



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #19-08-ELI

(This Policy Directive Replaces PD #15-08-ELI)

DOMESTIC VIOLENCE PROGRAM

Date: July 31, 2019	Subtopic(s): Employment
AUDIENCE	The instructions in this policy directive are for JOS/Workers in the Job Centers and Workers in the Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Centers as well as Employment Vendor locations and in the Domestic Violence Unit (DVU). They are informational for all other staff.
REVISIONS	This Policy Directive has been revised to <ul style="list-style-type: none">• Update the Opt-in Domestic Violence (DV) Child Support Waiver process;• Update the New York City Work Accountability and You (NYCWAY) screens used for special assessment referral;• Update the Anti-Domestic Violence Eligibility Needs Team (ADVENT) Directory (Attachment B);• Update the Domestic Violence Liaison Unit Directory (Attachment D); and• Add the Domestic Violence Directory Advent Housing Unit (Attachment G).
POLICY	When a Cash Assistance (CA) or NCA SNAP applicant/participant indicates that they are a victim of domestic violence, every effort must be made to address the safety needs of these individuals and their children.

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

BACKGROUND

Domestic Violence is a pattern of coercive behavior perpetrated by one family/household member (they do not have to be related) or partner/ex-partner on another with the purpose of establishing and maintaining power and control.

The pattern does not necessarily include physical abuse. Coercive behaviors involve a range of actions that can include psychological, emotional, financial, or sexual abuse. It is a fixed imbalance of power created by the batterer over time. Behaviors that are abusive and controlling are designed to instill intimidation and/or fear in the victim.

The Welfare Reform Act of 1997 mandated requirements to address the safety needs of DV victims and indicate whether temporary waivers from CA program requirements are necessary.

Domestic Violence Units

To promptly assist these individuals in obtaining safe and supportive services, a DVU was established that reports to the Office of Domestic Violence and Emergency Intervention Services (ODVEIS). Each Job Center is covered by a DVL (see the Domestic Violence Liaison Unit Directory [**Attachment D**]) who:

- Conducts waiver assessments;
- Provides emergency safety planning;
- Informs participants and relevant staff about waiver decisions; and
- Develops service plans in collaboration with the victim.

Note: DVL directory (**Attachment D**) is frequently changing. To obtain the most current directory, call (929) 221-7285.

NCA SNAP Centers are not covered by a specific DVL. Referrals may be made to any DVL, preferably the one the applicant/participant feels safest going to.

Since the inception of the DVU, many victims have regained their sense of self-worth and have re-established stable environments for themselves as well as their children through the individualized services offered.

REQUIRED ACTION

All individuals applying/recertifying for assistance (including NCA SNAP payees) must be provided with information about the DVU, DV protection, and other services that are available. Within the DVU is a specialized unit which provides services to individuals residing in DV shelters. For more information, see the Anti-Domestic Violence Eligibility Needs Team (ADVENT) Directory (**Attachment B**), the Anti-Domestic Violence Eligibility Needs Team (ADVENT) (**Attachment C**), and the Domestic Violence Directory ADVENT Housing Unit (**Attachment G**).

Note: ADVENT directory (**Attachment B**) is frequently changing. To obtain the most current directory, call (929) 221-7285.

Job Center and NCA SNAP Center Directors must ensure that forms listed below are included in the application/recertification kits. Foreign language versions of application/recertification kit forms are available on the FIAWeb.

CA application and CA recertification kits must include:

See Forms [M-90c](#) and [M-90d](#)

- The Domestic Violence Screening Form (**LDSS-4583**);
- The Domestic Violence Palm Card (**LDSS-4583A**); and
- The Domestic Violence Information for all Temporary Assistance Applicants (**LDSS-4905**).

NCA SNAP application and recertification kits must include:

See Form [M-90e](#)

- The **LDSS-4583A**.

Confidentiality

All staff must ensure that any information pertaining to any applicant/participant who claims to be a victim of DV and/or is at risk of further DV remains confidential. This information shall be used solely for the purpose of referral to services or determining eligibility for CA waivers.

Information with respect to victims of DV or anyone who claims to be a victim of DV shall not be released to any outside party or other governmental agency unless the information is required by law or authorized in writing by the applicant/participant. This includes, but is not limited to, information regarding the individual's current address or workplace.

Child Abuse Reporting

See [PD #08-33-OPE](#) on Agency Mandated Reporters of Child Abuse and Maltreatment and [PB #14-108-OPE](#) on How to Report Child Abuse and Neglect.

The requirement for all staff to report suspected child abuse and maltreatment remains in effect. All New York City Human Resources Administration employees are mandated to report suspected cases of child abuse and/or maltreatment. To report suspected child abuse, call the State Child Abuse Hotline at (800) 342-3720.

Note: All Job Center and NCA SNAP Center staff must take responsibility for making the call to the State Child Abuse Hotline if they suspect child abuse/neglect. The DVL is responsible only for reporting suspected cases of child abuse/neglect that come directly before them.

Job Center Process – CA Applicants/Participants

Domestic Violence Screening

Job Centers

At the application/recertification interview in the Job Centers, the JOS/Worker must read to the applicant/participant the information from the Desk Reference for Domestic Violence Screening Under the Family Violence Option (**LDSS-4813**); and

See [PD #18-10-OPE](#).

- Inform the applicant/participant that the completion of the **LDSS-4583** is not mandatory but may be in their best interest;
- Ensure that necessary interpreter services are obtained if an applicant/participant has limited English-speaking ability, as they must understand the questions on the **LDSS-4583**;
- Inform the applicant/participant that benefits and eligibility are not affected by a refusal to complete the form; and
- Reassure the applicant/participant that all information on the form is kept confidential.

See [PD #13-09-ELI](#) on Determining Qualified Alien Status For Battered/Abused Noncitizens And PRUCOL Eligibility for a full description of these rules.

Note: A noncitizen who does not have an immigration status may be eligible for benefits as a qualified battered alien if they are married to a U.S. citizen or Lawful Permanent Resident (LPR), or is the child of the battered noncitizen spouse of a U.S. citizen or LPR, or is the battered child of a U.S. citizen or LPR and is determined to be a credible victim of domestic violence by a DVL. Job Center staff must make sure that the noncitizen understands the importance of meeting with a DVL when they agree to the appointment but cannot or are unwilling to complete the **LDSS-4583**.

Reviewing Forms

Check to see if the individual has completed the **LDSS-4583**:

Do not save a copy of the **LDSS-4583** in the electronic case record.

- Enter the individual’s case information on the top portion of a blank the **LDSS-4583**;
- Do not save a copy of the **LDSS-4583** in the electronic case record;
- If the form is not completed by the applicant:
 - Prepare a case record entry indicating that the individual did not complete or return the **LDSS-4583**; and
 - Forward the **LDSS-4583** to the Deputy Director or to the Deputy Director’s designee at the Job Center who will ensure that the forms are batched weekly and delivered to the DVU no later than the close of business the Monday of the following week; and
 - Continue the application/recertification process as per standard procedure
- If the form is completed, review all responses on the **LDSS-4583**:

Negative Response or Individual Declines to Meet With the DVL

If the applicant/participant checks the “NO” box on the **LDSS-4583**:

- Forward the **LDSS-4583** to the Deputy Director or to the Deputy Director’s designee at the Job Center who will ensure that the forms are batched weekly and delivered to the DVU no later than the close of business the Monday of the following week; and
- Continue the application/recertification process as per standard procedure.

Positive Response

If the applicant/participant answers “YES” to any of the six questions on the **LDSS-4583**, there is an indication of possible domestic abuse.

- Provide the individual with information about the DVU and its services;
- Encourage the individual to speak with the DVL and inform them that all referrals are voluntary and confidential (with the exception of child abuse and maltreatment);

- If the individual agrees to speak with a DVL:
 - Check “YES” next to the “Client referred to DVL?” question at the top of the page, and
 - Make a referral to the DVL.

See [PD #13-09-ELI](#).

Note: Meeting with a DVL is strictly voluntary and a refusal does not affect an eligibility determination for CA and/or SNAP. However, meeting with a DVL will be required for any noncitizen without an immigration status who is the battered spouse or child/stepchild of a U.S. citizen or LPR as defined in PD #13-09-ELI and wants to be considered a qualified alien for CA purposes based on the DV claim. If an individual meets these criteria, the Worker must check “YES” next to the “Credibility determination only?” question and make a referral to the Liaison who will then determine if the individual’s claim of DV is credible which will affect the category of assistance for CA and eligibility for SNAP benefits.

- If the applicant/participant indicates the existence of DV on the **LDSS-4583** and declines to meet with the DVL:
 - Check “NO” next to the “Client referred to DVL?” question at the top of the form, and enter “N” on the Assessment-Primary Questionnaire screen of the automated Employability Plan (EP); and
 - Forward the **LDSS-4583** to the Deputy Director or his/her designee at the Job Center who will ensure that the forms are batched weekly and delivered to the DVU no later than the close of business the Monday of the following week.

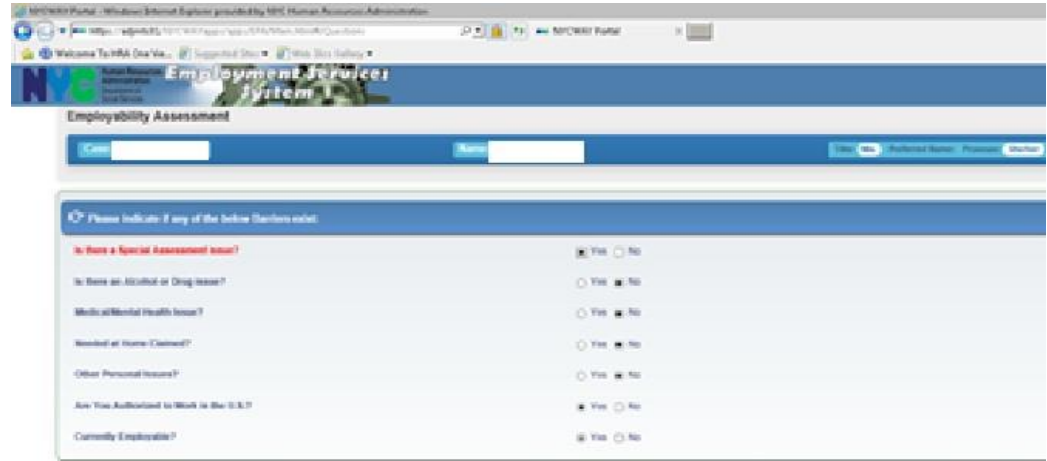
Referral for DV Assessment

Once individuals identify themselves as victims of DV and indicate they want to meet with the DVL, inform them that the DVL will conduct a special assessment.

CA Applicants

In NYCWAY the JOS/Worker must enter “Y” into the “Special Assessment Issue” in the Employability Assessment screen:

Revised



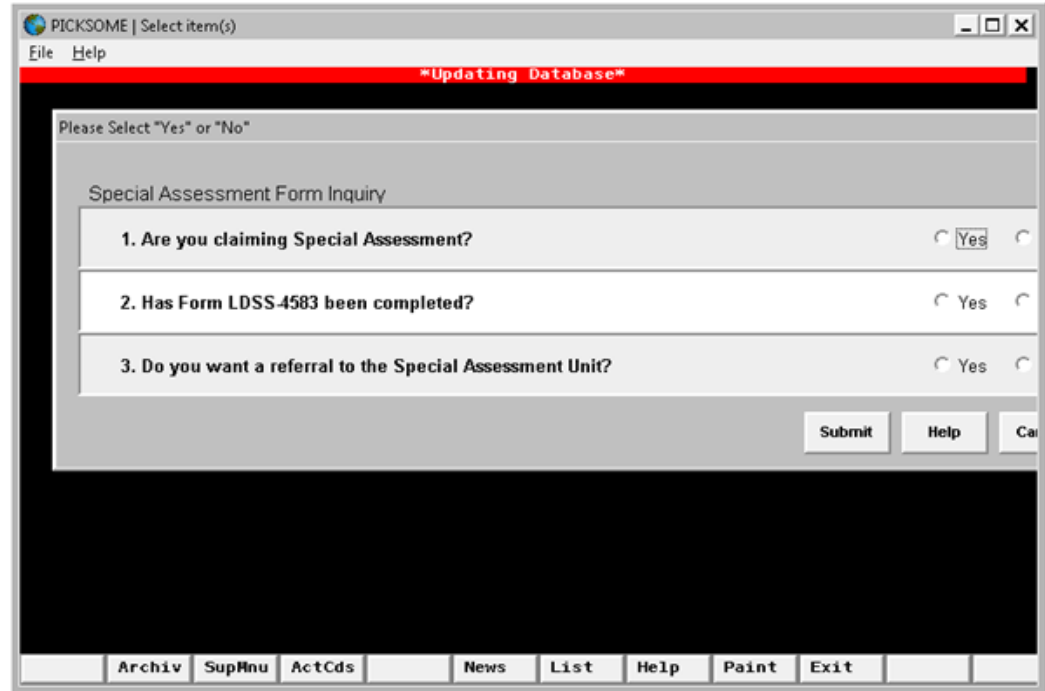
All other activity is suspended until the DV assessment is received and a determination of a waiver from any of the required activities such as the Office of Child Support Services (OCSS), Engagement, etc. has been made.

On the next Special Assessment Form Inquiry screen answer three questions:

Revised

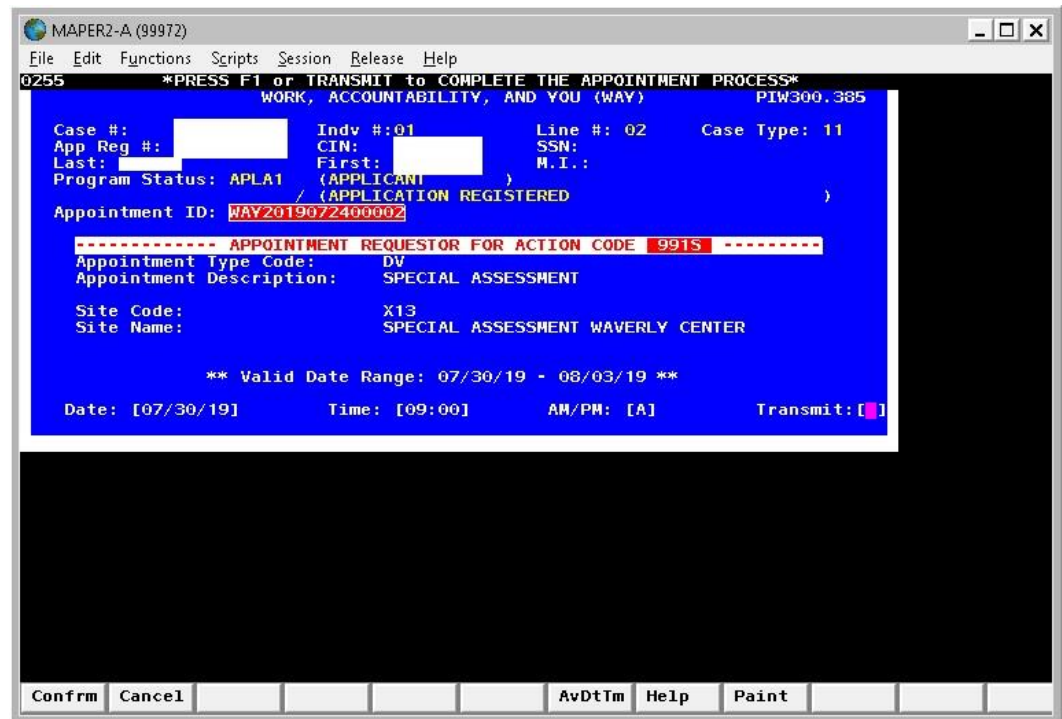
- “Are you claiming Special Assessment?” Click on “Yes”;
- “Has Form **LDSS-4583** been completed?” Click on “Yes”;
- “Do you want a referral to the Special Assessment Unit?” Click on “Yes”; and
- Click “Submit”.

Revised



- The following screen will appear with Action Code **991S** (Referral/Reschedule) (Applicants). This includes applicants who are noncitizens with satisfactory immigration status or a noncitizen eligible under Permanently Residing Under the Color of Law (PRUCOL).

