



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

## POLICY DIRECTIVE #16-27-OPE

(This Policy Directive Replaces PD #12-30-OPE)

### THE AMERICANS WITH DISABILITIES ACT (ADA) AND REASONABLE ACCOMMODATIONS (RA)

<b>Date:</b> December 28, 2016	<b>Subtopic(s):</b> Individuals with Physical and/or Mental Disabilities
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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.

#### REVISIONS TO THE PRIOR PROCEDURE

This policy directive is being revised to:

- introduce the revised process for applicants and participants that request a reasonable accommodation (RA).
- Introduce the updated process for applicants and participants given a reasonable accommodation pending the eligibility decision for Access-A-Ride/Para-Transit services from the Metropolitan Transportation Authority (MTA).
- change the time frame the applicants and participants are given to submit medical or clinical documentation to support a request for a reasonable accommodation and/or a home visit needed/homebound (HVN/HB) status from 20 days to 30 days.
- change the time frame the applicants and participants are given to appeal a determination of RA and/or HVN/HB status request from 20 days to 30 days.
- include the updated forms listed below to reflect the 30 day time frames mentioned in the bullets above.
  - Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**)
  - Notification of Receipt of Your Reasonable Accommodation Request (**HRA-102b**)
  - Notification of Determination of Your Reasonable Accommodation Request (**HRA-104**)
  - Denial of Reasonable Accommodation: No Medical Documentation (**HRA-105**)

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

- inform that applicants and participants upon request for additional time to submit medical documentation must receive an extension of up to 15 days to submit the required medical documentation.
  - change the title of the ADA Liaison to the RAR/HVN Liaison.
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## 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 ADA protects individuals with disabilities who:

- have a physical or mental health impairment that substantially limits one or more major life activities;
- have a record of a physical or mental health impairment that substantially limits one or more major life activities; or
- are regarded as having an impairment.

The ADA does not cover:

- disadvantages due to environmental, cultural, or economic factors, such as poverty or having a criminal record;
- physical characteristics, such as hair, skin, or eye color; however, cosmetic disfigurement is included in the definition of physical impairment;
- age alone, unless the individual has a physical or mental health impairment that limits one or more of an individual’s major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working); or
- personality traits, such as poor judgment or a quick temper, where these are not symptoms of a mental or psychological disorder, unless the individual has a recognizable physical or mental health impairment in addition to these characteristics.

See [HRA-PB-2016-03](#)

The Human Resources Administration 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.

"Reasonable accommodation" includes modification to the program's policies or practices, removal of architectural, communication, or transportation barriers.

## BACKGROUND

A request for an RA may include situations in which an individual has a need related to a physical or mental health impairment in which such conditions might affect access to HRA facilities/services.

Individuals do not need to state the words "reasonable accommodation" to receive assistance. Individuals with an obvious disability should be offered assistance without the need to provide medical documentation. Individuals have the right to refuse assistance or an accommodation that is offered to them. Individuals with disabilities should be allowed to participate in HRA's programs and services in the most integrated setting possible.

Individuals with physical and/or mental health condition(s) may ask for an RA using any of the following options:

- Asking for help when coming to an HRA office or center
- Calling: 212-331-4640

The individual can also write us or fill out the request on the reverse side of the Help for People with Disabilities (**HRA-102c**) form and give it to us by:

- FAX: 212-331-4685
- EMAIL: [ConstituentAffairs@hra.nyc.gov](mailto:ConstituentAffairs@hra.nyc.gov)
- MAIL: HRA  
Office of Constituent Services  
150 Greenwich street, 35th Floor  
New York, NY 10007

These individuals may also file an appeal of the Agency’s formal decision on the RAR by submitting a Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**) to the HRA ADA Compliance Officer and/or an authorized representative can submit the **HRA-102** on their behalf and/or assist them during the appeal process.

Refer to the ADA Executive Order No. for an explanation of each RA.

Listed below are RAs that the Family Independence Administration (FIA) offers, but are not limited to:

- Help Reading Forms
- Help Completing Forms
- Sign Language Interpretation
- Help for People Who Are Blind or Visually Impaired
- Help for People Who Are Deaf or Hearing Impaired
- Home Visits Needed/Homebound (“HVN/HB”) status
- Flexible Appointments
- No appointments During Rush Hour
- Shorter Wait Times
- Making Appointments When You Can Have Someone With You
- No Appointments While Waiting for Paratransit (Access- A-Ride) Approval
- Case transfer to new center
- Block case transfer
- “Other” – Any reasonable accommodation request not listed above.

**REQUIRED ACTION**

The JOS/Workers are required to assist individuals who claim a disability covered by the ADA in meeting eligibility requirements through RAs.

To the extent feasible, the JOS/Worker or an AJOS II/PAA II/Supervisor or HVN/RAR Liaison must recognize and honor potential reasonable accommodations even before the individual is formally interviewed (i.e., in waiting areas). Some potential observations are listed below along with some examples of how to honor:

- Individual walks with assistance of a walker or cane - Provide a seat to the individual and within reason, try to expedite the services the individual is requesting.
- Individual is observed using sign language as a means of communicating in the waiting room – Ensure individual is aware that special services for the hearing impaired are available.

- Observe an individual that appears to be ill – Question how the individual feels and if necessary expedite his/her visit to the center and/or alert them to alternatives to remaining in the center.

