

We will call MTA to check on your application.

If the MTA already approved or denied your Access-A-Ride application, then we will send you a notice telling you what to do next.

If the MTA has your application, but has not made a decision on it yet, then we will wait for the MTA to make a decision.

If the MTA never got your application, then we will make your appointments at an HRA office.

Who can I talk to about this?

If you have any questions about this notice or about your accommodation, please call us at **212-331-4640**. When you call, tell us that you got this notice. We will answer your questions and help you.

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

**Se Vence Pronto Su Arreglo
de "No Citas en Oficina Mientras Usted Solicita Access-A-Ride"**

Según nuestros archivos, nosotros le otorgamos un arreglo de **No Citas en Oficina Mientras Usted Solicita Access-A-Ride** a _____.

No hemos programado, ni programaremos en el futuro, sus citas en una oficina de la HRA, a fin de darle a usted tiempo para solicitar Access-A-Ride.

Este arreglo se termina si usted no ha presentado solicitud para el _____, o hasta que la MTA tome decisión respecto a su solicitud de Access-a-Ride. Comenzaremos a programar sus citas en una oficina de la HRA posterior a esta fecha, o una vez que la MTA tome decisión respecto a su solicitud.

¿Qué paso debo tomar ahora?

Si usted ya presentó solicitud de Access-A-Ride ante la MTA de la ciudad de Nueva York, no tiene que tomar ningún otro paso en este momento. Nosotros esperamos a que la MTA tome decisión antes de programarle sus citas en oficina.

Si usted aún no ha presentado solicitud de servicios de Access-A-Ride, favor de presentarla ahora. Llame a la MTA de la ciudad de Nueva York al **(718) 393-4999**. Informe a la recepción que usted desea presentar solicitud de Access-A-Ride.

Nosotros podemos ayudarle a presentar solicitud de Access-A-Ride. Si usted desea nuestra ayuda, favor de llamarnos al **(212) 331-4640** y pídanos ayuda para presentar solicitud de Access-A-Ride.

¿Qué sucederá posteriormente?

Nosotros llamaremos a la MTA para darle seguimiento a su solicitud.

Si la MTA ya ha aprobado o denegado su solicitud de Access-A-Ride, nosotros le enviaremos a usted un aviso con indicaciones del próximo paso a tomar en ese momento.

Si la MTA tiene la solicitud suya, pero aún no ha tomado decisión respecto a la misma, nosotros esperamos a que se tome la decisión.

En caso de que la MTA no haya recibido su solicitud, nosotros le programaremos a usted las citas en una oficina de la HRA.

¿Con quién puedo tratar de este asunto?

Ante cualquier pregunta sobre este aviso o sobre su arreglo, favor de llamarnos al **(212) 331-4640**. Al llamarnos, indique que usted ya ha recibido este aviso. Nosotros

contestaremos sus preguntas y le prestaremos ayuda.

SAMPLE

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

Decision on Your Reasonable Accommodation Request

You asked for this accommodation:

Your request has been:

APPROVED:

SAMPLE

DENIED:

- We were not able to get documents from your doctor or provider.
- The documents we reviewed do not support your request.

ALTERNATIVE OFFERED:

We added the List of Reasonable Accommodation Documents Reviewed (**CAS-341**) to this mailing. This shows what documents we reviewed in making this decision.

If you want to talk more about this decision, please call **(718) 510-0610**.

If you **agree** with our decision, you do not need to do anything else.

If you **disagree** with our decision, you can file an appeal. Please see how to do that below.

How to Appeal a Reasonable Accommodation Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us for an appeal in writing **within 30 days** from the date of this notice.

We added the Request for an Appeal of a Reasonable Accommodation Decision (Form **HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov

If you need help filing your appeal because of a physical or mental health condition, call us at (212) 331-4640 or email us at constituentalaffairs@hra.nyc.gov. We will help you.

If we gave you an accommodation that we have now denied, we will still give you that accommodation until 30 days after the date of this notice. If you file an appeal, we still give you the accommodation until we make an appeal decision.

If we are not helping you with an approved or alternative accommodation, you can call **(718) 291-4141** and make a complaint.

If you asked for other accommodations, we will send you a separate notice for each one.

