

# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY DIRECTIVE #22-03-ELI

*(This Policy Directive Obsoletes FIA PD #13-16-ELI)*

### OFFICE OF BURIAL SERVICES

<b>Date:</b> June 10, 2022	<b>Subtopic(s):</b> Eligibility Grant for Burial Allowance Claims
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#### AUDIENCE

The instructions in this Policy Directive are for staff of the Office of Burial Services (OBS) and are informational for all others.

#### REVISIONS TO THE ORIGINAL DIRECTIVE

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

- The Burial Claims Unit (BCU) is now under the Office of the Chief Program Officer and known as the Office of Burial Services.
- Documentation is not required to verify the income of decedents who were receiving ongoing Cash Assistance (CA), Medicaid (MA), or Supplemental Nutrition Assistance Program (SNAP) benefits from the Human Resources Administration (HRA), or Supplemental Security Income (SSI) at their Date of Death (DOD).
- Documentation to verify the income of a Legally Responsible Relative (LRR) who received ongoing CA, MA, SNAP benefits, or SSI at their DOD is only required when not in agency's systems.
- When an authorized representative is applying on behalf of an individual, they must provide a statement, signed by the applicant, designating them as such. The signature of the authorized representative must also be notarized, as noted on page 8 of the Application for Burial Allowance (**M-860w**).
- Staff must exhaust all available sources of data prior to requesting information from an applicant.
- No income/resource information is required nor should be requested from an applicant who is not an LRR.
- Documentation to verify income and resources must be recent (generally dated within 60 days of the date of the application) and must cover a consecutive 30 day-period. If the applicant is an LRR who is not receiving CA, MA, SNAP, or SSI but is employed, paystubs covering the last 4 weeks will verify employment and a bank statement for the period covering the decedent's DOD will verify resources.

- When payments are being issued to a Funeral Home, a **W-9** signed by the Funeral Director will only be required if a current **W-9** is not on file.
- When an application is rejected for Failure to Submit Verifying Documentation, the Supervisor must sign-off to confirm that not only was the requisite information not in the Agency's systems, but that the staff could not assist in obtaining it, and that eligibility and benefit amount could not be determined without it.
- The Supervisor must review the worker's determination prior to approval/denial of an application and include that review in the Burial Claims Packet.
- Correspondence concerning an Organizational Friend's Burial Claim application must be sent to the individual who submitted the application. Organizational Friends are entitled to a Conference with an OBS Supervisor upon request.
- The Decision – Approval Letter (**EIS-13h**) and the Decision - Denial of Request for Burial Allowance (**EIS-13j**) have been revised to include the Supervisor's name and telephone number.
- The **M-860w** may be submitted by an Authorized Representative.
- Additional provisions must be applied when there is county Public Administrator (PA) involvement over the decedent's estate.
- A letter from a Nursing Home stating a decedent had no patient account will suffice in lieu of the ATTENTION: PATIENT ACCOUNTS (EIS 13-t).
- Veterans and family members may receive burial allowances from the Department of Veteran's Affairs and/or the NYS Division of Veterans Affairs (see referral resource information provided by the Supervisor or OBS Social Worker) .

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## POLICY

See [PB #12-93-OPE](#)

The Human Resources Administration (HRA) provides financial assistance to eligible friends, relatives, and Organizational Friends to assist in paying the burial expenses of a deceased indigent New York City resident.

OBS processes applications and authorizes the grants for burial expenses of indigent individuals who were legal residents of New York City at their Date of Death (DOD).

Burial allowances may be granted when a decedent's assets are insufficient to pay all the expenses associated with their burial, and

no LRR is able to pay for it.

LRRs who lack resources or borrow funds to pay for a funeral may be eligible for burial assistance.

HRA will pay up to \$1700 to reimburse a friend, relative, or Organizational Friend that paid for or authorized a deceased indigent individual's funeral when the total cost of allowable expenses did not exceed \$3,400. Expenses that are excluded from that limit include:

- Cost of the cremation\*, or
- Cost of the burial plot / gravesite
- Cost of the grave opening, and
- Any costs charged by a funeral director that are related to the disinterment of a body that was buried on or after March 12, 2020 on Hart Island.

*\*The cost of burying cremains after cremation is not excluded when calculating the \$3,400 limit on burial costs.*

Any of the decedent's available assets, funds, death benefits, or insurance awards, and any of the LLR's available assets or income are deducted from the allowable burial grant.

Available assets may include:

- Cash on Hand
- Bank Accounts
- Union Benefits
- Patient Account
- Veteran Death Benefit
- Inmate Account
- Social Security Death Benefit
- Burial Fund
- Prepaid Funeral Contract
- Crime Victim Compensation
- Burial Trust/ Prepaid Burial Fund
- Insurance Policy

Assets such as Real Property and Motor Vehicles are not considered available. The LRR, authorized representative, or Organizational Friend must submit an application for a burial allowance within one-hundred and twenty (120) days of the decedent's DOD.

**REQUIRED ACTION**

**Burial Allowance Application Process**

When an individual requests financial assistance at a Job Center to pay for the burial costs of a deceased indigent individual, JOS/Workers must refer them to OBS, as follows:

- Individuals requesting assistance with burial costs must be given the Information and Referral Notice (**W-113E**).
  - In the Model Centers the **W-113E** is given to the applicant by the Customer Services staff.
  - In Non-Model Centers, the JOS/Worker will provide the applicant with the **W-113E**.
- Per the Brown v. Giuliani lawsuit settlement, CA participants must be given the Request for Emergency Assistance, Additional Allowances (For Participants Only), or Adding a Person to the Case (**W-137A**), and a completed Action Taken on Your Request for Emergency Assistance, Additional Allowance, or Adding a Person to the Case (For Participants Only) Notice (**W-137B**) directing them to apply at OBS.

Both Forms **W-137A** and **W-137B** must be printed from Print-on-Demand and filled out manually.

### **Burial Application Submission**

A LRR or other individual who authorized the funeral must file an Application for a Burial Allowance (**M-860w**) within one-hundred and twenty (120) days of the decedent’s DOD.

OBS is located at 33-28 Northern Boulevard, 3<sup>rd</sup> Floor, Long Island City, New York 11101. The telephone number is (929) 252-7731.

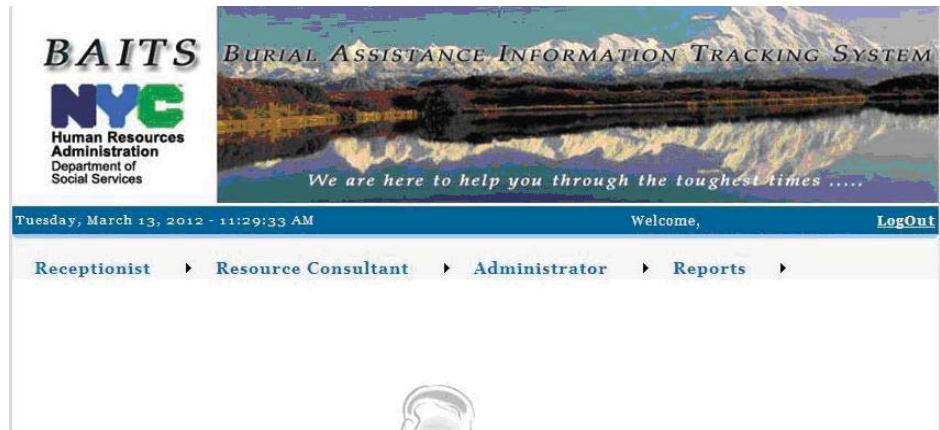
Alternatively, applications may be submitted by mail, faxed to: (917) 639-0476, or by email to [BurialServices@hra.nyc.gov](mailto:BurialServices@hra.nyc.gov).

Individuals who are unable to visit the OBS office because they are homebound can request a Home Visit by a Burial Claims Assistant (BCA) to complete an **M-860w**. An authorized representative may apply for a Burial Allowance on behalf of an individual, but they must provide a statement, signed by the applicant, designating them as the authorized representative. The signature of the authorized representative must appear on the **M-860w**, which must be notarized before being submitted to OBS. All required documentation must be submitted within 60 days of the application date.

At OBS, the applicant must complete the **M-860w**. Reception staff must register the case, and enter the basic information (name of the applicant, name of deceased, and DOD) in the Burial Assistance Information Tracking System (BAITS):

Form **M-860w** has been revised and expanded to include a Burial Allowance Application Process Letter explaining the steps and documentation required to complete the Burial Allowance application, and **EIS-14** Instructions to Complete the Application for Burial

Allowance and **EIS-14a** Frequently Asked Questions About the Burial Allowance Available from HRA have been added to assist applicants.



BAITs will generate a OBS claim number. The case is forwarded to a OBS Supervisor, who assigns it to a BCA (identified as Resource Consultant in BAITs). The BCA interviews the applicant, reviewing the **M-860w** for accuracy and completeness, and executes a search in WMS and the HRA OneViewer to verify information.

If an application is not completed in the OBS office, the Supervisor must assign the case to the BCA, who reviews it and the accompanying documents. The BCA must complete the checklist in BAITs, indicating which documents were received. If further documentation is needed, the BCA must send the applicant the Documentation for Burial Allowance Request (**EIS-13c**) requesting the documents necessary to make a determination. Once the BCA receives those documents, they proceed with the Burial Allowance Application.

The BCA must check the State Data Exchange (SDX) and State On-Line Query (SOLQ) screens in Welfare Management System (WMS) to ascertain if the decedent was in receipt of Social Security benefits against the information submitted by the applicant. Only when those databases do not contain Social Security benefit issuance information should the BCA request it from the applicant.

The BCA must execute an RFI match in WMS, to capture financial information relevant to the **M-860w**.

The BCA interviews with the applicant to ensure that the following information has been provided:

- Decedent name, date of birth, and SSN;
- Date of Death (DOD);
- Name(s) of Legally Responsible Relative(s) (LRR);
- Decedent's and LRR's income and assets;
- Burial expenses;
- Name of the Funeral Home; and

- Decedent's Veteran's status.

The BCA enters that information in BAITS using the task bar at the top of the screen to access the relevant screens on which to enter the information.

For instance, the Deceased Details screen is used to capture the decedent's basic information:

Another screen, Assets, is used to capture the details concerning the decedent's and/or the LRR's assets, as shown below:



After completing the interview and entering the information in BAITS, the BCA must obtain from the applicant:

- the signed and completed **M-860w**, and
- all other requisite forms, and
- any documentation the applicant is submitting at that time.

The BCA issues the applicant the Burial Allowance Application Process (**EIS-13m**) [previously the last page of the **M-860w**], detailing the application process.

**Required Documentation**

Applicants for a burial allowance must provide OBS all requisite documents relating to the burial claim within (60) sixty days of the date of application. An Authorized Representative may represent the applicant in filing and submitting required documentation on their behalf. Failure to provide all the required documentation within the (60) sixty-day timeframe will result in a denial of the application, unless a written request for an extension is granted by OBS.

When the applicant is a surviving LRR (i.e., spouse or parent(s) of a deceased child under the age of 21), OBS staff must verify the LRR’s income and resources. However, if the applicant is **not** an LRR, information regarding the applicant’s income and resources is **not** needed.

**Self-Attestation of Income and Resources Permitted for Recipients of SSI, CA, MA, or SNAP**

If the decedent or LRR received ongoing CA, MA, SNAP or SSI benefits as of the decedent’s DOD, OBS will not ask for additional information or documentation to verify the decedent’s income or resources, as it can use available information.

**Use information already available to OBS**

OBS staff must check WMS, SDX, SOLQ, the HRA OneViewer and other available sources to verify decedent/LRR information reported by the applicant; and, to ascertain whether the decedent/surviving LRR received CA, MA, or SNAP benefits from HRA. OBS must only request documentation to verify information reported by the applicant when the documentation is necessary to make a determination and is not available in its databases.

**Required documents**

- Certified copy of the Death Certificate (OBS staff will date-stamp a copy and return the document back to applicant after inspection).

- Two original copies of the itemized funeral bill / invoice signed by the Funeral Director and notarized (charges fully paid for must be noted by a stamping of Paid-in-Full).
- A Funeral Director's Affidavit (**M-860n**) signed by the Funeral Director and notarized (if payment was already made directly to the funeral home).