Revised



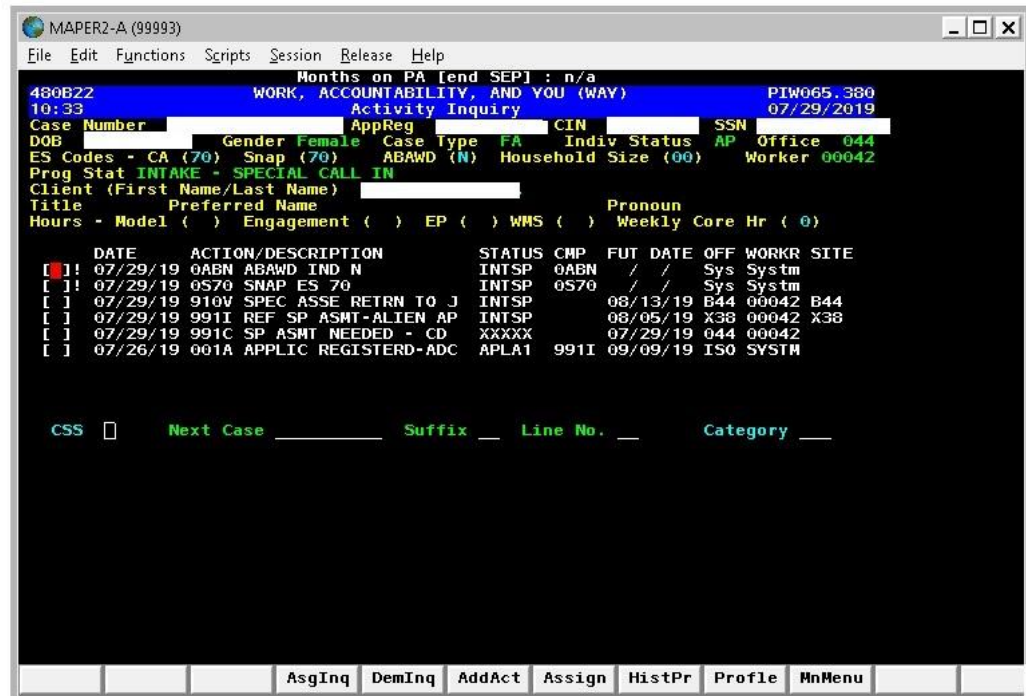
DVL Referral for Noncitizens Claiming to be Battered

A noncitizen who does not have an immigration status may be eligible for benefits as a qualified battered alien if they are married to a U.S. citizen or LPR or is the child of the battered noncitizen spouse of a U.S. citizen or LPR or is the battered child of a U.S. citizen or LPR. If the applicant appears to meet this criteria and is in need of a credibility assessment, the following screen will appear with:

The **991C** is posted by Paperless Office System (POS) to NYCWAY. Then, when the EP is initiated, the **991I** (Special Assessment Referral) will post.

- Action Code **991C** (Special Assessment Needed-Credibility Determination) for noncitizen applicants without an immigration status and are married to, or are the child or stepchild of a U.S. Citizen or LPR who claim battery and are in need of a credibility assessment. The **991C** is generated in NYCWAY by POS when the Alien Checklist is completed and results in the Alien/Citizenship Indicator (ACI) of “**B**” (qualified battered alien).

Revised



See [PD #13-09-ELI](#).

Note: Generally, meeting with a DVL is strictly voluntary and a refusal does not affect an eligibility determination for CA and/or SNAP. However, meeting with a DVL will be required for any noncitizen without an immigration status who is the battered spouse or child/stepchild of a U.S. citizen or LPR as defined in PD #13-09-ELI and who wants to be considered a qualified alien for CA purposes based on the DV claim.

These codes have an automatic seven-day Future Action Date (**FAD**) and will generate the Special Assessment Letter (**W-103D**).

See [PB #08-32-OPE](#). The Specialized JOS/Worker must interview and process all cases that contain a noncitizen who is applying or recertifying for CA and is not a LPR with five or more years in a qualified status.

Process for Voluntary DVL Referral

The JOS/Worker will proceed as follows:

See **Attachment B** and **Attachment D** to locate the DVL that covers the specific Job Center.

For a complete listing of DV Action Codes see **Attachment E**.

- Enter Action Code **991S** (special assessment referral);
- NYCWAY will set a Special Assessment referral **FAD** and generate the **W-103D**;
- Call the DVU that covers the Job Center to schedule a Special Assessment appointment if the applicant cannot keep the system generated appointment;
- Enter Action Code **910V** (Return Appointment to the Job Center) in NYCWAY. The **FAD** must be manually entered and should be seven days from the date of the Special Assessment appointment;
- Complete the **W-103D**:
 - Enter the appointment date, time, the DVL's name and telephone number for any questions or if the person is unable to keep the initial assessment appointment; and
 - Enter the return appointment date, day, and time the applicant is to return to the Job Center.
- A copy of the **W-103D** must be stored in the electronic case file. The original **W-103D** and **LDSS-4583** must be given to the applicant in a sealed envelope;

Note: The **LDSS-4583** is not to be scanned or indexed into the electronic case file.

- Instruct the applicant to bring to the DV appointment any documents they may have that support the claim of DV. Any DV related documents that the applicant submits to the Job Center cannot be photocopied or scanned and must be returned to the applicant;
- Defer all requirements such as employment/engagement activities, Administration for Children's Services (ACS)/OCSS, Credentialed Alcohol and Substance Abuse Counselor (CASAC), and educational/living arrangement requirements of a minor parent until the DVL renders a decision;

- Instruct applicants to call the telephone number on the **W-103D** as soon as possible if they are unable to keep the initial appointment to speak with a DVL to reschedule the assessment appointment.

Rescheduled CA Applicant DV Special Assessment Appointment

If the applicant returns to the Job Center (within the allowed time) and indicates that they cannot keep the initial Special Assessment appointment but would like to reschedule, a new appointment is entered with either Action Code **991S** or **991C**, as appropriate. NYCWAY will set a new Special Assessment referral **FAD** and generate a new **W-103D**. The JOS/Worker must manually enter a new **FAD** for the Action Code **910V** Job Center return appointment, which must be seven days after the rescheduled appointment date. The new **W-103D** must be completed with the rescheduled information.

Applicant Fails To Report (FTR) to the DV Special Assessment Appointment

If the individual does not keep the rescheduled Special Assessment appointment, which is nonmandatory, any suspended eligibility and/or employment processes should continue. The DVL will notify the JOS/Workers if appointments are not kept by entering Action Code **931F** (Failure to Keep Special Assessment Appointment) (Applicant). Once the case is in AC status, the system will post Action Code **113** (Applicant Unengaged) and the individual will be placed on the unengaged work list to be called into the Job Center.

See [PD #13-09-ELI](#).

If an applicant who was required to meet with the DVL fails to keep the appointment, the DVL will enter Action Code **931K** (Individual Failed to Report). Noncitizens without a qualified alien status who may be eligible for benefits as a qualified battered alien are required to meet with a DVL in order to obtain the qualified status. (See PD #13-09-ELI and the Alien Eligibility Desk Guide [**LDSS-4579**].)

Cancelled CA Applicant DV Special Assessment Appointment

If the applicant returns to the Job Center prior to the DV Special Assessment appointment and indicates that they want to cancel the referral, the JOS/Worker must call the DVU and inform the DVL of the applicant's request to cancel and enter Action Code **991X** (Request to Cancel DVL Appointment) in NYCWAY.

CA Participants

To make a Special Assessment appointment referral for a participant who wants to meet with the DVL, the JOS/Worker must:

- Enter “**Y**” for Domestic Violence in the barrier field of the automated EP. This will result in the posting of Action Code **191A** (Referral/Reschedule for Special Assessment) (Participants) along with a seven-day **FAD** in NYCWAY for participant referral. The system will automatically generate the **W-103D**;

See **Attachment B** and **Attachment D** to locate the DVL that covers the specific Job Center.

- Call the DVU that covers the Job Center to schedule a Special Assessment appointment if the participant cannot keep the system generated appointment;
- Enter Action Code **105M** (Return Appointment) (Participant). The **FAD** must be manually entered and should be seven days from the Special Assessment appointment;
- Complete the **W-103D**:
 - Enter the appointment date and time and the DVL’s name and telephone number for any questions or if the person is unable to keep the initial assessment appointment; and
 - Enter the return appointment date, day, and time the applicant is to return to the Job Center.
- Scan and index a copy of the **W-103D** into the electronic case file. The original **W-103D** and the **LDSS-4583** must be given to the participant in a sealed envelope. The **LDSS-4583** is not to be scanned or indexed into the electronic case file;
- Defer all mandatory requirements until the outcome of the Special Assessment;
- Instruct the participant to call the telephone number on the **W-103D** and speak with a DVL to reschedule the assessment appointment as soon as possible if they are unable to keep the appointment.

Rescheduled CA Participant DV Special Assessment appointment

If the participant returns to the Job Center within the **FAD** period and indicates that they cannot keep the initial Special Assessment appointment but would like to reschedule, enter Action Codes **191A** and **105M**. The system will set a new **FAD** and generate a new **W-103D** referral with Action Code **191A**.

Manually enter a new **FAD** for Action Code **105M**. The rescheduled appointment date must be seven days from the Special Assessment appointment. The new **W-103D** referral notice should be completed with the rescheduled information and a copy given to the participant in a sealed envelope.

Participant FTR to DV Special Assessment appointment

If the participant fails to report to the Special Assessment appointment, the DVL will enter Action Code **131F** (Failed to Keep Special Assessment Appointment) (Participant). Suspended mandatory requirements must be continued by the JOS/Worker.

Cancelled CA
Participant DV Special
Assessment
appointment

If the participant returns to the Job Center prior to the DV assessment appointment and indicates that they want to cancel the DV referral, the JOS/Worker must call the DVU and inform the DVL of the participant’s request to cancel and enter Action Code **191Z** (Cancel DV Referral) (Participants).

If the participant does not wish to be referred for a DV assessment, the JOS/Worker must enter an “**N**” on the Assessment-Primary Questionnaire screen of the automated EP and continue with the EP process.

Homebound Applicants/Participants

When a homebound individual discloses DV to a Worker, the JOS/Worker must:

- Provide the individual with the DVL’s name and phone number;
- Enter a DV referral in NYCWAY and make sure that the individual is coded as homebound in the client services screen;
- Instruct the individual to contact the DVL when it is safe to talk.

The DVL will:

- Confirm that the individual is homebound;
- Conduct a phone assessment;
- Enter a waiver outcome in NYCWAY;
- Mail any necessary forms with a self-addressed envelope to the individual to complete and sign if it is safe to do so;
- Mail a notice to the individual informing them of the decision/waiver, if it safe to do so.

Note: If it is not safe to mail forms to the homebound individual’s home, the DVL can mail the forms to a relative or friend. If the forms cannot be mailed at all, the DVL will note this in the case record.

Referrals from Non-
Job Center Locations.

CA Applicants/Participants - Declaration of DV at Ancillary Sites

Outstationed Workers
at vendors need to
refer to [PB #06-101-
EMP](#) for referrals for
DV Assessment.

An individual might not immediately report that they are a victim of DV to the JOS/Worker at the Job Center. They might, however, disclose this information during contact with staff in other programs such as Career Services Provider, Educational Services/Training Assessment Group (TAG), Substance Abuse Service Centers (SASC) or OCSS. If DV services are requested, staff should refer the individual to the Job Center’s DVL.

When HRA staff is made aware of a report of DV, they must follow the preceding instructions for making a referral to the DVL. If screening forms and/or NYCWAY access is unavailable, individuals must be immediately referred to the Job Centers for processing.

Sanction Process for Nonexempt Participants

Career Services Provider

Participants FTR to DV Special Assessment appointment

If a nonexempt CA participant who is currently assigned to a Career Services Provider fails to report to the DV Special Assessment appointment, as indicated by Action Code **131F** (Failed to Keep Special Assessment Appointment) (Participant) in the system, and does not return to their assessment, an employment infraction must be entered into NYCWAY. The participant will receive a conciliation notice.

If a Career Services Provider attempts to enter an infraction code for time deficiency before the seven-day **FAD** referral to the DVL has expired, the open DVL referral will override the infraction entry.

DV Assessment Outcomes and Follow-up

Upon receipt of the DV assessment outcome, the JOS/Worker will proceed to address the mandatory assessments and referrals that were postponed until the completion and outcome of DV assessment as follows:

Waiver Granted

Waiver Granted

After the completion of the Special Assessment, if the CA applicant's/participant's claim of domestic violence is substantiated, the DVL may grant waivers from the following:

- Employment participation;
- Child support activity;
- Substance abuse treatment;
- Alien deeming;
- Spousal support;
- Teen (minor) parent educational requirement;
- Property liens; or
- Time limits.

Note: All waivers are granted for a minimum of six months and may only be granted by the DVL. At assessment, the DVL will also determine if a waiver must be extended or discontinued. NYCWAY is programmed to only allow identified DVU staff to enter waiver determinations in the system.

Employment Waivers

- Nonexempt/No Waiver Granted

 - Nonexempt/No Waiver
 If a CA applicant/participant is determined by the DVL not to be a victim of DV or does not need exemption from employment requirements, the JOS/Worker will see Action Code **913N** (Applicant)/**131N** (Participant) (No Waiver/Waiver Terminated-Participation Required in Employment-Related Activities) in NYCWAY. Process the case as per current procedure;

- Full Waiver

 - Full Waiver
 If the DVL determines that the DV situation prevents the CA applicant/participant from engagement in required activities, the DVL will enter Action Code **931A** (Full Employment Waiver) (Applicant) or **131A** (Full Employment Waiver) (Participant) in NYCWAY. The Employability Status (ES) code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in the Welfare Management System (WMS) will change to **45** (Full employment waiver - Exempt) (element **375** of the Turnaround Document [**TAD**] overnight.) The **FAD** will expire at the end of the six-month time frame and the participant will be called in by the DVL for reassessment;

- The Employability Code in the **Individual Data** screen in POS

 - Opt-In DV Waiver
 If the DVL determines that the DV situation does not prevent the CA applicant/participant from engagement in work activities, an Opt-in DV waiver is granted to ensure borough-specific safety for the individual. The JOS/Worker should engage the applicant/participant into appropriate work activities that will not endanger the individual. The DVL will enter in NYCWAY Action Code **931B** (Opt-In DV Employment Waiver) (Applicant) or **131B** (Opt-In Employment Waiver) (Participant). The ES code on the Case Composition-Suffix/ Individual Summary screen (**NQCS01**) option **22** in the WMS will change to **46** (Expired employment waiver - Non-Exempt) (element **375** of the **TAD**) overnight. The **FAD** will expire at the end of the six month time frame and the participant will be called in by the DVL for reassessment.

Note: If the applicant/participant, who was granted an Opt-In DV Waiver, failed to comply with the work requirements, they will not be subject to sanction. The applicant/participant will be referred back to the DVL for a re-assessment.

Child Support Waivers

- | | |
|--|---|
| No OCSS Waiver | <ul style="list-style-type: none"> • <u>No Waiver/Waiver Terminated</u>
If a CA applicant/participant is determined by the DVL not to be a victim of DV or does not need exemption from OCSS requirements, the JOS/Worker will see Action Code 931W (No Waiver/Waiver Terminated) (Applicant) or 131W (No OCSS Waiver/Waiver Terminated) (Participant) in NYCWAY. Process the case as per current procedure; |
| Full OCSS Waiver | <ul style="list-style-type: none"> • <u>Full Waiver</u>
If the DVL determines that the DV situation prevents the CA applicant/participant from engagement in required OCSS activities, the DVL will enter Action Code 931E (Full OCSS Waiver) (Applicant) or 131E (Full OCSS Waiver) (Participant) in NYCWAY; |
| New | <p>The DVL will explain to the CA applicant/participant that an Opt-In Waiver is available where the CA applicant/participant decides it is safe for them to participate in the child support enforcement process. In the event the applicant/participant does not choose to participate in the Opt-In Waiver, the survivor will continue to be eligible for the full OCSS waiver.</p> |
| Opt-in DV Waiver | <ul style="list-style-type: none"> • <u>Opt-In DV Waiver</u> |
| Formerly referred to as a "Partial Waiver" | <ul style="list-style-type: none"> ▪ If the DVL determines that the DV situation does not prevent the CA applicant/participant from participating in OCSS activities and the CA applicant/participant agrees, and there is a need for some precautionary measures, an Opt-in DV Waiver may be granted to ensure safety for the individual. |
| Revised | <ul style="list-style-type: none"> ▪ Every effort will be made to avoid contact with the noncustodial parent for genetic testing and during the court process. Department for Social Services (DSS) can notify the Court that there is a safety concern and request that the Court make adequate provisions for the safety of the applicant/participant, including testifying by electronic means. |

- Every effort will be made to safeguard the CA applicant's/participant's address information. The DVL will enter Action Code **931P** (Opt-In OCSS Waiver) (Applicant) or **131P** (Opt-In OCSS Waiver) (Participant) in NYCWAY. Should a CA applicant/participant at any point in the process decide that the choice of the Opt-In Waiver places them at risk, they can decide not to participate and be reassessed for waiver status.

