



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #17-17-ELI (This Policy Directive Revises PD #16-22-ELI)

VETERANS' BENEFITS AND SERVICEMEMBER'S ALLOTMENTS

Date: August 1, 2017	Subtopic(s): Eligibility
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AUDIENCE These instructions are for staff at all Job Centers and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Centers. They are informational for all other staff.

REVISIONS TO THE ORIGINAL DIRECTIVE

This policy directive has been revised to inform staff of the following:

- Individuals and their dependents/family members who are serving/have served in the United States (US) Military must accept and comply with a referral to the New York State Division of Veterans Affairs (NYSDVA).
- The JOS/Worker must annotate Section I of the Veteran Referral And Certification Of Contact (**LDSS-4881**) along with the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) and give both forms to the applicant/participant to bring to NYSDVA to complete.
- Those who are unable to go to a NYSDVA office can call (212) 807-3162 to arrange for a NYSDVA homebound visit.
- The NYSDVA pamphlet, New York State & Federal Benefits for Qualified Veterans & Their Families (**Attachment A**), now includes Quick Response (QR) Codes, so that it can be downloaded onto a smartphone.
- NYSDVA gives veterans \$20.00 coupons, on a first-come first-served basis, for the NYS Department of Agriculture's Fresh Connect Program, which can be redeemed at Farmers Markets throughout the City.
- A new listing of NYSDVA offices, NYS Division of Veterans' Affairs 2017 (**Attachment C**) has been included.
- The New York City Department of Veterans Services (DVS) insures all eligible deceased NYC veterans timely military funerals with honors and burial at a National Cemetery.

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

Revised – Individuals whose families have a member who served in the military must accept and comply with a referral to NYSDVA.

Individuals and their dependents/family members who are serving/have served in the US Military must accept and comply with a referral to the NYSDVA office at the VA Regional Office, so that their eligibility for veterans-related benefits/services can be assessed, as a condition of eligibility for Cash Assistance (CA) and Medical Assistance (MA). Failure of an individual to comply with this referral will result in CA and MA ineligibility for that individual and the entire CA household. However, the MA for children less than 19 years old on the case will be continued for 12 months or until the child reaches his/her 19th birthday, whichever comes first.

BACKGROUND

As a condition of CA eligibility, the New York State Office of Temporary and Disability Assistance (OTDA) requires that all individuals who are veterans/servicemembers and/or have an individual in their household who is a veteran/servicemember, must accept and comply with a referral to NYSDVA for an evaluation of potential eligibility for veterans-related benefits/services.

Agreeing to and complying with such a referral is not an eligibility requirement for SNAP benefits.

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

REQUIRED ACTION

To comply with the State requirement, Family Independence Administration (FIA) staff at Job Centers must identify veterans, servicemembers, their dependents, and their family members who are immediately/potentially eligible for veterans-related benefits/services. They must refer them to NYSDVA to be evaluated for veterans-related benefits/services; and ensure that they comply with those referrals.

During application/recertification interviews, Job Opportunity Specialists (JOS)/Workers must inquire whether the applicant/participant, or anyone in his/her household, is a veteran/servicemember of the US Military. In the **Other Information** screen of the Paperless Office System (POS), any applicant/participant answering yes to at least one of the questions “Have You or Anyone In Your Household Ever Been in the U.S. Military?”, “Has Your Spouse Ever Been in The U.S.

Military?”, and/or “Is Anyone in the Household a Dependent of Someone Who Is or Was in The U.S. Military?” must be referred to the New York VA Regional Office to be evaluated for veterans-related benefits/services.

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

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

If the oral reading of one or more of the veterans-related questions fails to produce a definitive reply, the JOS/Worker may rephrase the question(s), by asking:

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

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

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

- he/she may be eligible for veterans-related benefits/services.
- his/her spouse, child(ren), and/or other dependent(s) may be eligible for veterans-related benefits/services.
- he/she must accept and comply with a referral to NYSDVA for an evaluation of potential eligibility for veterans-related benefits/services.
- he/she must provide proof that he/she complied with that referral.

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

If POS is unavailable, and the CA application/recertification is being completed on paper, the JOS/Worker must review the individual’s responses to questions concerning serving in the US Military.

