



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #19-10-ELI

(This Policy Directive Replaces PD #11-13-ELI)

CHANGE OF RESIDENCE WITHIN NEW YORK STATE

Date: August 23, 2019	Subtopic(s): Housing Issues
AUDIENCE	The instructions in this policy directive are for JOS/Workers in the Job Centers, and are informational for all other staff.
REVISIONS TO THE PRIOR DIRECTIVE	<p>This procedure is being revised for the following reasons:</p> <ul style="list-style-type: none"> • The requirement for three estimates of moving expenses is no longer necessary depending on the amount of the expenses and household size as per Attachment A. • For participants who qualify for one moving estimate, the estimate must be entered three times on the Drill Down window in POS (Paperless Office System) where the estimates are entered. • The Request for Approval of Special Grant Code 22- Moving Expenses (W-147BB) Form was revised to indicate that the need for three moving expense estimates is not always required.
<p>POLICY</p> <p>PD #14-31-ELI</p> <p>Revised</p>	<p>When a New York City (NYC) Cash Assistance (CA) participant moves from NYC to another district within New York State (NYS), and is otherwise eligible, the Family Independence Administration (FIA) is responsible for providing CA and Supplemental Nutrition Assistance Program (SNAP) benefits until the last day of the month following the move.</p> <p>An allowance to meet moving expenses can be granted <u>only</u> if the participant meets the following criteria:</p> <ul style="list-style-type: none"> ▪ A disaster/catastrophe and/or a vacate order placed against the premises by a health agency or code enforcement agency; ▪ Serious medical or physical disability. (Such needs must be verified by specific medical diagnosis);

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

- Individual or family is rendered homeless as a result of having been put out by another occupant with whom they were sharing accommodations;
- The move is from temporary to permanent housing including Domestic Violence Shelters;
- The move is from permanent housing to temporary housing due to unavailability of permanent housing;
- The move is from one temporary accommodation to another temporary accommodation due to the unavailability of permanent housing including from a DV shelter to permanent housing;
- The move is either from an approved relocation site or to an approved cooperative apartment;
- There is a living situation that adversely affects the mental or physical health of the individual or family, and the need for alternative housing is urgent.

REQUIRED ACTION

Revised
Securing housing

Refer to [PB #19-16-OPE](#)

When the participant informs the Job Center of their intention to move, including when requesting that the Job Center close the case due to moving upstate the JOS/Worker must discuss the move with the participant and their plans for financial maintenance at the new location. If the participant is otherwise eligible and indicates a need for continued assistance in the new location, the JOS/Worker must refer the case to the Homelessness Diversion Unit (HDU). HDU will:

- verify the maximum rent allowance in the new location;
- obtain a building clearance report;
- notify the new location to take over assistance payments as soon as FIA is no longer responsible, and the participant has applied for benefits.

Refer to [PD #14-31-ELI](#)

Revised

The JOS/ Worker must also advise the participant that they should apply for assistance in the new location as soon as possible because HRA/FIA will only continue payments until the last day of the month following the move.

Authorizing Moving Expenses

Revised

Once HDU secures approval of the housing, then allowances to meet moving expenses must be approved by the Rental Assistance Unit (RAU). Participants who request moving expenses and otherwise meet the established criteria, will be required to obtain either one (1) or three (3) estimates from licensed movers based on the following:

- Revised
 - Participants with moving expenses that are equal to or less than the maximum amount based on CA household size as per **Attachment A** are required to obtain one (1) moving estimate from a licensed mover who agrees to be paid upon completion of the move.
- Revised
 - Participants who request moving expenses that exceed the maximum amount based on their CA household size as per **Attachment A** must obtain three (3) estimates from licensed movers who agree to be paid upon completion of the move.

To begin the moving expense process, prior to RAU review, the JOS Worker must:

Task 2 Paperless Office System (POS):

- Access the **Non-Food Emergency** activity from the menu, and click on **Screen Picklist**.
- Select the **SI Grants Request** window from the **Pic List**.
- Go to Task 2 and **Yes** for “Housing Related Benefits.” In the Response window, click **Yes** for Moving Allowance.

