



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY DIRECTIVE #17-01-ELI

(This Policy Directive Replaces PD #12-29-ELI)

PROCESSING IMMEDIATE NEEDS (CODE 44) AND/OR EMERGENCY ASSISTANCE

Date: January 4, 2017	Subtopic(s): Application, Emergencies, Code 44, Goodwill Voucher
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AUDIENCE The instructions in this policy directive are for Job Center staff. They are informational for all other staff.

REVISION TO THE PRIOR DIRECTIVE

This policy directive has been revised to inform staff that:

- Personal Care Kits will no longer be issued;
- Households that would have been eligible to receive these kits must be evaluated for eligibility to receive an immediate needs grant instead;
- The Daily Log for Personal Care Kits and Supplementary Items (**W-145WW**) and the Weekly Status Report for Personal Care Kits and Supplementary Items (**W-145XX**) have been obsoleted;
- The Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) has been revised to reflect the removal of the personal care kit option; and
- Applicants who request assistance in replacing either clothing and/or furniture as a result of a fire should not be referred to the Red Cross for completion of the Dwelling Survey Worksheet (**W-30FF**). Instead, the applicant should complete the **W-30FF** to the best of his/her ability. The **W-30FF** has been revised for completion by the applicant.
- Immediate needs requests by homebound applicants/participants are handled by the Reasonable Accommodation Request/Home Visit Needed (RAR/HVN) Center 90.

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

POLICY

At application, social service agencies are required to assess a reported emergency situation. If an immediate need is identified, it must be addressed and, whenever possible, resolved the same day. Emergency situations (e.g., eviction) that cannot be fully resolved on the day of application must, if possible, be resolved in time to prevent the impending emergency from occurring.

The Agency is further required to provide the applicant with a notice indicating whether or not assistance to meet the immediate need will be provided.

BACKGROUND

A same-day immediate needs interview must be conducted whenever an applicant indicates the presence of an emergency, whether or not he/she formally requests an immediate needs interview or applies for an immediate needs grant. The immediate needs interview must be provided at the Center of application, even if that Center does not cover the individual's zip code. These applications must be transferred to the covering Center once the entire application process has been completed if the case has been accepted for recurring cash assistance.

For Cash Assistance (CA) purposes, immediate needs are divided into two categories: food- and non-food-related emergency situations.

Food-related Emergencies

A food-related emergency exists when an applicant indicates that he/she has no food and no money to buy food. Food-related emergencies are generally resolved by the issuance of a same-day Supplemental Nutrition Assistance Program (SNAP) benefit for those applicants who can **verify** their eligibility for SNAP benefits at the initial application interview or those who qualify for Expedited Supplemental Nutrition Assistance Program (ESNAP) processing and are determined eligible for same-day SNAP benefits. All households applying for SNAP benefits as part of an application for ongoing CA or an emergency grant (one-shot deal) must be screened for ESNAP processing eligibility even if they do not claim a food-related emergency. ESNAP screenings are completely separate from immediate needs grant interviews. An applicant may be eligible for one and not the other, eligible for both, or not eligible for either.

A food-related Code **44** grant may be issued if the household has an immediate need and meets one of the following criteria:

- the household appears to be ineligible for expedited processing of their SNAP application;

See [PD #14-13-OPE](#) for details on expedited SNAP processing.

See [PD #08-08-SYS](#) for details on same-day SNAP issuance.

See [PB #08-154-OPE](#)

- the applicant is determined ineligible for SNAP benefits (e.g., SNAP ineligible noncitizen); or
- the household is eligible for same-day SNAP benefits; however the benefits will not be available on the same day.

Note: Safety Net Assistance (SNA) and Family Assistance (FA) applicants who are in an incremental sanction status are ineligible to receive emergency assistance to resolve a food-related emergency. Additional grants to meet an immediate need may be issued to an applicant if his/her need still exists after the first issuance and the CA eligibility determination is still pending.

However, the total amount issued must not exceed the pre-added allowance for the application period covered. It may also be necessary to refer the applicant to other supportive services to meet his/her health and safety needs (see the Nonfood-related Emergencies section below).

Non-food-related Emergencies

Non-food-related emergencies refer to situations that can adversely affect the health and safety of an individual. Nonfood-related emergencies include, but are not limited to, the situations listed below.

Reported Cases of Domestic Violence

See [PD #15-08-ELI](#) for further information on processing applications for victims of domestic violence.

Victims of domestic violence may apply for assistance at any Job Center and must be offered a voluntary and confidential (with the exception of child abuse and/or maltreatment) referral to the Domestic Violence Liaison.

The Domestic Violence Liaison will explore the severity of the situation and determine if any eligibility requirements should be temporarily waived to secure the safety of the applicant and his/her family.

Housing-related Emergencies

See [PD #04-31-ELI](#) for information on CA shelter allowances.

Housing-related emergencies include, but are not limited to, homelessness, pending eviction (must be accompanied by a verified statement indicating the pending eviction [e.g., Six-day Notice of Eviction Dispossess]), and lack of money to pay moving expenses.

Note: Homeless individuals may apply for assistance at any Job Center.

See [PB #16-55-OPE](#) for information on referrals to RAU for grants requests above agency level.

Generally, applicants who have housing-related emergencies will be referred to the Homelessness Diversion Unit (HDU). The HDU is responsible for determining if emergency assistance is needed for the applicant(s) to maintain/obtain housing accommodations and determining whether other options are available. After the applicant's needs are identified by the HDU, HDU will issue an emergency grant for a security voucher, a broker's fee, moving expenses and transportation allowances. Clothing or other household items are the responsibility of the JOS/Worker (see below).

Applicants should no longer be referred to the Red Cross.

Applicants who have become homeless as a result of a fire/disaster should complete the Dwelling Survey Worksheet (**W-30FF**) to the best of his/her ability.

New

The **W-30FF** has been revised to remove the sections that were formerly completed by the Red Cross. It now includes Sections 1 and 4 to be completed by the JOS/Worker, and Sections 2 and 3 to be completed by the applicant. The applicant should sign the **W-30FF** where indicated. The JOS/Worker should print his/her name in the area indicated and have the form signed by the Assistant Deputy Director and the Deputy Director/Director. The JOS/Worker should scan and index the **W-30FF** into the Paperless Office System (POS).

See [PB #14-30-ELI](#) for replacement of food purchased with SNAP benefits.

These applicants should also be evaluated for a replacement issuance of SNAP benefits, if food was lost in the fire/disaster.

Utility Shut-off

See [PD #14-12-ELI](#) for further information regarding requests for utility assistance.

When an applicant requests assistance to prevent a utility shut-off, the JOS/Worker must make a referral to the Utility Liaison. The Utility Liaison will determine whether or not the applicant is eligible for benefits under the Home Energy Assistance Program (HEAP). If the individual is found eligible for a HEAP or Emergency HEAP grant, HEAP Central will process the HEAP application and provide the grant to the vendor.

If the applicant is found ineligible for a HEAP or Emergency HEAP grant, the JOS/Worker will evaluate him/her for non-recoupable alternatives such as Special Grant Codes **50** (Non-Recoupable Utility Grant/No Mismanagement), **41** (Utility Grant to Prevent Turn Off of Restore Utility Services [Mismanagement]), and/or **10** (Utility Grant to Prevent Turn-off/Restore Services [Prior to CA]), as appropriate to process a utility payment. These utility grants must be processed in the POS Single Issuance activity.

Note: An applicant with a utility shut-off notice will be required to verify that he/she is the tenant of record as well as the customer of record. Married applicants may provide a utility bill in the name of a current/deceased spouse.

A similar process is also appropriate when an applicant is facing a heat-related, non-utility emergency (e.g., an applicant who is in need of fuel, oil, propane, etc.).

Persons who have been evicted and are undomiciled or whose utilities have been shut off are to be given emergency/priority appointments.

Requests for Clothing/Household Items

See **Attachment A** for a sample Goodwill Voucher.