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

Referral for Veterans-Related Benefits/Services

Revised - Households with a member with military service must accept & comply with a referral to NYSDVA.

New – Those unable to visit NYSDVA can have NYSDVA visit them.

Revised – JOS/Worker must annotate the LDSS-4881 for the applicant/participant to bring to NYSDVA.

Applicants/participants whose households include an individual who is serving/has served in the US military must accept a referral to the NYSDVA office at 245 W. Houston Street, Room 205, for an evaluation of their potential eligibility for veterans-related benefits/services. Directions to the office are available by telephoning 511. Those unable to get to a NYSDVA office can call (212) 807-3162 to arrange for a homebound NYSDVA visit. NYSDVA can conduct those appointments within two weeks.

The JOS/Worker must annotate the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) and Section I of the Veteran Referral And Certification Of Contact (**LDSS-4881**) (see attached), give both forms to the applicant/participant, and instruct him/her to:

- sign the certification at the bottom of the **LDSS-4881**.
- have the individual who is a veteran/servicemember visit NYSDVA at the New York VA Regional Office within 10 days of the CA application/recertification interview, in order to have his/her potential eligibility for veterans-related benefits evaluated.
- have the NYSDVA or VA Benefits Counselor complete Section II of the **LDSS-4881**
- return the **W-113K** and the completed **LDSS-4881** to the Job Center within 15 days of the CA application/recertification interview.

Individual Goes to NYSDVA at the New York VA Regional Office

When the individual goes to the NYSDVA office, the NYSDVA/VA Benefits Counselor will:

- evaluate his/her potential eligibility for veterans-related benefits/services, and may initiate an application/submit a claim for veterans-related benefits/services for him/her.
- complete Section II of the **LDSS-4881**.

Once the application/claim for veterans-related benefits is submitted, a VA Benefits Counselor can set up an account for the individual in the VA's online benefit system, eBenefits, so that he/she can monitor/update his/her application/claim for veterans-related benefits at www.ebenefits.va.gov.

Individuals can pursue a claim for veterans-related benefits online, at www.ebenefits.va.gov.

If the individual cannot visit www.ebenefits.va.gov, he/she may call the VA's Benefits Hotline at (800) 827-1000 or visit the VA Regional Office located at 245 West Houston Street to discuss the status of

his/her claim with benefits counselors of NYSDVA or the VA.

Applicant/Participant Returns to the Job Center with Verification of Complying with the Referral to NYSDVA

The applicant/participant must bring back to the Job Center proof that the individual who is a veteran/servicemember complied with that referral to be evaluated for potential eligibility for veterans-related benefits/services.

Proof of compliance with that referral includes any of the following:

- the **LDSS-4881** signed by the NYSDVA/VA Benefits Counselor
- a cancelled veteran's benefit check
- a benefit notice from the VA
- other benefit-related correspondence from the VA.

Once received from the applicant/participant, the JOS/Worker must scan and index that proof of compliance into the OneViewer.

Michael J. Handy Veterans' Job Center (MJHVJC)

MJHVJC manages the CA cases on which at least one member of the household has served/is serving in the military. These cases are transferred in to the Center when Management Information Systems (MIS) executes a Mass Transfer Out (MTO). MJHVJC assists its caseload by:

- Referring participants to employment/training programs that offer individualized services; match skills, needs, and career goals to opportunities; and provide tools to grow and build a successful career.
- Assisting with Supplemental Social Security Income (SSI) applications.
- Referring veterans to NYSDVA and the VA for veterans-related benefits.
- Processing Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) One Shot Deal (OSD) applications for housing-related expenses.
- Collaborating with the Atlantic Men's Shelter and America Works to assist work-ready individuals secure employment.

Veterans-Related Benefits

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

VA administered cash benefits include monthly disability, retirement,

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

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

New – The NYC DVS insures timely funerals with honors and burial at a National Cemetery.

The New York City Department of Veterans Services (DVS) insures all eligible deceased NYC veterans timely military funerals with honors and burial at a National Cemetery. A DVS official is present at the funerals of those whose remains are unclaimed/abandoned, to bear witness to their sacrifice for our country.

Servicemember's Allotments

Servicemember's Allotments are monthly payments made to dependents/family members immediately related to individuals currently serving in the military.