- Revised
 - Enter the moving allowance request and indicate that the participant must return with documentation of three (3) moving estimates only if the moving expense exceeds the maximum amount for the participant’s household size as indicated on **Attachment A** and complete Task 3.
- New
 - If the participant’s moving expense doesn’t exceed the maximum amount based on household size as per **Attachment A**, the three estimates are no longer required. In that case enter one estimate amount and mover address information in all three fields as per the screen on the next page.

New

Enter the same moving estimate three times.

- Click **OK**.

Click here for all participants whether submitting one or three estimates.
Revised

- Click **OK** and **Next** and the **SI Grant Request** window appears.
- Complete Task 3 (Request Details), and include the Due Date for documents

Task 3

- Complete Task 4 (EAF Eligibility Determination).
- Task 5 initiates the **Print Forms for Client to Sign** window. The participant must sign the Request for Emergency Assistance or Additional Allowance (For Participants Only) (**W-137A**) Form.

Task 4

Task 5

- All participants whether submitting one or three moving expense estimates must sign the Documentation Request (**W-113A**) Form which is used to obtain the one (1) or three (3) moving estimates and a date by which they should return to the center.

Revised

When the participants return with either the required one (1) or three (3) estimates, the JOS/Worker will:

- Complete the manual Form **W-147BB**;
- Create the RAU packet by scanning and indexing Forms **W-147BB**, and **W-113A** (restricted inventory listing, moving estimates, and supporting documentation justifying the move).
- Forward a copy of Form **W-147BB** only to: Director, RAU, 4 World Trade, and 150 Greenwich St. 36st Floor, New York, NY 10007, and RAU will make the completed Form **W-147BB** available in the HRA OneViewer for the Centers to view. No request should be forwarded unless all estimates have distinct Department of Transportation (DOT) license numbers.

Revised

Revised

RAU Unit

Upon receipt of the documentation, RAU will evaluate the request and will:

- Approve or disapprove the move by checking off the appropriate box on Form **W-147BB**;
- Send back Form **W-147BB** to the Job Center. (If, for any reason, RAU disapproves the request for assistance to move, a detailed notice will also be sent to the Job Center.)

When the JOS/Worker receives Form **W-147BB** approving the move, they must:

- scan and index Form **W-147BB** into the HRA OneViewer and provide a copy of Form **W-147BB** and the Certification of Move Statement (**W-147CC**) Form to the participant, and;
- enter the decision in Task 6 (Outstanding Requests) of the **SI Grant Requests** window

Version 15.1 - Paperless Office System - [Single Issue Grant Summary] 3:15:50 PM Thursday, March 17, 2011

File Edit Tools Window Help

Case Number: Case Name: Suffix:

Re-Use Case Number: Center: Category:

Filters

Show PA Grants Show FS Grants

Code	Description	From / To	Created	Amount	Next Month Amount	Special	Status
22	Moving Expenses(22 - Moving Expenses)		03/17/2011				Awaiting Action

- If the request is approved, enter **Accept** in the **SI Grant Decision** section in the **Grants** tab and enter the approved amount in the **Referrals and Outcomes** tab.

Version 15.1 - Paperless Office System - [Request Action] 3:09:10 PM Thursday, March 17, 2011

File Edit Tools Window Help

Request Type: Financially Eligible for: EAF? E-SNA? EAA?

Grant Info: Referrals and Outcomes: Documentation and Verification:

SI Grant Details

SI Grant Needed? Yes No

Decision Due Date: Overdue?

Comments:

SI Grant Decision

Not ready for decision

Accept Other Action

Deny

Version 15.1 - Paperless Office System - [Request Action] 3:09:02 PM Thursday, March 17, 2011

Request Type: **Moving Expenses** Financially Eligible for: EAF? No E-SNA? Yes EAA?

Grant Info: **Complete** Referrals and Outcomes: **Complete** Documentation and Verification: **Complete**

Grants Referrals and Outcomes Documentation and Verification

Referrals

Referral to: **ADM, HDU and/or RAU?** Yes No

Other Referral? Yes No Referral made to: _____

Received external assistance? Yes No Source of assistance: _____

Recommendation Received

Recommendation Received: Issue Grant Issue Grant Conditionally Deny Grant

Approved Amount: _____ Approved Period: From: 00/00/0000 To: 00/00/0000

Accept Voucher? Yes No

Comments: _____

Close Next Request Previous Request

Revised

- If the request is denied, click on **Enter Denial Details** below and enter the Denial reason.