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

Decisión respecto a su Petición de Arreglo Razonable

Usted solicitó este arreglo:

Su petición ha sido:

APROBADA:

SAMPLE

DENEGADA:

- No hemos podido obtener documentación de su proveedor/médico.
- La documentación que hemos revisado no justifica su petición.

ALTERNATIVA OFRECIDA:

Hemos adjuntado a este envío postal el formulario List of Reasonable Accommodation Documents Reviewed (**CAS-341**), que indica los documentos que hemos revisado al tomar esta decisión.

Si usted desea tratar de esta decisión en más detalle, favor de llamar al **(718) 510-0610**.

Si usted **está de acuerdo** con nuestra decisión, no tiene que tomar ningún paso adicional.

Si usted **no está de acuerdo** con nuestra decisión, puede interponer apelación. Vea este trámite a continuación.

Cómo Apelar una Decisión de Arreglo Razonable

Si usted no está de acuerdo con nuestra decisión, usted o su representante autorizado pueden interponer apelación. Nosotros revisaremos su apelación para verificar que hayamos tomado la decisión justa.

Para interponer apelación, usted debe comunicarse con nosotros por escrito **dentro de 30 días** a partir de la fecha de este aviso.

Hemos adjuntado a este envío postal la Petición de Apelación de una Decisión de Arreglo Razonable (Formulario **HRA-102 [S]**). Usted puede llenar y enviarlo por correo postal, fax, o correo electrónico a:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: **RARappeals@hra.nyc.gov**

Si usted necesita asistencia para presentar su apelación debido a una afección física y/o psiquiátrica, llámenos al (212) 331-4640 o envíe un correo electrónico a constituentaffairs@hra.nyc.gov. Nosotros le ayudaremos.

Si le otorgamos un arreglo razonable que ahora se le ha denegado, le otorgaremos el arreglo hasta 30 días después de la fecha de este aviso. Si usted interpone apelación, aún le otorgaremos el arreglo hasta que tomemos una decisión respecto a la apelación.

Si nosotros no le ayudamos con un arreglo aprobado o alternativo, usted puede llamar al **(718) 291-4141** para quejarse.

Si usted ha solicitado otros arreglos, le enviaremos un aviso por separado para cada arreglo.



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

**DECISION ON YOUR REASONABLE ACCOMMODATION REQUEST:
ACCESS-A-RIDE IN PLACE AND SHORTER WAIT TIMES**

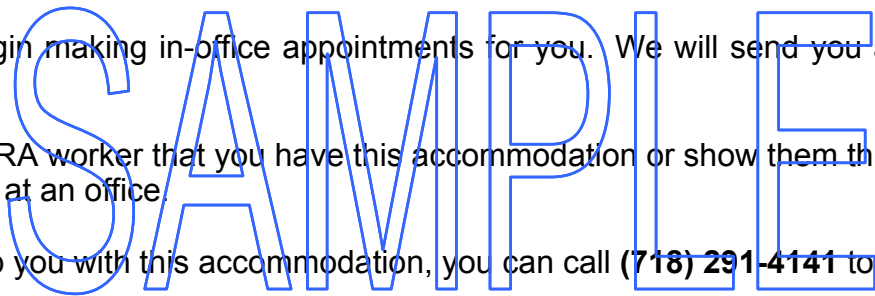
Our records show that MTA approved your application for **Access-A-Ride**. MTA will provide Access-A-Ride services so that you can get to your HRA appointments.

Now that you have **Access-A-Ride in Place**, we will also give you **Shorter Wait Times When Using Access-A-Ride**. When we can, we will let you go ahead of most other people in line so you can be seen more quickly.

We will now begin making in-office appointments for you. We will send you an appointment letter.

Please tell an HRA worker that you have this accommodation or show them this notice when you arrive at an office.

If we do not help you with this accommodation, you can call **(718) 291-4141** to make a complaint.



How to Appeal A Reasonable Accommodation Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us in writing within **30 calendar days** from the date of this notice. We added the Request for an Appeal of a Reasonable Accommodation Decision (**HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov

If you need help filing this appeal because of a physical and/or mental health condition, call the Office of Constituent Services for help at (212) 331-4640 or email us at constituentaffairs@hra.nyc.gov. We will help you.