Entry of BCS
indicator codes

A Bureau of Child Support (BCS) indicator code must be entered for each individual on the case. For applicants/participants who have a DV assessment prior to a required OCSS referral, the BCS indicator and follow-up activity will depend on the type of waiver granted. The JOS/Worker must access the **POS Data** screen in POS, then click on **Show Individual Data** button, and select one of the waiver outcomes from the **BCS** indicator drop-down menu listed below (element **328** of the **TAD**):

- Full Waiver: The JOS/Worker will select a **G** (No referral: Good cause. The OCSS may not pursue child support activity.)
- No Waiver: The JOS/Worker will select an **A** (Appropriate for referral to OCSS.)
- Opt-In DV Waiver: The JOS/Worker will select a **P** (Referral: Good cause. Child support enforcement activity should proceed, without the involvement of the individual.)

Note: If an applicant/participant reports a DV issue at OCSS, see the Office of Child Support Services (**Attachment F**) for the DVL referral process.

Substance Abuse Waiver

If the DVL determines that the CA applicant/participant, already identified in need of substance abuse treatment, should for safety reasons be waived from participation in a substance abuse treatment program, Action Code **931C** (Substance Abuse Waiver) (Applicant) or **131C** (Substance Abuse Waiver) (Participant) will be entered in NYCWAY. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **45** (Full employment waiver - Exempt) (element **375** of the **TAD**). This exempts the applicant/participant from substance abuse treatment requirements until a reassessment is done by the DVL.

The Employability
Code in the **Individual
Data** screen in POS

Other Waivers

[PD #09-22-ELI](#) on Unmarried Minor Parents/Pregnant Teens

- Teen (Minor) Parent Requirement Waiver
In instances where the DVL determines that an unmarried teen (minor) under the age of 18, whose youngest child is 12 weeks old or older, is unable to comply with the CA educational requirements because of DV, the DVL will enter Action Code **131O** (Other Waiver) in NYCWAY. The DVL must indicate in the comment field that this waiver is specifically for a “Teen Parent.” During the four-month waiver period, do not take adverse actions against individuals for not complying with the educational requirements.

When the DVL has determined that a waiver code is no longer necessary and enters Action Code **131N** (No Waiver/Waiver Terminated) in NYCWAY, or the waiver has expired without further activity, the teen parent will be called in and informed that they must comply with the educational requirements in order to remain eligible for CA. The minor parent’s child(ren) remain eligible for CA.

See [PD #13-09-ELI](#).

- Alien Deeming Waiver
Under the United States Citizenship and Immigration Services (USCIS) rules, certain battered aliens and their children who are not considered qualified aliens for CA eligibility purposes can petition USCIS to be granted status as a qualified alien because of DV, thereby entitling them to receive benefits. If the individual becomes a qualified alien, they may be considered for possible waivers of program requirements.

If a waiver is granted by the DVU, the DVL will enter Action Code **131O** in NYCWAY and indicate in the comment field “Alien Deeming.” The alien deeming requirements will not be applied for a 12-month period with respect to certain battered aliens and their children. If the need for assistance continues, the alien deeming requirements will not continue to apply if:

- The noncitizen demonstrates that the battery or maltreatment has been recognized by a court order or order of an Administrative Law Judge of USCIS;
- The battery or maltreatment bears substantial connection to the need for benefits; and
- The person responsible for such battery or cruelty does not reside in the same household as the individual who was subject to the battery or maltreatment.

- Spousal Support Waiver
If the DVL determines that requiring the victim to apply for spousal support will put the victim at further risk or make it more difficult to escape the abuse, the requirement to pursue spousal support may be waived. The DVL will enter Action Code **1310** in NYCWAY.
- Property Lien Waiver
If the DVL determines that assigning a lien on real property owned jointly by the victim and the batterer will put the victim at further risk or make it more difficult for the victim to escape the abuse, the requirement to sign the lien may be waived. The DVL will enter Action Code **1310** in NYCWAY.
- Time-Limit Waiver
When approaching the end of the 60 months in receipt of Family Assistance (FA), a DV victim qualifies for a good cause (hardship) time-limit waiver if it is medically verified that the victim is unable to work or participate in a training program because of disabilities that are the result of DV.

See [PD #08-31-ELI](#).

At the time-limit reassessment interview or recertification, if a participant voluntarily discloses that they are unable to work or participate in a work activity because of physical and/or mental health condition which is the result of DV, the JOS/Worker must refer the individual to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a medical review.

Caregiver for children with disability due to DV

If the participant voluntarily discloses that they are a caregiver for a child with disabilities that are the result of DV and this prevents them from working or participating in a training program, the JOS/Worker must refer the individual to the DVL and inform the participant that documentation verifying the disability will be required. JOS/Workers should note that the documentation does not need to state that the disability was caused by DV.

The continued validity of the DV time-limit waiver must be reviewed at least once every six months. When a DV time-limit waiver is granted, the DVL will enter one of the following Action Codes in NYCWAY:

- Incapacitated/Disabled
Action Code **131D** (Time Limit – Incapacitated/Disabled [Participant]) will be entered. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **47**(Incapacitated/Disabled – Time Limit Exemption [More than six months]), if the DVL determines that the individual’s disability was the result of DV which resulted in the individual’s being unable to participate in work-related activities for more than six months.

- Needed in the Home to Care for an Incapacitated Child
Action Code **131H** will be entered. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **48** (Needed in the Home to Care for Incapacitated Child Full-Time – Time Limit Exemption), if the DVL determines that the individual is needed at home to care for a child who is incapacitated due to DV.

- Incapacitated
Action Code **131I** (Time Limit – Incapacitated [Participant]) will be entered. The ES code on the Case Composition-Suffix/Individual Summary screen (**NQCS01**) option **22** in WMS will change to **49** (Temporary Illness or Incapacity Time Limit Exemption [4-6 Month Exemption]), if the DVL determines that the individual’s physical incapacity is the result of DV, but documentation indicates that the individual will be able to participate in work-related activities in four to six months.

Note: These codes are used only for DV victims who reach the 60-month limit for Temporary Assistance for Needy Families (TANF) and are granted a time-limit waiver by the DVL.

To update the Individual Tracking Screen and the Time Limit indicator in WMS, the JOS/Worker will utilize the Domestic Violence Referral (**DVREF**) worklist.

The JOS/Worker will access the **DVREF** worklist through NYCWAY and enter the time-limit Action Code and a date range. This will allow the JOS/Worker to view which participants were granted a time-limit waiver.

Update the Individual Tracking Summary Screen and the Time Limit Indicator.

The JOS/Worker will then enter the time-limit exemption code **X** on the Individual Tracking Summary screen (**WTRK11**) and in element **393** on the **TAD** and in WMS.

Employment waivers are not applicable to DV victims with time-limit waivers. A DV victim cannot have an employment and a time-limit waiver at the same time, because the time-limit waiver already meets the criteria for an exemption from work activities. The ES code for individuals who already have an employment waiver and are subsequently granted a time-limit waiver must be changed from **45** to the appropriate time-limit exemption code.

Request for Removal of a Program Waiver

If an applicant/participant wishes to have a program waiver removed/terminated, they must contact the DVL to request the removal of the waiver. The DVL will assess the situation and, if appropriate, enter Action Code **913N** (Applicants)/**131N** (Participants) in NYCWAY to remove all waivers except the OCSS waiver. Enter Action Code **931W** (No OCSS Waiver/Waiver Terminated) (Applicants)/**131W** (No OCSS Waiver/Waiver Terminated) (Participants) to remove an OCSS waiver. The JOS/ Worker will then take appropriate action according to current procedure.

Reassessment of Waiver

One month prior to the expiration of all employment, child support, or time-limit waivers, the DVU will initiate the process to call the individual into the Job Center to reassess their current DV situation. The DVU will enter Action Code **191G** (Reassessment) and the **FAD** in NYCWAY.

The DVL will also mail the **DVL-14** to the safe address provided by the individual. The **DVL-14** informs the participant that they must report to the Job Center to reassess the waiver granted. The participant is instructed to provide any documentation that pertains to their current situation at the appointment.

At the reassessment appointment, the DVL will complete the Waiver Reassessment Form (**DVL-3**), collect any documentation the participant provides, determine if the waiver should be extended or discontinued, and enter the appropriate Action Code in NYCWAY.

Expired Employment Waivers

If there is no follow-up action taken on employment waivers, once the waiver has expired, the ES code will change to **20** and the system will post Action Code **113** to indicate that the individual is unengaged. The participant will receive an engagement call-in letter to report to the Job Center. If there is no active employment waiver and the waiver being granted/continued is a child support waiver, the DVL should first enter Action Code **131N** (No Waiver) to address the employment status and then enter the child support waiver.

See PD #19-04-EMP

Note: If the participant fails to report to the engagement call-in appointment, they will be subject to a sanction in accordance with current procedure.

Expired Time
Limit Waivers

If there is no follow-up action taken on time limit waivers, once the waiver has expired, the system will post Action Code **113** and a call-in letter to report to the Job Center will be mailed. The ES code for these participants will not change, but these individuals must be reviewed to determine continued eligibility for CA and their employability.

Note: If the participant fails to report to the eligibility call-in, the case will be closed in accordance with current procedure.

NCA SNAP Center Process – NCA SNAP Applicants/Participants

Domestic Violence Screening

NCA SNAP applicants/participants do not have to be screened for DV. If an NCA SNAP applicant/participant reports or expresses a desire to be referred to the DVL for assistance at any time, they must be referred to a DVL for a DV interview. NCA SNAP applicants are referred to the DVL via the paper process while participants are referred via POS.

NCA SNAP Applicants

For NCA SNAP applicants, the Eligibility Specialist must:

- Contact the co-located Job Center DVL or Job Center closest to the NCA SNAP home center. For updated DV directories, contact the DV Program at (929) 221-7285 (see **Attachment D**);
- Advise the applicant/participant that, if the DVL requests documentation regarding the DV issue, such documentation must be submitted to the DVL within 10 days of the request;
- Prepare a Routing Control Sheet (**W-270**) form to refer the applicant for a Special Assessment appointment. Do not write domestic violence or DV on the **W-270**. Simply indicate “Referred for Special Assessment”;
- Save the **W-270** in the electronic case file;
- Give the originals of the **W-270** and **LDSS-4583**, which must be in a sealed envelope, to the applicant/participant to bring to the DVL.

Application telephone interview

Note: If during the NCA SNAP application telephone interview the applicant states that they are a DV victim, the Eligibility Specialist must contact the co-located Job Center DVL or Job Center closest to the NCA SNAP home center to let them know about the applicant; the Worker will provide the phone number of the DVL to the applicant, and the applicant will call the DVL to set up an appointment. If no call is received, the DVL will reach out for the applicant.

After the interview with the DVL, the appropriate action code will be recorded on the **W-270** by the DVL and forwarded to the Deputy Center Director or designee of the NCA SNAP Center who will forward the form to the Mail Processing Unit (MPU) Supervisor to assign a Worker to follow up. The assigned NCA SNAP Worker will take the appropriate action based upon the recommendation made by the DVL.

NCA SNAP Participants

For NCA SNAP participants, the Eligibility Specialist must:

See [PB #10-02-SYS](#)

- Click **Yes** for a special assessment in the POS **Referrals** window during the **SNAP Recert Interview** Activity;
- Select the household member who needs the special assessment in the **Response to Question** window;
- Indicate if the participant is willing to accept the referral by clicking **Yes**;
- Click the **Make a Referral** button which will send action code **191N** to NYCWAY;
- Print the generated Special Assessment Notice (**W-103D**) and give to the participant. For telephone recertifications, verbally inform the participant of when and where the special assessment is scheduled.

Upon returning to the **Response to Question** window at a later date, the Eligibility Specialist will be able to view the special assessment results entered into NYCWAY by the DVL. The assigned NCA SNAP Worker will take the appropriate action based upon the recommendation made by the DVL.

Cancelled NCA SNAP applicant/participant DV Special Assessment interview

If the NCA SNAP applicant/participant returns to the NCA SNAP Center and indicates that they want to cancel the referral, the NCA SNAP Worker must call the DVU to inform the DVL of the applicant's request to cancel.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications


At Job Centers, the JOS/Worker must:

- Complete the “**Screening and Consultation**” question in the referrals window with the results of the screening instrument and the results of the referral (if made). The Referral Results part of the window is grayed out unless “**Yes**” is clicked for the “**Referral Accepted**” question;

The screenshot shows the 'Response to Question' dialog box. In the 'Screening' section, 'Who' is set to 'Match Match'. The 'Screening Form Completed?' question has 'No' selected. The 'Referred for Consultation?' question has 'Yes' selected. The 'Referral Accepted?' question has 'Yes' selected. In the 'Referral Results' section, 'Consultation Date' is '00/00/0000'. Under 'Temp. Exempt from Requirement', several checkboxes are visible: Child Support, Employment, Drug / Alcohol Treatment, Time Limits, Alien Deeming, Residency, Learnfare, Minor Parent, and Other. There are also fields for 'Comment...' and 'Worker', and 'OK' and 'Cancel' buttons at the bottom.

- If the screening form is not completed, indicate that in the **Response to Question** window for the Screening and Consultation question by clicking “**No**” for the “**Screening Form Completed?**” question and making an entry in the comment field about the disposition of the form;
- A fourth question (see screen image below) asking for the disposition of the form will appear if the screening form is not completed but a DVL referral is made;

This screenshot is similar to the previous one but includes an additional question in the 'Screening' section: 'Form Disposition?'. It has two radio button options: 'Refused to return form' and 'Refused to complete form'. The 'Referral Results' section remains the same as in the previous screenshot.

- Enter a case comment for all actions performed on a case by clicking on the case comments icon  or pressing <ALT>M on the keyboard. Use the term “**Special Assessment**” not “Domestic Violence” when making case comments concerning DV referrals;
- Scan all non-POS generated forms and notices that are signed by the individual into the electronic case record, except Domestic Violence-related documents.

SNAP Implications SNAP implications for the SNAP ES code and/or Able Bodied Adult Without Dependents (ABAWD) indicator.

Medicaid Implications There are no Medicaid implications, since the DV screening and referral to the DVU are voluntary.

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

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) and Deaf or Hard-of-Hearing. Please refer to [PD #18-10-OPE](#) and [PD #17-19-OPE](#) for detailed instructions.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution at Job Centers

CA applicants/participants are entitled to request a Fair Hearing if a waiver is denied or not extended. If an applicant/participant contacts the JOS/Worker at the Job Center regarding a denial/discontinuance of a waiver, confer with the applicant/participant.

If appropriate, call the designated DVU and inform the DVL of the situation. The DVL may request to see the individual again. If so, refer the applicant/participant to the DVU by entering Action Code **991S** (Applicant)/**191A** (Participant) for a Special Assessment appointment and **910V** (Applicants)/**105M** (Participants) for the return appointment back to the Job Center. Under no circumstance should there be any reference to DV.

Specify the type of waiver denial the applicant/participant is contesting and annotate in the **W-103D**. The DVL will enter the appropriate Action Code based on the results of the assessment. The DVU will inform the applicant/participant if a waiver (and what type) is warranted.

Avoidance/
Resolution at NCA
SNAP Centers

NCA SNAP applicants/participants are entitled to request a Fair Hearing if they disagree with the DV assessment outcome. If the applicant/participant contacts the Worker at the NCA SNAP Center regarding the DV assessment, confer with the applicant/participant.

If appropriate, call the designated DVU and inform the DVL of the situation. The DVL may request to see the individual again. If so the NCA SNAP Worker will complete the **W-270**.