Version 15.1 - Paperless Office System - [Request Action] 3:11:51 PM Thursday, March 17, 2011

Request Type: **Moving Expenses** Financially Eligible for: EAF? No E-SNA? Yes EAA?

Grant Info: **Complete** Referrals and Outcomes: **Complete** Documentation and Verification: **Complete**

Grants Referrals and Outcomes Documentation and Verification

SI Grant Details

SI Grant Needed? Yes No

Decision Due Date: 03/30/2011 Overdue? No

Comments: _____

SI Grant Decision

Not ready for decision Accept Deny

View Benefit Issuance History

Enter Denial Details

Close Next Request Previous Request

Move completed

When the move has been completed, either the moving company or the participant faxes a completed Form **W-147CC** to the Job Center. The form must include the signature of the participant and the mover, and the number and type of items moved.

- If there are problems receiving the **W-147CC**, or the form is incomplete, the JOS/Worker can contact RAU to find out the name of the moving company who moved the participant, and contact them to resolve problems with the form.

The JOS/Worker must:

- access the **Single Issue Grant Summary** screen (see the next page) to prepare a grant using SI Task 7. Task 7 is used to verify approved grant requests for which a grant must be issued and to record information on new grant data entered by the JOS/Worker.

Refer to [PD #10-22-SYS](#) for details regarding the **Single Issue Grant Summary** and **Single Issue Benefit Data Entry** windows.

Code	Description	From / To	Created	Amount	Next Month Amount	Special	Status
22	Moving Expenses(22 - Moving Expenses)		03/17/2011				Awaiting Action

- Click on **Grant Details** to access the **Single Issue Benefit Data Entry** window for Direct Vendor payment Comment.

Single Issuance Benefit Data Entry window

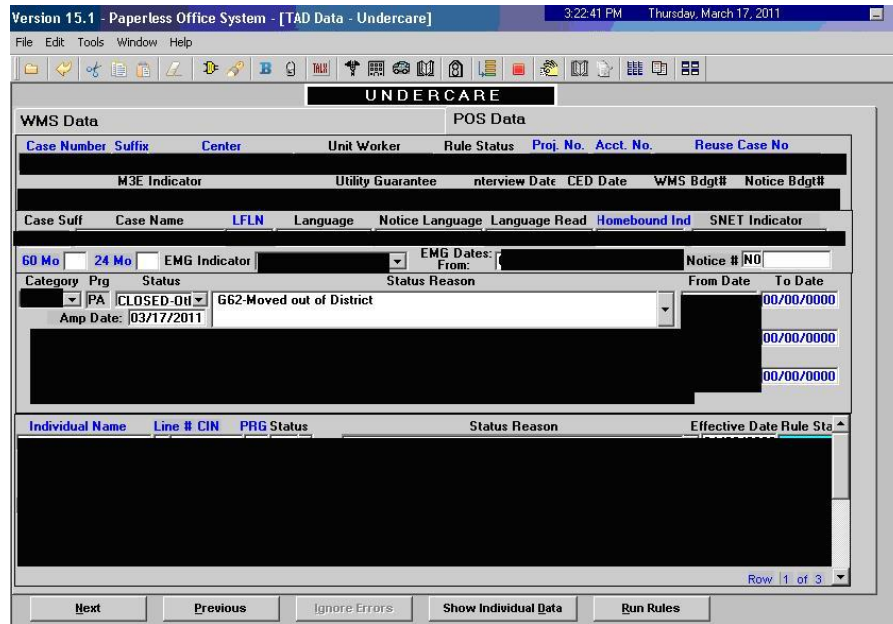
- Submit the PA Single Issuance Authorization (**LDSS-3575**) Form along with Forms **W-147BB** and **W-147CC**, to the AJOS I for approval and signoff. The Worker should not print Form **LDSS-3575**.

Upon approval, the AJOS I will submit the case to the Deputy Center Director for payment approval and authorization. Upon approval, the issuances will be transmitted to WMS via POS.