**Note:** For Burial Allowance benefits that will be issued directly to a Funeral Home, a **W-9** signed by the Director of the Funeral Home will **only** be required if OBS does not have a current **W-9** from the Funeral Home already on file.

### **Required copies of documents**

- An itemized copy of the Funeral Contract/Statement of Goods and Services Selected, signed by the Funeral Director and the individual who made the funeral arrangements (an invoice number must appear on the document).

Depending on the specific circumstances of the Burial Allowance Application, one or more of the following forms and/or letters may also be required:

- Statement signed by the applicant designating the person as the Authorized Representative (if there is an Authorized Representative applying on behalf of the applicant);
- Resources Statement for Decedent and LRR (e.g., Bank Statement, Pay Stub, Documentation Required for Evaluation of Real Property);
- Decedent's Landlord Letter (if the decedent had a residential lease at the time of death) to determine whether there are any security deposit(s) available to the decedent's estate;
- Household Composition / Budget Form (Decedent) (**EIS-13e**); and Household Composition / Budget Form (Legally Responsible Relative) (**EIS-13z**);
- LRR-Applicant Verification of Residence (only if LRR-Applicant claims they did not reside at the same address of the decedent at time of death);
- Lender's Affidavit (**EIS-13f**) (if LRR-Applicant borrowed money to pay for the funeral);
- Referral to Social Security Administration (**EIS-13r**) and the Social Security Field (Benefit) Offices in New York City (**M-50b**) (if OBS staff cannot obtain unearned income from SSA to decedent or LRR, SSA and lump-sum payment to next of kin);
- Referral to Department of Veterans Affairs (**EIS-13q**) (if the decedent was a US Veteran);
- Application for Supplemental Burial Allowance;



- ATTENTION: PATIENT ACCOUNTS (**EIS-13t**) (if the decedent resided in a Nursing Home on the DOD) or a letter from the Nursing Home stating that no account was established, or that no funds are available; and,
- Voluntary Administration of Small Estates (**EIS-13y**).

**Note:** When requesting copies of bank statements, OBS staff must provide as much information from an RFI match as possible (bank name or account information, if available).

Documentation to verify income and resources must be recent (generally dated within the past 60 days) and must cover a consecutive 30 day-period. For example, when the applicant is an LRR and was employed, paystubs for 4 consecutive weeks within the last 60 days would verify the applicant's income. For resources, the bank statement reflecting the balance of the account as of the DOD will suffice.

If the applicant cannot obtain a certain document to establish eligibility, the BCA must confer with their OBS Supervisor to determine whether another comparable document in the applicant's possession can verify the information submitted.

For decedents who received CA or SSI on their DOD and whose LRR-applicant receives ongoing CA or SSI, no additional verification of income or resources of the decedent or LRR-applicant is required.

If the application on behalf of the decedent is found eligible, the applicant must be given the Pre-Authorization of Payment to Funeral Services Provider (**EIS-13x**), addressed to the Funeral Director, acknowledging eligibility is subject to the financial and submission of all required documentation. Payment of burial / funerary expenses will be made after all required documentation is submitted. OBS will make every effort to authorize the payment within two weeks of receipt of all the required documentation.

### **Process involving Public Administrator over Decedent's Estate**

When there is Public Administrator (PA) involvement (for example, in instances where the decedent does not have a will or is intestate), the following provisions will apply:

- If the decedent has not been buried and the PA has an open case with assets sufficient to pay the burial costs, staff must confirm whether the PA will pay for the burial. If so, the applicant must be referred to the PA's office and the application denied.
- If the decedent was buried, staff must verify that the applicant has requested reimbursement from the PA. Staff must

provide the applicant with the PA information on how to submit a claim as a funeral creditor. Funeral creditor claims take priority over all other creditors.

- If the applicant cannot supply the requested information or documentation due to a delay caused by the PA, OBS must accommodate requests for extensions, unless it is able to make a determination without the documentation from the PA.
- A Public Administrator Letter that accounts for all available assets will satisfy the documentation requirements to verify the decedent’s assets.
- The PA’s accounting of total available assets must be net of the fee the PA charges for handling the decedent’s estate. That fee must be excluded from the decedent’s total available assets for purposes of determining eligibility for a Burial Allowance benefit.

**Possible Federal and New York State Resources for Veterans**

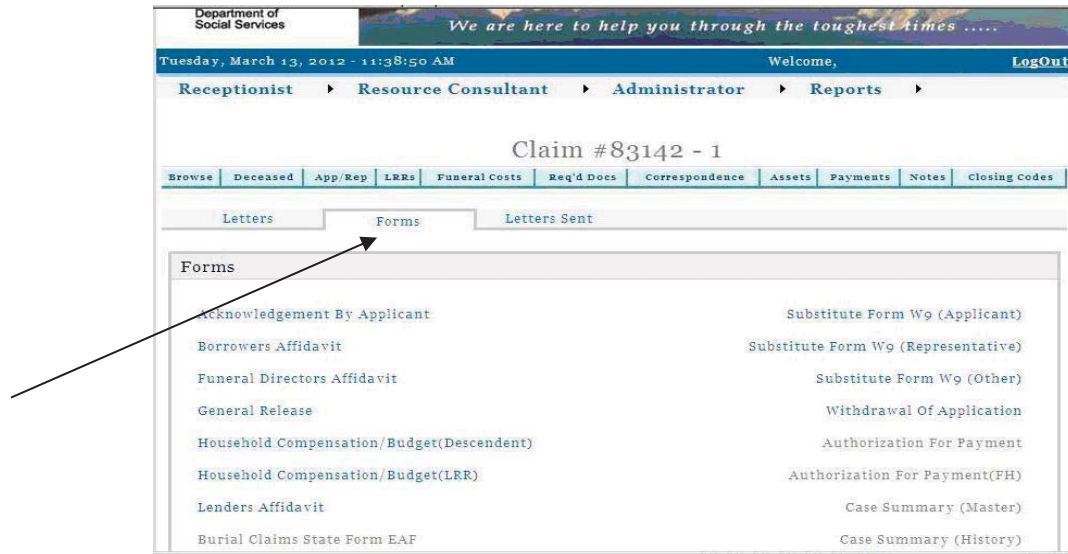
For applications involving deceased veterans, OBS staff must ensure any potentially available federal VA Memorial Benefits and/or New York State Supplemental Burial Allowance benefits are first pursued. The NYC Department of Veteran Services should be a referral source for the applicant. In New York State, veterans who die in combat, while receiving hazardous duty pay, or due to injuries suffered while in combat receiving hazardous duty pay are eligible for a Supplemental Burial Allowance of up to \$6000 from the NYS Division of Veterans’ Affairs. The application is available at [https://veterans.ny.gov/sites/default/files/supplementalburial-application\\_04apr2019\\_0.pdf](https://veterans.ny.gov/sites/default/files/supplementalburial-application_04apr2019_0.pdf).

**Correspondence, Forms and Required Documentation in BAITs**

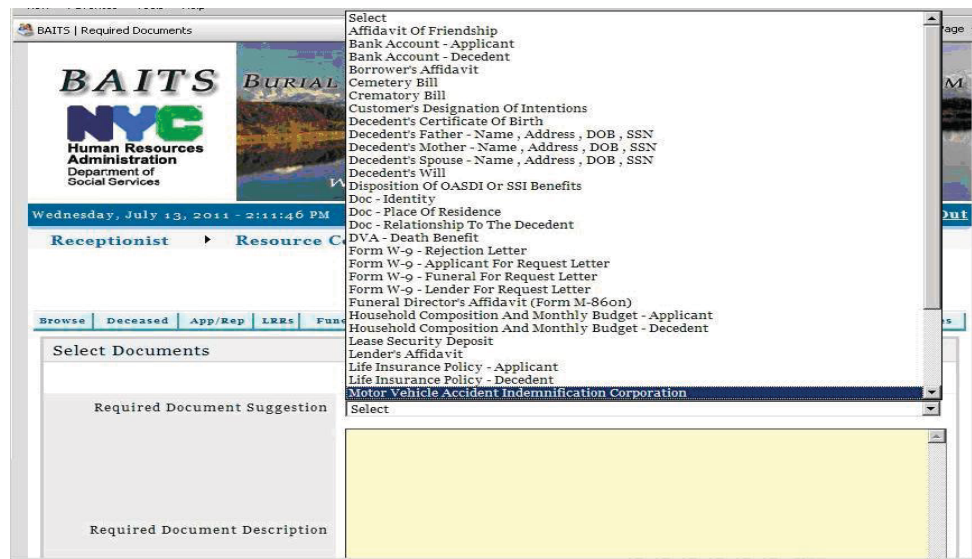
The BCA uses the Correspondence tab on the BAITs task bar to track the letters and forms that are required to process the claim:



The Forms screen is used to select the forms needed to process the Burial Allowance Application :



The BCA must access the Required Documentation screen to select any additional required documents from a drop-down menu:



BAITs will then generate the Documentation for Burial Allowance Request (**EIS-13c**) listing the various forms, letters, and other documents that must be submitted by the applicant, to complete the burial claim, and the due date by which all the documents must be submitted to OBS. The BCA must give the applicant the **EIS-13c**.

### Organizational Friend

A charitable and/or religious organization may qualify as an Organizational Friend if the New York City Department of Social

Services gives advance approval of such status (see NYC Rule 68 RCNY 2-02).

Correspondence concerning Burial Allowance Applications involving Organizational Friends will be sent to the Organizational Friend, to the attention of the individual who submitted the application.

**Documentation Deadline Extension**

OBS may extend the deadline by up to 30 calendar days, but the BCA must issue a new Documentation for Burial Allowance Request (**EIS-13c**) detailing the documents that are outstanding. If the applicant fails to submit all the required documentation by the extended deadline, the BCA must reject the application using Closing Code **F1** (“Failure to Submit Documents by Due Date”) and send a Decision - Denial of Request for Burial Allowance (**EIS-13j**) to the applicant advising them of the Agency’s determination, and the reason(s) for the denial.

As noted above, for delays caused by a PA, OBS will grant extensions upon written request, unless a determination could be made without the PA’s Letter of Available Assets.

**OBS Supervisor Sign-Off Required for Rejection for Failure to Submit Verifying Documentation**

If a BCA determines that the **M-860w** is incomplete because the applicant failed to submit required documentation, they **must**:

- (1) list the document(s) that were needed to make an eligibility determination; **and**
- (2) list the information that could not be verified due to the missing documentation.

The OBS Supervisor must review the BCA’s determination to reject the **M-860w** based on insufficient or missing documentation, and confirm that the requested documentation was necessary because HRA:

- does not otherwise have access to such information (through SDX, SOLQ, the HRA OneViewer, and/or WMS), and
- could not further assist the applicant in obtaining the verifying documentation, and
- needed the requested information to determine eligibility and the benefit amount for the Burial Claims grant.

**Supervisory Review of Burial Claims Assistant Determinations**

The OBS Director and/or OBS Supervisor must review the accuracy and completeness of BCAs’ actions on all applications and cases

before approval or denial. Evidence of the OBS Supervisor’s review of the BCAs’ recommendations/case determinations on **M-860w**’s must be noted/captured by signing the letter of determination [Decision - Approval Letter (**EIS-13h**)/Decision - Denial of Request for Burial Allowance (**EIS-13j**)] indicating the OBS Supervisor’s review and approval; and must be made part of the Burial Claims Packet.

**Return of Required Documents**

If an applicant is unable to meet the (60) sixty-day deadline for return of documents, they may request an extension, in writing, noting the reason(s) they need additional time (e.g., a delay in obtaining a Death Certificate).

**Eligibility for Payment Determination**

When all the required documentation has been returned, the BCA must make a recommendation to accept or reject the application, and submit the case folder to the OBS Supervisor or OBS Director for their review and decision. Once a decision has been made, all the documents relevant to the claim, including information obtained from SDX, SOLQ, the HRA OneViewer, and/or WMS, are scanned and indexed into the HRA OneViewer as a complete application packet (see screenshot below):

Hard copies of the scanned documents are placed in a case folder, which is retained for a period of 90 days, in the event they are needed for a Fair Hearing.