Applicants who are in need of clothing and/or household items may be issued a Goodwill Voucher or Code **99** cash equivalent (this code is used for Richmond Job Center and Homebound Applicants only), if their need for these items did not result from a fire or disaster.

Goodwill Vouchers should not be issued to CA participants.

Applicants who are in need of clothing and/or household items as a result of a fire/disaster may be issued a grant using Special Grant Code **46** (Disaster Clothing) or Code **47** (Disaster household furnishings and replacements) to replace the necessary items. Goodwill Vouchers are only available for applicants whose cases are in applying (**AP**) or single issuance (**SI**) status.

The total amount of any Goodwill Vouchers (or Code **99** cash equivalents) and/or Code **44** emergency grants already issued during the application process cannot exceed the maximum pre-added allowance for the household size. This limitation does not include grants issued on other special grant codes such as Code **10** (utility grant), Code **25** (shelter and/or repair allowance for homeowners), or Code **60** (establishment of a home).

For example, an FA household of two may receive a Goodwill Voucher(s) or Special Grant Code **99** for up to a total of \$252.00 which is the maximum pre-added allowance for a 30-day application period. An SNA household of two may receive a Goodwill Voucher for up to a total of \$378.00 which is the maximum pre-added allowance for the 45-day SNA waiting period. Goodwill Vouchers (or Code **99** cash equivalents) can only be issued to applicants.

See the Guide to Cash Assistance Budgeting ([W-203K](#)) for the semimonthly pre-added allowance by household size.

Determining Grant Amounts to be Issued

The Proration Table for Computation of Immediate Needs Grants (Code 44) (Form **M-696g**) is used to determine the amount of money to issue for an immediate needs grant. The amount of money issued must not exceed a five (5) day proration of the maximum allowable pre-added allowance for the household.

Job Center Directors must ensure that eligible applicant households are issued Code **44** grants whenever a need is demonstrated. The amount of the Code **44** grant issued will be approved by the Director/Designee and must not exceed a five (5) day proration of the maximum allowable pre-added allowance for the household.

Eligibility Determination Process for Immediate Needs Grants

The Agency must attempt to obtain as much verification of an immediate need as possible either from the applicant or through collateral contacts provided by the applicant. Collateral contacts may include neighbors, religious leaders, shelter providers, etc. Prior to issuing an Immediate Needs Grant, the following information should be established and verified, if possible:

- Identity of all household members requesting an immediate needs grant;
- Family composition;
- Citizenship/alien status;
- Income from any source; and
- Savings/resources.

See [PB #16-04-OPE](#)
Duty to Assist
Applicants/Participants

Wherever possible, the Agency must assist applicants who are unable to obtain documentation. For example, staff may contact a utility company for disconnection information, a fuel vendor for customer-of-record verification, a landlord for possible eviction or residence information, etc. If the applicant is cooperative and demonstrates a good faith effort to obtain documentation and provide appropriate collateral contacts, but is unable to secure these items, then an immediate needs grant must be issued despite any lack of required verification.

Applicants who, without good cause, fail to produce documentation or cooperate with Agency efforts to verify required information must be denied an immediate needs grant.

See [PB #14-97-OPE](#)
Bureau of Eligibility
Verification (BEV)
Referrals

Families who apply for FA, SNFP or SNNC with a Front End Detection System (FEDS) code, individuals applying for SNFP or SNNC, and all applicants applying for SNCA, EAF, or ESNA must be referred to the Bureau of Eligibility Verification (BEV) unless otherwise exempted (i.e. Families applying for FA, SNFP, SNNC without a FEDS code, applicants for EAA grants, or non-legally responsible payees, congregate care residents).

See [PD #13-08-ELI](#) for
Finger Imaging for Cash
Assistance.

Unless otherwise exempt (for example applicants for EAA), all persons who apply for CA must be referred to the Finger Imaging Unit. The referral to the Finger Imaging Unit should not delay the immediate needs interview. However, funds cannot be authorized until the finger imaging results are received.

See [PD #13-06-ELI](#)
for further information
regarding same-day
benefit issuance through
the EBT system.

Exception: If the finger imaging results cannot be obtained due to problems with the system or other operational issues (such as the AFIS operator having left for the day), and the applicant has complied with all other requirements and is otherwise eligible, the immediate needs grant must be issued.

For eligible applicants, the immediate needs grant is provided as a same-day benefit via the Electronic Benefit Transfer (EBT) system.

Limiting Immediate Needs Grants (Code 44), and/or Goodwill Vouchers or Their Cash Equivalents (Code 99) for failure to comply with eligibility requirements

If an individual who receives an immediate needs grant or other emergency assistance (i.e., Goodwill Voucher [or Code 99 cash equivalent]) subsequently fails to comply with CA eligibility requirements, that individual may be denied for any additional immediate needs/emergency assistance requests filed within three months (90 days) of the initial application, if he/she cannot document good cause for failing to comply. Good cause can include, but is not limited to, family emergencies, transportation problems, and new or current job obligations. If the reapplicant cannot prove good cause, he/she must comply with all eligibility requirements before another Code 44 grant or Goodwill Voucher can be issued.

The intent of this policy is to prevent individuals from repeatedly applying for emergency assistance because they are unable to meet their everyday living expenses. In these cases, recurring assistance is more appropriate. This applies even if the reapplicant is not eligible for ESNAP service and is requesting a grant to alleviate a food-related emergency.

This policy, however, does not apply to households residing in domestic violence shelters or households that only received fuel (non-utility) and/or utility-related emergency assistance during the application process.

NYCWAY Action Code 90LN

Action Code **90LN** (Limitation of Immediate Needs Grant Notification) allows the Agency to track the issuance of Code **44** grants and/or Goodwill Vouchers (or Code **99** cash equivalent), to ensure that only one grant is issued in a three-month period. It also confirms that the household was previously advised of the Agency's policy on multiple grant requests within a three-month period.

New
The **W-145HH** has been revised to remove references to personal care kits.

The Paperless Office System (POS) will auto-post Action Code **90LN** in NYCWAY each time a Code **44** grant is issued and a Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (**W-145HH**) form is sent to the applicant.

Note: NYCWAY Action Code **90LN** will post overnight, after the Supervisor's approval activity is completed in POS. Action Code **90LN** is only to be entered for the casehead.

Action Code **90LN** must also be manually entered whenever a Goodwill Voucher (or Code **99** cash equivalent) is issued and Form **W-145HH** is sent to the applicant, but no Code 44 grant is issued.

Note: There is no limit to the number of emergency/immediate needs grants (Code **44**) and/or Goodwill Vouchers (or Code **99** cash equivalent) that can be issued within one application period, as long as the total amount issued does not exceed the amount of the household's pre-added allowance for the period. For example, the grants for an SNA household cannot exceed the total preadded allowance for three semimonthly cycles (45 days). The grants for a FA household cannot exceed the total preadded allowance for two semimonthly cycles (30 days).

Example 1

CA reapplication within 3 months of denial for failure to comply with eligibility requirements without good cause.

A household applied for recurring assistance on January 5, 2016, claiming a food-related emergency. The household was not eligible for ESNAP benefits due to income and did not have all of the required documents to verify eligibility for ongoing SNAP benefits.

The JOS/Worker issued an immediate needs (Code **44**) grant to meet the household's emergency and Action Code **90LN** was auto-posted in NYCWAY. The household subsequently failed to complete the application process and was denied recurring assistance.

The same household applies for recurring assistance on February 10, 2016, claiming another food-related emergency. The household is still not eligible for ESNAP processing and is unable to provide a good reason for having failed to comply with the previous application. On February 10, 2016, the JOS/Worker must check to see if Action Code **90LN** was posted in NYCWAY when the immediate needs grant (Code **44**) was issued on January 5, 2016. Action Code **90LN** confirms the household was previously advised of the Agency's policy on frequent applications.

Since the applicant is reapplying for emergency assistance within 90 days of the first request and does not have good cause for failing to complete the prior application process, the Agency can deny the emergency request to meet the food-related emergency

In this instance, the JOS/Worker must ensure that, when completing Form **W-145HH**, he/she enters January 5, 2016, as the previous application date and checks off the immediate needs grant box.