When the applicant/participant indicates a need for an RA or if based upon observations and interviewing the JOS/Worker believes an RA may be required, the JOS/Worker should offer an RA that meets the applicant's/participant's request. If the request is something that we cannot provide at that moment, the JOS/Worker must give the applicant/participant the Help With Disabilities (**HRA-102c**) form and offer to help the individual record this request. The JOS/Worker must also give the applicant/participant the "Are You a Person With a Disability?" (**BRC-681A**).

If the applicant/participant makes an RA request at the Center, the JOS/Worker must record the RA request. The JOS/Worker must offer to help the individual record this request. However, if the applicant/participant does not accept the offer of assistance in recording the request, the JOS/Worker should still alert the applicant/participant that instructions for recording the request are found on the Help With Disabilities (**HRA-102c**) form. The JOS/Worker must also give the applicant/participant the "Are You a Person With a Disability?" (**BRC-681A**) and a postage paid return envelope should he/she decide to send the **HRA-102c** to the Office of Constituents Services (OCS). The JOS/Worker should consult with the HVN/RAR Liaison if he/she cannot determine the feasibility of providing an RA at that moment.

The **HRA-102c** provides useful information about RAs and enables both the applicant/participant as well as the JOS/Worker to identify appropriate RAs that may best meet the applicant's/participant's needs.

**Note:** Individuals are not required to use the **HRA-102c** to request an RA. A request may also be submitted in writing indicating the nature of the requested accommodation. If an individual's physical and/or mental impairment prevents him/her from making the request in writing, the individual may contact OCS by telephone for assistance with submitting the request.

Individuals who request an RA in person at the Job Center must be provided a receipt of this request. The JOS/Worker must sign and make a copy of the completed **HRA-102c** and return the original form to the applicant/participant and advise that he/she should keep the form for his/her records. The JOS/Worker must scan and index the form or written request and documents and forward the request to OCS via email at [constituentsaffairs@hra.nyc.gov](mailto:constituentsaffairs@hra.nyc.gov). The Center's RAR/HVN Liaison must be copied in the email.

The JOS/Worker must explain to the applicant/participant that HRA honors all RA requests until a determination is made except requests related to case transfer (in or out of a center) and those marked as "other".

The **HRA-102c** is available in eDocs as well as mailed along with various agency appointments and notices. The applicant/participant (if he/she chooses to do so) can email, mail, or fax the completed form to OCS.

If the applicant/participant does not request an RA, but through observation and/or communication the JOS/Worker believes that the applicant/participant may need a Reasonable Accommodation, the JOS/Worker should inform the individual how to request an RA, and offer to help him/her in doing so. However, the applicant/participant is not required under the ADA to accept this offer of assistance.

If the applicant/participant does not want to complete the **HRA-102c** at the time of the interview, the applicant/participant must be advised that the completed **HRA-102c** along with any medical documentation, for those RA that require documentation, may be:

- emailed to [Constituentsaffairs@hra.nyc.gov](mailto:Constituentsaffairs@hra.nyc.gov)
- mailed to:

Human Resources Administration  
Office of Constituent Services  
150 Greenwich Street, 35th Floor  
New York, NY 10007

- faxed to (212) 331-4685

To obtain assistance in completing the **HRA-102c** he/she may:

- call OCS at (212) 331-4640 or
- fax OCS at (212) 331-4685.

OCS may complete the **HRA-102c** with him/her over the telephone.

If the applicant/participant does not have documentation for RARs that require documentation when submitting the **HRA-102c**, the JOS/Worker can inform him/her that he/she will get a notice in the mail notifying when documentation is due and offering assistance in obtaining documentation.

Refer to [PD #14-14-OPE](#) for additional information on processing request for emergency assistance, additional allowance or adding a person to an active CA case.

While the RAR outcome is pending and until the final appeal determination, HRA will provide the reasonable accommodation requested for certain accommodations. Refer to the HRA Desk Guide to Reasonable Accommodation (**Attachment B**) for accommodations that are provisionally granted.

If an applicant/participant is making an initial RA request and also needs to be scheduled/re-scheduled for an appointment, the request must be considered as provisionally in place and staff must honor the requested RA. For example, if a participant makes an RA request to not schedule appointments on Tuesdays and also needs to be referred to WeCARE, staff must ensure that the scheduled appointment is not on Tuesday even though it will not yet be blocked systemically nor displayed on the client services screen.

If an individual with an RA request indicates that he/she has an emergency or requests a special grant, the Designated Worker must follow current procedure for any issuance of immediate needs grants or additional allowances (e.g., restaurant allowance).

### Multiple RAR Requests

If a second **HRA-102c** is submitted to either modify the original **HRA-102c** or to request an additional accommodation(s), the same process is followed as with the first **HRA-102c**. The reasonable accommodation requested will be honored by HRA during the pending period.

If the original RAR has been previously approved but the second RAR is subsequently denied, the first RAR must not be altered or affected in any way. The first reasonable accommodation will remain intact indefinitely.

### Review of Reasonable Accommodation by OCS

OCS will enter the completed **HRA-102c** in the Intranet Quorum (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. For RARs that have temporary approval until a decision is made, IQ sends information to the central data base. The central data base populates the Client Services Screen which is viewed in NYCWAY and POS.

If OCS finds a request to be unclear or if additional follow-up is needed, OCS will contact the individual who made the request.

An individual has 30 days from the submission of the RA request to submit supporting documentation for those RAs that require documentation. An individual may request an extension of time to submit medical documentation. If an extension is requested, the individual will be granted an additional 15 days to comply with the submission of required medical documentation.