There are two types of servicemember's allotments:

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

Processing Veterans' Benefits and Servicemember's Allotments

Documentation that may be used to verify a claim for/the receipt of veterans-related benefit income includes a letter from the New York

VA Regional Office, a Military Discharge Form (**DD-214**), and a copy of a VA benefit check/check stub.

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

- Annotate the veteran indicator code in POS on the Turn-Around Document (TAD) (**LDSS-3517**) and update the veteran status of the individual in the Welfare Management System (WMS) [see Worker' Guide To Codes pg. 1.4-14].
- Annotate the case record of the applicant/participant whose family member complied with the referral but was found ineligible for veterans-related benefits/services. File a copy of the documentation received from the applicant/participant in the case record, by scanning and indexing it into the HRA OneViewer.
- Count as income the amount of the veterans-related payments received in the household budget calculation, and generate a budget for the case using either income source code **18** (disabled veteran's benefits/service connected), code **19** (disabled veteran's benefits/non-service connected), or code **55** (veteran's benefit or pension).

Note: Individuals who are receiving VA disability compensation (codes **18** and **19**) are exempt from Able-Bodied Adults Without Dependents (ABAWD) requirements, regardless of the percentage of disability rating. SNAP recipients, including those individuals receiving CA, who are also receiving VA disability compensation should be assigned an ABAWD indicator code of "**N**" (Non-ABAWD), and evaluate for the correct SNAP Employability Status (ES) code. However, JOS/Workers should process an ABAWD related override transaction to remove any calendar months that an individual was receiving VA disability compensation, but counted towards an individual's ABAWD time limit.

The JOS/Worker must ensure that participants are informed, on the Notice of Recertification Appointment (**W-908T**) (see attached), to provide outstanding verification of veterans-related benefits at the time of recertification.

Pamphlets and Inquiries

Revised – NYSDVA's pamphlet, "New York State & Federal Benefits for Qualified Veterans & Their Families" now has Quick Response (QR) Codes, so it can be downloaded onto a smartphone.

NYSDVA's pamphlet, "New York State & Federal Benefits for Qualified Veterans & Their Families" (rev. 6/15) (**Attachment A**), details information about veterans-related benefits/services, and has been revised to include a Quick Response (QR) Code, enabling it to be downloaded onto a smartphone.

The JOS/Worker must inform applicants/participants that they may

obtain a copy of this pamphlet, a directory of NYSDVA offices, and/or inquire about veterans-related benefits/services by:

- visiting NYSDVA at the New York VA Regional Office (245 W. Houston Street, Room 205)
- calling (212) 807-3162
- contacting NYSDVA at:

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

Other Veterans-related Benefits/Services available through NYSDVA

New – NYSDVA gives Fresh Connect coupons to veterans on a first come, first served basis.

NYSDVA gives veterans \$20.00 coupons, on a first-come first-served basis, for the NYS Department of Agriculture's Fresh Connect Program, which can be redeemed at Farmers Markets throughout the City to obtain fresh produce.

Failure to Comply

If an applicant/participant fails to accept and/or comply with a referral for an evaluation of potential eligibility for veterans-related benefits/services of the individual in his/her household who is a veteran/servicemember, deny/close the CA case.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

Supplemental Nutrition Assistance Program (SNAP) Implications

An applicant/participant who is rejected/discontinued for Cash Assistance (CA) and Medicaid (MA) remains eligible for SNAP benefits. A referral for a separate SNAP determination must be made for the household.

Medicaid (MA) Implications

A failure to comply will cause the MA portion of a case to close. The MA of children under 19 years on an active case will continue for 12 months or until age 19, whichever comes first.