Example 2

CA reapplication more than 3 months after denial for failure to comply with eligibility requirements.

An individual applies for CA on January 20, 2016, and reports that he has a food-related emergency. He is eligible for ESNAP processing and is determined eligible for SNAP benefits. The applicant is issued a same-day SNAP benefit and Action Code **90LN** is posted in NYCWAY.

The applicant must provide documents necessary to verify eligibility for ongoing CA and SNAP benefits by January 28, 2016. He fails to do so and, on January 29, 2016, action is taken to deny the application. The individual reapplies for recurring assistance on May 16, 2016.

He again reports a food-related emergency. The individual is ineligible for ESNAP benefits because he has no documentation to verify eligibility, and did not have a good cause for failing to comply on the previous application.

In this instance, because the prior application is more than three months old, the applicant is eligible to receive an immediate needs grant (Code **44**) if he otherwise meets the criteria.

REQUIRED ACTION

Request for an Immediate Needs/Emergency Assistance Grant

Processing CA Applicants in Non-Model Offices

Applying for assistance out of territory

If an individual who visits a Non-Model Office to apply for assistance indicates the presence of an emergency, he/she must be directed to the next available JOS/Worker who will process the request.

If an individual seeking to apply for assistance is not at the Center which covers his/her zip code and indicates the presence of an emergency, the Receptionist must begin the POS Application Intake and select "Site Determination Override" in the drop-down menu for the question "Is there a Special Situation or Hardship?" in the **Site Determination** window. The reported emergency must be recorded in the **Problems** section on the window.

The Receptionist must then alert the AJOS I / Supervisor who will immediately assign the case to the next available JOS/Worker.

Processing CA Applicants in Model Offices

If an individual seeking to apply for assistance at a Model Office indicates the presence of an emergency, the Receptionist at Front Door Reception (FDR) must issue a CA ticket in the Front Door Electronic Reception (FRED) and direct the applicant to the CA Reception area.

See [PB #16-18-OPE](#) Expansion of and Revision to Self-Service Initiatives for Check-in and Document Return

In Centers with Self-Service Check-in, the individuals will have to self-identify as needing to apply for CA and a ticket will be generated. If the individual seeking to apply for assistance is not at the Center that covers his/her zip code, the Receptionist must initiate the **Site Determination** and/or an "Override" to complete the **Problems** section. Once the reported emergency has been noted in POS, the Receptionist must alert the AJOS I/Supervisor. The AJOS I/Supervisor must immediately assign the case to the next available JOS/Worker.

CSIC provides a wide range of services including the handling of emergency requests for special grants.

After the initial application interview is conducted, the JOS/Worker will make an in-Center referral to the relevant unit, if necessary, in order to further handle the request for emergency assistance. If the applicant visits the Center to report another emergency while in **AP** status, he/she must be routed to the Customer Service and Information Center (CSIC) in order to further process the request.

Processing Food-Related Immediate Needs (Code 44)

Once the case is assigned, the JOS/Worker must:

- complete the **Immediate Needs (IN)/ESNAP Issuance** activity to determine eligibility for ESNAP service and immediate needs.
- review the **WMS Benefits Issuance Screen** to determine if SNAP benefits have already been issued. If SNAP benefits have been issued to the CA applicant, then the case must be discussed with the Supervisor/AJOS I before processing.
- discuss the emergency with the applicant to determine if other resources (e.g., food pantries, family, etc.) are available.
- obtain the names and telephone numbers of friends, relatives, and neighbors who have provided aid to the applicant. Make collateral calls to these people to verify that they will not continue to provide aid until eligibility for assistance is determined. If the call:
 - is answered and the relative, friend, or neighbor states that he/she will continue to provide aid, do not provide an immediate needs grant.
 - is answered and the relative, friend, or neighbor states that he/she will not continue to provide aid, provide an immediate needs grant (only if the household is ineligible for same-day SNAP benefits).
 - is not answered, advise the applicant to have the relative, friend, or neighbor call or write a letter indicating when he/she stopped providing aid. If the applicant is unable to secure the letter on the same day (i.e., it is too late in the day to go home and return with the document), issue the immediate needs grant (only if the household is ineligible for same-day SNAP benefits).

Note: The JOS/Worker must record the results of the collateral calls in the **Immediate Needs** window.

- check NYCWAY to see if Action Code **90LN** (applicant received immediate needs grant [Code **44**], and/or Goodwill Voucher [or Code **99** cash equivalent]) has been posted within the last three months.

If, within the past three months, the applicant has failed, without good cause, to complete the prior application process or the applicant is ineligible for an immediate needs grant, the JOS/Worker should deny the emergency request by:

Form **W-145HH** can be accessed on the **Form Data Entry** window in POS.

- accessing the **Form Data Entry** window to prepare a **W-145HH** form (to be mailed by the Supervisor) indicating the denial reason and the date that the previous immediate needs grant, and/or Goodwill Voucher (or Code **99** cash equivalent) was issued.
- sending the **IN/EFS Issuance** activity to the AJOS/Supervisor for review.
- completing the initial **Application Interview** in POS and the Employment Plan (EP), and making all necessary referrals (e.g., Office of Child Support Enforcement [OCSE], Back to Work [B2W] vendors, finger imaging).

Note: In all instances, the AJOS I/Supervisor must review and approve/deny the actions of the JOS/Worker before sign-off and also review the New York Statewide Common Application (**LDSS-2921**) form in POS to ensure that the JOS/Worker completed it accurately. Once the action has been approved/denied, the AJOS I/Supervisor must print Form **W-145HH** from the **Print Forms** window and mail it to the applicant.

A case comment in POS is required whenever an applicant reports a “No Food” emergency during the application process and is subsequently denied an immediate needs grant. When a JOS/Worker documents a “no food” emergency in POS but does not issue a Code **44** grant, the **No Food – Reason for No Immediate Need Grant** window will appear.

JOS/Workers must use this window to select one of the following reasons for not issuing a Code **44** grant:

- Applicant failed to establish/document identity;
- Applicant has excess resources;
- Applicant is an undocumented alien;
- Applicant received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements;
- Applicant was issued same-day SNAP benefits; and
- Other (to be specified).

The denial reason selected on the **No Food – Reason for No Immediate Need Grant** window will appear on the **W-145HH** form that is mailed to the applicant. If the JOS/Worker selects “**Other**” as the denial reason, he/she must clearly specify the reason for denial in the “**Additional Details**” box; this information will also be transferred to Form **W-145HH**.

Note: The activity will not be complete until a denial reason is selected.

No Food – Reason for No Immediate Need Grant window

Select the appropriate reason for not issuing a food-related Code **44** grant.

Once a denial reason has been selected, click **Next**.

If “**Other**” is selected, enter the specific reason for the denial in this box.

The denial reason and the comments entered in the **No Food – Reason for No Immediate Need Grant** window will also be saved in the case comments.

Applicant is eligible for a Code **44**

If the applicant is eligible for a Code **44**, the JOS/Worker must:

- complete the initial **Application Interview** in POS.
- complete the EP in NYCWAY.
- make all necessary referrals (e.g., OSCE, B2W vendors, finger imaging).
- prepare the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) form if the applicant must return with documents and/or forms or must comply with follow-up assessments and/or appointments. The completed **W-113K** form and the Eligibility Factors and Suggested Documentation Guide (**W-119D**) must then be printed from the **Print Forms** window in POS and given to the applicant.
- place the CA case in SI status using Opening Code **Y41** (case accepted for immediate needs [pre-investigation], case is applying for ongoing assistance) on the POS **TAD** window. The CA SI Benefit will be pre-populated with CA grant Issuance Code **44** in the **Single Issue Benefit Data Entry** window in the **IN/EFS Issuance** activity.
- enter Pickup Code **4** (Same Day Immediate Needs) in the **IN/EFS Issuance** activity.