If we gave you an accommodation that we have now denied, we will still give you that accommodation until 30 days after the date of this notice. If you file an appeal, we still give you the accommodation until we make an appeal decision.

Fecha: _____

Número del Caso: _____

Nombre: _____

Centro: _____

Número de Confirmación: _____

DECISIÓN TOMADA RESPECTO A SU PETICIÓN DE ARREGLO RAZONABLE: TIEMPO DE ESPERA MÁS CORTO POR APROBARSE ACCESS-A-RIDE

Según nuestros archivos, la MTA ha aprobado su solicitud de **Access-A-Ride**. La MTA le brindará los servicios de Access-A-Ride para que usted pueda trasladarse a las citas de la HRA.

Ahora que **usted dispone de Access-A-Ride**, nosotros le brindaremos **tiempo de espera más corto al usted servirse de Access-A-Ride**. Cuando posible, permitiremos que usted se adelante a la mayoría de las demás personas en la cola para que se le pueda atender más rápido.

Nosotros ya empezaremos a programarle a usted citas en persona, y le enviaremos una carta de cita.

Por favor infórmele a un trabajador de la HRA que usted cuenta con este arreglo o muéstrele este aviso en cuanto llegue a una oficina.

En caso de nosotros no ayudarle con este arreglo, usted puede llamar al **(718) 291-4141** para presentar queja.

Cómo apelar una decisión de arreglo razonable

En caso de no aceptar nuestra decisión, usted o su representante autorizado puede interponer apelación. Nosotros revisaremos la apelación para cerciorarnos de que hayamos tomado la decisión correcta.

Para interponer apelación, usted tiene que presentar solicitud dentro de **30 días calendarios** a partir de la fecha de este aviso. Nosotros incluimos con este envío postal la Petición de Apelación de Arreglo Razonable (**HRA-102 [S]**). Usted puede llenarla y enviarla por correo, fax o correo electrónico a:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Correo electrónico: RARappeals@hra.nyc.gov

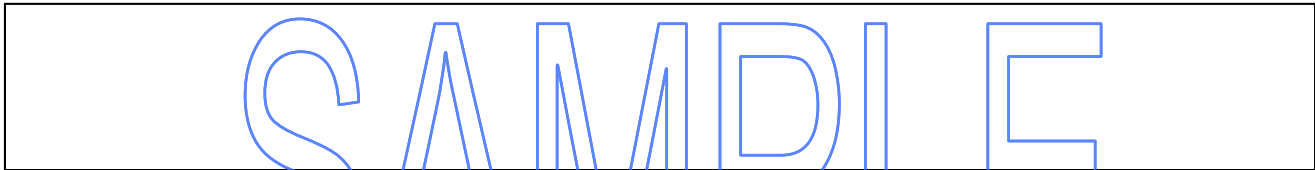
Si usted necesita ayuda para interponer esta apelación a raíz de una afección médica o psiquiátrica, llame a la Oficina de Servicios al Constituyente al (212) 331-4640, o envíenos correo electrónico a constituentaffairs@hra.nyc.gov. Nosotros le prestaremos ayuda.

Si nosotros le hemos otorgado arreglo que luego hemos denegado, aún le brindaremos dicho arreglo por 30 días posteriores a la fecha de este aviso. Aun si usted interpone apelación, le brindaremos el arreglo hasta nosotros tomar la decisión de apelación.

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

**Denial of Reasonable Accommodation:
No Documentation**

On _____, _____ asked for this
accommodation:



We denied your request for this accommodation. We do not have any documents that support the request. You did not send us any documents. We could not get any documents from your doctor or provider. We tried to contact you before making this decision.

How to Appeal a Reasonable Accommodation Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us for an appeal in writing **within 30 days** from the date of this notice.

We added the Request for an Appeal of a Reasonable Accommodation Decision (Form **HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov

If you need help filing your appeal because of a physical or mental health condition, call us at (212) 331-4640 or email us at constituentsaffairs@hra.nyc.gov. We will help you.

If we gave you an accommodation that we have now denied, we will still give you that accommodation until 30 days after the date of this notice. If you file an appeal, we still give you the accommodation until we make an appeal decision.

If you asked for other accommodations, we will send you a separate notice for each one.