Conferences at
Job Centers

If an applicant/participant comes to the Job Center and requests a conference with the Fair Hearing and Conference (FH&C) unit regarding the denial/discontinuance of a waiver, the FH&C Supervisor I/Associate JOS I will contact the DVU to request the case history sheet. If a copy of the Notification of Decision on Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) Form (**LDSS-4594 NYC**) or the Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) Form (**LDSS-4595 NYC**) is sent by mail to the safe address provided by the client; ensure that the notice is kept in a confidential file for Fair Hearing purposes.

The FH&C Supervisor I/AJOS I will listen to and evaluate the applicant's/participant's complaint regarding the denial/discontinuance of the waiver. After reviewing the case record and discussing the issue with the DVL, the FH&C Supervisor I/AJOS I will advise the applicant/participant of the results.

The FH&C Supervisor I/AJOS 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 action is taken in all phases of the Fair Hearing process.

In instances where the DVL and the FH&C Supervisor I/AJOS I agree that the DVL should testify at the Fair Hearing, the DVL will testify by telephone participation.

Conferences at the
NCA SNAP
Centers

A NCA SNAP participant can request a conference to contest the Agency's determination to close or remove them from the SNAP case based on failure to keep the SNAP recertification appointment related to the DV issue. The conference must be held at the participant's NCA SNAP Center.

Evidence Packets All complete and relevant evidence packets prepared by the FH&C Supervisor I/AJOS I should include documents specific to the issue, such as copies of relevant case entries, and copies of the NYCWAY screen indicating the Action Codes. The case history sheet documented by the DVL and a copy of the **LDSS-4594 NYC** or the **LDSS-4595 NYC** to the individual should be in the evidence packet. Remember that you must remove the individual's safe address from all documentation presented for the Fair Hearing.

RELATED ITEMS

[PB #06-101-EMP](#)
[PB #08-32-OPE](#)
[PB #10-02-SYS](#)
[PB #14-108-OPE](#)
[PD #08-31-ELI](#)
[PD #08-33-OPE](#)
[PD #09-22-ELI](#)
[PD #13-09-ELI](#)
[PD #18-10-OPE](#)
[PD #19-04-EMP](#)

REFERENCES

SSL Sec. 349-a
 SSL Sec. 459-a
 18 NYCRR 347.5 (i)
 18 NYCRR 351.2 (l)
 18 NYCRR 369.2 (b)(l)(IV)
[98 ADM 3](#)
[02 ADM 4](#)
[03 ADM 5](#)
[06-INF-11](#)
[06-INF-14 Revised](#)
[08-INF-02](#)
[08-INF-05](#)
[TASB](#), Ch. 26

ATTACHMENTS

Attachment A Domestic Violence Unit (DVU) Activity
Attachment B Anti-Domestic Violence Eligibility Needs Team (ADVENT) Directory (Rev. 5/7/19)
Attachment C Anti-Domestic Violence Eligibility Needs Team (ADVENT) (Rev. 3/26/15)

Attachment D	Domestic Violence Liaison Unit Directory (Rev. 5/7/19)
Attachment E	Table of NYCWAY DV Action Codes (Rev. 10/28/14)
Attachment F	Office of Child Support Services (OCSS) (Rev. 7/17/19)
Attachment G	Domestic Violence Directory ADVENT Housing Unit (Rev. 5/7/19)
DVL-3 (E)	Waiver Reassessment (11/7/2014)
DVL-3 (S)	Waiver Reassessment (Spanish) (11/7/2014)
DVL-14 (E)	Reassessment Notification Letter (4/9/15)
DVL-14 (S)	Reassessment Notification Letter (Spanish) (4/9/15)
LDSS-4583	Domestic Violence Screening Form (Rev. 9/07)
LDSS-4583A	Domestic Violence Palm Card (Rev. 3/98)
LDSS-4583A (S)	Domestic Violence Palm Card (Spanish) (Rev. 3/98)
LDSS-4594 NYC	Notification of Decision on a Waiver to Allow a Temporary Delay in Temporary Assistance Requirement(s) (Adequate Only) (NYC) (Rev. 5/16)
LDSS-4594 NYC (SP)	Notification of Decision on a Waiver to Allow a Temporary Delay in Temporary Assistance Requirement(s) (Adequate Only) (NYC) (Spanish) (Rev. 5/16)
LDSS-4595 NYC	Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in Temporary Assistance Requirement(s) (Timely and Adequate) (NYC) (Rev. 5/16)
LDSS-4595 NYC (SP)	Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in Temporary Assistance Requirement(s) (Timely and Adequate) (NYC) (Spanish) (Rev. 5/16)
LDSS-4813	Desk Reference for Domestic Violence Screening Under the Family Violence Option
LDSS-4905	Domestic Violence Information for all Temporary Assistance Applicants (Rev. 10/07)
LDSS-4905 (SP)	Domestic Violence Information for all Temporary Assistance Applicants (Spanish) (Rev. 10/07)
M-90c	Cash Assistance Application Kit Forms (Rev. 8/1/18)
M-90d	Cash Assistance Recertification Kit Forms (Rev. 8/1/18)
M-90e	Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms (Rev. 8/1/18)
W-103D	Special Assessment Letter (Rev. 2/9/10)
W-103D (S)	Special Assessment Letter (Spanish) (Rev. 2/9/10)

Attachment A

Domestic Violence Unit (DVU) Activity

Tracking Referrals

A Work list (**DVREF**) of daily referrals to the DVU will be pulled up in NYCWAY by DVU staff in order to track referrals kept and missed appointments. The DVU staff will also be able to track referrals made by OCSE by pulling up the OCSE worklist.

When the applicant/participant reports for the assessment, the Domestic Violence Liaison will review NYCWAY and the **LDSS-4583** and conduct a Special Assessment interview.

During the interview the DVL will:

- conduct an assessment to determine credibility and potential risk associated with program compliance in accordance with the Family Violence Act.
- complete the State Assessment Tool.
- prepare the safety and service plans.
- assess the extent to which the domestic violence might impede the individual's ability to comply with Cash Assistance and/or Supplemental Nutrition Assistance program employment requirements, and determine any exemptions from work activities
- enter the appropriate Action Code in NYCWAY to indicate outcomes of assessment.

**EIS/DOMESTIC VIOLENCE DIRECTORY
ANTI DOMESTIC VIOLENCE ELIGIBILITY NEEDS TEAM**

ADVENT UNIT

CENTRAL OFFICE

150 GREENWICH STREET 43rd. FLOOR

NEW YORK, NY 1007

FAX # 212-437-2752

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DVL & ADVENT SOCIAL SERVICE UNIT

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BRONX

#46 -ADVENT/ CROTONA JOB CENTER

1910 MONTEREY AVENUE 3RD. FLOOR

BRONX, NY. 10457

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Attachment B

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LYDIA	FRUSTER	CENTER DIRECTOR	929-252-7310	

MANHATTAN

#18 -ADVENT/ST. NICHOLAS JOB CENTER

132 WEST 125TH. STREET 3RD. FLOOR

NY, NY. 10027

FAX # 212-280-1127

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Attachment B

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VACANT	VACANT	CAIII	212-280-7019	
GWEN	WALLACE	CENTER DIRECTOR	212-6665576	

BROOKLYN

#67 ADVENT/ CLINTON HILL JOB CENTER

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BROOKLYN, NY 11238

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ROSE	HAYES	ES III	929-221-1499	hayesr@har.nyc.gov
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ALAIN	JEAN-BART	CENTER DIRECTOR	929-221-1568	

Attachment C

Anti-Domestic Violence Eligibility Needs Team (ADVENT)

ADVENT is a specialized unit within the Domestic Violence Program whose task is to provide a range of services to individuals residing in domestic violence (DV) shelters.

Applicants/participants involved in DV often have extensive barriers to employment as a result of DV. Such barriers include, but are not limited to, psychological breakdown, low self-esteem, borough restrictions (due to the close proximity to the abuser) and addictions (often associated with domestic violence) in addition to the regular barriers that are experienced by the basic population (such as child care issues).

In order to meet the needs of the DV population residing in shelters, ADVENT conducts eligibility determinations, provides case management and engages Cash Assistance (CA) participants in employment activities specially designed for participants who are victims of DV, thereby reducing the risk of further harm to the victim and/or children.

Participation in ADVENT is voluntary. Under ADVENT, the hours engaged in DV activities count toward the engagement rules as long as the participant remains in compliance. The participant is obligated to participate in a concurrent Work Experience Program (WEP) or other approved work-related activity for the remaining hours, up to the combined maximum of 35 hours per week (unless a waiver has been granted).

If the applicant/participant fails to comply with the DV activities, the individual's WEP hours will be increased and/or participation in other concurrent activities will be required.

ADVENT Locations

ADVENT units are located in the following Job Centers and will service DV victims throughout the borough living in DV shelters.

East End #23	–	Manhattan/Staten Island
Crotona #46	–	Bronx
Clinton Hill #67	–	Brooklyn

Participants who reside in DV shelters in Queens will have the option of being referred to any of the above listed ADVENT locations.

Attachment C

ADVENT Caseloads

Each ADVENT unit will provide services to participants who live in zip codes currently serviced by multiple Job Centers and will be identified by a unique caseload designation.

ADVENT Caseload Designation

Job Center	Caseload Designation
East End #23	691 through 693
Crotona #46	694 through 696
Clinton Hill #67	697 through 699

Caseload designation **690** is for those cases that have been identified as ADVENT cases and are in the process of being transferred to an ADVENT location.

In order to take advantage of the services offered by ADVENT, the DV victim must have an active CA case and be willing to travel to the location of the ADVENT unit that covers his/her zip code. Once the victim agrees to be serviced by ADVENT, his/her case will be transferred to the appropriate ADVENT unit.

The DVU will continue to provide services to all victims of DV, whether they are serviced by ADVENT or on a regular FIA caseload.

ADVENT Services

Once it is determined that the CA applicant/participant is a victim of DV and resides in a DV shelter, the DVL will offer the services of ADVENT. If the applicant/participant decides s/he wants to participate in ADVENT.

- The applicant/participant must complete and sign the Resident Request for Public Assistance Case Transfer Form (**DVL-5**).
- The DVL or DV Shelter Case Worker faxes the completed transfer Form **DVL-5** to the Job Center Liaison at 150 Greenwich Street, 43rd Floor, New York, NY 10007.
- The Job center Liaison send the transfer request to the Job Centers via email for case transfer to ADVENT caseload **690**.

Attachment C

ADVENT Unit

When the case is transferred to ADVENT, the Unit Clerk will assign the case to an Eligibility Worker. The Eligibility Worker will complete the address change, if needed, re-budget the case and send the Transfer to ADVENT Form (**W-102**) to inform the participant of the Job Center location and caseload change.

At the same time the case is referred to the DV Engagement Team, who:

- initiates a call-in appointment for the participant;
- discusses the benefits of working;
- reinforces the time limits on Cash Assistance;
- helps resolve DV related issues;
- implements the Service Plan.
- enter Action Code **191T**, if appropriate, to indicate an ADVENT assignment (DV activity). This code will count 14 hours of DV activities toward the 35-hour work activity requirements. Some examples of these activities are, but not limited to, the following:
 - Counseling Services;
 - Mental Health Services;
 - Medical Services;
 - Parenting Skills;
 - Legal Assistance;
 - Housing;
 - Children Services;
 - Preventive Services; and
 - Independent Living Skills.
- Provide a WEP or concurrent assignment (if appropriate);
- Process a referral to WeCare/CASAC if warranted.
- If the participant does not comply with the DV activity:
 - Terminate the DV activity as an assignment by entering Action Code **191X**.
 - Increase the WEP hours (subject to grant limitations) or assign to a concurrent activity as appropriate.

EIS/DOMESTIC VIOLENCE LIAISON UNIT DIRECTORY

CENTRAL OFFICE

150 GREENWICH STREET 43rd. FLOOR
NEW YORK, NY 1007
FAX # 212-437-2752

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
PAULA	SAMUEL-MARTIN	DIRECTOR	929-221-7258	samuelmartinp@hra.nyc.gov
ALLA	PLECHNAYA	DEPUTY DIRECTOR	929-221-7285	plechnayaa@hra.nyc.gov
ABBY	CAMPBELL	SUPERVISOR II	929-252-5347	campbella@hra.yc.gov

BRONX

#38 RIDER JOB CENTER

300 CANAL PLACE 3rd. FLOOR
BRONX, NY 10451
FAX #718-665-2373

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
SONIA	EVANS-ALLEN	SUPERVISOR I	718-742-3882	evansallens@hra.nyc.gov
INGRID	RUIZ	DVL	718-742-3789	ruizi@hra.nyc.gov
ANGELICA	SILVA	DVL	718-742-3882	silvaa@hra.nyc.gov
JEANNETTE	MOTA	DVL	718-742-3942	
		CENTER DIRECTOR		

#40 BANK NOTE JOB CENTER

847 BARRETTO STREET 2nd. FLOOR
BRONX, NY 10474
FAX # 718-617-8906

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
SONIA	EVANS-ALLEN	TITLE	929-252-4916	evansallens@hra.nyc.gov
JEAN	SHIM-HAYES	SUPERVISOR I	929-252-4911	shim-hayes@hra.nyc.gov

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DINORAH	RODRIGUEZ	DVL	929-252-4349	
		CENTER DIRECTOR		

#45 CONCOURSE JOB CENTER

1365 JEROME AVENUE, 1st. FLOOR
 BRONX, NY 10452
 FAX # 718-590-7414

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
SONIA	EVANS-ALLEN		718-742-3882	evansallens@hra.nyc.gov
STELLA	HUSBANDS	SUPERVISOR I	929-252-8710	husbandss@hra.nyc.gov
TONIA	LEVY	DVL	929-252-4911	levyt@hra.nyc.gov
MARIA	TORRES	DVL	929-252-8991	
		CENTER DIRECTOR		

MANHATTAN

#13 WAVERLY JOB CENTER

12 WEST 14th. STREET 2ND. FLOOR
 NEW YORK, NY 10011
 FAX #212-352-2127

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
DORETHA	BRYANT		212-252-6682	bryantd@hra.nyc.gov
MONICA	SOLOMON	SUPERVISOR I	212-352-1964	solomonm@hra.nyc.gov
RHONDA	CHARLES	DVL	212-620-9224	
		CENTER DIRECTOR		

#39 UNION SQUARE JOB CENTER

109 EAST 16TH. STREET, 8TH FLOOR
 NEW YORK, NY. 10003
 FAX # 212-387-1624

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
DORETHA	BRYANT		929-252-6682	bryantd@hra.nyc.gov
MIMOSE	INNOCENT	SUPERVISOR I	929-252-6683	innocentm@hra.nyc.gov
HEATHER	LOGAN	DVL	212-835-7361	
		CENTER DIRECTOR		

Attachment D

BROOKLYN

#66 BUSHWICK JOB CENTER

30 THORNTON STREET 4TH. FLOOR
 BROOKLYN, NY 11206
 FAX#718-963-4622

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
MARIE	PAUL-SHARPE		929-252-3529	paulsharpe@hra.nyc.gov
SABRINA	RUSSELL-STATON	SUPERVISOR I	718-331-4472	statons@hra.nyc.gov
SHASHA	DORSEY	DVL	718-331-4320	dorseys@hra.nyc.gov
VACANT	VACANT	DVL	212-331-4289	
		CENTER DIRECTOR		

#70 SOUTHERN BKLYN JOB CENTER

35 4TH. AVENUE 2ND. FLOOR
 BROKLYN, NY 11217
 FAX# 718-636-2428

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
MARIE	PAUL-SHARPE		929-252-3529	paulsharpe@hra.nyc.gov
CHERYL	BELGRAVE	SUPERVISOR I	929-252-3529	belgravec@hra.nyc.gov
LEONEL	MEYERS	DVL	929-252-3514	
		CENTER DIRECTOR		

QUEENS

#53 QUEENS JOB CENTER

1 HONEYWELL STREET 4TH. FLOOR
 LONG ISLAND CITY, NY 11101
 FAX #718-784-5137

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
PRISCILLA	GALLAUD		718-752-7996	gallaudp@hra.nyc.gov
MARGARET	JEGEDE	SUPERVISOR I	718-784-6998	jegedem@hra.nyc.gov
FRANK	MORRIS	DVL	718-784-6043	