- complete the **Non-Food Emergency Interview/Special Grant** activity to issue the additional grant(s) if the applicant requires additional immediate needs.
- complete the CA Single Issuance Form (**LDSS-3575**) on the **Single Issuance Benefit Data Entry** window with Pickup Code **4** and, if necessary, prepare a Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) on the **Form Data Entry** window. In other activities, the JOS/Worker must complete the grant issuance Code **44** in the **Single Issuance Benefit Data Entry** window.
- complete the POS data entry window for Form **W-145HH** by entering the amount of the grant/clothing voucher and the items covered.
- print Form **W-607A** from the **Print Forms** window.
- send the **IN/EFS Issuance** activity to the AJOS I/Supervisor for review.

The Supervisor must sign off on all satisfactory case actions, print Form **W-145HH**, and complete the **IN/EFS Issuance** activity in POS. Form **LDSS-3575** will be sent to the **Single Issue Printing Queue** after the Supervisor completes the approval activity.

Applies only to an immediate needs cash grant (Code **44**)

For immediate needs cash assistance grants (Code **44**), if an individual's case was denied within the last six months for failure to provide verification to BEV (Denial Code **V20**) and the individual is requesting another immediate needs cash grant, the system will generate a regular BEV appointment four to 14 days later.

If the applicant is otherwise eligible, a five-day immediate needs cash grant must be provided using the POS **IN/EFS Issuance** activity, regardless of the individual's previous failure to comply with a BEV appointment.

If the applicant returns to the Center during the same application period to report another emergency, the JOS/Worker must check the **Referrals** window in the POS **Application Interview** for the BEV recommendation. If the applicant was referred to BEV and complied with his/her appointment or if his/her appointment has not yet occurred and the emergency still exists, the JOS/Worker may issue an additional Code **44** grant using the POS **Non-Food Emergency Interview/Special Grant** activity. If the applicant was referred to BEV during the application period, but did not comply with the appointment given, the JOS/Worker must not issue an additional immediate needs CA grant.

Processing Nonfood-related Emergency Assistance

For applicants indicating nonfood-related emergencies (e.g., housing emergencies, utility shut-off, clothing) the JOS/Worker must:

- complete the initial **Application Interview** in POS.
- if necessary, refer the applicant to the appropriate liaison by:
 - completing and printing the Referral/Information Form (**W-34A**) in POS;
 - giving the applicant a copy; and
 - directing him/her to the appropriate liaison.
(Applicants with utility emergencies are not to be sent in-person to the Utility Liaison; the case is to be referred electronically.)

Model Offices

In Model Offices, in addition to the above instructions, the JOS/Worker must make the appropriate in-Center referral in the Model Office Numbering, Identification and Queuing (MONIQ) system and access FRED to issue the applicant a ticket to the appropriate unit. If the applicant is issued emergency assistance in a Model Office and returns to the Center at another point during the application period for another emergency, he/she must be issued a ticket to CSIC and be directed to the appropriate area.

Domestic Violence referrals supersede all other referrals.

Note: In both Model Offices and Non-Model Offices, when a domestic violence referral is required, referrals to OCSE and BEV as well as completion of the employment portion of the initial eligibility interview must be postponed until a recommendation from the domestic violence unit is received.

When an applicant is routed back to his/her JOS/Worker for the issuance of an emergency grant(s), the JOS/Worker must complete the **Non-Food Emergency Interview/Special Grant** activity.

Guidelines for Issuing Clothing/Household items

Revised information

If an applicant indicates that he/she does not have necessary clothing/household items (e.g., jackets, gloves, shoes, blankets, towels, etc.) and the need for these items resulted from a fire or disaster, the JOS/Worker must ask the applicant to complete the Dwelling Survey Worksheet (**W-30FF**) to the best of his/her ability.

See **Attachment C** for the replacement allowances for clothing lost in a fire/disaster.

After the **W-30FF** has been submitted by the applicant, the JOS/Worker must issue a grant using Special Grant Code **46** (Disaster Clothing) or Code **47** (disaster household furnishings and replacements) to replace the necessary items (see **Attachment C**).

If an applicant indicates that he/she does not have necessary clothing/household items and the need for these items did not result from a fire or disaster, then a Goodwill Voucher (**Attachment A**) must be issued. Goodwill Vouchers can be used to purchase necessary clothing/household items at any Goodwill Store within New York City.

Note: Participants must use their F&O grant to purchase any non-fire/disaster related clothing/household items.

The Richmond Job Center #99 is excluded from issuing Goodwill Vouchers as there are no Goodwill Stores in Staten Island. JOS/Workers at the Richmond Center must use Special Grant Code **99** (Other) for applicants who lack necessary clothing/household items. JOS/Workers should refer to the Goodwill Clothing/Household Items Price List (**Attachment B**) to determine the amount for which the Code **99** should be issued. JOS/Workers must also use Code **99** for homebound applicants who do not have the necessary clothing/household items.

Homebound applicants are exempt from receiving Goodwill Vouchers.

Note: Applicants who are in need of work-related clothing items must be referred to their employment vendor. The need for work-related clothing items is not considered an emergency.

To issue a Goodwill Voucher or Code **99** cash equivalent the JOS/Worker must:

The amount of a Goodwill Voucher/Code **99** cash equivalent may or may not be subtracted from the applicant's F&O grant for the application period depending upon the situation.

- determine the amount to be issued on the Goodwill Voucher (or Code **99** cash equivalent) by referring to **Attachment B**. The Goodwill Voucher/Code **99** cash equivalent may be issued for an amount up to the pre-added allowance for the size of the applying CA household for the application period.
- for a Goodwill Voucher, complete a **W-34A** by indicating in the comments section of the form all items that need to be purchased with the voucher and the amount of each item.

Note: JOS/Workers must issue Code **44** grants whenever an applicant is eligible to receive non-disaster related emergency clothing items and Goodwill Vouchers are unavailable.

For a Code **99** cash equivalent (for Richmond Job Center and homebound applicants only) the JOS/Worker must:

- complete the Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC Form **W-607A** on the **Form Data Entry** window and print Form **W-607A**, if necessary.

- complete Form **W-145HH** by entering the amount of the clothing voucher and items covered.
- send the **Non-Food Emergency/Special Grant** activity and the printed forms to the AJOS I/Supervisor for review. The AJOS I/Supervisor must also print Form **W-145HH** from the **Print Forms** window.

Once the Supervisor completes the approval activity, Form **LDSS-3575** will be sent to the Single Issue Printing Queue.

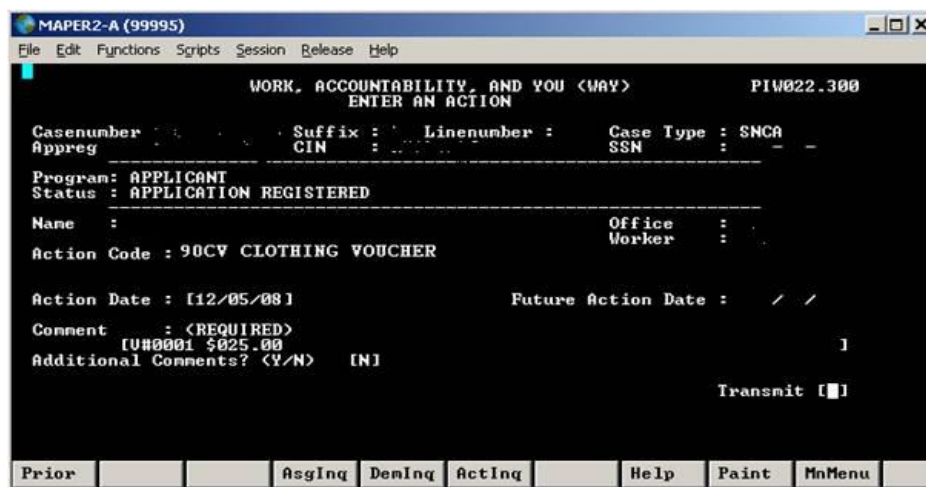
Note: Workers must use Pickup Codes **4, 5, or 7** when issuing a Code **99** grant.