LIMITED ENGLISH PROFICIENT (LEP) 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

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

Conferences

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

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

Evidence Packets

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


REFERENCES

93 ADM-21
GIS 16 TA/DC044
TASB Chapter 9, Section O
SNAP SB Chapter 13
18NYCRR Sections 350.7, 351.2(e), 395
Social Services Law 168 (Veteran Assistance)
Executive Law Sections 350-364

RELATED ITEMS

- [PD # 16-27-OPE](#) The Americans With Disabilities Act (ADA) And Reasonable Accommodations (RA)
 - [PD # 16-26-OPE](#) Home Visit Needed/Homebound (HVN/HB) Status Request/Reasonable Accommodation Request (RAR) Unit
 - [PB # 16-04-OPE](#) Duty to Assist Applicants/Participants
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ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** New York State & Federal Benefits for Qualified Veterans & Their Families (rev. 6/15)
- Attachment B** US Department of Veterans Affairs NYC Facilities
- Attachment C** NYS Division of Veterans Affairs 2017
- LDSS-3517** Turn-Around Document (TAD)
- LDSS-4881** Veteran Referral And Certification Of Contact
- W-113K** Documentation Requirements and/or Assessment Follow-Up (rev. 8/21/12)
- W-908T** Notice of Recertification Appointment (rev. 8/21/12)
- Page 1.4-14** Worker's Guide To Codes
- Page 36** IM Operational Handbook-Authorization Of Grants

Aid and Attendance

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

Blindness

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

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

Burial

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

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

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

Civil Service

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

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

Information on jobs with New York State agencies is available at www.cs.ny.gov or by email at pio@cs.ny.gov or by calling 1-877-NYS-JOBS (1-877-697-5627)

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

Disability Benefits

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

Education

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

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

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

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

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

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

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

Employment & Training

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

Gold Star Parents Annuity

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

Health Care

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

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

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

Homes (state) for Veterans

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

Home Loan Guaranty

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

Insurance

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

Licenses & Permits

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

Nursing Home Care

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

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

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

Pension Benefits

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

Property Tax Exemption

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

Re-Employment

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

Review of Discharge

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

Specially Adapted Homes

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

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

Survivors' Benefits

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

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

Vocational Rehabilitation

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

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



**Division of
Veterans' Affairs**

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

Download Our App:



IOS



Google

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

**1-888-VETS NYS
(1-888-838-7697)
www.veterans.ny.gov**

Andrew M. Cuomo
Governor
State of New York

Eric J. Hesse
Director
Division of Veterans' Affairs

ATTACHMENT B

US Department of Veterans Affairs - NYC Facilities

BENEFITS

Veterans Benefits Administration (VBA)

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

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

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

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

HEALTHCARE

VA Medical Centers

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

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

Key Phone Numbers

VA Benefits Hotline
1-800-827-1000

Veteran Crisis Line
1-800-273-8255

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

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

VA Nurses Help Line
1-800-877-6976

Vet Centers

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

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

Community Based Outpatient Clinics (CBOC)

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

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

Full VA Facility list here:

http://www.va.gov/directory/guide/rpt_fac_list.cfm

Attachment C

NYS Division of Veterans' Affairs 2017

CENTRAL OFFICE

2 Empire State Plaza/17th Floor
Albany, NY 12223-1551

Eric J. Hesse, Director (518) 474-6114
Joel Evans, Executive Deputy Director (518) 474-6114
Jonathan Fishbein, Counsel (518) 474-6114
Benjamin Pomerance, Deputy Dir/VA Programs... (518) 474-6114
Mary Quay, Secretary 2 (518) 474-6114
Sharon Van Wagner, Administrative Asst (518) 474-3723
Walter De Bell, Office Asst III (Calculations)..... (518) 486-5864
Ellen Smith, Blind Annuity (518) 486-3602
Jason Chakot, Assoc. Training Technician (518) 486-1669

Todd Rosenfield, Project Manager (518) 474-6114
Jordanna Mallach, Special Programs Coord (518) 474-6114
Joella Grayson, Secretary (518) 473-4158
Shannon MacColl, Excelsior Svc Fellow (518) 474-5322

NURSING HOME INITIATIVE

Mark Sollohub, Veterans Benefits Advisor 2 (518) 474-0402
Joseph McDonnell, Veterans Benefits Advisor 1... (718) 722-2072

NEW YORK STATE INTAKE CENTERS

VA Regional Office
245 W. Houston Street/Room 205
New York, NY 10014

Elizabeth Hall, Veterans Benefits Advisor 2 (212) 807-3162
Harold Brown, Veterans Benefits Advisor 1 (212) 807-3162
Diana Jessamy, Program Aide (212) 807-3162
Deborah Williams, Secretary (212) 807-3162
Vicki Revander, Office Asst 1 (212) 807-3162
Lisa McClain, Secretary 2 (212) 807-3170