The screenshot shows the HRA OneViewer interface. At the top left is the NYC Human Resources Administration logo. The title is 'HRA OneViewer'. On the right, it says 'Welcome, OCCA->BCU'. Below the title bar are 'Log Out' and 'Tools' buttons. The main section is titled 'Intake' and contains search criteria: 'Please Enter: Case Number OR SSN OR CIN OR First Name AND Last Name OR Burial Claim ID: 62777'. There are 'SEARCH' and 'CLEAR' buttons. Below this are several filter dropdowns: 'Filter by Name' (GLADYS AGOSTINI), 'Filter by CaseNumber' (Select All), 'Filter by Folder Name' (Select All), 'Filter by Document Type' (Select All), 'Filter by Scanned Date' (Select All), 'Filter by PRGM' (Select All), 'Filter by Program/Doc Class' (Select All), and 'Filter by Entry Date' (Select All). A 'PARIS MATCH INFORMATION' button is also present. The results section shows 'Results 1 - 1 of 1' with a table. The table has columns: Case Number, SSN, First Name, Last Name, CIN, Document Type, Pages, Scanned Date, Entry Date, and Select ALL. The row contains: 581765345, GLADYS, AGOSTINI, Burial Claims Unit Packet, 50, 03/05/2012, 03/06/2012, and a checkbox. Below the table, it says 'Results 1 - 1 of 1' and a 'Print Selected' button.

Case Number	SSN	First Name	Last Name	CIN	Document Type	Pages	Scanned Date	Entry Date	Select ALL
581765345		GLADYS	AGOSTINI		Burial Claims Unit Packet	50	03/05/2012	03/06/2012	<input type="checkbox"/>



A letter of determination [Decision - Acceptance Letter (**EIS-13h**)/ Decision - Denial of Request for Burial Allowance (**EIS-13j**)], including the BCA's and OBS Supervisor's names and telephone numbers, must be sent to the applicant, advising them of OBS's decision. If an allowance is rejected, the case must be closed using the appropriate BAITS Database Closing Code (see **Attachment A**) and the Decision - Denial of Request for Burial Allowance (**EIS-13j**) must be mailed to the applicant, advising them of OBS's denial and reason(s) for the denial.

All applicants, including Organizational Friends, must receive a Decision - Denial of Request for Burial Allowance (**EIS-13j**) that includes Fair Hearing information, informing them of their right to appeal the Agency's determination. Additionally, all applicants, including Organizational Friends, are afforded an opportunity to have an Agency Conference with a OBS Supervisor during the application process and after a determination is made.

**Payment of Burial Claim**

If the claim is approved, the OBS Supervisor or OBS Director must sign the Authorization and Request for Payment of Burial Expenses (**EIS-13u**). The OBS Supervisor or OBS Director must check off the eligible cases in BAITS and record them on a Case Disposition Memorandum listing all the eligible claims.

A package containing the documentation relating to the eligible cases, must be forwarded via messenger to the Supervisor of HRA's Bureau of Accounts Payable (BAP) located at 4 World Trade Center, 33<sup>rd</sup> Floor. BAP is responsible for issuing a payment by check to the applicant, Organizational Friend, or Funeral Home.

If the check is delivered in person, the Office of Burial Services – Receipt of Payment (**EIS-13**) must be completed by the person at the Funeral Home receiving the check, as well as the OBS staff member.

If a payment is made directly to the Funeral Home or to an Organizational Friend, the Case Disposition Memorandum must include a completed federal tax Form **W-9** from the Funeral Director.

A copy of the check and Paid in Full Funeral Home Bill should be scanned into the HRA OneViewer. The OBS Director will forward the **W-9**, a copy of check, and Paid in Full Funeral Home Bill to the EIS Fiscal Director. EIS Fiscal will submit a claim for reimbursement to HRA Finance.

For cases where the decedent has an estate, the OBS Director will refer the case to HRA's Office of Legal Affairs, Support and Lien Recovery Litigation Unit or the Investigation, Revenue and Enforcement Administration (IREA) Office of Liens and Trusts for preparation and filing of a lien.



Example 1

Jane's husband, who receives SSI, dies on January 28, 2022. Jane has no income other than CA, but as a surviving spouse of an SSI recipient, is eligible for a \$255 SSI one-time death benefit payment. Jane uses her one-time death benefit payment as a down payment toward the \$1850 funeral cost for her husband.

Jane goes to her Job Center on March 14, 2022 to apply for a burial allowance grant. At her Job Center, Jane is given the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) referring her to OBS, and the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) **W-137B**.

Jane then goes on the same day to OBS. At OBS, Jane completes the Application for Burial Allowance (**M-860w**). The Burial Claims Assistant (BCA) reviews the completed **M-860w** and the Funeral Contract submitted by Jane, which indicates she made a \$255 down payment toward the \$1850 burial cost, and that she owes the Funeral Home \$1595.

A new form, the Burial Allowance Application Process (**EIS-13m**), explains the process in detail.

After conducting an in-depth interview to determine Jane's financial circumstances, the BCA gives her a BAITS-generated Documentation for Burial Allowance Request (**EIS-13c**), which lists the documents she needs to provide for OBS to process her **M-860w**, including:

- her late husband's Death Certificate;
- a copy of the SSI one-time benefit award letter;
- a copy of the Funeral Home Bill itemizing all charges related to the burial; and,
- an original notarized Funeral Director's Affidavit (**M-860n**) signed by the Funeral Director, that indicates the Funeral Home is owed \$1595.

The Documentation for Burial Allowance Request (**EIS-13c**) specifies that all required documents must be submitted to OBS no later than March 29, 2022, which is (60) sixty days from the date application.

Jane mails the required documents to OBS a few days later. Her BCA reviews the documents, and ensures they are scanned and indexed into the HRA OneViewer. Jane's BCA forwards the application to the OBS Supervisor, recommending her claim be approved for the maximum allowable amount of \$1700 payment, less the \$255 SSI lump-sum payment (\$1445). The OBS Supervisor concurs with the BCA's determination, and forwards the claim to the OBS Director for final approval.

The OBS Director signs the Authorization and Request for Payment of Burial Expenses (**EIS-13u**), authorizing a payment of \$1445 to the Funeral Home. A Decision – Approval Letter (**EIS-13h**) is mailed to Jane and to the Funeral Home, advising them that Jane’s burial claim was approved, and a check for \$1445 is mailed to the Funeral Home. Jane is responsible for paying the remaining \$150 for her husband’s funeral.

### Example 2

Joe, a veteran who resided in Queens, New York, dies on March 1, 2022 from causes unrelated to his military service. He was a member of the Vietnam Veterans of America, Chapter 32 in Queens. In the absence of an LRR or friend willing to pay for Joe’s burial, his local chapter of the Vietnam Veterans of America agrees to cover the cost of the burial.

Vietnam Veterans of America, as an approved Organizational Friend of the deceased, subsequently files a burial claim application with OBS. The organization submits an application package consisting of:

- a completed **M-860w**;
- an original certified copy of Joe’s death certificate;
- an original itemized and notarized funeral invoice, signed by the Funeral Director and stamped Paid-in-Full, that indicates the total cost of the burial was \$4,395, including \$650 for a burial plot and \$450 for the grave opening; and
- a notarized Funeral Director’s Affidavit (**M-860n**) attesting that the payment was made directly to the Funeral Home.

The designated BCA reviews the **M-860w** as well as the submitted documents, and calculates that the cost of the burial, excluding the cost of the burial plot and grave opening, amounts to \$3,295. As this is within the \$3,400 limit, and the BCA found the client otherwise eligible, they approve the application and send a Decision – Approval Letter (**EIS-13h**) to Vietnam Veterans of America, Chapter 32, advising that its burial allowance application has been approved.

### Example 3

Bob, a lifelong Bronx resident, dies on March 1, 2020 from natural causes. In the absence of an LRR or next of kin, Bob’s childhood friend and next-door neighbor Chad volunteers to make funeral arrangements for Bob. Chad selects the ABC Funeral Home and makes funeral arrangements with them. Chad pays for the funeral using his own savings, learns of HRA’s Burial Allowance grant, and decides to apply for a Burial Allowance to get reimbursed.

Chad submits an application package to OBS consisting of:

- a completed **M-860w**;
- an original certified copy of Bob’s death certificate;

- a notarized Funeral Director’s Affidavit (**M-860n**) attesting to the fact that payment was made directly to the ABC Funeral Home; and
- an original itemized and notarized funeral invoice signed by the Funeral Director, stamped Paid-in-Full, showing that the total cost of the burial was \$4,500, consisting of:
  - (1) \$1000 for preparation of remains,
  - (2) \$1000 for funeral arrangements,
  - (3) \$800 for supervision of funeral service and visitation,
  - (4) \$800 for use of funeral home facility,
  - (5) \$550 for a burial plot and,
  - (6) \$350 for the grave opening.

The designated BCA examines the application package and calculates that the cost of the funeral and burial, excluding the cost of the burial plot and grave opening, amounts to \$3,600. As this exceeds the \$3400 maximum allowable amount, the BCA rejects the claim, using BAITS Closing Code **B2** (“Over \$3,400 limitation”). A Decision - Denial of Request for Burial Allowance (**EIS-13j**) is sent to Bob, advising him that his burial claim has been rejected, due to the fact that the cost of the burial exceeded the \$3,400 maximum allowable amount.

**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

There are no POS implications.

Supplemental Nutrition Assistance Program (SNAP) Implications

There are no Supplemental Nutrition Assistance Program (SNAP) implications.

Medicaid Implications

There are no Medicaid implications.

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

For Limited English Proficiency (LEP) and hard-of-hearing applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #18-10-OPE](#) and [PD #17-19-OPE](#).

**FAIR HEARING IMPLICATIONS**  
Avoidance/  
Resolution

OBS staff must ensure that all case actions are processed in accordance with current procedures, and that electronic and paper case files are kept up to date.

**Conferences** If an applicant, including an Organizational Friend, disagrees with a decision made by OBS, they can request a conference by contacting the designated OBS Conference Worker at 718-473-8286. At the Conference, the Burial Claims Assistant and the OBS Director will listen to and/or evaluate any material presented by the applicant, review the case file, explain the reason(s) for the disputed action(s) to the applicant and, if deemed appropriate by the OBS Director, reevaluate the decision in question.

If the OBS Director determines that the decision was in error, corrective action must be taken promptly. If the determination is that the Agency’s action(s) were correct, the OBS Director will explain to the applicant why the decision made by OBS was appropriate and inform them of their right to request a Fair Hearing with New York State’s Office of Temporary and Disability Assistance (OTDA).

**Evidence Packets** If the applicant elects to request or proceed to a Fair Hearing, the OBS Conference Worker will assist the OBS Director in preparing a detailed Fair Hearing Evidence Packet. All Evidence Packets must contain a detailed case history, copies of relevant BAITS screen printouts, and all other documentation relevant to the action taken.