The printed **LDSS-3575, W-607A** (if it was printed), and **W-34A** must be brought to the D&C unit by a clerk. If Form **W-607A** was printed, Form **LDSS-3575** must be annotated in red ink in the upper right-hand corner “Same day benefit-Enter **W-607A** first”. The Supervisor must then ensure that Forms **LDSS-3575, W-607A** (if it was printed), and **W-34A** are given to the clerk.

D&C Workers must:

- complete a Goodwill Voucher (or Code **99** cash equivalent) to purchase the necessary items indicated on the **W-34A**.
- enter Action Code **90CV** (clothing voucher) in NYCWAY before the applicant is issued the completed Goodwill Voucher (or Code **99** cash equivalent).
- enter into the required comment field the four-digit voucher number and the dollar amount of the voucher, separated by an underscore (e.g., V#XXXX_ \$000.00)

For example, if voucher number 0001 is being issued in the amount of \$25, then the D&C Worker must enter into the required comment field: V#0001_ \$025.00. (See screen shot below.)



Since there is no field on the voucher for the applicant's signature, have the applicant sign the voucher next to the D&C staff member's signature and distribute the copies of the voucher as follows:

- Both the white and yellow copies are given to the applicant. Goodwill will keep the white copy when the voucher is redeemed; the applicant will keep the yellow copy.
- The pink copy is kept by D&C.
- The goldenrod copy must be batched and forwarded on the first Monday of every month to:

FIA Assistant Deputy Commissioner
Division of Job Support Services
150 Greenwich Street, 36th Floor
New York, NY 10007

Each voucher is composed of four differently colored copies.

Code **99** Cash
Equivalents only

See [PD #13-14-ELI](#)
Revised Levels of
Approval for Cash
Assistance

The Code **99** cash equivalent must be approved by the Job Center Director or Deputy. He/she must ensure the applicant is homebound or is applying at the Richmond Job Center.

Example 1

A mother and child are applying for CA. During this application period they are issued a Code **44** immediate needs grant in the amount of \$42.00 (based on the prorated amount for a family of two on Form **M-696g**). The mother indicates to the JOS/Worker that she is without necessary clothing items for her son because he has outgrown many of his winter clothes and his jacket.

The JOS/Worker must subtract the previously issued \$42.00 immediate needs grant from the monthly preadded allowance of \$252.00 for two people. The balance of \$210.00 is the maximum that can be issued for a Goodwill Voucher (or in cash as a Code **99** for the Richmond Job Center or homebound applicants) within a 30-day period.

Example 2

A mother and child are applying for CA. The mother indicates to the JOS/Worker that she is without necessary clothing items for her son due to an apartment fire. The mother submits a **W-30FF** completed to the best of her ability. The JOS/Worker must issue a Code **46** in the amount necessary to replace items lost due to the fire. The JOS/Worker must refer to the Disaster Clothing Replacement Schedule (Code **46**) (**Attachment C**) to determine the amount for which the Code **46** must be issued.

Example 3

An unemployed single man visits a Job Center to apply for CA. He informs the JOS/Worker that he only owns casual clothing and is in need of money to purchase business suits for possible job interviews. Since business suits are not considered emergency clothing items, the JOS/Worker must not issue a Goodwill Voucher. The JOS/Worker must instead refer the applicant to his employment vendor for assistance in purchasing work-related clothing items.

Homebound Applicants

- New The Reasonable Accommodation Request/Home Visit Needed (RAR/HVN) Center 90 is responsible for conducting home visits citywide as of August 1, 2016. The new mailbox, Ctr90HVNRequests@hra.nyc.gov, must be used to submit new requests for a home visit received at a Job Center or Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) office.
- New Requests made as part of the Street Homeless Outreach Project that were handled by East River Job Center 37 are now being handled by Center 90. Any requests made as part of this project must be sent to Center 90 using the mailbox above.
- New Center 90 consists of the RAR Operations Unit and HVN Unit. These two units work together to serve applicants and participants who have requested and/or been approved for home visit needed/homebound (HVN/HB) status.
- New The RAR Operations Unit 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 been approved for home visit needed/homebound (HVN/HB) status as well as other reasonable accommodations.
- New The HVN Unit is staffed with HVN Unit JOS/Workers, HVN Unit Supervisors (AJOS Is and AJOS IIs), an HVN Unit Assistant Office Manager (AOM) and an HVN Unit Deputy Director. Each HVN Unit JOS/Worker is assigned designated Job Centers and NCA SNAP Centers and has the responsibility of scheduling and conducting the home visit interview and processing the Cash Assistance (CA) case actions in POS. The RAR Operations Unit and HVN Unit have a Deputy Director and a Center Director.

- New All requests for a home visit made with a Job Center or NCA SNAP Center, must be forwarded to Center 90 via the mailbox Ctr90HVNRequests@hra.nyc.gov by the Center RAR/HVN Liaisons or the Center Director's designee.
- New When submitting the requests to Center 90 the subject line must include the following:
 - Applicant/Participant First Name;
 - Applicant/Participant Last Name;
 - Case number (if one is available);
 - Home Center
- New Applicants/Participants who come into their home centers or call requesting a home visit must not be turned away or told to go to the Center 90 location. The Request must be taken and recorded at the home center and then forwarded to Center 90.
- New No cases are to be transferred to Center 90.
- New When an applicant/participant contacts the Job Center or NCA SNAP Center either in person, by telephone, by fax, or by mail, the JOS/Worker in the Job Center or the Worker in the NCA SNAP Center is responsible for assisting the applicant or participant in recording a HVN/HB status request. Once recorded on the Help for Peoples with Disabilities (**HRA-102c**) notice, the JOS/Worker in the JOB Center or the Worker at the NCA SNAP must send an email with the completed **HRC-102c** to the Office of Constituents Service (OCS) at ConstituentAffairs@hra.nyc.gov **and** to Center 90 at Ctr90HVNRequests@hra.nyc.gov .
- See [PD #16-26-OPE](#)
Home Visit
Needed/Homebound
(HVN/HB) Status
Request/Reasonable
Accommodation Request
(RAR) Unit
- New If the applicant/participant makes a verbal request for 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.
- New The JOS/Worker at the Job Center and the Worker at the NCA SNAP 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.

Determining CA Benefits Levels When Accepting Cases That Have Been Issued an Immediate Needs Grant (Code 44) and/or a Goodwill Clothing Voucher (or Code 99 Cash Equivalent)

A complete eligibility decision for CA is required by the 25th day after the CA application file date on all cases including those that have received immediate needs assistance. In instances in which the case is determined eligible and the period of eligibility overlaps with a period in which a pre-investigative grant (Code 44) or Goodwill Voucher (or Code 99 cash equivalent) has been issued, the overlapping amount of the pre-investigative grant(s) must be deducted from the initial F&O grant. Only the F&O portion of the grant can be prorated. The shelter allowance is not to be prorated. Under no circumstance should duplicate benefits be issued.

The Goodwill clothing voucher (or Code 99 cash equivalent) and immediate needs Code 44 are pre-investigative grants that are generally issued before a full eligibility determination is made.

Emergency utility and shelter payments are not deducted from the food and other allowance.

However, when an individual is only eligible for a Personal Needs Allowance (PNA) instead of a full F&O grant, the initial PNA is not prorated. Therefore, any payments made to the household to meet an emergency prior to the date of compliance or the 45th day must not be deducted from the PNA. If shelter arrears have been issued as an emergency grant for the current month, no additional shelter allowance can be provided in the initial payment.

Emergency assistance provided to an applicant before the date of compliance for FA cases or before the end of the 45-day wait period for SNA cases must not be deducted from the first monthly F&O grant. Emergency assistance provided to an applicant on or after the date of compliance must be deducted from the first monthly F&O grant issued. The examples below illustrate how to properly prorate the F&O grant when emergency assistance has been provided in order to prevent duplication of benefits.

Example 1

Emergency assistance issued **before** the date of compliance for FA cases or during the 45-day wait period for SNA cases.