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

Denegación de Arreglo Razonable: Falta de Documentación

El _____, _____ solicitó el siguiente arreglo:



Nosotros denegamos su solicitud de este arreglo. No contamos con ninguna documentación que justifique su solicitud. Usted no nos envió documento alguno. No pudimos obtener ningún documento de parte de su médico o proveedor. Intentamos comunicarnos con usted antes de tomar esta decisión.

Cómo Apelar una Decisión de Arreglo Razonable

Si usted no está de acuerdo con nuestra decisión, usted o su representante autorizado pueden interponer apelación. Revisaremos su petición de apelación para verificar que hayamos tomado la decisión justa.

Para interponer apelación, usted debe comunicarse con nosotros por escrito **dentro de 30 días** a partir de la fecha de este aviso.

Hemos adjuntado a este envío postal el formulario de Solicitud de Apelación de la Decisión de Arreglo Razonable (**HRA-102 [S]**). Usted puede llenar y enviarlo por correo postal, fax o correo electrónico a:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov

Si usted necesita asistencia para presentar su apelación debido a una afección física y/o psiquiátrica, llámenos al (212) 331-4640 o envíe un correo electrónico a constituentaffairs@hra.nyc.gov. Nosotros le ayudaremos.

Si le hemos otorgado un arreglo que ahora se le ha denegado, aún le brindaremos ese arreglo hasta 30 días después de la fecha de este aviso. Si usted interpone apelación, aún le brindaremos el arreglo hasta que tomemos una decisión respecto a su apelación.

Si usted ha solicitado otros arreglos, le enviaremos un aviso por separado para cada arreglo.

HIPAA AUTHORIZATION FOR THE DISCLOSURE OF INDIVIDUAL HEALTH INFORMATION

Patient Name:	Social Security Number:
Patient Address:	Date of Birth:

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. In accordance with Article 27-F of the New York State Public Health Law, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 42 U.S.C. § 290dd-2 and its implementing regulations at 42 C.F.R. Part 2, I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 10(b). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 10(b), I specifically authorize release of such information indicated in Item 10(b) to the NYC Human Resources Administration (HRA).
2. In the event that HRA determines that I am potentially eligible for federal disability benefits, I authorize HRA to release my medical and/or mental health treatment information, which may include confidential HIV related information and/or alcohol or drug treatment records to the Social Security Administration (SSA) for its review of my eligibility for federal disability benefits.
3. I understand that I have the right to request a list of people who may receive or use my HIV related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at **(212) 961-8650** or the New York City Commission of Human Rights at **(212) 306-7450**. These agencies are responsible for protecting my rights.
4. I understand that signing this authorization is voluntary. My treatment, payment to treatment providers, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. However, if I do not authorize HRA to share my medical information with SSA, this may result in a discontinuance of my Cash Assistance (CA) benefits.
5. I understand that I may revoke this authorization except to the extent that HRA and my medical provider have already acted upon it. I may revoke this authorization at any time by writing to the health care provider at the address specified below and to HRA at: **NYC Human Resources Administration, Office of Constituent Services, 150 Greenwich Street, 35th Floor, New York, NY 10007**
6. Authorized recipients of my medical information may, in certain instances, have the right to redisclose my medical documentation without the need to obtain additional written consent from me. I understand that such redisclosures may no longer be protected by federal or state law.
7. **This authorization does not authorize my medical provider to discuss my health information or medical case with anyone other than the NYC Human Resources Administration as specified in item 10(b).**

AUTHORIZATION TO DISCUSS HEALTH INFORMATION

8. Name and address of health provider or entity to release this information: _____

9. Name and address of agency to whom this information will be sent: **NYC Human Resources Administration, Customized Assistance Services, Office of Reasonable Accommodations, 150 Greenwich Street, 30th floor, New York, NY 10007**

10(a). Specific information to be released: **Medical records for the entire year prior to the signature date below.**
Include (*Indicate by Initialing*):

Alcohol/Drug Treatment
 Mental Health Information
 HIV Related Information

10(b). By initialing here _____, I authorize _____
(Initials) (Name of individual health care provider)
 to discuss my health information with the **NYC Human Resources Administration**.