**REFERENCES**

68 RCNY §§ 2-01 – 2-09; §§ 13-01--13-02  
 18 NYCRR § 352.7(n), § 352.16(a), § 358.3-1(d)  
 Application for Supplemental Burial Allowance  
 NY Social Services Law §141  
 TASB, Chapter 16, J-K

**RELATED ITEMS**

[PB #12-93-OPE](#)

**ATTACHMENTS**

<b>Attachment A</b>	BAITS Database Closing Codes
<b>EIS-13</b>	Office of Burial Services – Receipt of Payment
<b>EIS-13a</b>	Documentation Required for Evaluation of Pension or Annuity
<b>EIS-13c</b>	Documentation for Burial Allowance Request
<b>EIS-13d</b>	Appointment Letter
<b>EIS-13e</b>	Household Composition/Budget Form (Decedent)
<b>EIS-13f</b>	Lender’s Affidavit
<b>EIS-13g</b>	Withdrawal of Application for Burial Allowance
<b>EIS-13h</b>	Decision – Approval Letter
<b>EIS-13i</b>	Approval Letter – Post Fair Hearing
<b>EIS-13j</b>	Decision - Denial of Request for Burial Allowance
<b>EIS-13k</b>	Denial of Request for Burial Allowance - Post Fair Hearing

<b>EIS-13m</b>	Burial Allowance Application Process
<b>EIS-13o</b>	Documentation Required for Evaluation of Life Insurance Policy
<b>EIS-13p</b>	Specifications for Preparation of Affidavit of Friendship
<b>EIS-13q</b>	Referral to Department of Veterans Affairs
<b>EIS-13r</b>	Referral to Social Security Administration
<b>EIS-13t</b>	Attention: Patient Accounts
<b>EIS-13u</b>	Authorization and Request for Payment of Burial Expenses
<b>EIS-13v</b>	Case Summary
<b>EIS-13w</b>	Burial Allowance Application Interview Sheet
<b>EIS-13x</b>	Pre-Authorization of Payment to Funeral Services Provider
<b>EIS-13y</b>	Voluntary Administration of Small Estates
<b>EIS-13z</b>	Household Composition/Budget Form (Legally Responsible Relative)
<b>EIS-14</b>	Instructions to Complete the Application for Burial Allowance M-860w
<b>EIS-14a</b>	Frequently Asked Questions About the Burial Allowance Available from HRA
<b>EIS-14b</b>	Attestation of Legally Responsible Relative Household Composition, Income and Resources
<b>EIS-14c</b>	Applicant Certification of Decedent Income and Assets
<b>EIS-14g</b>	Burial Assistance Information Tracking System (Case Tracking Form – Part 1)
<b>M-50b</b>	Social Security Field (Benefit) Offices in New York City (Rev. 06/01/17)
<b>M-860n</b>	Funeral Director's Affidavit (Rev. 03/13/20)
<b>M-860w</b>	Application for Burial Allowance (Rev. 05/07/20)
<b>W-113E</b>	Information and Referral Notice (Rev. 8/16/10)
<b>W-137A</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/16/20)
<b>W-137B</b>	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/16/20)

### BAITS Database Closing Codes

Code	Definition
<b>A1</b>	Accepted for Payment
<b>B1</b>	Not a resident of NYC
<b>B2</b>	Over \$3,400.00 limitation
<b>B3</b>	Over one hundred and twenty days
<b>B4</b>	Application withdrawn
<b>C1</b>	Excess assets: Decedent
<b>C2</b>	Excess assets: LRR
<b>C3</b>	Excess assets: Decedent and LRR combined
<b>C4</b>	Excessive Income: Decedent
<b>C5</b>	Excessive Income: LRR
<b>C6</b>	Excess Income: Decedent and LRR combined
<b>D1</b>	Funeral bill paid by LRR
<b>D2</b>	LRR failed to cooperate
<b>D3</b>	LRR willing to assume liability
<b>E1</b>	Decedent survived by LRR
<b>E2</b>	Funeral authorized by third party (Applicant is LRR)
<b>E3</b>	Funeral authorized by third party (Applicant is non-LRR)
<b>F1</b>	Failure to submit documents by due date
<b>F2</b>	Reasonable proof of decedent's and, or legally responsible relative past maintenance
<b>G1</b>	Failure to provide current information re LRR
<b>G2</b>	Failure to provide current information re decedent's assets
<b>H1</b>	Applicant not a relative or friend
<b>H2</b>	Transfer of assets
<b>H3</b>	Funeral bill paid by contributions
<b>H4</b>	Funeral bill paid by another Agency
<b>H5</b>	The decedent died and was buried outside the Public Welfare district
<b>H6</b>	The decedent was undocumented
<b>H7</b>	Failure to submit a Death Certificate
<b>11</b>	Administrative Closing
<b>12</b>	Other
<b>13</b>	Decedent had Life Insurance



## Office of Burial Services – Receipt of Payment

\_\_\_\_\_  
Date

Funeral Home Receiving Payment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Amount of Check

Please check the boxes below to ensure all items are received:

- Copy of Funeral Home Bill with 'PAID IN FULL' stamp.
- Copy of Death Certificate (if copy not attached)
- Copy of check (if copy not attached)
- Signed delivery receipt

\_\_\_\_\_  
Name of person accepting check (please print)

\_\_\_\_\_  
Name of person accepting check (signature)

\_\_\_\_\_  
Name of OBS staff person delivering check (please print)

\_\_\_\_\_  
Name of OBS staff person delivering check (signature)

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

## Documentation Required for Evaluation of Pension or Annuity

In the event that the decedent was a member of a retirement plan, was in receipt of pension benefits, or had an interest in an individual or group annuity contract at the time that he or she expired, we require a letter from the decedent's employer, union, retirement system, or other sponsoring entity, stating:

1. The amount and frequency with which the decedent received periodic payments.
2. Whether the decedent ever received any lump-sum payments and, if so, the date(s) and amount(s) thereof.
3. Whether the decedent had any equity remaining at the time of his or her death and, if so, the amount thereof.
4. Whether any death benefit is payable and, if so, the amount thereof.

SAMPLE

**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 718-557-1399. 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.

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Documentation for Burial Allowance Request

We reviewed your application for a burial allowance. Please submit the documents listed below by \_\_\_\_\_:

SAMPLE

(Turn page)

SAMPLE

Please submit the documents above to us as soon as possible. If they are not received by \_\_\_\_\_, your application may be denied. If you are unable to meet the due date, you must make a written request for an extension of the due date. The request must explain why you need additional time, and must be received by this office prior to or on the due date above. Please include your Burial Claim Number on all correspondence.

\_\_\_\_\_  
Caseworker Name

\_\_\_\_\_  
Caseworker Telephone Number

**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 718-557-1399. 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.



Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Appointment Letter

An application for a Burial Allowance for the above decedent has been received by our office. On your application you indicated you are a Legally Responsible Relative (LRR) of the decedent, you are responsible for the cost of the decedent's funeral costs. In order to process your application, we will need to determine your ability to pay for the funeral expenses.

We have scheduled an appointment for your interview on \_\_\_\_\_, at \_\_\_\_\_ . Please bring the following documentation:

1. Completed Household Composition and Monthly Budget form number (enclosed).
2. Verification of all household income.
3. Verification of all household expenses.
4. Verification of your family composition.
5. A list of all assets, and available cash resources, verification of the ownership and the value or available amount.

**If you are unable to keep this appointment, please contact me at the telephone number below. If you are unable to travel to our office due to hardship, please contact us to schedule a telephone interview or home visit. We will need to receive the above documents before a telephone interview can occur. Please include the Burial Claim number on all documents or letters you send us.** The application for a burial allowance may be denied if we cannot verify the information submitted on the application.

Thank you,

\_\_\_\_\_  
Case Worker

\_\_\_\_\_  
Telephone Number

(Turn page)

**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 718-557-1399. 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.

SAMPLE





Date: \_\_\_\_\_  
 Decedent: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Burial Claim Number: \_\_\_\_\_

## HOUSEHOLD COMPOSITION / BUDGET FORM (Decedent)

### I. HOUSEHOLD COMPOSITION

(List all people living in the same household with the deceased.)

	Household Member	Age	Relationship to Decedent	Means of Support
1.	(Decedent)			
2.	SAMPLE			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

### II. MONTHLY BUDGET- Please provide documentation for each item listed below.

#### INCOME

Public Assistance: \$ _____	Child Support: \$ _____
Supplemental Security Income: \$ _____	Insurance: \$ _____
Social Security: \$ _____	Interest: \$ _____
Unemployment Insurance Benefits: \$ _____	Dividends: \$ _____
Employment: \$ _____	Supplemental Nutrition Assistance Program: \$ _____
Rent: \$ _____	Other (specify): \$ _____

(Turn page)

**II. MONTHLY BUDGET** - Please provide documentation for each item listed below.

**EXPENSES**

Rent: \$ _____	Car Insurance: \$ _____
Gas: \$ _____	Medical Insurance: \$ _____
Electric: \$ _____	Life Insurance: \$ _____
Telephone: \$ _____	Child Support: \$ _____
Automobile: \$ _____	Carfare: \$ _____
Cable: \$ _____	Other (specify): \$ _____
Credit cards: \$ _____	

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

SAMPLE

**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.



Decedent: \_\_\_\_\_

Burial Claim Number: \_\_\_\_\_

### LENDER'S AFFIDAVIT

I, \_\_\_\_\_, being duly sworn,  
(Name of Lender)

depose and say that I loaned to my \_\_\_\_\_  
(Relationship of Borrower to Lender)

funds in the amount of \$ \_\_\_\_\_, to be applied towards the payment of  
(Amount)

expenses incurred for services rendered by \_\_\_\_\_, in  
(Name of Funeral Establishment)

connection with the burial of the late \_\_\_\_\_.  
(Name of the Decedent)

I am hereby requesting reimbursement from the New York City Department of Social Services. Upon information and belief, I hereby affirm that no portion of the funds used to pay for the burial was derived from the decedent's assets or estate.

(Turn page)

L.S. \_\_\_\_\_  
(Lender's Signature)

State of New York )  
 ) ss.  
County of \_\_\_\_\_ )

Sworn to before me on

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Lender's Name (PRINT): \_\_\_\_\_

Street: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Lender's Social Security Number: \* \_\_\_\_\_

**\* A SUBSTITUTE FORM W-9, FULLY COMPLETED AND SIGNED BY THE LENDER,  
MUST BE ATTACHED HERETO.**





Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Withdrawal of Application for Burial Allowance

I withdraw my application for a burial allowance for the funeral costs of the above decedent.

My reason(s) for withdrawing my application are:

\_\_\_\_\_  
\_\_\_\_\_

By withdrawing my application I understand that:

- my application will not be processed, and that I will receive an eligibility determination letter stating that my application has been denied because I have withdrawn my request.
- to reinstate my application, I or my authorized representative must contact the Office of Burial Services in writing within thirty (30) days of the date on the letter or within one hundred twenty (120) days of the decedent's date of death, whichever is the longer period of time.
- if I or my authorized representative does not contact the Office of Burial Services within that period of time, my case will be closed.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant 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 718-557-1399. 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.

SAMPLE



Date: \_\_\_\_\_  
Deceased Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Decision - Approval Letter

You have been found eligible for a burial allowance.

The Department of Social Services has authorized a payment of: \$ \_\_\_\_\_

We used the information below to determine the burial allowance.

\*Available assets of decedent:

SAMPLE

\*Available assets of Legally Responsible Relative(s):

(Turn page)

<b>Asset Type</b>	<b>Owner</b>	<b>Amount</b>
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**Payment(s) will be issued to:**

Each payee listed above should receive a check via US Mail, for the amount indicated, within six (6) weeks from your receipt of this letter. If you have any questions, please call (929) 252-7725.

**This action has been taken pursuant to Title 68 Rules of City of New York section 2-04.**

SAMPLE

Caseworker Signature

Caseworker Name

Telephone Number

Supervisor Signature

Supervisor Name

Telephone Number

**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 718-557-1399. 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.

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

(Turn page)

## Conference and Fair Hearing Information

### CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit at **(929) 252-7725** or write to us at **Office of Burial Services, 33-28 Northern Boulevard, 3rd Floor, Long Island City, New York 11101**. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

### STATE FAIR HEARING

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

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

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

**(1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)

**(2) WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

**(3) FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

**(4) IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

**(5) ONLINE:** Complete an online request form at:  
**<http://www.otda.state.ny.us/oah/forms.asp>**

(Turn page)

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

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

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

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

**AVAILABILITY OF POLICY MATERIALS:** The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy 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. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

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

(Turn page)

### FAIR HEARING REQUEST

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

Print Name: \_\_\_\_\_  
Name M.I. Last Name

Burial Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

Date: \_\_\_\_\_  
Deceased Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_  
Fair Hearing Number: \_\_\_\_\_  
Fair Hearing  
Decision Date: \_\_\_\_\_

### Approval Letter - Post Fair Hearing

To comply with the Fair Hearing Decision on the above referenced Fair Hearing Number, we have re-evaluated your eligibility for burial assistance and have determined that you are eligible for burial assistance. The information below explains how we have acted on this decision.