Ms. Jones and her child apply for CA on March 1st. Ms. Jones indicates that she does not have any food or any money to buy food. Ms. Jones also indicates she and her child have been sick for the past week because they do not have winter coats. The JOS/Worker determines the family needs clothing for health and safety reasons and issues a \$26 Goodwill Voucher (or Code 99 cash equivalent) for a woman’s coat (\$20) and a child’s coat (\$6). The JOS/Worker also issues a Code 44 immediate needs grant in the amount of \$42.00 because the family members have a food emergency but are ineligible for SNAP benefits because of their immigration status.

Date Issued	Amount	Period Covered
3/1	\$42.00	3/1-3/5
3/1	\$26	none

On March 12th, Ms. Jones submits the documentation needed to establish CA eligibility. Her case number ends with number **2** (toe digit). The pick-up dates for toe digit **2** are the 4th and 19th of the month. Because Ms. Jones received all of her emergency assistance (clothing voucher plus immediate needs grant) before the date of compliance, the F&O grant must not be reduced by \$68 (Code **44** for \$42.00 and the voucher for \$26).

Ms. Jones and her child are eligible for a prorated F&O grant of \$66.90 for two people from the date of compliance (March 12th) through March 18th (A cycle).

Ms. Jones is also eligible for the full F&O for two from March 19th – April 3rd (B cycle). The F&O portion of the grant available on March 19th is \$212.40 (“A” cycle from March 12th through March 18th is \$66.90 plus “B” cycle from March 19th through April 3rd is \$145.50).

Example 2

Ms. Jones and her child apply for CA on March 1st. On March 12th, Ms. Jones returns to the Center, submits all documentation needed to establish CA eligibility, and indicates that she has no food or any money to buy food. Ms. Jones also indicates she and her child have been sick for the past week because they do not have winter coats.

The JOS/Worker determines the family needs clothing for health and safety reasons and issues a \$26 Goodwill Voucher for a woman’s coat (\$20) and a child’s coat (\$6).

The JOS/Worker also issues a Code **44** immediate needs grant of \$42.00 because the family members have a food emergency but are ineligible for SNAP benefits because of their immigration status.

Date Issued	Amount	Period Covered
3/12	\$42.00	3/12-3/16
3/12	\$26	none

The case number assigned to Ms. Jones ends with the toe digit **2**. The pick-up dates for this toe digit are the 4th and 19th of each month. Ms. Jones is eligible for a CA grant from the date of compliance (March 12th) through March 18th. The total F&O portion of the CA grant available on March 19th would normally be \$212.40 (rounded down to the nearest \$.50) (A cycle from March 12th through March 18th is \$66.90 plus B cycle from March 19th – April 2nd is \$145.50); however, since Ms. Jones received emergency assistance on the date of compliance, the F&O portion of the CA grant must be reduced by \$68.00 (Code **44** for \$42.00 and voucher for \$26). The monthly F&O portion of the CA grant available to Ms. Jones on March 19th is now \$144.40 (\$212.40 reduced by \$68.00).

Emergency assistance issued **on** the date of compliance.

Example 3

Ms. Jones and her child apply for CA on March 1st. Ms. Jones indicates she does not have any food or any money to buy food. Ms. Jones also indicates she and her child have been sick for the past week because they do not have winter coats.

The JOS/Worker determines the family needs clothing for health and safety reasons and issues a \$26 Goodwill Voucher for a woman's coat (\$20) and a child's coat (\$6). The JOS/Worker also issues a Code **44** immediate needs grant in the amount of \$42.00 because the family members have a food emergency but are ineligible for SNAP benefits because of their immigration status.

Emergency assistance issued **before and on** the date of compliance.

Date Issued	Amount	Period Covered
3/1	\$42.00	3/1-3/5
3/1	\$26	none

Ms. Jones returns to the Center on March 12th and submits all of the documentation needed to establish eligibility for CA. Ms. Jones also expresses a need for more money to buy food. The JOS/Worker issues a second five-day food and other allowance (Code **44**).

Date Issued	Amount	Period Covered
3/12	\$42.00	3/12-3/16

The case number assigned to Ms. Jones ends with the toe digit **2**. The pick-up dates for this number are the 4th and 19th of each month. Ms. Jones is eligible for a CA grant from the date of compliance (March 12th) through March 18th.

The total F&O portion of the CA grant available on March 19th, rounded to the nearest \$.50, would normally be \$212.40 (A cycle from March 12th – March 18th is \$66.90 plus B cycle from March 19th – April 3rd is \$145.50); however, since Ms. Jones received a Code **44** on the date of compliance, the F&O portion of the CA grant must be reduced by \$42.00. The first Code **44** and the voucher are not deducted from the F&O grant because they were issued before the date of compliance. The F&O portion of the CA grant available to Ms. Jones on March 19th is now \$170.40 (\$212.40 reduced by emergency assistance of \$42.00).

Example 4

Joe Johnson applies for CA on March 2nd; Mr. Johnson indicates that he does not have any food or any money to buy food. He also indicates that he is in need of a winter coat because his coat was stolen a few days ago. The JOS/Worker determines that he needs a coat for health and safety reasons and issues a Goodwill Voucher.

The JOS/Worker also issues a Code **44** immediate needs grant in the amount of \$26.30 for food because Mr. Johnson has an immigration status that makes him ineligible for SNAP benefits. Mr. Johnson’s case is accepted on March 29th and his 45-day wait period expires on April 16th. His toe digit is a **3** which indicates that his pick-up dates are the 5th and 20th of each month. His first F&O benefit will be prorated from April 16th through April 19th (four days) which totals \$24.05. The Goodwill Voucher and the immediate needs grant are not deducted from his F&O since they were issued prior to the date of his eligibility (April 16th).

Date Issued	Amount	Period Covered
3/2	\$26.30	3/2-3/6
3/2	\$20.00	none

AJOS I/Supervisors must ensure that an Action Taken on Your Application: Part A: Public Assistance, SNAP Benefits, and Medical Assistance Coverage (**LDSS-4013A-NYC**), an Action Taken on Your Application: Part B: Public Assistance, SNAP Benefits, and Medical Assistance Coverage (**LDSS-4013B-NYC**), and/or the Action Taken on Your SNAP Benefits Case NYC (**LDSS-3152 NYC**) forms are prepared and that all program areas are appropriately annotated. Remember that the reason and the regulation are required for all actions of denial.

Decisions on requests for emergency assistance/immediate needs

Eligibility Decisions

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

POS implications are covered in this document.

SNAP Implications

SNAP implications are covered in this document.

LIMITED ENGLISH PROFICIENT AND DEAF/HARD-OF-HEARING IMPLICATIONS

For Limited English Proficient (LEP) and Deaf/Hard-of-Hearing applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #16-14-OPE](#) and [PD #16-16-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that the applicant must receive either adequate or timely and adequate notification of all actions taken on his/her case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS I/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

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

If the determination denying immediate needs is based on receipt of an immediate needs grant within the last 90 days, and the CA application was denied at that time for failure to comply with eligibility requirements, the applicant must document good cause for having failed to comply with eligibility requirements during the prior application period. If good cause is established during the conference, then the issue should be Settled In Conference (SIC). The SIC will result in a referral back to CSIC or Reception for another immediate needs grant interview.

If the adverse case action still shows on the "Pending" (**08**) screen in WMS, the AJOS I/Supervisor I must submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**), change the 02 to 01 if the case has Aid to Continue (ATC) status, or submit a CA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The AJOS I/Supervisor I must complete a Conference Report (**M-186a**).