If no medical documentation is submitted within the 30 day timeframe, and the individual did not request an extension or no medical documentation is submitted after the additional 15 days, OCS must search the applicant's/participant's record for a recent WeCARE history, supportive housing application, receipt of home care services, or if the individual requested assistance obtaining medical documentation.

If the above mentioned history, documentation or request is found, OCS forwards the RAR to Customized Assistance Services/Office of Reasonable Accommodations (CAS/ORR).

If the above mentioned history, documentation or request is not found, the RAR will be administratively denied. OCS will send out a Denial of Reasonable Accommodation: No Medical Documentation (**HRA-105**).



### Review of Reasonable Accommodation Requests by CAS and FIA

Customized Assistance Services/Office of Reasonable Accommodations (CAS/ORA) reviews and evaluates the RA request and will make one of the following recommendations to the FIA RAR Operations Unit.

- Grant the RA request.
- Offer an alternative to the RA request.
- Deny the RA request.

When the FIA RAR Operations Unit receives the recommendation from CAS/ORA, the FIA RAR Operations Unit will review the recommendation to ensure that the agency is able to comply with the request. If for any reason the agency cannot comply with the request, the FIA RAR Operations Unit will contact CAS/ORA. CAS/ORA and the FIA RAR Operations Unit together with the applicant/participant will come to an agreement on the accommodation.

The RAR Specialist will enter the determination in the IQ system. Once the determination has been entered in IQ, the Notification of Determination of Your Reasonable Accommodation Request (**HRA-104**) will be generated and mailed to the client. IQ also sends the information on approved RARs to the central data base that informs HRA systems. The central data base populates the Client Services Screen which is viewed in NYCWAY and POS. The Client Services Screen will alert the JOS/Worker to the type of RA needed and the nature of the RA.

### Honoring Approved RAs

The JOS/Workers must provide the reasonable accommodation that is displayed in the Client Services Screen.

For example, priority queuing requires that the individual's wait time is minimized, meaning that the individual is seen ahead of other individuals who do not have priority status.

The Client Services Screen will appear each time a JOS/Worker accesses an individual's case in POS and NYCWAY. If there is more than one RA in effect, a Client Services Screen for each type of RA will be displayed. JOS/Workers must click "OK" in the Client Services Screen to close the screen. Refer to the "Reasonable Accommodation/Brief Description" (**Attachment A**) which contains the description for each RA.

Below is the Client Services Screen in NYCWAY.

CLIENT SERVICES SCREEN							
Case Number:	Name:	Status: Active	Other: Other fields to be added later				
Reasonable Accommodations	Effective	Details					
Flexible Scheduling  Client availability: Unavailable times are shown in black	10/10/2015	MON	TUE	WED	THU	FRI	SAT
		8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am
		11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm
		2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm
Travel Companion:  Client availability: Unavailable times are shown in black	10/10/2015	MON	TUE	WED	THU	FRI	SAT
		8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am	8:30 am 10:59 am
		11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm	11:00 am 1:59 pm
		2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm	2:00 am 5:00 pm
Assistance with Forms	10/10/2015						
Sign Language Interpreter	10/10/2015						
Other	10/10/2015	Comments.....					
Other	10/10/2015	Comments.....					

OK

Below is the Client Service Screen in POS.

Client Service Screen							
Case Number:	Case Name:	Case Status: AC		Language Speak: English	Language Read: English	Language Notice: English	
Individuals currently in the Household							
Preferred Title	First Name	Mid Name	Last Name	Preferred Name	Preferred Pronoun	Temporary In	
Jc						Temporary In	
Reasonable Accommodations							
RA Name	RA Effective Date	RA Message					
No appointments during rush hour	02-17-2016	Please schedule all appointments weekdays between the hours of 11:00am until 2:00pm.					
Block case transfer to new center	05-17-2016	You cannot transfer this case to another site. Current Center: 013 Waverly JOB . Prevent Center Transfer from Center 13					
Case transfer to new center	05-17-2016	All in center appointments must occur at the center that client requested. Current Center: 013 Waverly JOB . Center Transfer to Center 13					
Home Visit Needed/Home Bound	06-01-2016	Do not make any appointments outside of the client's home while this RA is in effect.					
<b>Note:</b> Please contact your supervisor in regards to any questions about Reasonable Accommodation implementation.							
Ok							

The system will prevent the JOS/Worker from scheduling an appointment at the Center or to the Office of Child Support Enforcement (OCSE) during the restricted dates and times. The JOS/Worker must select an appointment date/time that is available on the schedule.

If the JOS/Worker is not clear on how to handle the RA specified, the JOS/Worker must contact the Center's RAR/HVN Liaison for guidance.

If a participant claims that a requested RA is not being honored, the JOS/Worker must verify that the RA show on both POS and NYCWAY.

If the request is not showing in either POS or NYCWAY, the JOS/Worker must:

- try to resolve the participant's dispute or concern and accommodate his/her request.
- send an email to MIS with the client's information (client's name, case number and type of RA requested) and copy the RAR/HVN Liaison.
- give the participant the OCS complaint number (718) 291-4141.

If the request is showing in POS and NYCWAY, the JOS/Worker must

- try to resolve the participant's dispute or concern and accommodate his/her request.
- give the participant the OCS complaint number (718) 291-4141 and encourage the participant to call and file a complaint.