The Department of Social Services has authorized a payment of: \$ \_\_\_\_\_

\*Available assets of decedent:

SAMPLE

\*Available assets of Legally Responsible Relative(s):

(Turn page)

<b>Asset Type</b>	<b>Owner</b>	<b>Amount</b>
-------------------	--------------	---------------

**Payment(s) will be issued to:**

Each payee listed above should receive a check via US Mail, for the amount indicated, within six (6) weeks from your receipt of this letter. If you have any questions, please call (929) 252-7725

**This action has been taken pursuant to Title 68 Rules of City of New York, Section 2-04.**

SAMPLE

Caseworker Signature	Caseworker Name	Telephone Number
Supervisor Signature	Supervisor Name	Telephone Number

**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.

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**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit at **(929) 252-7725** or write to us at **Office of Burial Services, 33-28 Northern Boulevard, 3rd Floor, Long Island City, New York 11101**. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

### STATE FAIR HEARING

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

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

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

**(1) TELEPHONE:** Call **(800) 342-3334** (Please have this notice in hand when you call.)

**(2) WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

**(3) FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

**(4) IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

**(5) ONLINE:** Complete an online request form at:  
**<http://www.otda.state.ny.us/oah/forms.asp>**



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

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

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

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

**AVAILABILITY OF POLICY MATERIALS:** The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy 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. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

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(Turn page)

### FAIR HEARING REQUEST

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

Print Name: \_\_\_\_\_  
Name M.I. Last Name

Burial Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

Date: \_\_\_\_\_  
Deceased Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

**Decision - Denial of Request for Burial Allowance**

Your application for a burial allowance has been denied for the following reason(s):

SAMPLE

**(Turn page)**

SAMPLE

Caseworker Signature

Caseworker Name

Telephone Number

Supervisor Signature

Supervisor Name

Telephone Number

**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.

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

(Turn page)

## Conference and Fair Hearing Information

### CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit at **(929) 252-7725** or write to us at **Office of Burial Services, 33-28 Northern Boulevard, 3rd Floor, Long Island City, New York 11101**. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

### STATE FAIR HEARING

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

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

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

**(1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)

**(2) WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

**(3) FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

**(4) IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

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(Turn page)

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

Print Name: \_\_\_\_\_  
Name M.I. Last Name

Burial Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

Date: \_\_\_\_\_  
Deceased Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_  
Fair Hearing Number: \_\_\_\_\_  
Fair Hearing Decision Date: \_\_\_\_\_

### Denial of Request for Burial Allowance - Post Fair Hearing

To comply with the Fair Hearing Decision on the above referenced Fair Hearing Number, we have re-evaluated your eligibility for burial assistance and have determined that you are not eligible for burial assistance. The information below explains how we have arrived at this determination.

Your application has been reevaluated and found ineligible for the following reason(s):

SAMPLE

\_\_\_\_\_  
Caseworker Signature                      Caseworker Name                      Telephone Number

\_\_\_\_\_  
Supervisor Signature                      Supervisor Name                      Telephone Number

**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.

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(Turn page)

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(Turn page)

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

Print Name: \_\_\_\_\_  
Name M.I. Last Name

Burial Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

## Burial Allowance Application Process

### Background:

The Human Resources Administration (HRA) makes eligibility determinations on requests for financial assistance to meet funeral expenses of indigent residents of New York City who die and leave no funds to cover their burial expenses.

### What may be covered:

- HRA will pay up to \$1,700 towards burial expenses that do not exceed \$3,400. The cost of cremation or grave and grave opening charges are excluded. However, the cost of burying the ashes after cremation is not excludable from the \$3,400. If the total funeral bill exceeds the amount of \$3,400, HRA will make no payment.
- Any asset (whether or not previously assigned to HRA), that was available to the deceased, or any amount that a legally responsible relative may have had on the Date of Death (DOD) is deemed available, and, any amount paid or to be paid by any other source will be subtracted from the \$1,700 payment if the claim is determined eligible for payment. Any assets or resources left by the decedent on the DOD will be subtracted from the \$1,700, if the claim is otherwise determined to be eligible.

(Turn page)

## Burial Allowance Application Process *(continued)*

### To apply:

The individual who makes the funeral arrangements or their representative must file an application within sixty (60) days from the decedent's day of death, in person, at the Office of Burial Services located at 33-28 Northern Boulevard (3rd Floor) Long Island City, NY 11101. This application and supporting documents may be submitted in person at the above address; or by email at [BurialServices@hra.nyc.gov](mailto:BurialServices@hra.nyc.gov) or by fax at 917-639-0476.

That individual should bring in all available supporting documentation to the initial interview, and may submit the remainder of required documentation by mail, fax or email.

### Required documentation:

1. A completed Application for Burial Allowance (M-860w).
2. One original certified copy of the Death Certificate.
3. A copy of the Funeral Contract (also known as the Statement of Goods and Services Selected), signed by the Funeral Director and the party who made the funeral arrangements. The sequential invoice number must appear on the document.
4. A copy of the cemetery or crematory bill, itemizing all charges.
5. Original itemized funeral bills signed by the Funeral Director and notarized in the presence of a Notary Public. The funeral bill must be stamped "Paid-in-Full" if the charges have been fully paid.
6. Original fully completed Funeral Director's Affidavit forms signed by the Funeral Director and notarized in the presence of a Notary Public, if money is still owed to the funeral home.
7. Information and documentation regarding the decedent's available assets/income as of the DOD, and those of the applicant (if the applicant is an LRR).
8. HRA may request any other documentation it deems necessary to make an eligibility determination based upon the particular facts and circumstances of each case.

**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.

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

## Documentation Required for Evaluation of Life Insurance Policy

This Agency requires the submission of a letter or statement from the issuer of each policy, setting forth:

- The name of the insured party
- The identity of the owner(s) of the policy, their relationship(s) to the decedent and the extent (percentage) of each owner's interest therein
- The amount payable as a result of the decedent having expired
- The identity of **each** beneficiary, his or her relationship to the decedent, and the percentage of the proceeds to which he or she is entitled
- Whether any portion of the proceeds of the policy was assigned to the funeral establishment and, if so the amount thereof
- The **net** cash surrender value of the policy as of the date which the decedent expired, **taking into account any dividends and/or accrued interest on deposit, the value of any paid-in additions to the policy, any outstanding loans taken against the policy, etc.**

In addition, we require a copy of IRS Form 712 (Life Insurance Statement), which is issued by and should be obtained from the insurance company.

**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.

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Specifications for Preparation of Affidavit of Friendship

Pursuant to the applicable regulations (68 RCNY 2-02), this Agency requires the submission of a written statement, signed and sworn to in the presence of a Notary Public, setting forth, in detail, the facts and circumstances upon which the claim of friendship is based, including:

- a.) The manner in which the applicant became acquainted with the decedent.
- b.) The length, nature, and extent of the applicant's relationship with the decedent.
- c.) The frequency and duration of the applicant's contacts with the decedent.
- d.) The extent of the applicant's familiarity with the decedent's:
  - daily activities
  - health
  - religious beliefs

SAMPLE





Office of Burial Services  
33-28 Northern Boulevard, 3rd Floor  
Long Island City, New York 11101  
Telephone Number: 929-252-7731



Department of  
Social Services  
Human Resources Administration  
Department of Homeless Services  
EIS-13q (E) 05/13/2020

Emergency Intervention  
Services

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Referral to Department of Veterans Affairs

Department of Veterans Affairs  
New York Regional Office  
245 West Houston Street  
New York, NY 10014

This is to introduce \_\_\_\_\_, who has applied for a burial allowance on behalf of the above referenced decedent, who was a veteran.

**Please issue a letter stating whether any death-related benefits are payable for the subject decedent and, if so, the total amount thereof including any allowance for the transfer of the decedent's remains from the hospital to the funeral home.**

Thank you for your cooperation in the subject matter.

SAMPLE

Office of Burial Services  
33-28 Northern Boulevard, 3rd Floor  
Long Island City, New York 11101  
Telephone Number: 929-252-7731



**Department of  
Social Services**  
Human Resources Administration  
Department of Homeless Services  
EIS-13r (E) 06/05/2020

Emergency Intervention  
Services

Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Referral to Social Security Administration

This is to introduce \_\_\_\_\_, who has applied for a burial allowance on behalf of the above referenced decedent, who is survived by a spouse.

**Please issue a letter stating whether the \$255 lump-sum death benefit is payable to said spouse in this case.**

Thank you for your cooperation.

SAMPLE



Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Medical Assistance #: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

**ATTENTION: PATIENT ACCOUNTS**

The above referenced decedent was reported to us as having been a resident of your facility. In order to process the application for a burial allowance, we need the following information:

Did the decedent have a patient account, personal needs account, patient trust account, etc.?  No  Yes

The balance of account **at time of death**: \$ \_\_\_\_\_

The disposition of that balance (provide details the name and contact information of the person, agency or organization that received the funds):

Did the decedent have any assets (bank account, life insurance, burial fund, cash, etc.)?  
If yes, please provide details and who currently has custody or access to the assets:

Date of latest admission to your facility: \_\_\_\_\_

Total period of stay at your facility: \_\_\_\_\_

Date of latest discharge: \_\_\_\_\_

Released to:

\_\_\_\_\_

Thank you for your cooperation in this matter.

FACILITY USE ONLY	
Completed by:	_____
Date:	_____
Title:	_____
Telephone:	_____



### Authorization and Request for Payment of Funeral Expenses

TO: Bureau of Accounts Payable FROM: Office of Burial Services Date:

Last Name: First Name: Burial Claim #:

Date of Death: Application Date: Date of Burial/Cremation:

Funeral Firm: Tax ID #:

TOTAL COST OF FUNERAL: \$

COST OF EXCLUDABLES: \$

COST OF FUNERAL LESS EXCLUDABLES: (Must not be more than the current funeral expenses cap) \$

Amount Available:

TOTAL ASSETS AVAILABLE: \$

MAXIMUM BURIAL ASSISTANCE PAYABLE: \$

Authorization is hereby given for the expenditure of funds by the New York City Department of Social Services for the burial of above deceased. The cap for funeral expenses is \$3,400, and the maximum reimbursement is \$1,700. Draw check(s) payable to the following in the sum indicated:

Name: Address: Amount: Tax ID:

(Turn page)

**AGENCY ONLY**

Submitted by:

\_\_\_\_\_

Caseworker

\_\_\_\_\_

Date

**Original Death Certificate and funeral bill/invoice verified by Agency employee  
and photocopy attached.**

Approved by:

\_\_\_\_\_

Supervisor Name (Print)

\_\_\_\_\_

Supervisor Signature

\_\_\_\_\_

Date

SAMPLE



### Case Summary

#### DECEDENT INFORMATION

---

Case #: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Name (L,F): \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Resident: \_\_\_\_\_ Date Assign: \_\_\_\_\_  
Unit/Worker: \_\_\_\_\_

#### APPLICATION INFORMATION

---

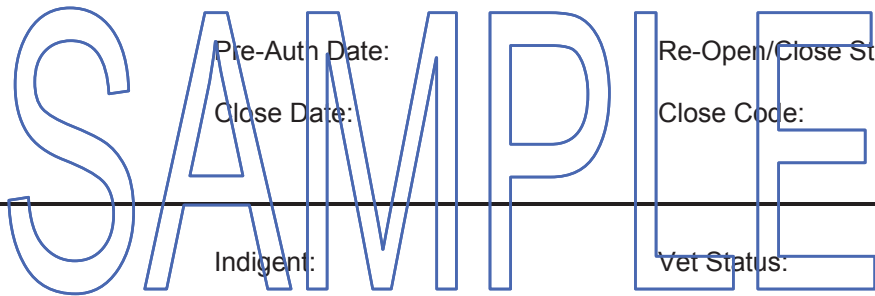
Name (L,F): \_\_\_\_\_ Tel #: \_\_\_\_\_  
Address: \_\_\_\_\_ Who Applies: \_\_\_\_\_  
\_\_\_\_\_ Method of Application: \_\_\_\_\_  
LRR: \_\_\_\_\_ Representative: \_\_\_\_\_

#### RELEVANT FIELDS

---

Dec Soc Sec #:	Assist End Date:	Over Ride:
Dec SSI #:	Pre-Auth Date:	Re-Open/Close Status:
Dec PA #:	Close Date:	Close Code:
<hr/>		
Cause of Death:	Indigent:	Vet Status:
Death Certificate:	Affidavit:	Bill Total Same:
Goods Services:	Cemetery Bill:	Affidavit Amount:
Funeral Bill:	Crem Bill:	FH Code:
Appl Complete:	Req Doc Ltr Ctr:	
Req Doc Ltr Dte:	Other Doc Name:	
Other Doc:	Funeral Dir:	

---



**RELEVANT FIELDS (continued)**

Direct Burial:	Direct Crem:	Prep of Remains:
Arrangement:	Supervision:	Facility:
Casket:	Urn:	Other Costs:
Hearse:	Limousine:	Transport:
Trans Remains:	Relig Svc:	Gratuities:
Grave:	Grave Open:	Grave/Grave Open:
		Cremation:

Cost of Funeral:	Exclude:	Bill:
Assets:	Prior Payment:	Auth:

Name:	Address:	Amount:
<b>Payee 1:</b>		\$
<b>Payee 2:</b>		\$
<b>Payee 3:</b>		\$
<b>Payee 4:</b>		\$
<b>Payee 5:</b>		\$
<b>Payee 6:</b>		\$
<b>Payee 7:</b>		\$

SAMPLE







Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Pre-Authorization of Payment to Funeral Services Provider

Please accept this letter as pre-authorization of payment of the burial allowance benefit for the above-named decedent. Based on our determination the decedent was indigent and has no legally responsible relative or has a legally responsible relative that does not have the ability to pay for the funeral costs.