CENTER DIRECTOR

#54 JAMAICA JOB CENTER

165-08 88TH. AVENUE 5TH. FLOOR
 JAMAICA NY 1432

Attachment D

FAX# 718-883-8197

FIRST NAME	LAST NAME		PHONE NUMBER	EMAIL ADDRESS
PRISCILLA	GALLAUD	TITLE	718-752-7996	gallaudp@hra.nyc.gov
GEM	SEALES-LONDON	SUPERVISOR I	929-252-3184	seales-londong@hra.nyc.gov
SHERLYN	WALTON	DVL	929-252-3837	waltons@hra.nyc.gov
VACANT	VACANT	DVL	718-883-8250	
		CENTER DIRECTOR		

STATEN ISLAND

#99 RICHMOND JOB CENTER

201 BAY STREET 2ND. FLOOR

STATEN ISLAND, NY 10301

FAX #718-390-6707

FIRST NAME	LAST NAME		PHONE NUMBER	EMAIL ADDRESS
MARIE	PAUL-SHARPE	TITLE	929-252-3529	paulsahrpem@hra.nyc.gov
NURIYA	ASHIM	SUPERVISOR I	718-390-6843	ashimn@hra.nyc.gov
MICHAEL	FERRER	DVL	929-221-7915	
		CENTER DIRECTOR		

Attachment E

Table of NYCWAY DV Action Codes

Action Codes	Definition
910V applicants 105M participants	Return Appointment to Job Center.
931F applicants 131F participants	Failure to Keep Special Assessment Appointment.
931K applicants 131K participants	Individual Failed to Report
931X applicants 131X participants	Special Assessment Outcome Cancelled
940D applicants 140D participants	Special Assessment Required – Referral code for DV Assessment used by OCSS staff.
940O applicants 140O participants	Client Cooperated with OCSS (OCSS Only).
940R applicants 140R participants	Failure to Return to OCSS (OCSS Only).
940U applicants/participants	Return Appointment to OCSS
940X applicants 140X participants	Cancel DV Referral (OCSS Only).
991C applicants	Special Assessment Needed-Credibility Determination
991S applicants 191A participants	Referral/Reschedule – for Special Assessment.
991X applicants 191Z participants	Cancel DV Referral.
191P Applicant 931X Applicant	Homebound Phone Assessment Failure to Conduct Phone Assessment
99UI applicants	Alien Applicant
191O applicant and participant	Out-Reach Special Assessment Letter

Attachment E

Participant Only Codes	Definition
131R participants	Deficient in ADVENT Hours
191T participants	Assigned to ADVENT Program
191X participants	Terminated ADVENT Program
191Q participant	ADVENT Re-Enrollment
191P participants	Homebound Phone Assessment
131X participant	Failure to Conduct Phone Assessment
191G participants	Waiver Reassessment Appointment

CA Outcome Codes	Definition
931A applicants 131A participants	Full Employment Waiver – Temporary exemption from work activities.
931C applicants 131C participants	Substance Abuse Waiver – Temporary exemption from SASC requirements.
131D participants	(Time Limit) Incapacitated/Disabled – Unable to participate in work-related activity for more than six months.
931E applicants 131E participants	Full Child Support Waiver – Temporary exemption from child support requirements.
131H participants	(Time Limit) Needed in the Home – Caring for child incapacitated due to DV.
131I participants	(Time Limit) Incapacitated – Unable to participate in work-related activity between three to six months.
931N applicants 131N participants	No Waiver/Waiver Terminated – Participation required in employment-related activities.
131O participants	Full DV Waiver (Alien Deeming/Lien Waiver/Spousal Support Only).

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NCA FS Only Codes	Definition
13FF participants	Failed to Report – Revert ES code to WR .
13FI participants	Issue Indicated – Exempt from work activity.
13NF participants	No Issue Indicated – No exemption from work.
13XF participants	Expired – Administrative Auto post.
191N participants	Special Assessment Appointment.

Attachment F

Office of Child Support Services (OCSS)

If a CA applicant/participant makes an initial claim at the OCSS office that they are a victim of domestic violence (DV), the OSCE Worker will interview the applicant/participant to determine if they want to pursue a DV waiver or continue with the child support process.

If the applicant/participant requests a child support waiver because of DV, the OCSS Worker will:

- Give them the telephone number for the DVL that covers their Job Center and instruct the individual to call immediately if they cannot keep the appointment given by NYCWAY and re-schedule the special assessment appointment;
- If possible, assist the individual by calling the DVU to re-schedule the special assessment appointment;
- Complete the Waiver Evaluation/Services Referral (**CM-179b**) form in triplicate.

The OCSS Worker will complete a **CM-179b** only for the noncustodial parent(s) identified as the perpetrator of DV.

The OCSS Worker will enter Action Code **940D** (Applicants) or **140D** (Participants) in NYCWAY to make a referral for a Special Assessment and then distribute three copies of the **CM-179b**: one is given to the applicant/participant, the second to the DVL and the third is placed in the OCSS case folder. The DVL will fax the **CM-179b** to the Borough Office Liaison DVL at the Job Center.

Once the assessment is complete and a determination made, the DVL will enter in NYCWAY the waiver code and a return appointment code **940U** Applicants/Participants and fax the **CM-179b** back to the OCSS Liaison with the assessment outcome indicated on the form.

If the individual fails to return to OCSS after the DV assessment, the OCSS Worker will enter in NYCWAY Action Code **940R** (Applicants) or **140R** (Participants). The JOS/Worker will then take appropriate action according to current procedure.

If prior to the DV assessment appointment the applicant/participant informs the OCSS Worker that they want to cancel the referral, the OCSS Worker will call the DVU and inform the DVL of the applicant's/participant's request to cancel and enter Action Code **940X** (Applicant)/**140X** (Participant) in NYCWAY.

Note: If the applicant/participant has submitted all the required documentation to OCSS, there is no need for a return appointment back to OCSS. Once the OCSS

Attachment F

Worker receives the DV outcome they must enter Action Code **940O** (Applicant) or **140O** (Participant) in NYCWAY to close off the return appointment.

If an individual is granted an Opt-In DV waiver (formerly referred to as a “Partial Waiver”) or No waiver, the DVL will refer them back to OCSS for completion of the child support process.

Full Waiver: If the DVL enters Action Code **931E** (Applicants) or **131E** (Participants), child support activity must cease. Do not refer applicant/participants to OCSS. The DVL must be notified at the time of referral if any child support activity is in effect so that OCSS can be notified to terminate activity.

Opt-In DV Waiver: If the DVL enters Action Code **931P** (Applicants) or **131P** (Participants), the applicant/participant must still cooperate with all child support activities. However, every effort will be made to avoid contact with the noncustodial parent in court and to suppress the applicant’s/participant’s address.

No Waiver: If the DVL enters Action Code **931W** (Applicants) or **131W** (Participants), the applicant/participant must be referred to OCSS and cooperate with all child support activities. The applicant/participant must be called in for a referral to OCSS if the noncustodial parent is not previously known by OCSS in relation to the child.

Child Support Waiver Reassessment (for 940D referrals)

At the time of waiver reassessment, when the DV referral source was OCSS with action code 940D, the DVL will complete Form **CM-179b** with information on the child and father listed on the original referral form. The DVL will check off the outcome of the reassessment and fax the completed **CM-179b** to the OCSS Liaison for the borough.

EIS/DOMESTIC VIOLENCE DIRECTORY
ADVENT HOUSING UNIT
CENTRAL OFFICE

150 GREENWICH STREET 43rd. FLOOR
 NEW YORK, NY 1007
 FAX # 212-437-2752
 NY, NY 10003

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
PAULA	SAMUEL-MARTIN	DIRECTOR	929-221-7258	samuelmartinp@hra.nyc.gov
VELMA	BEAZER -LEWIS	DEPUTY DIRECTOR	929-221-7306	beazerv@hra.nyc.gov

109 EAST 16TH. STREET 8TH. FLOOR

NEW YORK, NY 10003

DENISE	SCANTLEBURY	PAA II	929-252-6206	scantleburyd@hra.nyc.gov
NORRIS	COBURN	PAA I	929-252-6205	coburnn@hra.nyc.gov
MAJORIE	TERNIER	ESIII	929-252-6207	ternierm@hra.nyc.gov
VACANT	VACANT	ESIII	929-252-6208	

FAMILY JUSTICE CENTERS

FIRST NAME	LAST NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
CAROLE	CAMPBELL	PAA II	929-221-1491	campbellc@hra.nyc.gov

Waiver Reassessment

 Employment Child Support Substance Abuse Time Limit Other

Domestic Violence Liaison:	Date:	Center #:
Case Name:	Case Number:	CIN:

Since your last appointment with a Domestic Violence Liaison (DVL):

1. Do you have a valid Order of Protection? Yes No If yes, date issued: _____ Expiration date: _____

2. Does the abuser know where you live? Yes No If yes, please explain: _____

3. Has the abuser contacted you? Yes No If yes, has there been a recent incident? Yes No
 If yes, please explain: _____

4. Has the abuser threatened, harassed, stalked, or physically abused you? Yes No
 If yes, please explain: _____

 PRIOR EMPLOYMENT WAIVER Opt-in Full None
 Borough Exclusion: Bronx Brooklyn Manhattan Staten Island Queens

5. Since your last Opt-in Waiver, has your Job Center contacted you? Yes No If yes, what happened?

6. Were you given an assignment? Yes No If yes, please explain: _____

7. Do you feel safe in your assignment? Yes No If no, please explain: _____

8. Who did you notify of the unsafe area? _____
First Name Last Name Telephone Number

9. What actions were taken to provide you with safe assignment? _____

10. Have there been any other changes in your situation? Yes No If yes, please explain: _____

11. Do you need a **full** employment waiver? Yes No If yes, why do you feel you need a **full** employment waiver at this time? _____

PRIOR CHILD SUPPORT WAIVER

Opt-in Full None

Line #:	Name of Child:			Name of Father:		
	First Name	MI	Last Name	First Name	MI	Last Name
Line #:	Name of Child:			Name of Father:		
	First Name	MI	Last Name	First Name	MI	Last Name
Line #:	Name of Child:			Name of Father:		
	First Name	MI	Last Name	First Name	MI	Last Name
Line #:	Name of Child:			Name of Father:		
	Name	MI	Last Name	Name	MI	Last Name

12. Since your last Opt-in waiver, has the Office of Child Support Enforcement (OCSE) contacted you? Yes No

If yes, did you provide OCSE with information on the abuser? Yes No

13. Have you gone to court regarding child support? Yes No If yes, please explain:

14. Were there any problems with the abuser as a result of the court proceedings? Yes No

If yes, please explain: _____

15. Have there been any changes in your situation? Yes No If yes, please explain: _____

16. Do you need a **full** child support waiver? Yes No If yes, why do you feel you need a **full** child support waiver at this time? _____

PRIOR SUBSTANCE ABUSE WAIVER

Yes No

17. Were you contacted by a Credentialed Alcoholism and Substance Abuse Counselor (CASAC)? Yes No

If yes, please explain: _____

18. Have there been any other changes in your situation Yes No If yes, please explain: _____

19. Would participating in a drug/alcohol assessment or treatment program continue to put you or your children in danger?

Yes No If yes, please explain: _____

PRIOR TIME LIMITS WAIVER

Yes No

20. Have there been any changes in your medical condition? Yes No If yes, please describe: _____

21. Are you still needed at home to care for your child? Yes No

22. Is/are your child(ren) attending school or a program? Yes No

23. Do you have current medical documents? Yes No

(If yes attach copies of supporting medical/clinical documentation.)

24. Have there been any other changes in your situation? Yes No If yes, Explain: _____

25. Did you follow through with the service referrals and safety plan discussed, such as seeking counseling, legal, shelter, and/or other services? Yes No

26. What barrier(s) did you encounter? _____

27. Are you safe? Yes No if no, what have you done since your last assessment to secure a safer environment? _____

28. Do you need additional services and/or information? Yes No If yes, what services needed: _____

HRA USE ONLY

Comments: _____

Support Documents: _____

Safety Planning: _____

Service Planning: _____

-
- Waiver Granted: Opt-in Waiver
 Full Employment Waiver
 Opt-in Child Support Waiver
 Full Child Support Waiver
 Substance Abuse Waiver
 Time Limit Waiver
 Spousal Support Waiver
 Alien Deeming Waiver
 Property Lien Waiver

EXCUSA ANTERIOR PARA MANUTENCIÓN DE NIÑOS Optativa Completa Ninguna

Núm. de Línea: _____	Nombre del/la Niño(a): _____	Nombre del Padre: _____
	Nombre I Apellido	Nombre I Apellido
Núm. de Línea: _____	Nombre del/la Niño(a): _____	Nombre del Padre: _____
	Nombre I Apellido	Nombre I Apellido
Núm. de Línea: _____	Nombre del/la Niño(a): _____	Nombre del Padre: _____
	Nombre I Apellido	Nombre I Apellido
Núm. de Línea: _____	Nombre del/la Niño(a): _____	Nombre del Padre: _____
	Nombre I Apellido	Nombre I Apellido

12. ¿Se ha comunicado con usted la Oficina de Ejecución de Manutención de Niños (OCSE)? Sí No

En caso afirmativo, ¿proporcionó usted a la OCSE información sobre el abusador? Sí

13. ¿Ha acudido usted al tribunal sobre la manutención de niños? Sí No En caso afirmativo, explique por favor:

14. ¿Surgió algún problema con el abusador a raíz de los procedimientos judiciales? Sí No En caso afirmativo, explique por favor:

15. ¿Ha cambiado su situación de forma alguna? Sí No En caso afirmativo, explique por favor: _____

16. ¿Aún necesita usted una excusa **completa** de manutención de niños? Sí No En caso afirmativo, ¿por qué considera usted que necesita una excusa **completa** de manutención de niños en este momento? _____

EXCUSA ANTERIOR PARA DROGADICCIÓN Sí No

17. ¿Se ha comunicado con usted un Consejero Acreditado en Alcoholismo y Abuso de Sustancias (CASAC)? Sí No

En caso afirmativo, explique por favor: _____

18. ¿Ha cambiado su situación en alguna otra forma? Sí No En caso afirmativo, explique por favor: _____

19. ¿Le(s) pondría en peligro a usted o sus hijos la participación en un programa de evaluación o tratamiento de drogas/alcohol?

Sí No En caso afirmativo, explique por favor: _____

EXCUSA ANTERIOR PARA LÍMITE DE TIEMPO Sí No

20. ¿Ha cambiado de forma alguna su afección médica? Sí No En caso afirmativo, explique por favor: _____

21. ¿Aún sigue siendo necesario que usted permanezca en casa para cuidar a su hijo(a)? Sí No

22. ¿Está(n) su(s) hijo/a(s) asistiendo a la escuela o algún programa? Sí No
23. ¿Tiene usted documentación médica actualizada? Sí No
(En caso afirmativo, adjunte copias de documentación médica/clínica justificativa.)
24. ¿Ha cambiado su situación en alguna otra forma? Sí No En caso afirmativo, explique por favor: _____

25. ¿Cumplió usted el envío de servicio y plan de seguridad tratados, tal como la búsqueda de asesoramiento, asistencia legal, refugio y/o otros servicios? Sí No
26. ¿Cuál(es) obstáculo(s) se le presentaron a usted? _____

27. ¿Se encuentra usted a salvo? Sí No En caso negativo, ¿qué ha hecho desde su última evaluación para garantizar un ambiente más seguro? _____

28. ¿Necesita usted servicios y/o información adicionales? Sí No En caso afirmativo, ¿qué servicio(s) necesita? _____



HRA USE ONLY (Únicamente Para Uso de la HRA)
--

Comments: _____

Support Documents: _____

Safety Planning: _____

Service Planning: _____

- Waiver Granted: ___ Opt-in Waiver
 ___ Full Employment Waiver
 ___ Opt-in Child Support Waiver
 ___ Full Child Support Waiver
 ___ Substance Abuse Waiver
 ___ Time Limit Waiver
 ___ Spousal Support Waiver
 ___ Alien Deeming Waiver
 ___ Property Lien Waiver



150 Greenwich Street
New York, NY 10007

Date: _____
Cat./Case Number/ Suffix

Client Name:

Street Address:

Borough/ State/ Zip:

REASSESSMENT NOTIFICATION LETTER

Dear Sir/ Madam:

Please Report to: Center #: _____

Address: _____

On _____ at _____, to discuss _____
DATE TIME

You were granted which expires on _____.