BEV appointments

Appointments for the Bureau of Eligibility Verification (BEV) that are made outside of POS are not linked with IQ and the central data base; therefore, all available appointments are displayed. The JOS/Workers must select an appointment that is consistent with the individual's available dates and times. If an individual needs to reschedule an appointment with BEV, the individual must contact BEV at the telephone number listed on the appointment letter.

Access-A-Ride

Updated information

If the individual has applied for and is pending approval for Access-A-Ride or other type of paratransit service, NYCWAY will display action code **5AAR** (RAR Applying for Access-A-Ride) which will exempt the individual for 90 days from in-center call in appointments. Individuals pending approval will be treated similar to a home visit needed status; BEV will conduct a home visit. OCSE appointments, if required, will be handled per OCSE homebound process.

Refer to [PD #16-26-OPE](#) for more detailed information on the role of the RAR Operations Unit

Sixty (60) days after the home visit needed status due to pending approval for Access-A-Ride/Paratransit services has been granted, the following will take place:

- The RAR Operations Unit will contact the MTA to follow-up on the decision of the pending application for Access-A-Ride/Paratransit services.
  - If Access-A-Ride/Paratransit services are approved, the RAR Specialist will:
    - enter Action Code **5ARX** (Access-A-Ride APL Period Ended) in NYCWAY that will generate the Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait Times (**HRA-104a**) notice
    - ensure that the individual gets the priority queuing (shorter wait times) RA.
  - If the application for Access-A-Ride/Paratransit services is in process, the RAR Specialist will take no action.
  - If the individual has not yet applied for Access-A-Ride/Paratransit services, the RAR Specialist will offer the individual help applying.
  - If the individual does not respond, the RAR Specialist will take no action.

Ninety (90) days after the home visit needed status due to pending approval for Access-A-Ride/Paratransit services has been granted, the following will take place:

- The RAR Operations Unit will contact the MTA to follow-up on the decision of the pending application for Access-A-Ride/Paratransit services.

- If Access-A-Ride/Paratransit services are approved, the RAR Specialist will:
  - enter Action Code **5ARX** (Access-A-Ride APL Period Ended) in NYCWAY that will generate the Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait times (**HRA-104a**) notice
  - ensure that the individual gets the priority queuing (shorter wait times) RA.
  
- If the application for Access-A-Ride/Paratransit services is in process, the RAR Specialist will:
  - grant the individual an extension of at least 45 days on the home visit needed status and acknowledge with a detailed case note in NYCWAY.
  - follow-up with MTA after 45 days if no additional information is provided by the applicant/participant.
  
- If the individual has not yet applied for Access-A-Ride/Paratransit services, the RAR Specialist will enter Action Code **5AAT** and select “Para Transit – Never Applied” from the drop down in NYCWAY to end the RA. A direct referral to WeCARE will be generated.
- If the application for Access-A-Ride/Paratransit services is denied, the RAR Specialist will enter Action Code **5AAT** and select “Para-Transit Denied” in NYCWAY to end the RA. A direct referral to WeCARE will be generated

### Work Rules Requirements

Unless otherwise determined exempt (e.g., age 60 or older) from the Cash Assistance (CA) work rules requirements, CA applicants/participants are required to comply with work requirements as a condition of CA eligibility.

Refer to [PD #15-10-ELI](#) for WeCARE information

CA applicants/participants who claim they are unable to fulfill work rules requirements due to a mental health or physical condition must comply with HRA's efforts to clinically assess their claim and comply with all services that can help them achieve their highest possible level of self-sufficiency.

CA applicants/participants who are work rules required and claim a physical or mental health barrier to employment are referred to the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program. WeCARE is designed to provide a full range of services such as psychosocial, medical, wellness, vocational rehabilitation, and federal disability application assistance. CA applicants/participants may be referred for an assessment at a WeCARE medical site or for those with recent WeCARE history, to a WeCARE non-medical service site to be re-engaged in WeCARE activities.

#### Modifying an Approved Request

If an individual with an approved RAR for flexible scheduling due to travel limitations/restrictions for certain days/times has a change in his/her treatment schedule or the schedule of a travel companion and submits a written request of the change, the HVN/RAR liaison at the Center must forward the request to OCS who will make the schedule change in IQ. IQ will generate a new Notification of Determination of Your Reasonable Accommodation Request (**HRA-104**) notice to the individual indicating a modification to the existing RAR.

#### Filing an Appeal

When an individual is denied the reasonable accommodation he/she requested or is dissatisfied with the alternative accommodation offered, he/she may file an appeal with the ADA Compliance Officer regarding the Agency's determination. Individuals may file an appeal by completing the Request for an Appeal of a Reasonable Accommodation Determination (**HRA-102**). Additional medical documentation in support of the request may be submitted along with the appeal. Individuals or their representative may also submit written appeals without using the **HRA-102**.

The appeal form should be submitted by the individual or the individual's representative within thirty (30) calendar days from the date of the **HRA-104** and either mailed, faxed or emailed to:

ADA Compliance Officer  
 150 Greenwich Street, 38<sup>th</sup> Floor  
 New York, New York 10007  
 Fax number: (917) 639-0333  
 Email: [adaappeals@hra.nyc.gov](mailto:adaappeals@hra.nyc.gov)

Individuals who need help in submitting a written appeal due to a physical and/or mental health condition may contact OCS at (212) 331-4640. OCS will then forward the appeal to the ADA Compliance Officer.

Review of an Appeal

The ADA Compliance Officer will review the RAR and the Determination Form. The ADA Compliance Officer may review Agency records, interview, consult with, and/or request a written response from any HRA employee or agent who may possess relevant information to assist with the consideration of the appeal. The appeal and/or medical documentation is forwarded to CAS for review.