11. Reason for release of information: **At request of patient**

12. Date or event on which this authorization will expire: **One year from the date of signature**

13. If not the patient, name of person signing form: _____

14. Authority to sign on behalf of patient: _____

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided with a copy of the form.

Signature of Patient or Authorized Representative by Law

Date

AUTORIZACIÓN HIPAA PARA LA DIVULGACIÓN DE INFORMACIÓN MÉDICA PERSONAL

Nombre del Paciente:		Número de Seguro Social:	
Dirección del Paciente:		Fecha de Nacimiento:	

Yo, o mi representante autorizado, solicito/a que se divulgue la información médica respecto a mi cuidado y tratamiento tal como se estipula en el presente formulario. Conforme al Artículo 27-F de la Ley de Salud Pública del Estado de Nueva York, la Regla de Confidencialidad de la Ley de 1996 de Portabilidad y Responsabilidad de Seguro Médico (HIPAA), y 42 U.S.C. § 290dd-2 y las reglas de implementación en 42 C.F.R. Parte 2, entiendo que:

- Esta autorización puede incluir la divulgación de información relacionada con **ALCOHOLISMO y DROGADICCIÓN, TRATAMIENTO PSIQUIÁTRICO**, con la excepción de notas de psicoterapia e **INFORMACIÓN CONFIDENCIAL RELACIONADA CON VIH*** sólo si escribo mis iniciales en la línea indicada en el Artículo 10(b). En caso de que la información médica reseñada a continuación incluya cualquiera de este tipo de datos, y de que yo escriba mis iniciales en la casilla en el Artículo 10(b), autorizo explícitamente la divulgación de tal información indicada en el Artículo 10(b) a la Administración de Recursos Humanos de la Ciudad de Nueva York (NYC HRA).
- En caso de que la HRA determine que yo sea posiblemente elegible para beneficios federales para discapacitados, autorizo a la HRA para que divulgue mis datos de tratamiento médico y/o psiquiátrico, lo que puede incluir información confidencial relacionada con VIH y/o expedientes de tratamiento para alcoholismo o drogadicción a la Administración de Seguro Social (SSA) para que revise mi elegibilidad de beneficios federales para discapacitados.
- Entiendo que tengo derecho de solicitar una lista de las personas quienes pueden recibir o utilizar mis datos relacionados con VIH sin autorización. Si sufro discriminación debido a la divulgación de información relacionada con VIH, puedo comunicarme con la División de Derechos Humanos del Estado de Nueva York al **(212) 961-8650** o con la Comisión de Derechos Humanos de la Ciudad de Nueva York al **(212) 306-7450**. Sobre estas agencias recae la responsabilidad de proteger mis derechos.
- Entiendo que no es obligatorio firmar esta autorización. Conforme a mi autorización de esta divulgación, no estarán sujetos a condiciones todo lo siguiente: el tratamiento, el pago a los proveedores del mismo, la inscripción en un plan médico, la elegibilidad para beneficios. No obstante, si yo no autorizo a la HRA para compartir mis datos médicos con la SSA, puede resultar en la discontinuación de mis beneficios de Asistencia en Efectivo (CA).
- Entiendo que yo puedo anular esta autorización excepto en la medida que la HRA y mi proveedor médico ya la hayan cumplido. Yo puedo anular esta autorización en cualquier momento al escribir al proveedor médico a la dirección de la HRA indicada a continuación: **NYC Human Resources Administration, Office of Constituent Services, 150 Greenwich Street, Piso 35, New York, NY 10007**
- Bajo ciertas circunstancias, los destinatarios autorizados de mis datos médicos pueden tener derecho a divulgar nuevamente mi documentación médica sin tener que obtener consentimiento adicional por escrito de parte mía. Entiendo que tal nueva divulgación puede carecer del amparo de la ley federal o estatal.
- Esta autorización no le concede a mi proveedor el derecho de tratar de mi información médica o mi caso médico con nadie excepto con la Administración de Recursos Humanos de la Ciudad de Nueva York, como se estipula en el Artículo 10(b).**