Evidence Packets

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


REFERENCES

02 ADM 2
 03 INF 34
 18 NYCRR 351.8 (c)(3) and (4)
 18 NYCRR 352.2 (a)
 18 NYCRR 352.7
 18 NYCRR part 382
 18 NYCRR 387.5 (e)
 SSL 133

RELATED ITEMS

[FAX FLASH 15/12](#)
[CD #16-33](#)
[PB #16-55-OPE](#)
[PD #16-26-OPE](#)
[PD #16-16-OPE](#)
[PD #16-14-OPE](#)
[PD #15-08-ELI](#)
[PD #14-13-OPE](#)
[PD #14-12-ELI](#)
[PD #13-14-ELI](#)
[PD #13-08-ELI](#)
[PD #13-06-ELI](#)
[PD #08-08-SYS](#)
[PD #04-31-ELI](#)
[PB #16-18-OPE](#)
[PB #16-04-OPE](#)
[PB #14-30-ELI](#)
[PB #14-97-OPE](#)
[PB #08-154-OPE](#)
[PB #07-19-ELI](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

Attachment A Sample Goodwill Voucher
Attachment B Goodwill Clothing/Household Item Price List
Attachment C Disaster Clothing Replacement Schedule (Code 46)
M-696g Proration Table for Computation of Immediate Needs Grants (Code 44) (Rev. 10/15/12)
W-30FF Dwelling Survey Worksheet (Rev. 01/04/17)
W-30FF(S) Dwelling Survey Worksheet (Spanish) (Rev. 01/04/17)
W-145HH Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 1/04/17)
W-145HH (S) Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Spanish) (Rev.01/04/17)

W-145WW Daily Log for Personal Care Kits and Supplementary
Items (Obsolete)
W-145XX Weekly Status Report for Personal Care Kits and
Supplementary Items (Obsolete)



0001

Goodwill Store Voucher
Issued by NYC Human Resources Administration

Participant's Name _____

Case # _____

For Item

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Amount of Voucher _____

Please print dollar amount

D & C Staff Signature _____

Date of Issuance ____ / ____ / ____

To Be Completed By GW Staff _____

Goodwill Staff Signature _____

Date Redeemed _____

Store # _____

SAMPLE

Voucher is good for 15 days from time of issuance date.

Locations:

All Stores Open
Monday - Saturday 10 - 8
Sunday 10-6

Manhattan

Washington Heights
512 W. 181st Street, Manhattan 10033

Fifth Ave.
2196 5th Avenue, Manhattan 10037

Stuyvesant Square
1704 2nd Avenue, Manhattan 10128

23rd Street
220 East 23rd Street, Manhattan 10010

25th Street
103 West 25th Street, Manhattan 10001

79th Street Store
217 West 79th Street, Manhattan 10024

Spanish Harlem
2231 3rd Avenue, Harlem 10035

Bronx

149th Bronx
361 East 149th Street, Bronx 10455

Fordham Road
52 West Fordham Road, Bronx 10468

Queens

Steinway
32-36 Steinway Street, Queens 11103

Brooklyn

Livingston Street
258 Livingston, Brooklyn 11201

Fulton Street
1100-1104 Fulton Street, Brooklyn 11238

Kingshighway
229 Tapscott Street, Brooklyn 11212

SAMPLE

ATTACHMENT B

Goodwill Clothing/Household Item Price List

When issuing a Goodwill Voucher, please refer to the table below to determine the cost of clothing/household items requested by applicants/participants. The total amount of the Goodwill Voucher must not exceed the applicant's/participant's monthly pre-added allowance.

<u>Item Requested</u>	<u>Cost</u>
Women's Dress	\$10.00
Women's Blouse	\$6.00
Women's Skirt	\$6.00
Women's Sweater	\$6.00
Women's Pants	\$6.00
Women's Jeans	\$8.00
Women's Jacket	\$10.00
Women's Short Coat	\$15.00
Women's Coat	\$20.00
Women's Nightgown	\$6.00
Women's Shorts	\$5.00
Women's Boots	\$13.00
Women's Shoes	\$8.00
Women's Sandals	\$6.00
Children's Sandals	\$4.00
Children's Boots	\$6.00
Children's Coat	\$6.00
Children's Top and Bottom	\$3.00
Children's Dress	\$5.00
Men's Shoes	\$10.00
Men's Sandals	\$8.00

<u>Item Requested</u>	<u>Cost</u>
Men's Shirt	\$6.00
Men's Pants	\$6.00
Men's Outer Jackets	\$10.00
Men's Short Coat	\$15.00
Men's Top Coat	\$20.00
Men's T-Shirts	\$3.00
Men's Pajamas	\$6.00
Men's Shorts	\$5.00
Men's Jeans	\$8.00
Men's Sweaters	\$6.00
Vests	\$6.00
Robes	\$6.00
Jogging Suit	\$12.00
Jogging Jacket	\$6.00
Infant Clothing	\$2.00
Hat	\$4.00
Gloves	\$4.00
Shoes	\$10.00
Boots	\$12.00
Socks	\$1.00
Towels	\$3.00
Blankets	\$7.00

Attachment C

Disaster Clothing Replacement Schedule (Code 46)

Replacement Cost of Clothing

Birth through 5 years of age	\$48
6 through 11 years of age	\$73
12 years of age through adult	\$89

Proration Table for Computation of Immediate Needs Grants (Code 44)

Immediate needs for family size of:

	1	2	3	4	5	6	7	8	9	10
DAY	79.00	126.00	168.00	216.50	267.00	308.50	351.00	393.50	436.00	478.50
1	5.25	8.40	11.20	14.40	17.80	20.55	23.40	26.20	29.05	31.90
2	10.50	16.80	22.40	28.85	35.60	41.10	46.80	52.45	58.10	63.80
3	15.75	25.20	33.60	43.25	53.40	61.65	70.20	78.65	87.15	95.70
4	21.05	33.60	44.80	57.70	71.20	82.25	93.60	104.90	116.25	127.60
5	26.30	42.00	56.00	72.15	89.00	102.80	117.00	131.15	145.30	159.50
6	31.55	50.40	67.20	86.55	106.80	123.35	140.40	157.35	174.35	191.40
7	36.85	58.80	78.40	101.00	121.60	143.95	163.80	183.60	203.45	223.30
8	42.10	67.20	89.60	115.45	142.40	164.50	187.20	209.85	232.50	255.20
9	47.35	75.60	100.80	129.85	160.20	185.05	210.60	236.05	261.55	287.10
10	52.65	84.00	112.00	144.30	178.00	205.65	234.00	262.30	290.65	319.00
11	57.90	92.40	123.20	158.75	195.80	226.20	257.40	288.55	319.70	350.90
12	63.15	100.80	134.40	173.15	213.60	246.75	280.80	314.75	348.75	382.80
13	68.45	109.20	145.60	187.60	231.40	267.35	304.20	341.00	377.85	414.70
14	73.70	117.60	156.80	202.05	249.20	287.90	327.60	367.25	406.90	446.60
15	79.00	126.00	168.00	216.50	267.00	308.50	351.00	393.50	436.00	478.50

Grant amounts issued must be rounded down to the nearest nickel.

Add a restaurant allowance to the above amounts for individuals who have no cooking or food storage facilities. The daily restaurant allowance is:

- \$2.13 for each individual
- \$3.33 for pregnant women, children under 18 years of age or full-time students expected to graduate before their 19th birthday

For eligible individuals, add the restaurant allowance to the table amounts to arrive at the total immediate needs grant to be issued. Issue the total grant under immediate needs special grant code **44**. The case entry must indicate the immediate needs grant, including the restaurant allowance and how the total amount was calculated.