Please bring this letter and any documents that pertain to your situation when you report:

If you are unable to keep this appointment, please call me at _____ for another appointment.

Failure to keep the appointment or contact us may result in termination of the above waiver/s.

If this occurs, you may be obligated to fulfill certain Public Assistance program requirements.

Social Worker

Fecha: _____

Cat./Núm. del caso / Sufijo _____

150 Greenwich Street
New York, NY 10007

Nombre del Cliente:
Dirección:
Ciudad/Estado/ Código Postal:

Carta de Notificación de Reevaluación

Estimado(a) Señor(a)

Favor de presentarse a: Número del Centro: _____

Dirección: _____

El _____ a las _____ para tratar sobre
FECHA HORA
_____ que se le asignó y que se vence el _____.

Al presentarse, favor de traer esta carta y todo documento relacionado con su situación:

En caso de que usted no pueda cumplir esta cita, favor de llamarme al _____ para programar otra cita.

El incumplimiento de esta cita o la falta de comunicación con nosotros como debido puede resultar en la terminación de la(s) antemencionada(s) excusa(s). En tal caso, se le puede obligar a que usted reúna ciertos requisitos del programa de Asistencia Pública.

Trabajador(a) Social

Fecha: _____

CIN NUMBER/APP REG LINE #	CASE NUMBER	OFFICE/UNIT #	WORKER NAME/#
CLIENT NAME	CLIENT REFERRED TO DVL? <input type="checkbox"/> YES <input type="checkbox"/> NO CRED DETERMINATION ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DOMESTIC VIOLENCE SCREENING FORM
 Under the Family Violence Option

Completing this form is voluntary: You do not have to fill out this form to receive public assistance. It will not impact your eligibility for assistance ¹, the amount of assistance you receive or the length of time it takes to process your application.

If you are a victim of domestic violence and you think that meeting certain program requirement(s) will put you or your children at risk or make it harder for you to escape an abusive situation, you may ask for a temporary delay (waiver) of that requirement by filling out this form and meeting with a Domestic Violence Liaison (DVL). You may decide not to fill out this form right now but you are free to do so at any time. You may ask to see the DVL at any time.

Anything you disclose to the DVL, including your relationship with the person who has abused you, will be kept confidential, with the exception of child abuse and neglect.

You may complete this form and request to see a DVL regardless of your gender, sexual orientation or marital status. You do not have to have children or have left the abusive situation to meet with the DVL. You are not required to provide any information or details about the abusive situation to any worker before you are referred to the DVL.

Are you in danger of a family member, your partner or ex partner doing any of the following:

- Hitting, slapping, kicking, choking or in any way hurting you physically?
- Isolating you; making you feel like a prisoner, controlling what you can do?
- Threatening to harm you, your children, or someone close to you?
- Stalking you, following you or checking up on you?
- Shaming or belittling you, constantly putting you down and telling you that you are worthless?
- Forcing you to have sex when you don't want to or into sexual acts that you do not want to participate in?
- Making you feel afraid?

- Yes:** I would like to meet with a DVL to discuss my situation.
- Yes:** But I do not want to meet with a DVL at this time.
- No:** None of the situations described above apply to me or I do not wish to answer these questions at this time.

In signing this form I affirm that the information I have given or will give to the Department of Social Services is correct.

Signature: _____ **Date:** _____

*This form must not remain in the client's TA case Record. It must be forwarded to the DVL for confidential filing if any part of it has been completed.

¹ If you are an immigrant victim of domestic violence who has not yet obtained legal permanent residency you may be required to meet with a DVL as part of determining your eligibility for assistance.

CIN NUMBER/APP REG LINE #	CASE NUMBER	OFFICE/UNIT #	WORKER NAME/#
CLIENT NAME	CLIENT REFERRED TO DVL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	CRED DETERMINATION ONLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FORMULARIO PARA DETECTAR A VÍCTIMAS DE VIOLENCIA DOMÉSTICA

Bajo el Programa de Opciones en Violencia Familiar (*Family Violence Option - FVO*)

Responder a estas preguntas es voluntario: usted no tiene que rellenar este formulario para recibir asistencia pública. Su decisión de rellenar o no este formulario no afectará su habilitación para recibir asistencia¹, el monto a recibir, ni tampoco el tiempo que tardará en procesar su solicitud.

Si es víctima de violencia doméstica y cree que cumplir con cierto(s) requisito(s) del programa le pone a usted o sus hijos en riesgo, o le hará(n) más difícil evitar la situación de abuso, usted puede solicitar una demora temporal (dispensa) del requisito o de los requisitos; si desea hacerlo, rellene este formulario y comuníquese con el Enlace del Centro de Violencia Doméstica (*Domestic Violence Liaison – DVL*) para hacer una cita con uno de los representantes. Usted puede decidir no rellenar este formulario en esta ocasión, pero está en libertad de hacerlo después. Se le puede solicitar en cualquier momento que se reúna con un representante del Centro de Violencia Doméstica.

La información que usted revele, incluyendo su relación con la persona que le ha abusado, permanecerá confidencialmente, exceptuando asuntos relacionados con abuso y abandono infantil.

Rellene este formulario y solicite presentar su caso a un representante del Enlace del Centro de Violencia Doméstica (*DVL*); no importa cual sea su sexo, orientación sexual o estado civil. Usted no tiene que tener niños o haber dejado la situación de abuso para que se le conceda una cita con un representante del *DVL*. Antes de que usted sea referido al *DVL*, no es necesario que suministre, a ningún trabajador, información o detalles relacionados con la situación de abuso.

¿Está usted en peligro de que un miembro de la familia, su compañero(a) o ex compañero(a) haga lo siguiente?

- ¿Le pegue, abofetee, patee, trate de estrangularle o le cause daño físico de alguna manera?
- ¿Le mantenga aislado(a), le haga sentirse como prisionero(a), le controle todo lo que hace?
- ¿Le amenace con hacerle daño a usted, a los niños o a un ser querido?
- ¿Le aceche, le persiga o le vigile?
- ¿Le abochorne o denigre, le humille constantemente y le diga que no vale nada?
- ¿Le fuerce a tener relaciones sexuales aunque usted no quiera o le fuerce a participar en actos sexuales que usted no quiera?
- ¿Le atemorice?

Sí: quiero reunirme con un representante de *DVL* para exponerle mi situación.

Sí: pero no quiero reunirme con un representante de *DVL* en esta oportunidad.

No: nada de lo planteado arriba se aplica a mí, o no deseo responder esas preguntas en esta oportunidad.

Al firmar este formulario, yo afirmo que la información que he dado o daré al Departamento de Servicios Sociales es correcta.

Firma _____ **Fecha:** _____

***Este formulario no puede guardarse en el archivo de Asistencia Temporal del cliente. Si el solicitante rellena alguna de las partes de este formulario, éste debe enviarse al Enlace del Centro de Violencia Doméstica (*Domestic Violence Liaison – DVL*) para archivamiento confidencial.**

¹ Si usted es un inmigrante víctima de violencia doméstica que todavía no ha obtenido la residencia permanente, tiene que reunirse con un representante del *DVL* como parte de los requisitos necesarios para determinar si habilita para recibir asistencia.

**NOTIFICATION OF DECISION ON A WAIVER TO ALLOW A TEMPORARY DELAY
IN TEMPORARY ASSISTANCE REQUIREMENT(S) (ADEQUATE ONLY) (NYC)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE				
CASE NUMBER	CIN NUMBER					
CASE NAME (And C/O Name if Present) AND ADDRESS						
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> [</div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____				
		OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____				
		OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This is to tell you our decision about a temporary waiver (delay) of certain temporary assistance program requirement(s).

Waiver Approved: You have been approved for a temporary waiver from the following program requirement(s). Your waiver will end and you will be required to comply with all requirement(s) unless you contact the liaison or your worker prior to the waiver end date noted below.

- | | |
|---|---|
| <input type="checkbox"/> Child Support Enforcement
<input type="checkbox"/> Employment/Work Activities
<input type="checkbox"/> Drug or Alcohol Assessment/Treatment
<input type="checkbox"/> Minor Parent Eligibility
<input type="checkbox"/> Time Limits
<input type="checkbox"/> Alien Deeming
<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Property Lien | Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____ |
|---|---|

SAMPLE

Additional Information: _____

This decision is based on Department Regulation 351.2(l).

Waiver Denied: Your request for a temporary waiver from the following program requirement(s) has been reviewed and the agency has found you do not meet the criteria for a waiver. Therefore, your request has been denied. The reason for this decision is noted below. If you requested a waiver of child support enforcement requirements and it has been denied, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

-
- Child Support Enforcement
-
-
- Employment/Work Activities
-
-
- Drug or Alcohol Assessment/Treatment
-
-
- Minor Parent Eligibility
-
-
- Time Limits
-
-
- Alien Deeming
-
-
- Spousal Support
-
-
- Property Lien

Reason for denial: _____

This decision is based on Department Regulation 351.2(l).

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES
IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE FOLLOWING INFORMATION ON HOW TO APPEAL THIS DECISION**

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. You may request either or both of the following:

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at 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.

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.
1. **CONFERENCE** (informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

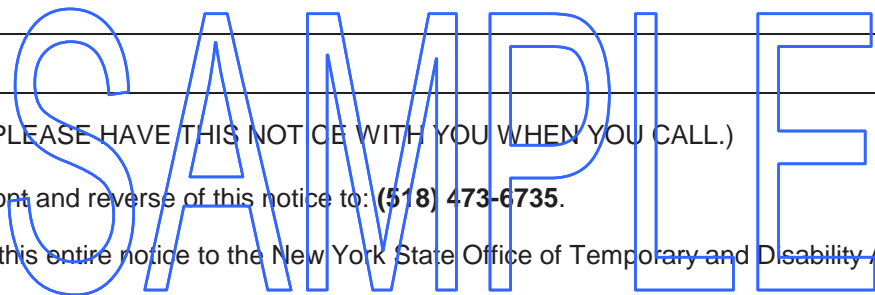
If you only ask for a meeting with us and do not request a fair hearing, the waiver decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver was denied.

2. **STATE FAIR HEARING – YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:**

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

I want a fair hearing. I do not agree with the agency’s action. (You may explain why you disagree below, but you do not have to include a written explanation.)



Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735.

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NYC.

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

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

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor’s statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your 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 file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that 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 us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.

NOTIFICACIÓN DE LA DECISIÓN TOMADA EN RELACIÓN CON UNA DISPENSA PARA PERMITIR UNA DEMORA TEMPORAL EN EL CUMPLIMIENTO DE(L)/LOS REQUISITO(S) NECESARIO(S) PARA RECIBIR ASISTENCIA TEMPORAL (ADECUADO SOLAMENTE)(NYC)

FECHA DE LA NOTIFICACIÓN:		NOMBRE Y DIRECCIÓN DE AGENCIA / CENTRO U OFICINA DE DISTRITO		
NÚMERO DE CASO	NÚMERO CIN			
CASO A NOMBRE DE (y nombre de persona a cargo, de estar presente) Y DOMICILIO				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> { </div>		NÚMERO GENERAL DE TELÉFONO PARA PREGUNTAS O AYUDA _____		
		Conferencia con la agencia _____		
		Información sobre audiencia imparcial y asistencia _____		
		Acceso a los archivos _____		
		Información sobre asistencia legal _____		
NO. DE OFICINA	NO. DE UNIDAD	NO. DE TRABAJADOR(A)	NOMBRE DE LA UNIDAD O PERSONA A CARGO DEL CASO	NO. DE TELÉFONO

El propósito de la presente es comunicarle nuestra decisión en relación con la dispensa temporal (demora) solicitada en relación con el cumplimiento de cierto(s) requisito(s) del programa de Asistencia Temporal.

Dispensa aprobada: usted ha sido aprobado para recibir la dispensa temporal de(l)/los siguiente(s) requisito(s) del programa. Su dispensa terminará y usted deberá cumplir con todo requisito necesario, a menos que se ponga en contacto con el coordinador o con la persona a cargo de su caso antes de la fecha de terminación de la dispensa indicada abajo.

- | | |
|--|--|
| <input type="checkbox"/> Ejecución del pago de sustento de menores | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> Empleo / actividades laborales | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> Evaluación de detección de / tratamiento por _____. | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> drogas o alcohol | |
| <input type="checkbox"/> Habilitación de padre / madre menor de edad | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> Límites de tiempo | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> Estimación para patrocinio de extranjero | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> Sustento conyugal | Dispensa aprobada desde _____ hasta _____. |
| <input type="checkbox"/> Gravamen sobre propiedad | Dispensa aprobada desde _____ hasta _____. |

Información adicional: _____

Esta decisión se basa en la Reglamentación Departamental 351.2 (I).

Dispensa denegada: su solicitud de una dispensa temporal de(l)/los requisito(s) del siguiente programa ha sido considerada y la agencia ha determinado que usted no cumple con los criterios necesarios para obtener una dispensa. Por lo tanto, su solicitud ha sido denegada. La razón de tal decisión se explica más abajo. Si solicitó una dispensa de los requisitos de ejecución de sustento de menores y esta se le negó, usted aún puede presentar causa justificada. A tal efecto, deberá hablar acerca de un argumento de causa justificada con la persona a cargo de su caso de asistencia temporal.

- Ejecución del pago de sustento de menores
- Empleo / actividades laborales
- Evaluación de detección de / tratamiento por drogas o alcohol
- Habilitación de padre / madre menor de edad
- Límites de tiempo
- Estimación para patrocinio de extranjero
- Sustento conyugal
- Gravamen sobre propiedad

Razón de la denegación: _____

Esta decisión se basa en la Reglamentación Departamental 351.2(I).

LA REGLAMENTACIÓN ESTABLECE QUE USTED DEBE NOTIFICAR INMEDIATAMENTE A ESTE DEPARTAMENTO ACERCA DE TODO CAMBIO EN SUS NECESIDADES, INGRESOS, RECURSOS, CIRCUNSTANCIAS DE VIDA O DOMICILIO.

**USTED TIENE EL DERECHO DE APELAR EN CONTRA DE ESTA DECISIÓN.
 ASEGÚRESE DE LEER LA SIGUIENTE INFORMACIÓN SOBRE COMO APELAR EN CONTRA DE ESTA DECISIÓN.**

NOMBRE:	DOMICILIO:	NÚMERO DE CASO:
---------	------------	-----------------

CONFERENCIAS Y AUDIENCIAS IMPARCIALES: ¿CREE QUE NOS HEMOS EQUIVOCADO?

Si cree que nuestra determinación es incorrecta, puede solicitar una revisión de la misma. Puede solicitar una de las siguientes medidas, o ambas:

Los manuales y publicaciones sobre políticas de la Oficina de Asistencia Temporal y Asistencia para Incapacitados (OTDA) se encuentran publicadas en el sitio web de OTDA: otda.ny.gov/legal. Estas publicaciones y manuales están a su disposición o a la disposición de su representante con el fin de ayudarlo a determinar si debería o no solicitar una audiencia imparcial o con el fin de ayudarlo a prepararse para una audiencia imparcial. Además, si lo solicita de su oficina de servicios sociales de distrito, publicaciones específicas de OTDA sobre políticas y manuales también estarán a su disposición o a la disposición de su representante con el fin de asistirle.

1. Solicitar una reunión (conferencia) con un supervisor; 2. Solicitarle al Estado una audiencia imparcial con un funcionario estatal de audiencias.
1. **CONFERENCIA** (reunión informal con nosotros): si usted cree que nuestra determinación fue incorrecta o si no entiende lo que hemos resuelto, sírvase llamar para concertar una reunión. Llame al número para conferencias que aparece en el **anverso** de este aviso o escribanos a la dirección que aparece en esa misma página. En algunos casos, ésta es la forma más rápida de resolver este tipo de problemas. Le recomendamos hacerlo, aunque haya solicitado una audiencia imparcial.

Si usted solo solicita una reunión con nosotros y no solicita una audiencia imparcial, la decisión que figura en esta notificación en relación con la dispensa solicitada, permanecerá en efecto y usted deberá cumplir todo requisito para el cual la dispensa le haya sido denegada.

2. **AUDIENCIA IMPARCIAL ESTATAL** - USTED TIENE **60 DÍAS** A PARTIR DE LA FECHA DE ESTE AVISO PARA SOLICITAR UNA AUDIENCIA IMPARCIAL.