The final supervisor must print the Notice of Acceptance/Denial of Request for Additional Allowance to meet the Special Need (**W-137B**) Form and mail it to the participant. The printed form will be saved in the HRA One Viewer.

Closing the Case

When all the preliminary steps have been taken, and when all the required actions have been processed in the Welfare Management System (WMS), prepare the Turnaround Document (TAD) to close the case using the Client Notices System (CNS) Closing Code **G62** (Moved Out of District). Prior to case closing, the JOS/Worker must ensure that all benefits have been issued, including rent up to the maximum allowable in the new location. The case closing must be processed immediately after issuance of the “B” cycle of the month following the month the move occurred.



Example

If the participant moves in February, benefits should be issued for the remainder of February and all of March and end effective the “A” cycle of April (4A).

EBT allows the participant to receive benefits

The current statewide Electronic Benefit Transfer (EBT) system allows the participant to receive their benefits from any county within NYS.

Refer to [PD #14-31-ELI](#)

In situations where the “move-to” county discloses that NYC’s responsibility to the participant has not yet ended and the case has already been closed, the JOS/Worker should refer the case to the Center Designated Liaison to ascertain the district of financial responsibility as per PD #14-31-ELI which will explain NYC’s obligation to provide benefits.

PROGRAM IMPLICATIONS

POS Implications

POS implications are included in the procedure.

SNAP Implications

If the participant is in receipt of SNAP, they will continue to receive SNAP benefits until the last day of the month following the month of the move. At this point, the participant will need to reapply for SNAP in their new location.

Medicaid
Implications

The “move from” location is responsible for continuing Medicaid coverage until the last day of the month following the move.

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

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or 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

JOS/Workers must ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences at
Job/Model Center

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route them to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

Conferences at
Job/Model Centers

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

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in New York City Work Accountability and You (NYCWAY) and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the "Pending" (08) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (LDSS-3722), change the 02 to an 01 if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry (LDSS-3573) Form to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (M-186a).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why they cannot settle the issue(s) in conference (SIC). The AJOS/Supervisor I must complete Form M-186a.

Should the applicant/participant elect to continue their appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Conferences at NCA SNAP Centers If an applicant/participant comes to the Non Cash Assistance (NCA) SNAP Centers and requests a conference, the Receptionist must alert the Site Manager's designee that the applicant/participant is to be seen. If the applicant/participant contacts the Eligibility Specialist directly, advise the applicant/participant to call the Site Manager's designee. In Model Offices, the Receptionist at Main Reception will issue a SNAP Conf/Appt/Problem ticket to the applicant/participant to route them to NCA Reception area and does not need to verbally alert the Site Manager. The NCA Receptionist will alert the Site Manager once the applicant/participant is called to the NCA Reception desk.

The Site Manager's designee will listen to and evaluate the applicant/participant's complaint regarding the case closing. The applicant/participant must provide current verification of their address to resolve the issue. After reviewing the documentation, the case record and discussing the issue with the Group Supervisor/Eligibility Specialist, the Site Manager's designee will make a decision. The Site Manager's designee will decide to resolve or defend the case based on all factors and on whether the case was closed correctly. The Site Manager's designee 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.

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

Evidence Packets for NCA SNAP Offices All evidence packets must include the returned envelope, address verification, notices sent and any other pertinent information to support the Agency's action.

RELATED ITEMS

[PD #01-31](#)
[PD #10-22-SYS](#)
[PD #11-18-ELI](#)
[PD #14-31-ELI](#)
[PB #19-16-OPE](#)

REFERENCES

Temporary Assistance Source Book (TA Source Book) Chapter 16,
Section O, page 297
18 NYCRR 352.6(a)(1)

ATTACHMENTS

W-147BB Request for Approval of Special Grant Code
22 – Moving Expenses (Rev. 5/8/19)
W-147CC Certification of Move Statement (Rev. 8/16/17)
W-147CC (S) Certification of Move Statement (Spanish)
(Rev. 8/16/17)
Attachment Moving Expense Limits Based on CA Household
A Size



Request for Approval of Special Grant Code 22 – Moving Expenses

To: Director, Rental Assistance Unit
109 East 16th Street, 6th Floor
New York, NY 10003
Telephone Number: (929) 252-5966

Date: _____

From: Center: _____ Case Number: _____ Caseload: _____

Case Name: _____ Household Size: _____

Participant's **FORMER** Address: _____

Participant's **NEW** Address: _____

Reason for Move: _____

Participants who are required to submit one or three moving estimates, please list them here. Items to be moved are listed on the reverse side.