Upon completion of the review, the ADA Compliance Officer will notify the individual of the Appeal determination within thirty (30) calendar days of the ADA Compliance Officer's receipt of the appeal. The ADA Compliance Officer will notify the appropriate program area when a reasonable accommodation or reasonable alternative accommodation is granted or denied on appeal. The appropriate program area will implement the reasonable accommodation and will notify the ADA Compliance Officer when implementation is complete.

The ADA Compliance Officer will maintain files and records relevant to all appeals filed.

**PROGRAM  
 IMPLICATIONS**

Paperless Office System (POS) Implications

Client Services Screen in POS will inform JOS/Workers of pending and approved RAR's. Once a formal RAR is submitted, POS will block out any appointment dates and times in which an individual is unavailable.

SNAP Implications Reasonable accommodations do not affect SNAP eligibility.

Medicaid Implications Reasonable accommodations do not affect Medicaid eligibility.


**LIMITED ENGLISH PROFICIENT (LEP) AND DEAF OR 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** Applicants/participants who are denied a request for a reasonable accommodation should follow the appeal process outlined in this directive.

**REFERENCES**  
 18 NYCRR 303.1  
 18 NYCRR 303.5  
 18 NYCRR 303.7  
 02 LCM 7  
 06-ADM-05

**RELATED ITEMS**  
[PD #16-26-OPE](#)  
[PD #15-10-ELI](#)  
[HRA-PB-2016-03](#)

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Reasonable Accommodation/Brief Description
- Attachment B** HRA Desk Guide to Reasonable Accommodations
- BRC-681A** Are You a Person With a Disability? (Rev. 1/16)
- BRC-681A (S)** Are You a Person With a Disability? (Spanish) (Rev. 1/16)
- 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)** Notification of Receipt of Your Reasonable Accommodation Request



- HRA-102b (S)** Notification of Receipt of Your Reasonable Accommodation Request (Spanish)
- 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-104 (E)** Notification of Determination of Your Reasonable Accommodation Request
- HRA-104 (S)** Notification of Determination of Your Reasonable Accommodation Request (Spanish)
- HRA-104a (E)** Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait Times
- HRA-104a (S)** Decision on Your Reasonable Accommodation Request: Access-a-Ride in Place and Shorter Wait Times (Spanish)
- HRA-105 (E)** Denial of Reasonable Accommodation: No Medical Documentation
- HRA-105 (S)** Denial of Reasonable Accommodation: No Medical Documentation (Spanish)
- 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)

Attachment A

<b>Reasonable Accommodation</b>	<b>Brief Description</b>
No Appointments During Rush Hour	Appointments should only be scheduled between 11am and 2pm
No appointments During Certain Days and Times	Appointments made based on availability of applicant/participant (Availability noted in Client Services Screen)
Shorter Wait Times	Individuals should be seen in a priority fashion ahead of others
Help Reading Forms	Assist applicants/participants with reading HRA forms and notices – can be in person or over the phone
Help Completing Forms	Provide assistance to applicant/participants with filling out HRA forms and/or applications
Making Appointments When You Can Have Someone Come With You	Appointments should be scheduled based on the availability of the individual designated to assist the applicant/participant with traveling to and from an HRA office (Availability of travel companion noted in Client Services Screen)
Help for People Who Are Blind or Visually Impaired	Applicant/participant has been approved for individualized assistance based on need (Preferred assistance method available in Client Services Screen)
Sign Language Interpretation	Applicant/participant must be serviced using preferred method of sign language interpretation (Preference noted in Client Services Screen)
Help for People Who Are Deaf or Hard of Hearing	Applicant/participant must be serviced using preferred method of assistance (Preference noted in Client Services Screen)
Case Transfer to New Center	Applicant/participant's case must remain assigned to requested center (Requested center noted in Client Services Screen)
Keep Case at Current Center	Applicant/participant's case must not be transferred out of requested center (Requested center noted in Client Services Screen)
No In-Office Appointments While You Apply for Access-A-Ride	No in-office appointments must be scheduled while pending approval of paratransit services
You Need HRA to come to your home for appointments.	HVN/HB. No in-office appointments must be scheduled
Other	Client Services Screen will provide unique characteristics of the Reasonable Accommodation

## *HRA Desk Guide to Reasonable Accommodations*

<b>RA Name</b>	<b>RA Implementation (When Granted)</b>	<b>Provisionally Granted?</b>	<b>Documentation Required?</b>
Help completing forms	Assist client with filling out HRA forms.	Yes	No
Help for people who are blind or visually impaired	Assist client per client request.	Yes	No
Help for people who are deaf or hearing impaired	Assist client per client request.	Yes	No
Help reading forms	Assist client with reading HRA forms and notices.	Yes	No
Shorter wait times	Minimize client's wait time to be served whenever possible.	Yes	No
Sign language interpretation	Arrange for client to be serviced used preferred method of sign language.	Yes	No
You need HRA to your home for appointments	Home Visit Needed/Homebound. Do not schedule in-office appointments.	Yes	Yes
Making appointments when you can have someone come with you	Only schedule appointments when the client's travel companion is available.	Yes	Yes
No appointments during certain days and times	Only schedule appointments based on client's availability.	Yes	Yes
No appointments during rush hour	Only schedule appointments between 11 AM and 2 PM.	Yes	Yes
No in-office appointments while you apply for Access-A-Ride	Do not schedule in-office appointments.	Yes	Yes
Keep your case at your current center	Keep client's case at the requested center; do not transfer case to a different center.	No	Yes
Other	Case by case basis, per the client's request.	No	Yes
Transfer your case to new center	Transfer the client's case to the requested center.	No	Yes

1. The best way to learn if a client has an existing RA is to check the Client Service Screen.
2. RAs that are provisionally granted must be honored as soon as the client makes the request. Even when an RA is not provisionally granted, HRA must try to find some alternative way to meet the client's needs.
3. Supporting documentation is NOT required immediately. HRA will send the client a notice with instructions that tell the client when the documentation is due.
4. Clients who are *permanently* work exempt, such as those who are 60 years old or older, do not require any RA documentation except for Shorter Wait Times and Home Visits Needed/Homebound RAs.