Section 3 – Clothing Report – (complete this section if damage to clothing occurred)

Bedroom		Occupants		Age Groups			Replacement Indicated
List Number	First Name	Last Name	0-5	6-11	12-Adult		
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	

SAMPLE

Section 4 – Action Taken by Job Center

Special Grant	Type of Payment (check <input checked="" type="checkbox"/> one)		Allowance (Specify)	Amount
	SR	"E" Check		

Comments:

 Job Opportunity Specialist (JOS) Name

 Date

 Assistant Deputy Director Signature

 Date

 Deputy Director/Director Signature

 Date

Hoja de Cálculo para la Encuesta de Vivienda

SECTION 1 – Case Information (To be completed by JOS/Worker)

Case Name: _____	Category: _____	Case Number: _____	Suffix: _____	Job Center: _____
Address: _____				
Address Line 1	Apartment No.	City	State	Zip Code
Number of Rooms	<input type="checkbox"/> Furnished	<input type="checkbox"/> Unfurnished	Was the Red Cross included: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Household Relocated: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Renters Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was a claim filed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landlord: _____		Telephone Number: _____		
Landlord Address: _____				
Address Line 1	City	State	Zip Code	

SECCIÓN 2 – Encuesta de Domicilio (A llenarse por el solicitante/participante)

Ingrese a continuación un **Código de Daño** y un **Código del Motivo de Daño** para cada (p.ej. severamente dañado por incendio- 2F):

- | | |
|--------------------------------|---|
| 0 - Ningún daño | F - Incendio |
| 1 - Daño menor (utilizable) | W - Agua |
| 2 - Daño mayor (inutilizable)* | O - Renovación (daño indirecto relacionado con el desastre) |
| 3 - Destruído | |

*A efectos de CA, los códigos 2 y 3 están combinados

Artículos	Número	Entrada	Sala de Estar	Dormitorio 1	Dormitorio 2	Dormitorio 3	Baño	Cocina	Otra Sala
Cama									
Mesas									
Sofá									
Sillas									
Utensilios									
Comida									
Nevera/ Estufa*									

*sólo si no proveído por el casero

Marque la(s) casilla(s) correspondiente(s) para la condición del apartamento:

- Al parecer desocupado
 Ninguna calefacción
 Ningún agua caliente
 Ningún gas
 Ninguna electricidad
 Habitable
 No habitable

Yo _____ por el presente doy fe de que la información en este formulario es verídica y exacta.
nombre

Firma del Solicitante/Participante

Fecha

Sección 3 – Reporte de Vestimenta – (Llene esta sección en caso de que se haya dañado la ropa)

Dormitorio	Ocupantes		Grupos de edad			Sustituto Indicado
	Número de Lista	Nombre	Apellido	0-5	6-11	
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No
						<input type="radio"/> Sí <input type="radio"/> No

SAMPLE

Section 4 – Action Taken by Job Center

Special Grant	Type of Payment (check <input checked="" type="checkbox"/> one)		Allowance (Specify)	Amount
	SR	"E" Check		

Comments:

 Job Opportunity Specialist (JOS) Name

 Date

 Assistant Deputy Director Signature

 Date

 Deputy Director/Director Signature

 Date

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

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

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

Immediate Needs

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

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

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

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

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

Immediate Needs (Continued)

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

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

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

- Other action taken on your application:

Medical Assistance

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

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

Conference and Fair Hearing Section

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

AVAILABILITY OF POLICY MATERIALS: The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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

FAIR HEARING REQUEST

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

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

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

Print Name: _____ Case Number: _____

Name _____ M.I. _____ Last Name _____

Address: _____

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

Signature: _____ Date: _____

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

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

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

Necesidades Inmediatas

Este aviso sólo corresponde a su solicitud de asistencia para satisfacer una necesidad inmediata. Si usted también ha solicitado Asistencia en Efectivo continua, el presente no afecta su solicitud de dicha asistencia. En cuanto se determine su elegibilidad, usted también recibirá un aviso que le informará de la decisión de esta Agencia sobre su solicitud de Asistencia en Efectivo continua.

Si se deniega su solicitud de Asistencia en Efectivo continua por usted no cumplir los requisitos de elegibilidad, puede que también se deniegue una segunda solicitud de concesión de necesidad inmediata/de emergencia para artículos "no alimentarios" relacionados con el cuidado personal, a menos que usted pueda documentar motivo justificado por su incumplimiento inicial de los requisitos de elegibilidad. Esta última solicitud sólo se considerará si se presenta dentro de tres meses tras la denegación inicial de solicitud.

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

Por el presente le informamos que se ha revisado su solicitud de una concesión para satisfacer necesidades inmediatas y se ha tomado la siguiente decisión:

- Una concesión de emergencia de preinvestigación por la cantidad de \$ _____ estará a su disposición el _____.
(Fecha)
- Se le ha otorgado una concesión única de emergencia por la cantidad de \$ _____ para _____.
- Se le ha otorgado un Comprobante de Buena Voluntad de \$ _____ para _____ el _____.
(Fecha)
- Si se marca esta casilla, usted es responsable de reintegrar la suma de \$ _____ tal como indicado:
 - Esta cantidad se nos debe reembolsar conforme al acuerdo de reintegro que usted ha firmado el _____.
(Fecha)
 - Usted debe reembolsar la suma indicada más arriba por ésta ser superior al máximo de albergue de la Administración de Recursos Humanos (HRA) de \$ _____ para el tamaño de su familia con _____ personas, para cada mes de atrasos que la HRA ha aceptado pagar.

Necesidades Inmediatas (Continuación)

Se le ha denegado la asistencia para satisfacer una necesidad inmediata relacionada con la alimentación por usted:

- no establecer/no documentar su identidad
- disponer de recursos en demasía
- ser extranjero sin documentación
- recibir una concesión para necesidades inmediatas en los últimos 90 días y no cumplir posteriormente los requisitos de elegibilidad
- haber recibido beneficios de SNAP el mismo día
- Otro motivo por la denegación (en concreto por favor):

Se le ha denegado la asistencia para satisfacer una necesidad inmediata no relacionada con la alimentación por usted:

- no establecer/no documentar su identidad
- disponer de recursos en demasía
- ser extranjero sin documentación
- recibir una concesión para necesidades inmediatas en los últimos 90 días y no cumplir posteriormente los requisitos de elegibilidad
- solicitar Asistencia en Efectivo el _____ (dentro de los últimos tres meses), y haber recibido

uno de los siguientes:

- concesión(es) para necesidades inmediatas
- comprobante(s) de Buena Voluntad
- otras concesiones (en concreto por favor):

y posteriormente, usted no cumplió los requisitos de elegibilidad sin motivo justificado. Las reglas que nos permiten tomar esta medida son 18 NYCRR § 351.1, § 351.8, y § 352.7.

Otra medida tomada respecto a su solicitud:

Asistencia Médica

- Si usted necesita asistencia para saldar las facturas médicas, debe solicitar Asistencia Médica por separado. Si desea más información sobre elegibilidad para Asistencia Médica, llame al número de teléfono del Trabajador en la **página 1**.
- Su Asistencia Médica permanecerá sin cambios.
- Se está revisando su solicitud de Asistencia Médica. Nos comunicaremos con usted respecto a nuestra decisión dentro de 30 días.

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

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

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

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

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

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

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

(5) POR INTERNET: Llene un formulario de petición electrónica en: <http://www.otda.state.ny.us/oah/forms.asp>

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

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

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

DISPONIBILIDAD DE LOS MATERIALES DE POLÍTICA: Las expediciones y manuales de política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) están publicados en el sitio web de la OTDA en <http://www.otda.ny.gov/legal>. Estas expediciones y estos manuales están disponibles para que usted o su representante determinen si deben solicitar una Audiencia Imparcial o para prepararse para la misma. Además, previa solicitud a su distrito local de servicios sociales, habrá disponibles expediciones y manuales concretos de política de la OTDA, para asistirle a usted o a su representante.

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

PETICIÓN DE AUDIENCIA IMPARCIAL

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

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

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

Nombre en
Letras de
Molde:

Nombre

Apellido

Núm. del Caso:

Dirección:

Ciudad:

Estado:

Código Postal:

Teléfono:

Firma:

Fecha:

SAMPLE

Weekly Status Report for Personal Care Kits and Supplementary Items

Today's Date: _____

From:

Center Director/Designee: _____

Center Location/Number: _____

To:

Regional Manager: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Submitted here is a weekly report confirming the number of Personal Care kits as well as Supplementary Items issued at our center for the week ending: _____

Number of Personal Care kits issued: _____

Supplementary Items issued: _____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____
_____	Quantity: _____
(please specify)	Quantity: _____

D&C Supervisor

Date