AUTORIZACIÓN PARA TRATAR DE INFORMACIÓN MÉDICA

8. Nombre y dirección del proveedor médico o entidad para divulgar esta información: _____

9. Nombre y dirección de la agencia a la cual se enviará esta información: **NYC Human Resources Administration, Customized Assistance Services, Office of Reasonable Accommodations, 150 Greenwich Street, 30th floor, New York, NY 10007**

10(a). Información concreta a divulgarse: **Los expedientes médicos para todo el año previo a la fecha de la firma a continuación.**
Incluya (Indique con sus iniciales):

Tratamiento para Alcoholismo/ Drogadicción Información Psiquiátrica Información relacionada con VIH

10(b). Al escribir mis iniciales aquí _____, autorizo a _____
(Iniciales) (Nombre del proveedor de cuidado médico particular)
a tratar de mi información médica con la **Administración de Recursos Humanos de la Ciudad de Nueva York.**

11. Motivo de la divulgación de datos: **Según la petición del paciente**

12. Fecha o circunstancia en que se vencerá esta autorización: **Un año desde la fecha de la firma**

13. A no ser la firma del paciente, nombre del firmante: _____

14. Autoridad para firmar a nombre del paciente: _____

Se han llenado todos los artículos presentados en este formulario, y se han contestado mis preguntas respecto a este formulario. Además, se me ha proporcionado una copia del formulario.

Firma del Paciente o Representante Legalmente Autorizado(a)

Fecha

***El Virus de Inmunodeficiencia Humana causa el SIDA. La Ley de Salud Pública de Nueva York protege la información que puede identificar dentro de lo razonable a una persona con síntomas o infección de VIH, al igual que protege la información de los contactos de dicha persona.**

Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
NCA SNAP Center: _____

Mandatory Appointment Notice
(Non Cash Assistance Supplemental Nutrition Assistance Program [SNAP] Application)

We received your application for SNAP on _____ (Date). You have requested that we do an in-person eligibility interview in your home because you are unable to come to a SNAP Center.

It is not necessary for you to have an in-person interview for SNAP. You or someone you name as an authorized representative can have an interview on the telephone.

We have scheduled a telephone interview for you on:

Appointment Date: _____ Time: _____

And will call you at: _____

If you are not able to keep this telephone interview or would like us to call you or your authorized representative at a different number, please call the number above.

If we are unable to reach you or your authorized representative by telephone, an HRA representative will come to your home on _____ at _____.

This is a mandatory eligibility interview. Failure to keep an initial eligibility interview without good cause can result in the denial of your application. If you are not able to keep this telephone interview, call the number above.

We have also enclosed the Eligibility Factors and Suggested Documentation Guide (Form **W-119 D**). The eligibility factors that must be verified as a condition of eligibility have been checked.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Teléfono: _____
Centro de SNAP
de No Asistencia en Efectivo: _____

Aviso de Cita Obligatoria

(Solicitud del Programa de Asistencia de Nutrición Suplementaria [SNAP] de No Asistencia en Efectivo)

Hemos recibido su solicitud del SNAP el _____ (Fecha). Usted ha solicitado que nosotros realicemos una entrevista de elegibilidad en persona en su hogar porque usted no puede presentarse a un Centro de SNAP.

No es necesario que usted asista a una entrevista en persona de SNAP. Usted puede asistir a una cita telefónica o puede nombrar a un representante autorizado para ser entrevistado por teléfono en su hogar.

Le hemos programado una entrevista por teléfono el:

Fecha de la Cita: _____ Hora: _____
y lo llamaremos a las: _____

Si usted no puede cumplir esta entrevista telefónica o le gustaría que lo llamemos a usted o a un representante autorizado a un número diferente, por favor llamar al número indicado arriba.

Si no podemos comunicarnos por teléfono con usted o con su representante autorizado, un representante de la HRA lo visitará en su hogar el _____ a las _____.

Esta es una cita de elegibilidad obligatoria. Si no puede cumplir esta entrevista inicial de elegibilidad si motivo justificada, puede resultar en el rechazo de su solicitud. Si no puede cumplir con esta entrevista telefónica, llame al número indicado arriba.

Además, hemos adjuntado la Guía de Factores de Elegibilidad y Documentación Sugerida (Eligibility Factors and Suggested Documentation Guide), (W-119D [S]). Los factores de elegibilidad que deben verificarse como condición de elegibilidad han sido marcados.