The Office of Burial Services will issue payment in an amount up to \$1,700 to the funeral services provider for funeral costs in an amount that does not exceed \$3,400.

This pre-authorization of payment is contingent upon our receipt of the following documents as proof of completion of the burial services:

- Two itemized funeral bills, which have been signed by the funeral director and notarized
- A copy of the sequentially numbered written itemization of Goods and Services Selected form signed by both the party that arranged the funeral and by the funeral director
- A copy of the itemized cemetery and/or crematory bills
- An affidavit signed by the funeral director, detailing the amount owed
- A copy of the fully completed Customers Designation of Intentions, if applicable
- A certified copy of the Certificate of Death (a legible scanned copy or photo)
- W-9 information if not on file with OBS
- Additional proof, if applicable listed below:

Upon receipt of these documents, payment will be approved and mailed.

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature

## VOLUNTARY ADMINISTRATION OF SMALL ESTATES

Under certain circumstances, it may be necessary for the decedent's next-of-kin to apply for qualification as Voluntary Administrator of the decedent's estate. Voluntary Administration is a simplified and informal proceeding for the purpose of settling a small estate, which is defined as an estate not in excess of \$20,000.00. Circumstances in which it would be appropriate to consider Voluntary Administration as option include, but are not limited to the following:

- To open a bank account in the name of the decedent's estate in order to negotiate a check made payable to the estate.
- To close a bank account maintained solely in the name of the decedent.
- To remove the contents of the decedent's apartment.
- To open a safe deposit box maintained by the decedent.
- To obtain copies of the decedent's medical records.

In order to qualify as Voluntary Administrator of the decedent's estate, the next-of-kin must apply to the Administration Department of the Surrogate's Court in the county in which the decedent resided at the time he or she expired. At the time of application, an original certified copy of the Certificate of Death must be submitted to the court. The filing fee is minimal. It is not necessary to be represented by an attorney.

In the event that the decedent is not survived by a next-of-kin, or that the next of kin is unwilling to cooperate, it may be necessary to request the intervention of the Office of the Public Administrator in the county in which the decedent resided at the time that he or she expired.

A listing of the Surrogate's Courts and Offices of the Public Administrator appears on the next page.

**(Turn page)**

**PUBLIC ADMINISTRATORS DIRECTORS ASSOCIATION**  
**Public Administrators**

The Office of Public Administrator administers estates of decedents where no person entitled to take or to share in the estate will accept the responsibility to act or where the decedent leaves no will nor a personal representative entitled by law to act.

**Bronx County**

Matilde Sánchez, Commissioner  
Verna Lisy Crespo, Deputy  
Commissioner  
851 Grand Concourse, Room 336  
Bronx, 10451  
Telephone Number: (718) 293-7660  
Fax: (718) 293-7851

**Queens County**

Lois M. Rosenblatt, Public Administratrix  
88-11 Sutphin Blvd., Room 61  
Jamaica, 11435  
Telephone Number: (718) 526-5037  
Fax: (718) 526-5043

**Kings County**

Commissioner Richard Buckheit, Public  
Administrator  
Aishatu Glover, Deputy Administrator  
360 Adams Street, Room 144, Brooklyn, 11201  
Telephone Number: (718) 643-3032  
Fax: (718) 522-4475

**Nassau County**

Brian Curran, Public Administrator  
Domenica Leone, Deputy  
240 Old Country Road, Room 603  
Mineola, 11501  
Telephone Number: (516) 571-5911  
Fax: (516) 571-2924

**New York County**

Commissioner Dhalia Damas, Public  
Administratrix  
Joy Thompson, Deputy  
31 Chambers Street, Surrogate's Court  
Rm.311 New York, 10007  
Telephone Number: (212) 788-8430  
Fax: (212) 385-0220

**Suffolk County**

Matthew G. Kiernan, Public  
Administrator  
Theresa Powell, Deputy  
300 Center Drive, Riverhead County  
Center, Second Floor, Room N-217  
Riverhead, 11901  
Telephone Number: (631) 852-1753  
Fax: (631) 852-2740

**Richmond County**

Edwina Frances Martin, Public Administratrix  
Vincent Argenziano, Deputy Commissioner  
130 Stuyvesant Place, 4th Floor, Suite 402  
St. George, Staten Island, 10301  
Telephone Number: (718) 876-7228  
Fax: (718) 876-8377

**Westchester County**

Christopher R. Cuomo,  
Public Administrator  
Mary Thelliyankal,  
Deputy, Public Administrator  
111 Dr. Martin Luther King Jr. Blvd.  
17th Floor, White Plains, 10601  
Telephone Number: (914) 995-3700  
Fax: (914) 995-2288

(Turn page)

**SURROGATES' COURTS DIRECTORS ASSOCIATION**  
**Surrogates' Courts**

**Bronx County**

Acting Chief Clerk,  
Elix R. Madera-Fliegelman  
851 Grand Concourse, Bronx, 10451  
Telephone Number: (718) 618-2300

**Kings County**

Chief Clerk, Doreen A. Quinn  
2 Johnson Street, Brooklyn, 11201  
Telephone Number: (347) 404-9700

**New York County**

Surrogate's Court  
Chief Clerk, Diana Sanabria  
31 Chambers Street, New York, 10007  
Telephone Number: (646) 386-5000  
Fax: (212) 374-3250

**Richmond County**

County Court House  
Chief Clerk, Ronald M. Cerrachio  
18 Richmond Terrace, Room 201  
Staten Island, 10301  
Telephone Number: (718) 675-8500  
Fax: (718) 390-8741

**Queens County**

Chief Clerk, James Lim Becker  
88-11 Sutphin Blvd., Jamaica, 11435  
Telephone Number: (718) 298-0500

**Nassau County**

Chief Clerk, Debra S. Keller Leimbach  
262 Old Country Road, Mineola, 11501  
Telephone Number: (516) 493-3801  
Fax: (516) 493-3382

**Suffolk County**

Chief Clerk, Michael Cipollino  
320 Center Drive,  
Suffolk County Center,  
Riverhead, 11901-3391  
Telephone Number: (631) 852-1745  
Record Room: (631) 852-1724  
Fax: (631) 852-1777

**Westchester County**

Chief Clerk, Johanna K. O'Brien  
111 Dr. Martin Luther King Jr. Blvd., 19th Floor  
White Plains, 10601  
Telephone Number: (914) 824-5656  
Fax: (914) 358-8042

SAMPLE

**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.



Date: \_\_\_\_\_  
 Decedent: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Burial Claim Number: \_\_\_\_\_

## HOUSEHOLD COMPOSITION / BUDGET FORM (Legally Responsible Relative)

### I. HOUSEHOLD COMPOSITION

(List all people living in the same household with the legally responsible relative.)

	Household Member	Age	Relationship to Decedent	Means of Support
1.	_____	_____	(LRR)	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

SAMPLE

### II. MONTHLY BUDGET- Please provide documentation for each item listed below.

#### INCOME

Public Assistance: \$ _____	Child Support: \$ _____
Supplemental Security Income: \$ _____	Insurance: \$ _____
Social Security: \$ _____	Interest: \$ _____
Unemployment Insurance Benefits: \$ _____	Dividends: \$ _____
Employment: \$ _____	Supplemental Nutrition Assistance Program: \$ _____
Rent: \$ _____	Other (specify): \$ _____

(Turn page)

**II. MONTHLY BUDGET** - Please provide documentation for each item listed below.

**EXPENSES**

Rent: \$ _____	Car Insurance: \$ _____
Gas: \$ _____	Medical Insurance: \$ _____
Electric: \$ _____	Life Insurance: \$ _____
Telephone: \$ _____	Child Support: \$ _____
Automobile: \$ _____	Carfare: \$ _____
Cable: \$ _____	Other (specify): \$ _____
Credit cards: \$ _____	

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

SAMPLE

**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.



## Instructions to Complete the Application for Burial Allowance M-860w

### ■ Burial Claim Number

---

Once the Office of Burial Services (OBS) receives the completed application a Burial Claim Number will be assigned and OBS will enter the number at the top of the form.

### ■ Today's Date

### ■ Sections A and B

---

Please complete all the information concerning the person who died (referred to as the decedent in the application). It is important that you provide as many details about the decedent to show their age, date of death, residence, marital and dependent and veteran's status.

If you are unable to provide identifying information for the decedent, we may be able to assist. If a death certificate has already been issued it can be used to provide some identifying information for the decedent.

### ■ Section C

---

In order to determine whether or not the decedent had financial resources to pay towards the funeral expenses, provide to the best of your ability details about the decedent's finances, employment and receipt of public benefits. If you are unable to provide this information, we may be able to assist.

### ■ Sections D and E

---

If the decedent had a will or an estate or an action pending in Surrogate or Probate court, the contact information for the person responsible for those matters should be provided. Our office may ask them to contribute or reimburse burial costs if they are handling the decedent's property.

Any property or cash that is owned and available at the decedent's time of death must be used to pay for the final disposition (which includes burial, cremation and burying of cremation ashes). In some cases, accessing the property requires going to court. Please tell us and we can assist you with an appropriate referral.

In section E please list all decedent assets or personal property information.

---

## Section F

As the applicant you do not have to provide your financial information unless you are a legally responsible relative defined in the next section. Provide your information and identify your relationship to the decedent.

Section F requests basic information about you and your relationship to the decedent. Additional information may be requested.

---

## Section G

The Legally Responsible Relative (LRR) is a person who is legally married to the decedent or is the parent or legal guardian of a decedent who is under the age of 21 twenty-one. The LRR had to live in the same household with the decedent at the time of death. An LRR is responsible for paying for the decedent's final disposition.

If the LRR cannot pay the funeral bill the LRR has to provide proof that they lack financial resources.

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## Section H

Please provide the details about the cost of the final disposition (including burial, cremation or burying of cremation ashes). Please provide a copy of any bill or invoice that you have received.

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## Completing the Application

At the end of the application the applicant will sign and date the application.

If the applicant chooses to have someone apply on their behalf, the applicant will have to write a statement authorizing the person to complete the application. The statement should include the date, the applicant's name, address, telephone and email address and state that the person they have chosen has the authority to complete and submit the application. An OBS staff member will contact the applicant to verify the information. The authorized representative will have to sign the application in front of a Notary Public or Commissioner of Deeds.





## FREQUENTLY ASKED QUESTIONS ABOUT THE BURIAL ALLOWANCE AVAILABLE FROM HRA

### Questions by Subject

BURIAL ALLOWANCE APPLICATION PROCESS ..... 1

WHO CAN GET A BURIAL ALLOWANCE FROM HRA ..... 3

EXPENSES COVERED BY HRA BURIAL ALLOWANCE ..... 3

FUNERAL EXPENSES CAP ..... 5

MISCELLANEOUS ..... 5

RESOURCES ..... 6

### ■ BURIAL ALLOWANCE APPLICATION PROCESS

#### 1. How do I apply for a burial allowance?

A completed Application for Burial Allowance M-860w can be sent to the Office of Burial Services the following ways:

[View the Application for Burial Allowance and find out more about what HRA will cover.](#)

[View the instructions for the Burial Allowance Application form.](#)



**Mail:** HRA Office of Burial Services  
33-28 Northern Boulevard - 3rd Floor  
Long Island City, NY 11101



**Fax:** 917-639-0476



**E-Mail:** [BurialServices@hra.nyc.gov](mailto:BurialServices@hra.nyc.gov)



**In Person:** At the address above on Wednesdays between the hours of 9am and 5pm, where necessary.

Call us at **929-252-7731** if you need a copy of the application and we will send it to you. You can also call us if you need help with completing the electronic version of the application from our website.

**2. What is the deadline to apply for a burial allowance?**

Currently, applications must be received by HRA within 120 days after the date of death. The date of receipt is the date the application is received by mail, email, fax, or completed via telephone with a staff member. An emergency rule was issued on May 2, 2020 and the 120-day timeframe will remain as long as the emergency rule remains in effect.