CÓMO SOLICITAR UNA AUDIENCIA IMPARCIAL: puede solicitar una audiencia imparcial **por correo, por teléfono, por fax, en persona o por internet.**

Por correo: rellene y envíe todas las partes de esta notificación a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201.* Favor de conservar una copia de cada notificación.

- Deseo una audiencia imparcial. No estoy de acuerdo con la decisión de la agencia. (Puede explicar a continuación por qué no está de acuerdo, aunque no tiene que incluir una explicación por separado).

Por teléfono: 800-342-3334 (FAVOR DE TENER A MANO ESTE AVISO CUANDO LLAME)

Por fax: envíe por fax una copia del anverso y reverso de este aviso al: (518) 473-6735.

En persona: traiga una copia de todas las partes de este aviso a: *New York State Office of Temporary and Disability Assistance, 14 Boerum Place, Brooklyn, NYC.*

Por Internet: rellene una petición electrónica en el siguiente sitio: <http://www.otda.state.ny.us/oa/forms.asp>.

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por facsímil, en persona o por vía electrónica, favor de solicitar por escrito una audiencia imparcial antes del vencimiento del plazo.

LO QUE SUCEDE EN UNA AUDIENCIA IMPARCIAL: el Estado le enviará un aviso informándole cuándo y dónde se realizará la audiencia imparcial.

En la audiencia, usted tendrá la oportunidad de explicar por qué cree que nuestra decisión es incorrecta. Puede traer consigo a un abogado, a un familiar o a un(a) amigo(a), o a alguien más que pueda ayudarlo a exponer su caso. Si no puede presentarse, puede enviar a otra persona en su representación. Si la persona que lo representará no es un abogado, debe entregarle a esta persona una carta, dirigida al funcionario de audiencias, en la que usted declara que desea que dicha persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante, tendrán la oportunidad de explicar el porqué de nuestra equivocación, como también la oportunidad de presentar, ante el funcionario de audiencias, documentos que demuestren nuestra equivocación.

Con el fin de ayudarlo a exponer el motivo de nuestra equivocación, le sugerimos presentar testigos que puedan avalar su caso. También, le sugerimos presentar documentos tales como: comprobantes de pagos salariales, contrato de alquiler, recibos, cuentas médicas, etc.

Durante la audiencia, usted y su abogado u otro representante, podrán interrogar a nuestros testigos, o a los que usted presente para avalar su caso.

ASISTENCIA LEGAL: si cree que necesita representación legal en la resolución de este problema, puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (*Legal Aid Society*) u otra asociación de defensa legal de su localidad. Puede encontrar los nombres de otros abogados en las páginas amarillas, bajo «Abogados» (*"Lawyers"*).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama, nos escribe o nos envía un fax, le brindaremos, sin cargo, copias de documentos contenidos en su archivo; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe o manda un fax, le brindaremos, sin cargo, copias de documentos específicos contenidos en su archivo y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al (718) 722-5012 o al número de fax (718) 722-5018 o mande una carta a: *HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.*

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán por correo sólo si usted específicamente los solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en el anverso de este aviso o mande una carta a la dirección que figura en esa misma página.

NOTIFICATION OF DECISION ON A CONTINUATION OF WAIVER TO ALLOW A TEMPORARY DELAY IN TEMPORARY ASSISTANCE REQUIREMENT(S) (TIMELY AND ADEQUATE) (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE				
CASE NUMBER		CIN/RID NUMBER				
CASE NAME (And C/O Name if Present) AND ADDRESS						
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> [</div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____				
		OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____				
		OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This is to tell you our decision about continuing a temporary waiver (delay) of certain temporary assistance program requirement(s).

Waiver Continuation Approved: You have been approved for a continuation of a temporary waiver from the following program requirement(s). At the end of the waiver period, your waiver will end and you will be required to comply with all requirement(s) unless you contact your liaison or worker prior to the waiver end date noted below.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Child Support Enforcement | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Employment/Work Activities | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Drug or Alcohol Assessment/Treatment | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Minor Parent Eligibility | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Time Limits | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Alien Deeming | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Spousal Support | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Property Lien | Waiver approved from _____ to _____ |

SAMPLE

Additional Information: _____

This decision is based on Department Regulation 351.2(l).

Waiver Continuation Denied: Your request for a continuation of the temporary waiver from the following program requirement(s) has been reviewed and the agency has found you no longer meet the criteria for a waiver. Therefore, your request to continue your waiver has been denied. The reason for this decision is noted below. If a child support enforcement waiver is not being continued, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

Because a continuation has been denied, your waiver will end on _____

- Child Support Enforcement
- Employment/work Activities
- Drug or Alcohol Assessment/Treatment
- Minor Parent Eligibility
- Time Limits
- Alien Deeming
- Spousal Support
- Property Lien

Reason for denial: _____

This decision is based on Department Regulation 351.2(l).

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. You may request either or both of the following:

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at 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.

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us and do not request a fair hearing, the waiver continuation decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver continuation was denied.

2. **STATE FAIR HEARING** – YOU HAVE **60 DAYS** FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:

CONTINUING YOUR BENEFITS: If you request a fair hearing by the date that the waiver(s) end, you will not have to comply with the requirement(s) for which a waiver continuation was denied unless and until a fair hearing decision is issued.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735.

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NYC.

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

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

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your 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 file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that 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 us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.

NOTIFICACIÓN DE LA DECISIÓN TOMADA EN RELACIÓN CON LA EXTENSIÓN DE UNA DISPENSA PARA PERMITIR UNA DEMORATEMPORAL EN EL CUMPLIMIENTO DE(L) LOS REQUISITOS NECESARIO(S) PARA RECIBIR ASISTENCIA TEMPORAL (OPORTUNO Y ADECUADO)(NYC)

FECHA DE LA NOTIFICACIÓN:		NOMBRE Y DIRECCIÓN DE LA AGENCIA / CENTRO U OFICINA DEL DISTRITO		
NÚMERO DE CASO	NÚMERO CIN/RID			
CASO A NOMBRE DE (y nombre de la persona a cargo, si está presente) Y DOMICILIO				
<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div>		NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA _____		
		Conferencia con la Agencia _____		
		Información sobre audiencia imparcial y asistencia _____		
		Acceso a los Archivos _____		
		Información sobre asistencia legal _____		
Nº DE OFICINA	Nº DE UNIDAD	Nº DEL TRABAJADOR(A) DE CASOS	NOMBRE DE LA UNIDAD O TRABAJADOR(A) DE CASOS	Nº DE TELÉFONO

El propósito de la presente es comunicarle nuestra decisión en relación con la extensión de una dispensa temporal (demora) solicitada en relación con el cumplimiento de cierto(s) requisito(s) del programa de Asistencia Temporal.

Extensión de dispensa aprobada: usted ha sido aprobado para recibir la extensión de una dispensa temporal de(l)/los siguiente(s) requisito(s) del programa. Su dispensa terminará al final del periodo establecido y usted deberá cumplir con todo requisito necesario, a menos que se ponga en contacto con el coordinador o con la persona a cargo de su caso antes de la fecha de terminación de la dispensa indicada abajo.

- | | |
|---|--|
| <input type="checkbox"/> Ejecución del pago de sustento de menores
<input type="checkbox"/> Empleo / actividades laborales
<input type="checkbox"/> Evaluación de detección de / tratamiento por drogas o alcohol
<input type="checkbox"/> Habilitación de padre / madre menor de edad
<input type="checkbox"/> Límites de tiempo
<input type="checkbox"/> Estimación para patrocinio de extranjero
<input type="checkbox"/> Sustento conyugal
<input type="checkbox"/> Gravamen sobre propiedad | Dispensa aprobada desde _____ hasta _____.
Dispensa aprobada desde _____ hasta _____.
Dispensa aprobada desde _____ hasta _____.
Dispensa aprobada desde _____ hasta _____.
Dispensa aprobada desde _____ hasta _____.
Dispensa aprobada desde _____ hasta _____.
Dispensa aprobada desde _____ hasta _____. |
|---|--|

Información adicional: _____

Esta decisión se basa en la Reglamentación Departamental 351.2(l).

Extensión de dispensa denegada: su solicitud de extensión de dispensa temporal de(l)/los requisito(s) del siguiente programa ha sido considerada y la agencia ha determinado que usted ya no cumple con los criterios necesarios para obtener una dispensa. Por lo tanto, su solicitud de extensión de la dispensa ha sido denegada. La razón de tal decisión se explica más abajo. Si solicitó una extensión de la dispensa de los requisitos de ejecución de sustento de menores y ésta se le negó, usted aún puede aducir causa justificada. A tal efecto, deberá hablar acerca de un argumento de causa justificada con la persona a cargo de su caso de asistencia temporal.

Debido a que se le ha denegado la extensión, la dispensa terminará en _____

-
- Ejecución del pago de sustento de menores
-
-
- Empleo / actividades laborales
-
-
- Evaluación de detección de / tratamiento por drogas o alcohol
-
-
- Habilitación de padre / madre menor de edad
-
-
- Límites de tiempo
-
-
- Estimación para patrocinio de extranjero
-
-
- Sustento conyugal
-
-
- Gravamen sobre propiedad

Razón de la denegación: _____

Esta decisión se basa en la Reglamentación Departamental 351.2(l).

LA REGLAMENTACIÓN ESTABLECE QUE USTED DEBE NOTIFICAR INMEDIATAMENTE A ESTE DEPARTAMENTO ACERCA DE TODO CAMBIO EN SUS NECESIDADES, INGRESOS, RECURSOS, CIRCUNSTANCIAS DE VIDA O DOMICILIO.

**USTED TIENE EL DERECHO DE APELAR EN CONTRA DE ESTA DECISIÓN.
 ASEGÚRESE DE LEER LA SIGUIENTE INFORMACIÓN SOBRE COMO APELAR EN CONTRA DE ESTA DECISIÓN.**

NOMBRE:	DOMICILIO:	CASO NÚMERO:
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CONFERENCIAS Y AUDIENCIAS IMPARCIALES: ¿CREE QUE NOS HEMOS EQUIVOCADO?

Si cree que nuestra determinación es incorrecta, puede solicitar una revisión de la misma. Puede solicitar una de las siguientes medidas, o ambas:

Los manuales y publicaciones sobre políticas de la Oficina de Asistencia Temporal y Asistencia para Incapacitados (OTDA) se encuentran publicadas en el sitio web de OTDA: otda.ny.gov/legal. Estas publicaciones y manuales están a su disposición o a la disposición de su representante con el fin de ayudarle a determinar si debería o no solicitar una audiencia imparcial o con el fin de ayudarle a prepararse para una audiencia imparcial.

Además, si lo solicita de su oficina de servicios sociales de distrito, publicaciones específicas de OTDA sobre políticas y manuales también estarán a su disposición o a la disposición de su representante con el fin de asistirle.

1. Solicitar una reunión (conferencia) con un supervisor; 2. Solicitarle al Estado una audiencia imparcial con un funcionario estatal de audiencias.
1. **CONFERENCIA** (reunión informal con nosotros): si usted cree que nuestra determinación fue incorrecta o si no entiende lo que hemos resuelto, sírvase llamar para concertar una reunión. Llame al número para conferencias que aparece en el **anverso** de este aviso o escribanos a la dirección que aparece en esa misma página. En algunos casos, ésta es la forma más rápida de resolver este tipo de problemas. Le recomendamos hacerlo, aunque haya solicitado una audiencia imparcial.

Si usted solo solicita una reunión con nosotros y no solicita una audiencia imparcial, la decisión que figura en esta notificación en relación con la extensión de la dispensa solicitada, permanecerá en efecto y usted deberá cumplir todo requisito para el cual la extensión de la dispensa le haya sido denegada.

2. **AUDIENCIA IMPARCIAL ESTATAL** - USTED TIENE **60 DÍAS** A PARTIR DE LA FECHA DE ESTE AVISO PARA SOLICITAR UNA AUDIENCIA IMPARCIAL.

CONTINUACIÓN DE SUS BENEFICIOS: si solicita una audiencia imparcial para la fecha en que la dispensa termina, usted no tendrá que cumplir con el/los requisito(s) para los cuales la extensión de la dispensa le ha sido denegada; a menos que, y hasta tanto, la audiencia imparcial se lleve a cabo.

CÓMO SOLICITAR UNA AUDIENCIA IMPARCIAL: puede solicitar una audiencia imparcial **por correo, por teléfono, por fax, en persona o por internet**.

Por correo: *rellene* y envíe todas las partes de esta notificación a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201*. Favor de conservar una copia de cada notificación.

Deseo una audiencia imparcial. No estoy de acuerdo con la decisión de la agencia. (Puede explicar a continuación por qué no está de acuerdo, aunque no tiene que incluir una explicación por separado).

Por teléfono: 800-342-3334 (FAVOR DE TENER A MANO ESTE AVISO CUANDO LLAME)

Por fax: envíe por fax una copia del anverso y reverso de este aviso al: (518) 473-6735.

En persona: traiga una copia de todas las partes de este aviso a: *New York State Office of Temporary and Disability Assistance, 14 Boerum Place, Brooklyn, NYC*.

Por internet: rellene una petición electrónica en el siguiente sitio: <http://www.otda.state.ny.us/loah/forms.asp>.

Si no puede comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por teléfono, por facsímil, en persona o por vía electrónica, favor de solicitar por escrito una audiencia imparcial antes del vencimiento del plazo.

LO QUE SUCEDE EN UNA AUDIENCIA IMPARCIAL: el Estado le enviará un aviso informándole cuándo y dónde se realizará la audiencia imparcial.

En la audiencia, usted tendrá la oportunidad de explicar por qué cree que nuestra decisión es incorrecta. Puede traer consigo a un abogado, a un familiar o a un(a) amigo(a), o a alguien más que pueda ayudarle a exponer su caso. Si no puede presentarse, puede enviar a otra persona en su representación. Si la persona que lo representará no es un abogado, debe entregarle a esta persona una carta, dirigida al funcionario de audiencias, en la que usted declara que desea que dicha persona lo represente en la audiencia.

En la audiencia, usted y su abogado u otro representante, tendrán la oportunidad de explicar el porqué de nuestra equivocación, como también la oportunidad de presentar, ante el funcionario de audiencias, documentos que demuestren nuestra equivocación.

Con el fin de ayudarle a exponer el motivo de nuestra equivocación, le sugerimos presentar testigos que puedan avalar su caso. También, le sugerimos presentar documentos tales como: comprobantes de pagos salariales, contrato de alquiler, recibos, cuentas médicas, etc.

Durante la audiencia, usted y su abogado u otro representante, podrán interrogar a nuestros testigos, o a los que usted presente para avalar su caso.

ASISTENCIA LEGAL: si cree que necesita representación legal en la resolución de este problema, puede obtener los servicios de un abogado, sin costo alguno, comunicándose con la Sociedad de Ayuda Legal (*Legal Aid Society*) u otra asociación de defensa legal de su localidad. Puede encontrar los nombres de otros abogados en las páginas amarillas, bajo «Abogados» (*“Lawyers”*).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama, nos escribe o nos envía un fax, le brindaremos, sin cargo, copias de documentos contenidos en su archivo; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe o manda un fax, le brindaremos, sin cargo, copias de documentos específicos contenidos en su archivo y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al (718) 722-5012 o al número de fax (718) 722-5018 o mande una carta a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán por correo sólo si usted específicamente los solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en el anverso de este aviso o mande una carta a la dirección que figura en esa misma página.

DESK REFERENCE FOR DOMESTIC VIOLENCE SCREENING UNDER THE FAMILY VIOLENCE OPTION

Under the Family Violence Option, all applicants and recipients of Temporary Assistance must be screened for domestic violence using the Domestic Violence Screening Form (LDSS - 4583) at:

APPLICATION • RECERTIFICATION • ANY TIME CLIENT REQUESTS

COMPLETING THE DOMESTIC VIOLENCE SCREENING FORM IS VOLUNTARY AND ANSWERS ARE CONFIDENTIAL.