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**If it is difficult to meet HRA's requirements because of a medical, mental health or other type of condition, we can help.**

HRA is committed to helping you access our services. If you have a disability, HRA can help by providing supports or accommodations to make it easier for you to get the services you need. This type of help is called a **reasonable accommodation.**

### What are examples of reasonable accommodations?

Examples of reasonable accommodations offered by HRA for people with disabilities are:

- Making your appointments at times that avoid rush hour travel
- Shortening your wait times at HRA Offices
- Providing a sign language interpreter
- Helping you with reading and completing forms
- Home visits, if needed

### A few examples of conditions that may cause you to need a reasonable accommodation:

- » Vision, speech, or hearing impairments
- » Medical conditions like arthritis, cancer, multiple sclerosis, heart disease, cirrhosis, or HIV/AIDS
- » Developmental or learning disabilities
- » Mental health conditions like bipolar disorder, clinical depression, anxiety disorder, or schizophrenia

### How do I ask for a reasonable accommodation?

- » You can ask for a reasonable accommodation at any HRA location or program.
- » You can ask for an accommodation by calling the Office of Constituent Services (OCS) at (212) 331-4640.
- » You can complete and submit HRA's Reasonable Accommodation Request (RAR) form or make your own written request. You can get a copy of this form at your local HRA Office or by calling OCS at the number above.

**Download the form by searching the internet for: HRA - Disability Access - NYC.gov**

### Where can I submit a Reasonable Accommodation Request (RAR) form or a written request for an accommodation?

Give us your completed RAR form or written request at your local HRA office; **OR** Email, mail, or fax your written request or completed RAR to:

**Human Resources Administration  
Office of Constituent Services  
150 Greenwich St. 35th Floor  
New York, NY 10007  
Fax: (212) 331-4685 OR (212) 331-4686  
constituentservices@hra.nyc.gov**



**You do not need to give us proof of your condition at the time of the request. We may ask you to give us some medical or clinical documents later.**

### What if I need help completing the form?

If your condition makes it hard for you to complete the RAR form or submit your request, contact OCS for help at (212) 331-4640.

### How will I find out if my request is approved?

HRA will review the request and decide if a reasonable accommodation is appropriate. We will contact you to let you know of our decision. You can call (212) 331-4640 to find out the status of your request.

### What if I use a text telephone (TTY) or voice carry-over (VCO) phone?

You can call us using the telephone relay service by dialing 7-1-1 or 1(800) 662-1220. Then connect to OCS at (212) 331-4640.



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## ANTI-DISCRIMINATION POLICY

### What if I feel I've been treated unfairly because of my disability?



If you think you or someone in your family has been discriminated against at HRA because of a disability you may send a complaint by letter, fax, or email to:

**Jennifer Shaoul**  
Executive Director of Disability Affairs  
Human Resources Administration  
Office of Client Advocacy and Access  
150 Greenwich Street – 42nd Floor  
New York, NY 10007  
Fax: (212) 437-2161  
Email: shaoulj@hra.nyc.gov

Or you can call the Central Complaint Unit at (718) 291-4141

### What should I include if I make a complaint?

- 1 Your name, mailing address, and telephone number
- 2 Your HRA case number, if you have it
- 3 A description of what happened and where and when it happened
- 4 The names and job titles of HRA workers involved, if you have them
- 5 The HRA office, program, or service involved

**HRA is committed to ensuring meaningful access to programs and services for people with disabilities consistent with the Americans with Disabilities Act (ADA) of 1990 and other laws.**

# Do you have a disability?

Do you need help with your application, recertification or other program requirements?