**3. What information and documents do I need to provide?**

Visit our website, [www1.nyc.gov/site/hra/help/burial-assistance.page](http://www1.nyc.gov/site/hra/help/burial-assistance.page), and see the “Supporting Documents” section at our website at <https://www1.nyc.gov/site/hra/help/burial-assistance.page>

There may be additional documents necessary to process the application.

**4. I already paid the funeral home. Can I apply to HRA for the HRA allowance? What do I need to submit?**

Yes. You will need to submit an application and some supporting documentation. Visit our website, <https://www1.nyc.gov/site/hra/help/burial-assistance.page>, and see the “Supporting Documents” section to see what other types of documents you might have to submit.

**5. Can I apply for the burial allowance before I pay for services?**

Yes, an application for burial allowance can be submitted as soon as there is an itemized bill or contract for services.

**6. I heard there is an interview in order to determine eligibility for the allowance. Is it still happening during COVID-19? If so, how?**

Yes, Office of Burial Services case workers are conducting telephone interviews and reviewing submitted documents. The Office of Burial Services is also communicating with applicants via phone and email.

**7. How long does it take to process an application?**

The application will be processed within 30 days after a completed application, including all supporting documents, is received by HRA.

**8. Who will receive the burial allowance?**

If the application is for funeral expenses already paid, the burial allowance will be issued to the applicant. If the funeral expenses have not already been paid, then the payment is issued to the funeral home or crematorium towards an outstanding balance. In either case, payment cannot be issued until a death certificate can be provided.

## ■ WHO CAN GET A BURIAL ALLOWANCE FROM HRA

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### 9. Can I get help paying for a burial or cremation of a loved one who passed away?

Yes. Burial assistance is available to help pay for funeral expenses/burials/cremations of eligible low-income New Yorkers. Applications, along with other documents, will be reviewed to see if the eligibility criteria for a burial allowance are met.

### 10. Do I need to be a citizen to apply for a burial allowance? And what if my loved one was not a citizen?

Neither you nor the decedent need to be a citizen. Burial assistance is currently available to all qualified applicants, regardless of citizenship or immigration status.

## ■ EXPENSES COVERED BY HRA BURIAL ALLOWANCE

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### 11. What expenses does the burial allowance cover?

The burial allowance covers up to \$1,700 towards funeral and burial related costs for which the applicant can provide an itemized invoice from a funeral home, crematorium, or cemetery, as long as the total costs are within the expense cap (see FAQ 18 below).

### 12. Are cremation services covered by the burial allowance?

Yes, cremation services will be covered as long as all other criteria are met.

### 13. Do you give funds for a down payment while waiting for application to be reviewed and processed?

No. For cases where final disposition of the decedent has not yet occurred, a pre-approval letter may be issued.

### 14. Does the HRA burial allowance cover situations where a decedent is buried out-of-state?

If all eligibility criteria are met (including the \$3,400 cap), the fact that the decedent is buried out-of-state is not a bar to receiving an HRA burial allowance.

### 15. I want to send the remains of a loved one to a different country or state. Is that a covered expense?

Yes. The burial allowance can be used to cover the eligible expenses of a New York City resident buried or cremated outside of NYC. The burial allowance can also be used towards funeral related transportation costs as long as the total expenses fall within the expense cap (see FAQ 18 below) and the specific expense is included on the itemized bill.

**16. Do I have to pay for the removal of the decedent from Hart Island? Can I apply for a burial allowance?**

No, the NYC Department of Correction (DOC) does not charge for locating and disinterring remains of the decedent. See the statement below from the DOC website. Yes, a burial allowance application can be made for funeral costs related to the disinterment and reburial of the decedent.

Statement from the DOC Website:

**Disinterment:**

Upon confirming that a loved one is buried on Hart Island, families may request a disinterment and reburial elsewhere, such as in a private cemetery. The Department does not charge for locating and disinterring remains of the deceased.

To arrange for relocation and reburial of your loved one, you must contact a licensed funeral director, who will charge a fee for services. The funeral director will help with obtaining a disinterment permit from the Department of Health and Mental Hygiene's Office of Vital Records. Once a permit is granted, the funeral director must mail the following documents to the Department of Correction:

1. The original Disinterment Permit.
2. A formal request for disinterment on letterhead from a licensed funeral home.

The address to mail these two (2) documents is.

NYC Department of Correction  
Facility Maintenance and Repair Division  
75-20 Astoria Boulevard  
Elmhurst, NY 11370

The Department of Correction will schedule the disinterment and coordinate with the funeral home for transfer of the remains. For more information, please contact the Office of Constituent and Grievance Services via the Hart Island information Line by calling (718) 546-0911 or by email at [hartisland@doc.nyc.gov](mailto:hartisland@doc.nyc.gov).

**17. How do I make arrangements to transfer my family member from Hart Island to another location or for cremation?**

Please visit the New York City Department of Correction (DOC) website at:  
<https://www1.nyc.gov/site/doc/about/hart-island.page>.

## ■ FUNERAL EXPENSES CAP

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### 18. What is the burial expense cap?

The burial allowance cannot be applied towards funerals//burials that cost more than \$3,400. However, certain costs do not count towards this cap. For additional information please contact our office at **(929) 252-7731**.

### 19. Who do I contact for low-cost funeral options? And what if funeral homes say they can't get the total cost under the \$3,400 cap?

Information about funeral resources may be available from the state and federal Veteran's Administrations, or the NYS Crime Victim's Fund (see the resources list below). Additionally, some religious entities offer free burial. We encourage individuals to work closely with the funeral services provider to see what options are available that may be less expensive.

## ■ MISCELLANEOUS

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### 20. How do I get a death certificate?

The Funeral Director generally orders the death certificate when you make funeral arrangements. You can also visit <https://www1.nyc.gov/site/doh/services/death-certificates.page>.

If the decedent passed away outside of New York City, you should contact the local governmental authority in that jurisdiction.

### 21. How are you protecting my personal information?

Your privacy is important to us. Your personal information is protected by federal, state and local privacy laws. We will keep all information you submit confidential and secure.

### 22. I am worried about public charge. Will applying for a burial allowance negatively affect my green card application?

If you have questions about how the receipt of this allowance may impact your immigration status, you can call the free, confidential ActionNYC hotline at 1-800-354-0356 and say, "public charge". The hotline is available Monday to Friday, from 9:00 am to 6:00 pm.

### 23. Does the allowance have to be paid back?

Non legally responsible relatives do not have to pay back the allowance. If there is a legally responsible relative who can pay for the burial or cremation, as required by State law, HRA can seek to recover the amount from the legally responsible relative. Further, if the decedent has an estate with assets, as required by State law, HRA can make a claim against the estate.

## 24. I haven't filed taxes before. How do I prove my income?

If you are a legally responsible relative (see definition below) you will have to provide your financial information and describe how you support yourself. During the application process you will be asked about your income, employment status, assets and number of family members in your household. Some information may have to be requested from another agency.

In accordance with State law, the Legally Responsible Relative (LRR) is a person who is legally married to the decedent or is the parent or legal guardian of a decedent who is under the age of twenty-one (21). An LRR is responsible for paying for the decedent's final disposition to the extent they are able to.

## RESOURCES

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1. Visit NYS Department of Health website for information on arranging a funeral at <https://www.health.ny.gov/publications/0704/>  
"A Consumer's Guide to Arranging a Funeral" - <https://www.health.ny.gov/publications/0704.pdf>
2. "Before Prepaying Your Funeral, Know Your Rights" <https://www.health.ny.gov/publications/0703.pdf>
3. NYC Department of Veteran's Services - <http://www.nysfda.org/images/COVID-19/cidD70B349D-C99A-4C62-BBFA-FCFD38C0BD99.pdf>
4. NYS Division of Veteran's Services – <https://veterans.ny.gov/content/indigent-burial-reimbursements>
5. U.S. Department of Veteran's Affairs – <https://www.benefits.va.gov/compensation/claims-special-burial.asp>
6. NYS Office of Victim's Services - <https://ovs.ny.gov/>
7. NYC Well - <https://nycwell.cityofnewyork.us/en/>



Date: \_\_\_\_\_

## ATTESTATION OF LEGALLY RESPONSIBLE RELATIVE HOUSEHOLD COMPOSITION, INCOME AND RESOURCES

\_\_\_\_\_  
Legally Responsible Relative Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Burial Claim Number

**Instructions:** In the table below, please list each household member's name and date of birth (DOB). Please also enter the total gross monthly income (income before deductions such as taxes and health insurance) for each adult household member. If the household member has no income, enter "\$0." Use additional forms if needed. For each income source, please attach proof of the income amount to this form.

**Income includes:** Earned income, Social Security Retirement, Supplemental Security Income (SSI), Social Security Disability (SSD), Survivor's Benefits, pension, retirement funds, unemployment benefits, workers compensation.

Household Member Name	Relationship to Legally Responsible Relative	Date of Birth (DOB)	Income Source	Total Income
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Household Income</b>				\$

Number of adults (18 and over) in household \_\_\_\_\_

Multiply weekly income by 4.3333 to get monthly amount.

(Turn page)

## ATTESTATION OF LEGALLY RESPONSIBLE RELATIVE HOUSEHOLD COMPOSITION, INCOME AND RESOURCES

\_\_\_\_\_  
Legally Responsible Relative Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Burial Claim Number

Number of children (*under 18*) in household \_\_\_\_\_

**Instructions:** In the table below, please list the household's monthly budget. For each expense, please attach proof of the expenses to this form.

Monthly Expenses			
Rent: \$	Telephone: \$	Cable/Internet: \$	Car Insurance: \$
Gas: \$	Automobile: \$	Medical Insurance: \$	Transportation: \$
Electricity: \$	Credit Cards: \$	Life Insurance: \$	Child Support: \$
Other expenses ( <i>Please specify</i> ):			

**(Turn page)**



## ATTESTATION OF LEGALLY RESPONSIBLE RELATIVE HOUSEHOLD COMPOSITION, INCOME AND RESOURCES

\_\_\_\_\_  
Legally Responsible Relative Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Burial Claim Number

**Instructions:** In the table below, please list **all** household resources, a brief description of the resource(s), the resource owner(s) and value of the resource(s). Use additional forms, if needed. For each resource, please attach proof of the resource and/or its value.

**Resources include:** Vehicles, liquid cash assets (including bank accounts, savings bonds and cash on hand), household goods and personal effects, real property, life insurance policies, burial or death benefits.

Resource/Asset Name	Resource/Asset Description	Resource/Asset Owner	Resource/Asset Value
Cash on hand (if applicable)			\$
Bank Accounts (if applicable)			\$
Decedent Life Insurance/Death Benefits (if applicable)			\$
Vehicle			\$
Other			\$

**Applicant Certification:** I hereby certify that the above information regarding my household income composition and resources is true, accurate and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Date: \_\_\_\_\_

### APPLICANT CERTIFICATION OF DECEDENT INCOME AND ASSETS

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Decedent's Name

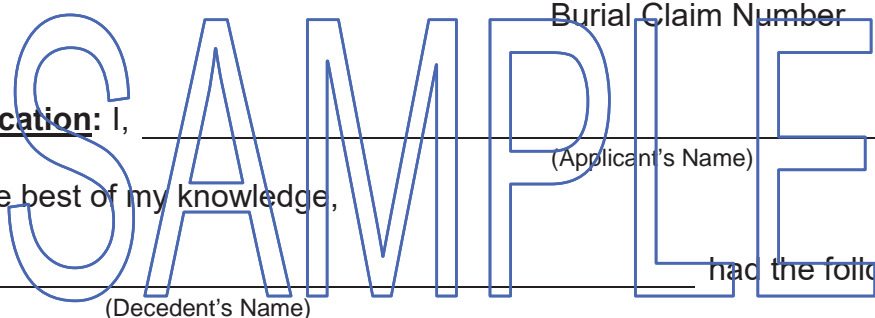
\_\_\_\_\_  
Burial Claim Number

**Application Certification:** I, \_\_\_\_\_  
(Applicant's Name)

do certify that, to the best of my knowledge,

\_\_\_\_\_  
(Decedent's Name) had the following income and

resources.