SCREENING PROCESS:

The following provides a sample guide for workers to use when explaining the Family Violence Option to clients:

GUIDE FOR STAFF RESPONSIBLE FOR DOMESTIC VIOLENCE SCREENING

As part of your interview, I need to discuss domestic violence and a program called the Family Violence Option. We discuss this with everyone who applies or recertifies for temporary assistance. As part of the application/recertification packet, you should have received a copy of the **Handout to All Applicants for Welfare**. Please read this handout which will give you information about domestic violence. A person may be a victim of domestic violence if their partner or ex-partner does any of the following:

- physically harms or threatens harm
- forces sex or sexual activities
- constantly insults or puts someone down
- follows, harasses or stalks someone and/or
- makes someone feel afraid

Also, please read the **Domestic Violence Screening Form**. You are not required to fill out this screening form. Answering the questions on this form is voluntary. It is NOT an eligibility requirement and will NOT affect your temporary assistance grant. Answers are confidential.

The purpose of the **Domestic Violence Screening Form** is to determine if you want a referral to meet with the Domestic Violence Liaison (DVL). Since you are applying for temporary assistance, you must meet certain requirements which will be explained to you during your eligibility interview.

The meeting with the specially trained DVL will help you figure out whether meeting any of the requirements would make it more difficult for you or your children to escape from domestic violence or subject you to further risk. You may be able to get a temporary delay (waiver) from the requirement(s) because of domestic violence. Some of the requirements are that you:

- look for work
- attend programs to help you get a job
- give information about the parent/step-parent of your children
- appear in court to get child support

If you only need to get information on domestic violence services, you may not need to see the DVL. You may contact the domestic violence service provider(s) directly. I can give you the domestic violence information for our county or you may meet with the DVL for more information.

Any information that you share with the DVL is voluntary and confidential. However, information about neglect or abuse of children will be reported to child protective services.

You may decide not to fill out this form right now, but you are free to do so at any time. You could first find out about the requirements and then, if you decide to meet with the DVL, you could fill out the screening form. You can ask to see the DVL at any time.

If you wish to meet with the DVL, check "Yes" on the form and sign your name.

NOTES TO WORKER:

- If a client only needs information on domestic violence (DV) services, you should provide the client with information/brochures on the DV services in your county, or refer to the DVL.
- This guide is for screening applicants who are applying for temporary assistance. When assistance is needed for emergency situations due to DV, such as needing a place to stay, follow your agency's policy on how to handle these situations.
- Take extra precautions conducting the screening when other people are present. Clients may be reluctant to talk in the presence of other people. Do whatever possible to screen people privately due to safety and confidentiality concerns.
- Be careful not to make assumptions about the client's sexual orientation. Use gender neutral language when the sex of the client's partner is unknown. For instance, use the term "your partner" rather than "he" or "she."

COMPLETING THE DOMESTIC VIOLENCE SCREENING FORM AND REFERRALS

There are seven possible ways that a client can respond to the completion of the screening form:

1. Client checks "Yes," signs the form and wants to see the Domestic Violence Liaison (DVL).

- Must refer the client to the DVL as soon as possible using local procedures.
- Do not record any specific information regarding domestic violence in the case record.
- Follow local policy regarding forwarding all completed Domestic Violence Screening Forms to the DVL.
- Notify essential staff to discontinue all other assessments, especially if client is diverted to child support or employment prior to the temporary assistance eligibility interview.

2. Client checks "Yes," signs the form and does not want to see the Domestic Violence Liaison.

- Offer to refer to the DVL. If the client declines, continue with eligibility interview.
- Follow local policy to forward all completed Domestic Violence Screening Forms to the DVL.
- Write a note on the Domestic Violence Screening Form stating the client declined interview with the DVL.
- Remind client that the DVL is available at any time.

3. Client checks "Yes," but does not sign the form.

- Refer the client to the DVL as soon as possible using local procedures.
- Explain that this information will not be shared with the client's partner or former partner.
- Do not record any specific information regarding domestic violence in the case record.
- Follow local policy to forward all completed Domestic Violence Screening Forms to the DVL.
- Notify essential staff to discontinue all assessments, especially if client is diverted to child support or employment prior to the eligibility interview.

4. Client checks "No" on the screening form.

- Continue with eligibility interview. Forward screening form to DVL.
- Remind client that the DVL is available at any time.

5. Client declines to complete the form.

- Continue with eligibility interview.

6. Client checks no or is not willing to fill out the form but wants to see the DVL.

- Must refer to DVL as soon as possible using local procedures.
- Do not require client to fill out the screening form.

7. Client checks no or is not willing to fill out form but discloses domestic violence during interview.

- If client wants to see DVL, refer the client as soon as possible using local procedures.
- If client does not wish to see DVL, remind the client that the DVL is available at any time and that this is a voluntary and confidential program.

Please remember to forward all completed screening forms (checked either "Yes" or "No") to the Domestic Violence Liaison. No specific references to domestic violence screening or assessment should be made in the case record.

Domestic Violence Information for all Temporary Assistance Applicants

This information is intended to help you determine if you are a victim of domestic violence and to consider ways to help keep yourself and your family safe and self-supporting.

Are you in danger of your partner or ex-partner doing any of the following:

- Physically hurting you – for example, pushing, grabbing, slapping, hitting, choking, or kicking?
- Forcing you to have sex when you don't want to or to do sexual things you don't want to do?
- Threatening to hurt you, your children or someone close to you?
- Constantly putting you down or telling you that you are worthless?
- Stalking, checking up on you or following you?
- Making you afraid?

What kinds of help are available?

Temporary Assistance: You must meet certain requirements to be eligible for temporary assistance. If you are a victim of domestic violence and believe meeting those program requirements may put you or your children at risk of harm or make it more difficult to escape the abuse you may request a temporary delay (waiver) of certain requirements. For example: meeting all or some employment, child support enforcement or drug and alcohol assessment and treatment requirements may be temporarily delayed. You may complete the Domestic Violence Screening Form and request to see a Domestic Violence Liaison to determine your eligibility for a temporary waiver.

Services: You can call a 24 hour domestic violence hotline for information about emergency shelter, support groups, counseling and your legal rights.

In NYC call: 1-800-621-4673

In any other area of NY State call: 1-800-942-6906

ALL Spanish speaking callers may call: 1-800-942-6908

Local Domestic Violence Hotline Number

Información sobre violencia doméstica para toda persona solicitante de Asistencia Temporal

El objetivo de esta información es ayudarle a determinar si usted es víctima de violencia doméstica y a considerar maneras de mantenerse a sí misma y a su familia fuera de peligro y económicamente independiente.

¿Corre usted el riesgo de que su pareja o ex-pareja haga lo siguiente?

- ¿la agrede físicamente, como por ejemplo, la empuje, agarre, abofetee, golpee, estrangule o patee?
- ¿la fuerce a tener relaciones sexuales o a cometer actos sexuales que usted no quiere?
- ¿la amenace con lastimarla a usted, lastimar a sus hijos o a alguien cercano a usted?
- ¿constantemente la menosprecie o le diga que usted no vale nada?
- ¿la acose, la vigile o la siga?
- ¿le haga sentir miedo?

¿Qué tipos de ayuda están disponibles?

Asistencia Temporal. Usted debe cumplir con ciertos requisitos para poder recibir prestaciones de Asistencia Temporal. Si usted es víctima de violencia doméstica y cree que el cumplimiento de los requisitos del programa puede ponerla a usted o poner a sus niños en peligro, o dificultarle(s) escapar de la situación de abuso, puede solicitar la postergación temporal (dispensa) de ciertos requisitos. Por ejemplo: el cumplimiento del requisito de empleo -total o parcial-, la ejecución de pagos de sustento de menores, o la evaluación para la detección de consumo de drogas y alcohol, y los requisitos de tratamiento pueden ser postergados temporalmente. Usted puede rellenar el Formulario de Evaluación de Detección Sistemática de Violencia Doméstica y solicitar una entrevista con el personal de coordinación de servicios relacionados con violencia doméstica para determinar si puede recibir una dispensa temporal.

Servicios: Usted puede llamar a la línea telefónica de información sobre violencia doméstica las 24 horas para obtener respuestas a preguntas sobre refugios de emergencia, grupos de apoyo, asesoramiento y sus derechos legales.

En la ciudad de Nueva York, llame al: 1-800-621-4673

En cualquier otra área del Estado de Nueva York, llame al: 1-800-942-6906

Si habla español llame al: 1-800-942-6908

Número local de línea telefónica de información:

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	Attachment A****	State
2	New York State Application for Certain Benefits and Services	LDSS-2921*	State
3	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
4	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B*	State
6	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C*	State
7	Notice Of Responsibilities And Rights For Support	LDSS-4279*	State
8	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
9	Domestic Violence Palm Card	LDSS-4583A**	State
10	DFR Legal Residence Statement	LDSS-473B*	State
11	Information about Child Support Services and Application/Referral for Child Support Services	LDSS-4882**	State
12	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
13	Instructions for Completing the Application for Certain Benefits and Services	PUB-1301*	State
14	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004*	State
15	Keep the Heat On With HEAP	PUB-4735*	State
16	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
17	Child Care Fact Sheet and Planner	CS-574EE**	ACS
18	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151 †	BFI
19	Do you have a disability?	FLY-972 †	HRA
20	Notice to All Applicants	EXP-75Q***	FIA

* Denotes State forms that are available in the mandated Local Law 73 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

**** Denotes forms that must be manually printed. Only available in English.

† Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
21	Notice of Free Interpretation Services	DSS-4 ‡	DSS
22	Utility Handout	FIA-1104a ‡	FIA
23	How to Report Child Abuse Or Neglect	FIA-1132 ‡	FIA
24	Required Documents for Your Interview with the Office of Child Support Enforcement	M-384t ‡	FIA
25	Child Care Guarantee Informational	M-528m ‡	FIA
26	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U ***	FIA
27	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
28	Services for Victims of Sexual Assault	W-131 ‡	FIA
29	Cash Assistance Additional Allowances	W-137C ‡	FIA
30	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
31	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A ‡	FIA
32	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
33	Eligibility Verification Review Questionnaire	W-532T ‡	FIA
34	Language Questionnaire	W-680FF ‡	FIA
35	Notice to Applicants/Participants	W-904DD ‡	FIA
36	Essential Persons	W-912KK ‡	FIA
37	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k ***	MAP
38	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
39	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 ‡	MAP
40	Cash Assistance & Child Support What You Need to Know	W-549D *	OCSS
41	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
42	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
43	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B *	State

* Denotes State forms that are available in the mandated Local Law 73 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

‡ Denotes forms that are available in the mandated local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151 *	State
2	New York State Recertification Form for Certain Benefits and Services	LDSS-3174 * ¹	State
3	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A *	State
4	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B *	State
5	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C *	State
6	Notice Of Responsibilities And Rights For Support	LDSS-4279 *	State
7	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583 *	State
8	Domestic Violence Palm Card	LDSS-4583A **	State
9	Information About Child Support Services and Application/Referral for Child Support Services	LDSS-4882 **	State
10	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905 *	State
11	Instructions for Completing the Recertification for Certain Benefits and Services Form	PUB-1313 *	State
12	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151 ‡	BFI
13	Do you have a disability?	FLY-972 ‡	HRA
14	Attention: Single Parents and Caretaker Relatives of a Dependent Child	W-116U ***	FIA
15	How to Report Child Abuse Or Neglect	FIA-1132 ‡	FIA
16	Utility Handout	FIA-1104a ‡	FIA

* Denotes State forms that are available in the mandated Local Law 73 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

**** Denotes forms that must be manually printed. Only available in English.

¹ Included in the kit for homebound interviews and when POS is down.

‡ Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
17	Notice of Free Interpretation Services	DSS-4 ‡	DSS
18	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E ‡	FIA
19	Services for Victims of Sexual Assault	W-131 ‡	FIA
20	Cash Assistance Additional Allowances	W-137C ‡	FIA
21	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E ‡	FIA
22	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 ‡	FIA
23	Language Questionnaire	W-680FF ‡	FIA
24	Notice to Applicants/Participants	W-904DD ‡	FIA
25	Essential Persons	W-912KK ‡	FIA
26	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 ‡	MAP
27	Know Your Rights: How To Avoid and Fight An Illegal Eviction/Illegal Lockout	DSS-1 ‡	DSS
28	DSS Non-Discrimination Flyer	FLY-997 ***	DSS
29	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B*	State

* Denotes State forms that are available in the mandated Local Law 37 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

‡ Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
2	Employment of Minors	OCFS LDSS-4699.1**	State
3	Employment of Minors, Information	OCFS LDSS-4699.1A**	State
4	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
5	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A**	State
6	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State
7	Did You Know That The City of New York Will Pay For Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E**	ACS
8	Child Care Fact Sheet and Planner	CS-574EE**	ACS
9	Child Care Guarantee Informational	M-528m †	FIA
10	Cash Assistance & Child Support: What You Need to Know	W-549D †	OCSS

** Available in English and Spanish only.

† Denotes forms that are available in the mandated Local Law 30 languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.



Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms

Forms included in the NCA SNAP Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	Attachment A	State
2	Domestic Violence Palm Card	LDSS-4583A**	State
3	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification	LDSS-4826*	State
4	How To Complete The Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP	LDSS-4826A*	State
5	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004*	State
6	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k***	FIA
7	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 ‡	MAP
8	Notice of Free Interpretation Services	DSS-4 ‡	DSS
9	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide	W-129G ‡	FIA
10	Services for Victims of Sexual Assault	W-131 ‡	FIA
11	Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice / AFIS Freedom Referral	W-519 ‡	FIA
12	Language Questionnaire	W-680FF ‡	FIA
13	Do you have a disability?	FLY-972 ‡	HRA
14	DSS Non-Discrimination Flyer	FLY-997***	DSS
15	Important Changes in the Medicaid Program	Supplement to LDSS-4148A and LDSS-4148B*	State

* Denotes State forms that are available in the mandated Local Law 73 languages. NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.

** Available in English and Spanish only.

*** Multiple languages are contained on one form.

‡ Denotes forms that are available in the mandated Local Law 30 languages. NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.

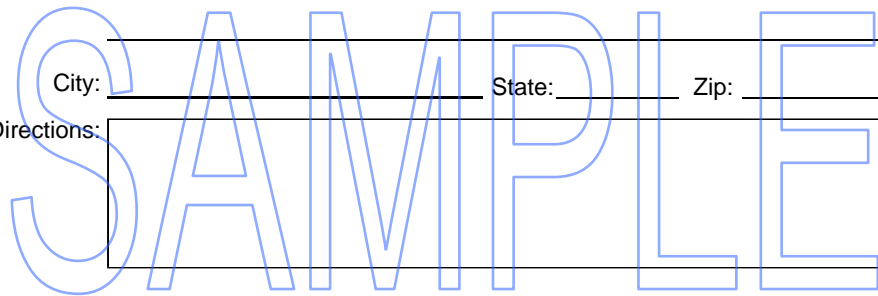
Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Action Code: _____

Special Assessment Letter

You have been scheduled for a Special Assessment:

Appointment Date: _____ Time: _____ Telephone: _____
Location Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Travel Directions: _____



Appointment Information:

The person you are scheduled to meet with is _____
Interviewer

If you need to reschedule this appointment or have any questions, please call: _____.

After the Special Assessment appointment, you are scheduled to return to this Job Center on:

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

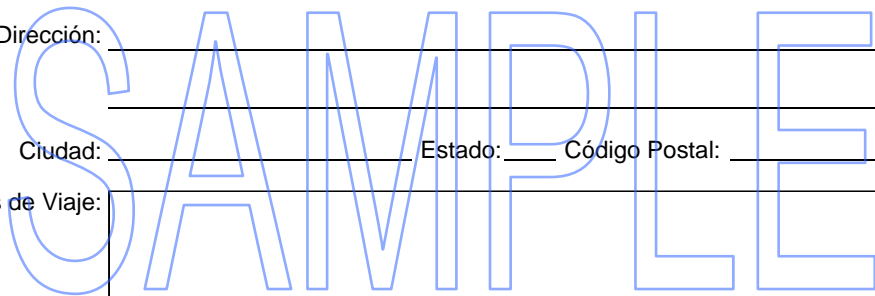
SAMPLE

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Unidad de Casos: _____
Código de Acción: _____

Carta de Evaluación Especial

A usted se le ha programado una Evaluación Especial:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Indicaciones de Viaje: _____



Información sobre la Cita:

La persona con quien se le ha asignado reunirse es: _____
Entrevistador

En caso de que tenga que reprogramar su cita o si tiene preguntas, favor de llamar al: _____.

Después de la cita de Evaluación Especial, se le ha programado una visita a este Centro de Trabajo el:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

SAMPLE