	Mover's Name and Address	Mover's Telephone Number	D.O.T. License Number	Estimate Amount
1.				\$
2.				\$
3.				\$

Worker's Name: _____ Telephone Number: _____

Referring Supervisor's Signature: _____ Telephone Number: _____

Do not write below this line. For RAU use only:

Move Approved (specify reason): _____

Indicate the number of which mover was approved: 1 2 3

Payment may not be authorized until receipt of certification from the mover stating the number of items moved as well as the participant's signature certifying the move is completed and satisfactory.

If dollar amount exceeds maximum for household size, please specify AMOUNT \$ _____

Move Disapproved (specify reason): _____

RAU Signature: _____ Date: _____

Number of rooms in apartment: _____

Please detail below furniture and possessions to be moved:

Kitchen/Dining Room	Indicate Number and Description
Tables	
Chairs	
Boxes (dishes, pots, etc.)	
Other (specify)	
Bedrooms	
Beds	
Dressers	
Boxes (clothing, linens, etc.)	
Other (specify)	
Living Room	
Sofas	
Chairs	
Bookcases	
Tables	
Boxes	
Other items (specify)	
Total Number of Items	



Job Center: _____
 Date: _____
 Case Number: _____
 Case Name: _____
 Applicant's/
 Participant's
 Telephone Number: _____

Move Statement

You **and** the moving company must sign this form after all of your things are moved to your new address.

Moving Company Name and Address:

Your Statement:

The moving company listed above moved my things on _____ to my new address at _____.

What did the moving company move for you?

Item	Boxes	Beds	Chairs	Tables	Dressers	Sofas
How many?						

Other: _____

 Applicant's/Participant's Signature Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn over)

Mover's Statement: I (we) certify that the applicant's/participant's furniture and possessions, consisting of _____ items, have been moved to the address on page 1.

We are asking for payment of \$ _____ in moving fees.

Mover's Signature

Title of Moving Company Employee

Employee License Number

Failure to provide true and accurate statements is punishable as a Class A misdemeanor, pursuant to Penal Law 175.30 (offering a false instrument for filing to a public office or a public servant).

SAMPLE



Centro de Trabajo: _____

Fecha: _____

Número de Caso: _____

Nombre del Caso: _____

Número de Teléfono del Solicitante/ Participante: _____

Declaración de Mudanza

Usted y la compañía de mudanza deben firmar este formulario después de que se trasladen todas sus pertenencias a su nueva dirección.

Nombre y Dirección de la Compañía de Mudanza:

Su Declaración:

La compañía de mudanza listada más arriba trasladó mis pertenencias el _____ a mi nueva dirección en _____.

¿Cuáles de sus pertenencias trasladó la compañía de mudanza?

artículo	cajas	camas	sillas	mesas	tocadores	sofás
¿Cuántos?						

Otro artículo: _____

Firma del solicitante/participante

Fecha

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? **Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

(Vea al dorso)

Declaración de la Compañía de Mudanza: Yo (nosotros) certifico/certificamos que los muebles y pertenencias del solicitante/participante, que suman _____ artículos, se han trasladado a la dirección en la página 1.

Pedimos un pago de \$ _____ en cuotas de mudanza.

Firma de la Compañía de Mudanza

Cargo del Empleado de
la Compañía de Mudanza

Número de Licencia del
Empleado

La prestar declaración falsa e inexacta es punible como delito menor Clase A, conforme a la Ley Penal 175.30 (prestación de documentación falsa para archivarse a oficina pública o funcionario del estado).

SAMPLE

Attachment A

Moving Expense Limits Based on CA Household Size Chart

Household Size	Amount	Maximum Amount *
1	\$900.00	\$1,000
2	\$1,100	\$1,300
3	\$1,200	\$1,325
4 or greater	\$1,250	\$1,350

*Charges in excess of the maximum amount require three estimates.