BUREAU OF VETERANS EDUCATION

116 W. 32nd Street/5th Floor
New York, NY 10001

Daniel Giuseffi, Program Rep 3 (212) 564-8414
Ariel Moncada, Program Rep 1 (212) 564-8414
Charlene Parker, Office Asst 1 (Keyboarding)..... (212) 564-8414
Paul Pabon, Secretary 2 (212) 564-8414

Bronx

VA Medical Center
130 W. Kingsbridge Road/Room 4A-06A
Bronx, NY 10468

Steven Alston, Veterans Benefits Advisor 1,
..... (718) 584-9000 x6361/6363
Amber Stevenson, Secretary
Betsy Rodriguez, Secretary

Kings

NYS Department of Labor One-Stop Center
250 Schermerhorn Street/Room 211
Brooklyn, NY 11201

Anthony Black, Veterans Benefits Advisor 1 (Th) (718) 613-3735

NYS Division of Veterans' Affairs
55 Hanson Place/Room 932
Brooklyn, NY 11217

Welby Alcantara, Veterans Benefits Advisor 2 (718) 722-2024

Queens

VA Extended Care Center
179th Street & Linden Boulevard/Room S101
St. Albans, NY 11425

NYS Veterans Home @ St. Albans/Room 189
178-50 Linden Boulevard
Jamaica, NY 11434-1467
(NURSING HOME CLAIMS ONLY)

Richmond

NYS Division of Veterans' Affairs
Boro Hall
10 Richmond Terrace/Room 313
Staten Island, NY 10301

Desiree Y. Wong, Veterans Benefits Advisor 1 (718) 447-8787

REGISTRY CASE NUMBER		BUDGET/VERSION NO. 015		NOTICE BUDGET NO. 016		PA/MA		F.S.		M 3E 053		NYCHA		FS INTW 060		TI 061		APP SRC 062		RCRT SRC 063		NEW AUTHORIZATION NUMBER						WMS/NYC AUTHORIZATION					
						CTR 020		UNIT WORKER 021		CTR 022		UNIT WORKER 023																					
HSE NO. 041		ST. NAME 042						APT. NO. 043				UTILITY GUAR. 044																					
CITY TOWN 045		STATE 046		ZIP 047		05		PHONE 049																									
051 M A D D R E S S								APT. NO. 052				FAC NAME 059																					
CITY TOWN 055		STATE 056		ZIP 057				B/CD				DIN 058																					

①	CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG SP 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	Life Line 258	ABBR CNS 259			
PA	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	MA	STAT 240	REAS 241	FROM 242	TO 243	FS	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274
②	CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG SP 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	Life Line 258	ABBR CNS 259			
PA	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	MA	STAT 240	REAS 241	FROM 242	TO 243	FS	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274
③	CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG SP 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	Life Line 258	ABBR CNS 259			
PA	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	MA	STAT 240	REAS 241	FROM 242	TO 243	FS	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274

SUFFIX 300	LINE 308	CIN 301	CLIENT'S NAME				BIRTH 316	SEX 315	VALIDATE 321 SSN 322	CAT CD 372	PA			MA			F.S.			ST/FED		BVI 366	MSP 345	DAI 367	PID 348
			FIRST 311	MI 312	LAST 310					STAT 330	REAS 331	DATE 332	STAT 340	REAS 341	DATE 342	STAT 350	REAS 351	DATE 352	CODE 307	DATE MM 325 YY					

SUFFIX 300	LINE 308	TASA 304	EMP 375	AD EX 365	TPHI /MCR	SSI 320	BCS 328	REL 329	CBIC CC 378 CDC 383	STUDENT ID NUMBER 323	CHT 380	VET 324	OTM 379	ALIEN			HISP/LAT 395	RACE / ETHNIC				MAR 387	EDUC 388	HDO 390	MO. CHILD 391	AFIS EX 392	TL-EX 393	MA COVERAGE		EPI 344
														REG. NUMBER 381	D O S 389	D E C 347	I 396	A 397	B 398	P 373	W 374						CODE 343	FROM DA TE 376	TO DATE 377	