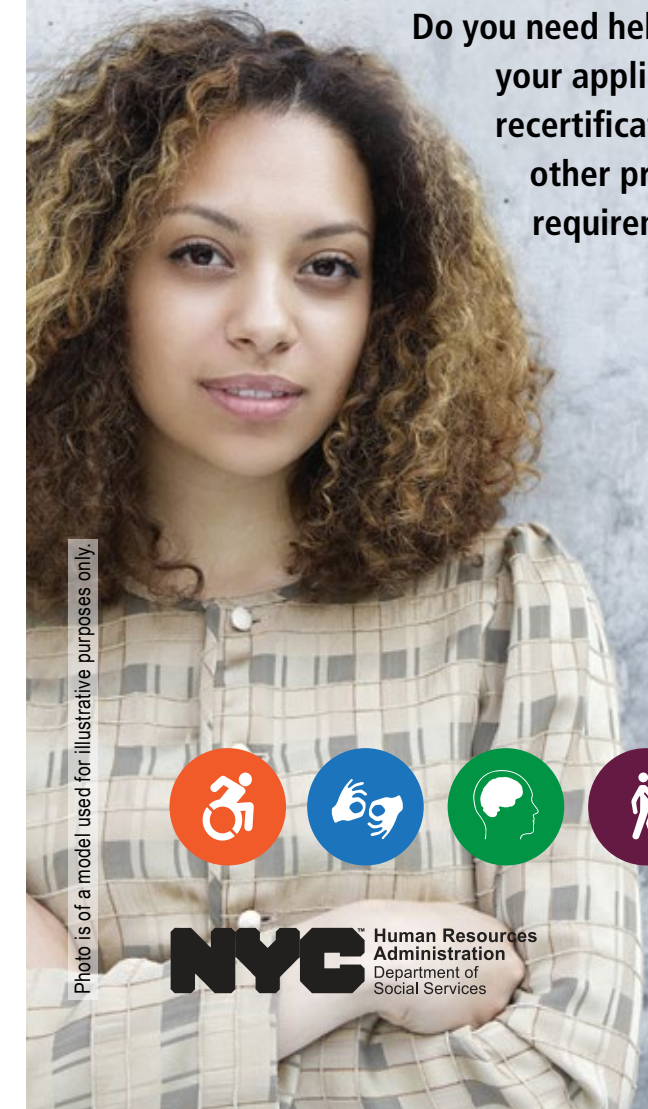


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**NYC** Human Resources Administration  
Department of Social Services



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La HRA está comprometida a ayudarle a acceder a nuestros servicios. Si usted tiene alguna discapacidad, la HRA puede ayudarle dándole apoyo o adaptaciones para facilitar su acceso a los servicios que necesita. Este tipo de ayuda se conoce como **un arreglo razonable**.

### ¿Cuáles son algunos ejemplos de arreglos razonables?

Algunos ejemplos de los arreglos razonables que ofrece la HRA a las personas con discapacidades son:

- Programar sus citas en horarios que le permitan evitar viajar en horas de mucho tráfico
- Disminuir los tiempos de espera en las oficinas de la HRA
- Proporcionar un intérprete de lenguaje de señas
- Ayudarlo a leer y completar los formularios
- Visitas al hogar, si es necesario

### Algunos ejemplos de afecciones para las que podría necesitar un arreglo razonable son:

- » Discapacidad de la vista, del habla o de la audición
- » Afecciones médicas, como artritis, cáncer, esclerosis múltiple, enfermedad cardíaca, cirrosis, VIH/ SIDA
- » Discapacidades del desarrollo o de aprendizaje
- » Afecciones de salud mental, como trastorno bipolar, depresión clínica, trastorno de ansiedad o esquizofrenia

### ¿Cómo puedo solicitar un arreglo razonable?

- » Usted puede solicitar un arreglo razonable en cualquier ubicación o programa de la HRA.
- » Puede solicitar un arreglo si llama a la Oficina de Servicios Constituyentes (Office of Constituent Services, OCS) al (212) 331-4640.
- » Ahora puede completar y enviar el formulario de Petición de Arreglo Razonable de la HRA (Reasonable Accommodation Request, RAR) o puede escribir su propia solicitud. Puede obtener una copia de este formulario en la Oficina HRA local o llamando a la OCS al número antes mencionado.

### ¿A dónde puedo enviar el formulario de Petición de Arreglo Razonable (RAR) o la solicitud por escrito para un arreglo?

Envíe su formulario RAR lleno o la solicitud por escrito a la oficina HRA local; **o** envíe su solicitud por escrito o su RAR lleno por correo electrónico, correo postal o fax a:

**Human Resources Administration  
Office of Constituent Services  
150 Greenwich St. 35th Floor  
New York, NY 10007  
Fax: (212) 331-4685 OR (212) 331-4686  
constituentaffairs@hra.nyc.gov**



No es necesario que nos envíe una prueba de su afección cuando presente su solicitud. Podríamos pedirle algún documento médico o clínico después.



Si le es difícil cumplir con los requisitos de la HRA debido a una afección médica, de salud mental o de otro tipo, podemos ayudarle.

Descargue el formulario buscando en Internet:  
HRA - Acceso por discapacidad - nyc.gov

## ¿Qué hago si necesito ayuda para llenar el formulario?

Si su afección no le permite llenar el formulario RAR ni enviar su solicitud, comuníquese con la OCS para obtener ayuda, al (212) 331-4640.

## ¿Cómo sé si mi solicitud fue aprobada?

La HRA revisará la solicitud y determinará si es apropiada el arreglo razonable. Nos comunicaremos con usted para informarle sobre nuestra decisión. Puede llamar al (212) 331-4640 para conocer cuál es el estatus de su solicitud.

## ¿Qué hago si utilizo un teléfono de texto (TTY) o un teléfono de voz transportada (VCO)?

Puede llamarnos por medio del servicio de retransmisión por teléfono al 7-1-1 o al 1(800) 662-1220. Luego comuníquese con la OCS al (212) 331-4640.



NYCHRA



HRA NYC

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BRC-681A  
Rev. 1/16

# POLÍTICA CONTRA LA DISCRIMINACIÓN

## ¿Qué pasa si creo que he sido tratado injustamente debido a mi discapacidad?



Si cree que usted o alguien de su familia ha sido discriminado en la HRA debido a una discapacidad, pueden enviar una queja por carta, fax o correo

electrónico a:

Jennifer Shaoul  
Executive Director of Disability Affairs  
Human Resources Administration  
Office of Client Advocacy and Access  
150 Greenwich Street – 42nd Floor  
New York, NY 10007  
Fax: (212) 437-2161  
Correo electrónico:  
disabilityaffairs@hra.nyc.gov

O bien, puede llamar a la Unidad Central de Quejas al (718) 291-4141

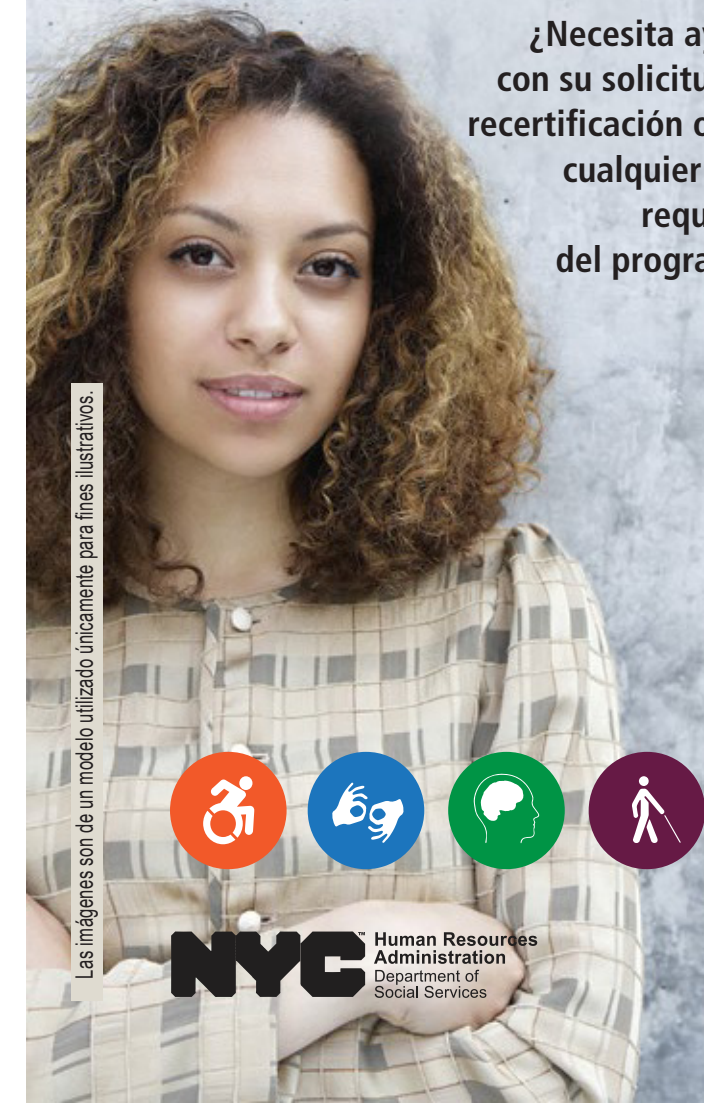
## ¿Qué debo incluir cuando presente una queja?

- 1 Su nombre, dirección postal, y número de teléfono
- 2 Su número de caso de HRA, si lo tiene
- 3 Una descripción de lo que sucedió, dónde y cuándo sucedió
- 4 Los nombres y puestos de los trabajadores de HRA involucrados, si los tiene
- 5 La oficina, el programa o el servicio de HRA involucrado

**\*** HRA tiene como objetivo garantizar el acceso significativo a programas y servicios para personas con discapacidades que conforme a Americans with Disabilities Act, ADA (Ley para Americanos con Discapacidades) de 1990 y a otras leyes.

# ¿Tiene alguna discapacidad?

¿Necesita ayuda con su solicitud, la recertificación o con cualquier otro requisito del programa?



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**NYC** Human Resources Administration  
Department of Social Services

## 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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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: \_\_\_\_\_

### 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](mailto: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](mailto: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 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](mailto: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.

SAMPLE

**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](mailto: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](mailto: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](mailto:RARappeals@hra.nyc.gov)

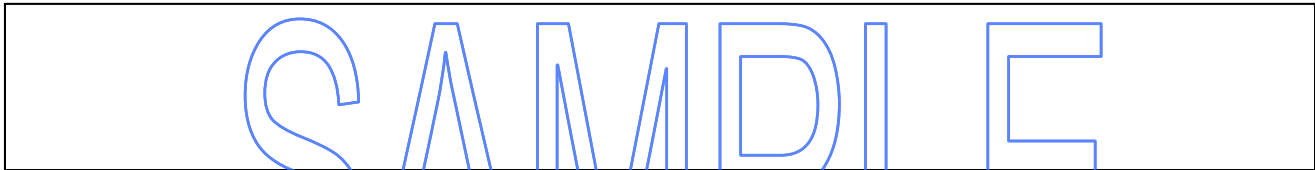
Si usted necesita ayuda para interponer esta apelación a raíz de una afección médica o psiquiátrica, llame a la Oficina de Servicios al Constituyente al (212) 331-4640, o envíenos correo electrónico a [constituentaffairs@hra.nyc.gov](mailto:constituentaffairs@hra.nyc.gov). Nosotros le prestaremos ayuda.

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](mailto: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](mailto: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.

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](mailto: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](mailto: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

<b>Patient Name:</b>	<b>Social Security Number:</b>
<b>Patient Address:</b>	<b>Date of Birth:</b>

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**

<b>Nombre del Paciente:</b>		<b>Número de Seguro Social:</b>	
<b>Dirección del Paciente:</b>		<b>Fecha de Nacimiento:</b>	

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.**