OTHER NAMES				PA/F/S RECERT				ORIGINATOR CODE				ELIGIBILITY WORKER				GROUP SUPERVISOR				CRT OPERATOR			
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	CED DATE 012					DATE				DATE				DATE				
												CONTROL CLERK				CONTROL DIRECTOR							
												DATE				DATE							
												PREPARATION DATE				DATE							
												STAT CLERK				DATE							

VETERAN REFERRAL AND CERTIFICATION OF CONTACT

LDSS- 4881 (7/06)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SECTION I: TO BE COMPLETED BY LDSS							
Case Name:	Relationship to Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	Vet. in HH? <input type="checkbox"/> Y <input type="checkbox"/> N	Case Number:				
Case Address:			Phone Number: ()				
Veteran's Name:	DOB: / /	SSN:	Branch of Service:	Dates of Service: _____ to _____			
Worker:	Unit:	Phone:				Today's Date:	

SECTION II: TO BE COMPLETED BY SDVA, DVA, or CVSA COUNSELOR ONLY							
Name of Individual Interviewed:					Relationship to Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse		
<i>The above individual has been interviewed and assessed for eligibility/potential eligibility for the following Veteran's Benefits/Services:</i>							
BENEFIT TYPE	Assessed	Not Applicable	Potential Eligibility	Referred	Applied	Pending	Receiving
Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/> \$
Non-Service Connected Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/> \$
Survivors Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/> \$
Educational Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/> \$
Work Incentive Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/> \$
Medical/Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date:	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Status: IAW Chapter 553 of the Laws of 1994, the above named individual has been identified as:							
1 <input type="checkbox"/> Special disabled		3 <input type="checkbox"/> Disabled		5 <input type="checkbox"/> Recently separated		7 <input type="checkbox"/> Spouse or Dependent	
2 <input type="checkbox"/> Vietnam era		4 <input type="checkbox"/> Combat theater		6 <input type="checkbox"/> Other Veteran		9 <input type="checkbox"/> Non-Veteran	
<i>Additional Comments:</i>							
Agency (Check One): <input type="checkbox"/> DVA <input type="checkbox"/> SDVA <input type="checkbox"/> CVSA		Address:			Phone:		
Counselor's Name:				Title		Date:	

CLIENT CERTIFICATION AND RELEASE AUTHORIZATION:

I certify this referral is made with my knowledge and approval. I authorize the Office of Temporary and Disability Assistance, the local Department of Social Services, the Department of Health, the State Division of Veterans Affairs, and the County Veterans Service Agency to exchange and release information from my case records relevant to a determination of my eligibility for benefits administered by the US Department of Veterans Affairs. I will notify the Office of Temporary and Disability Assistance and local Department of Social Services of any and all benefits I receive or may receive from the US Department of Veterans Affairs and I authorize the New York State Division of Veteran's Affairs and County Veterans Service Agency to do the same. I understand my refusal to comply with these requirements or my refusal to sign this release may cause me (and my family) to be determined ineligible for Public Assistance and/or Medical Assistance.

APPLICANT/RECIPIENT SIGNATURE: X

DATE:

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

Documentation Requirements and/or Assessment Follow-Up

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

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

SAMPLE

Due Date: _____ Must see Worker upon return.

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

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

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> BTW (Back to Work) Vendor Appointment	<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children's Services Appointment
--	---

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

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

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

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

Name	Eligibility Factor

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

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

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

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

Applicant/Participant's Signature _____
Date

Worker's Signature _____
Date

Worker's Telephone Number

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

Notice of Recertification Appointment

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

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

1

Your Recertification will take place:

Date: _____ Time: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Other:

2

To reschedule your interview

Phone Number: _____

3

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

4

5

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

6

Provide Social Security Number for

7

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

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

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

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

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

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

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

Child Care Notice

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

What happens if I do not

8

Cash Assistance – If you do not

9

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

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

SNAP Benefits – If you submit your recertification application by

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

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

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

10

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

If any proof is still needed after

11

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

What If I No Longer Want or Need Assistance?

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

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

SAMPLE

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

Reason:

Participant's Signature

Case Number

Date Signed

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

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

You have a right to:

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

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

SAMPLE
Services and Other Information

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

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

FAIR HEARING REQUEST

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

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

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

SAMPLE

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)**VETERAN'S INDICATOR (VET) - 324**

These codes are to be used for persons 18 or older. They are listed in priority order. If a person falls into more than one category use the lowest number. For example, if the person is both disabled [Code 3] and a recently separated veteran [Code 5] used code 3.

- 1 Special Disabled Veteran (Disability of 30% or more)
- 2 Vietnam-era Veteran
- 3 Disabled Veteran
- 4 Combat Theater Veteran
- 5 Recently Separated Veteran
- 6 Other Veteran
- 7 Spouse or Dependent of Veteran
- 9 Not A Veteran

OFFICE OF TREATMENT MONITORING INDICATOR (OTM) - 379

- A Client Alcohol Dependent
- D Client Drug Dependent

ALIEN CITIZENSHIP INDICATOR (ACI) - 382

- A Person granted asylum.
- B Certain battered aliens who are the immediate relatives (spouse or child) of a US citizen or lawful permanent resident alien who have been battered or subject to extreme cruelty by the spouse or parent.
- C Citizen.
- D Federally certified victim of human trafficking.
- E Non-qualified aliens eligible for emergency Medicaid.
- F Persons granted conditional entry.
- G Persons paroled into the US for at least one year.
- H Cuban-Haitian Entrant
- J Persons whose deportation is being withheld.
- K Persons lawfully admitted for permanent residence.
- M Persons on active duty in the US armed forces and/or their spouses or unmarried dependent children.
- O PRUCOL individual who may be eligible through TANF/Safety Net.
- P FFP pregnant special PRUCOL or child under 21.
- R Persons admitted as refugees, including Amer-Asians, and victims of human trafficking.
- S Persons lawfully admitted for permanent residence who have worked or can be credited with 40 qualifying quarters of coverage as defined under Title II of the Social Security Act.
- T Persons paroled into the US for less than one year.
- V Honorably discharged veterans of the US armed forces and/or their spouses or unmarried dependent children.
- 9 Pregnant Woman (System Generated)

**Codes A, F, G, H, J, K, M, R, S, T and V require an Alien Registration Number (data element 381).
Codes A, B, D, F, G, H, J, K, M, R, S, T and V require a Date of Entry (data element 347).**

02/21/2016

PREPARATION OF FORM DSS-3517 (TAD)Section 15 – Individual Information (cont'd)**CHT – 380**

Leave blank. The following Child/Teen Health Plan (CHT) Codes may appear on the TAD

CHT CODES

1	Requesting CHT medical services, but not support and dental services
2	Requesting CHT medical services and support, but not dental services
3	Requesting CHT medical services, support, and dental services
4	Requesting CHT medical services and dental services, but not support services
5	Requesting CHT dental services, but not medical and support services
6	Requesting CHT support and dental services, but not medical services
7	Already receiving CHT services
8	Declines CHT services
9	Undecided

VET – 324

The Veteran's Indicator is a required entry for all individuals 18 years or older, having an individual status of AC, SI, or SN in any of the three program areas (PA, MA, or SNAP).

VETERAN'S INDICATOR CODES

1	Special Disabled Veteran (Disability of 30% or More)
*2	Vietnam Era Veteran
3	Disabled Veteran
**4	Combat Theater Veteran
5	Recently Separated Veteran
6	Other Veteran
7	Spouse or Dependent of a Veteran
***9	Not a Veteran

The codes are listed in the priority order that they should be used. If an individual can be categorized with more than one indicator, always use the lowest numbered indicator. For example, if both the categories Special Disabled Veteran and Vietnam Era Veteran apply to the same individual classify the individual as a code 1.

* **Vietnam – Era Veteran** is to be used for any veteran who served during the Vietnam Era (December 22, 1961 through May 5, 1975), whether or not they were actually in Vietnam.

** **Combat Theater Veteran** applies to all veterans who served during World War I, World War II, or the Korean War, whether or not the veteran was actually involved in combat duty overseas. This code should also be used for veterans who were involved in Beirut Lebanon, Grenada, the Persian Gulf, or Somalia, only if the veteran was physically there.

*** **Not a Veteran** should be used to identify Dishonorably Discharged individuals, as well as those individuals who never served in the U.S. Armed Forces.