Decedent Monthly Earned Income <sup>1</sup> (if none, please enter \$0)	\$
Decedent Monthly Unearned Income <sup>1</sup> (if none, please enter \$0)	\$
Decedent Assets (Please list and describe below; use additional forms if needed. If decedent had no resources, please leave blank.)	<b>Value:</b>

<sup>1</sup> To convert weekly income to monthly, multiply by 4.3333

(Turn Page)

## APPLICANT CERTIFICATION OF DECEDENT INCOME AND ASSETS

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Decedent's Name

\_\_\_\_\_  
Burial Claim Number

I also further certify that, to the best of my knowledge,

\_\_\_\_\_ did not live with a legally  
(Decedent's Name)

responsible relative <sup>2</sup> at the time of their death.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Print)

SAMPLE

### For Agency Use Only

**Program Certification:** I certify that I asked the applicant to make all reasonable inquiries and investigations into the decedent's financial conditions prior to the completion of this form.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name (Print)

<sup>2</sup> A legally responsible relative is a spouse, or parent of a decedent under age 21.



**BURIAL ASSISTANCE INFORMATION TRACKING SYSTEM  
(Case Tracking Form - Part 1)**

Burial Claim Number: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Decedent: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Worker: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

---

**APPLICANT INFORMATION**

NAME (Last, First)

SAMPLE

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**\* Please note applicant's failure to apply within timeframe.**

## Social Security Field (Benefit) Offices in New York City

<b>Office Hours:</b> Monday, Tuesday, Thursday, Friday ▶ 9:00 AM – 4:00 PM Wednesday ▶ 9:00 AM – 12:00 PM				
<b>Bronx</b>	<b>Brooklyn</b>	<b>Manhattan</b>	<b>Queens / Staten Island</b>	
<b>Bronx Hub</b> 820 Concourse Village West 3rd Floor Bronx, NY 10451	<b>South Brooklyn</b> 7714 17th Avenue Brooklyn, NY 11214	<b>Downtown</b> 123 William Street 4th Floor New York, NY 10038	<b>Astoria/Long Island City</b> 31-08 37th Avenue Ground Floor Long Island City, NY 11101	
<b>East Bronx</b> 1380 Parker Street 2nd Floor Bronx, NY 10461	<b>Bedford Heights</b> 1540 Fulton Street Brooklyn, NY 11216	<b>East Harlem</b> 345 East 102nd Street 4th Floor New York, NY 10029	<b>Rockaway</b> 113-06 Rockaway Beach Boulevard Rockaway Park, NY 11694	
<b>Hunts Point</b> 1029 East 163rd Street 3rd Floor Bronx, NY 10459	<b>Boro Hall</b> 195 Montague Street 7th Floor Brooklyn, NY 11201	<b>East Village</b> 650 East 12th Street New York, NY 10009	<b>Rego Park/Glendale</b> 63-44 Austin Street Rego Park, NY 11374	
<b>Laconia Avenue</b> 3247 Laconia Avenue Bronx, NY 10469	<b>Bushwick/Williamsburg</b> 1111 Myrtle Avenue Brooklyn, NY 11206	<b>Midtown</b> 237 West 48th Street 5th Floor New York, NY 10036	<b>Jamaica</b> 155-10 Jamaica Avenue 3rd Floor Queens, NY 11432	
<b>West Farms</b> 1829 Southern Boulevard Bronx, NY 10460	<b>Canarsie</b> 1871 Rockaway Parkway Brooklyn, NY 11236	<b>Uptown</b> 55 West 125th Street 6th Floor New York, NY 10027	<b>Flushing</b> 138-50 Barclay Avenue Flushing, NY 11355	

See next page 

## Social Security Field (Benefit) Offices in New York City (continued)

<b>Office Hours:</b> Monday, Tuesday, Thursday, Friday ▶ 9:00 AM – 4:00 PM Wednesday ▶ 9:00 AM – 12:00 PM				
Bronx	Brooklyn	Manhattan	Queens / Staten Island	
<b>Fordham</b> 2501 Grand Concourse Bronx, NY 10468	<b>Cypress Hills/ East New York</b> 3386 Fulton Street Brooklyn, NY 11208	<b>Washington Heights</b> 4292 Broadway New York, NY 10033	<b>Hylan Boulevard *</b> 1510 Hylan Boulevard 2nd Floor Staten Island, NY 10305	
<b>Westchester Square</b> 1380 Parker Street Bronx, NY 10462	<b>Flatbush</b> 2250 Nostrand Avenue Brooklyn, NY 11210	<b>SAMPLE</b>		
			<b>Staten Island *</b> <b>Richmond Avenue</b> 2389 Richmond Avenue Staten Island, NY 10314	

\* Offices that also provide Social Security Card services.

## Social Security Card Centers in New York City

<b>Office Hours:</b> Monday – Friday ▶ 7:00 AM – 4:00 PM				
Bronx	Brooklyn	Manhattan	Queens / Staten Island	
<b>Bronx Hub</b> 820 Concourse Village West 2nd Floor Bronx, NY 10451	<b>Brooklyn Heights</b> 154 Pierrepont Street 6th Floor Brooklyn, NY 11201	<b>Downtown</b> 123 William Street 3rd Floor New York, NY 10038	<b>Jamaica</b> 155-10 Jamaica Avenue 2nd Floor Queens, NY 11432	



Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Funeral Director's Affidavit

Your compliance with this request will facilitate a prompt determination for your claim.

STATE OF NEW YORK )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says  
(Name)

1. I am the \_\_\_\_\_  
(Insert whether Owner or Officer, if a Corporation)  
of \_\_\_\_\_  
(Name of Company)  
which handled the burial of \_\_\_\_\_  
(Name of Deceased)  
on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at the agreed price of  
\$ \_\_\_\_\_ which price includes all charges and cash outlays, paid or to be paid, and incurred for the  
complete burial of the deceased.

2. That the only payment received on account thereof is \$ \_\_\_\_\_  
from \_\_\_\_\_  
(Name and Address)  
on \_\_\_\_\_ 20 \_\_\_\_\_.

3. That there is still due the sum of \$ \_\_\_\_\_ for this burial.

4. That \$ \_\_\_\_\_ has been deposited in escrow or as collateral for full or partial payment.  
(If None, State "None")

5. That no receipt has been issued for payment in connection with the above burial except as follows:

\_\_\_\_\_  
(If None, State "No Exception")

\_\_\_\_\_  
Funeral Director

Sworn to before me on the \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds



Today's Date: \_\_\_\_\_

Burial Claim Number: \_\_\_\_\_

## Application for Burial Allowance

### A. Information about the decedent (person who died):

Name of decedent: \_\_\_\_\_  
(Last Name, First Name)

Last known address of decedent: \_\_\_\_\_

How long did the decedent live there? \_\_\_\_\_

Was the decedent in a NYC homeless shelter?  No  Yes

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

Cause of Death (if known): \_\_\_\_\_

Place of Death (Hospital, Home, other if known): \_\_\_\_\_

Has the decedent been buried?  No  Yes

Has the decedent been cremated?  No  Yes

Was the decedent married?  No  Yes

If Yes, provide name, address and telephone number of spouse:

Was the decedent under the age of twenty-one (21)?  No  Yes

If Yes, provide name, address and telephone number of parent(s) or legal guardian:

(Turn page)



### Application for Burial Allowance *(continued)*

#### **B. Decedent Veteran's Status:**

Was the decedent a veteran?  No  Yes

Branch of Service, if known (Army, Navy, etc.): \_\_\_\_\_

Was the decedent a spouse of a Veteran?  No  Yes

Was the decedent a minor child of a Veteran?  No  Yes

Have Veteran burial or death benefits been paid by any government agency?  No  Yes

If Yes, how much (provide details):

\_\_\_\_\_  
\_\_\_\_\_

Did the decedent receive any Veteran's benefits?  No  Yes

If Yes, how much (provide details):

\_\_\_\_\_  
\_\_\_\_\_

#### **C. Decedent Financial History**

Describe how the decedent was financially supported: \_\_\_\_\_

\_\_\_\_\_

Was the decedent employed at the time of death?  No  Yes (If Yes, please provide details)

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Type of employment: \_\_\_\_\_

Were employer death benefits paid?  No  Yes (If Yes, please provide details)

\_\_\_\_\_  
\_\_\_\_\_

**(Turn page)**

### Application for Burial Allowance (continued)

#### C. Decedent Financial History (continued)

Did the decedent receive any assistance from HRA?  No  Yes

If Yes, Case Number (if known) \_\_\_\_\_

**Check all that apply:**  Cash Assistance  Medicaid/MA

Supplemental Nutrition Assistance Program SNAP (food stamps)

Other \_\_\_\_\_

Did the decedent receive Social Security Administration Benefits?  No  Yes

**If Yes, check all that apply:**

Supplemental Security Income (SSI) Amount: \$ \_\_\_\_\_

Social Security Disability (SSD) Amount: \$ \_\_\_\_\_

Social Security Old Age, Survivors, and Disability Insurance (OASDI) Amount: \$ \_\_\_\_\_

#### D. Decedent Estate Information

Did the decedent have a will?  No  Yes

Does the decedent have an estate?  No  Yes

If Yes, name and contact information of the individual responsible for the will or estate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any court case concerning the decedent?  No  Yes

If Yes, please provide details: County, Court, File Number, Name and Contact information of Estate Representative or Attorney involved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Turn page)

### Application for Burial Allowance *(continued)*

#### E. Decedent's Assets or Personal Property

If the decedent had any assets or personal property at the time of death, please check all that apply and provide the value or amount if known:

Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Vehicle(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Real Property	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Insurance/ Policies	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Burial Trust/ Prepaid Burial Fund	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Bank Accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Stocks, Investment Accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Union Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Other, pending lawsuit or settlement	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Does the Public Administrator have any of the decedent's property or assets?  No  Yes

If Yes, please provide the details, value or amount if known and contact information for the Public Administrator:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may be required to provide additional information about the decedent's assets. Please use the space below for additional details about the location of the assets or personal property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application for Burial Allowance (continued)

### F. Applicant Information

Relative     Friend     Organizational Friend     Authorized Representative

Name: \_\_\_\_\_  
(Last Name, First Name)

What is your relationship to the decedent? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### G. Legally Responsible Relative Information

**IMPORTANT:** A legally responsible relative (LRR) is a person who is legally married to the decedent or the parent or legal guardian of a decedent who is under the age of 21 twenty-one and lived in the same household with the decedent at the time of death.

Are you a legally responsible relative?     No     Yes

If No, **Skip the questions below and go to section H.**

If Yes, please complete the questions below and on the following page.

I am a Spouse of the decedent **(OR)**

I am a parent or legal guardian of decedent under age twenty-one (21).

Are you financially able to pay for the funeral costs?     No     Yes

If Yes, **Skip the questions below and go to section H.**

If No, please complete the following:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

(Turn page)

### Application for Burial Allowance (continued)

#### G. Legally Responsible Relative Information (continued)

Do you receive any assistance from HRA?  No  Yes

If Yes, Case Number (if known) \_\_\_\_\_

**Check all that apply:**  Cash Assistance  Medicaid/MA

Supplemental Nutrition Assistance Program SNAP (food stamps)

Other \_\_\_\_\_

Are you receiving Social Security Administration Benefits?  No  Yes

**If Yes, check all that apply:**

Supplemental Security Income (SSI) Amount: \$ \_\_\_\_\_

Social Security Disability (SSD) Amount: \$ \_\_\_\_\_

Social Security Old Age, Survivors, and Disability Insurance (OASDI) Amount: \$ \_\_\_\_\_

#### H. Information about funeral costs (burial, cremation or other funeral costs):

Have the funeral costs been paid?  No  Yes

If No, have funeral arrangements been made for the decedent?  No  Yes

For paid funeral costs, did the applicant pay  No  Yes

If No, and someone else paid the funeral costs, provide the name, address and telephone of the person(s) that paid the bill:

Name:

\_\_\_\_\_  
(Last Name, First Name)

Address:

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_

(Turn page)

### Application for Burial Allowance *(continued)*

<b>H. Information about funeral costs (burial, cremation or other funeral costs) (continued):</b>	
Name of Funeral Home: _____	
Address and Telephone: _____	
<b>Total Cost of Funeral Expenses: \$</b> _____ <small>(Total amount on the bill or contract)</small>	
Specify the cost of the following: Cremation: \$ _____ Burial Plot: \$ _____ Grave Opening: \$ _____	

The person signing this form authorizes the Commissioner of the New York City Department of Social Services or his/her authorized representative to make all inquiries necessary in relation to this application and gives them full permission to have any or all of the information in this application verified.

SAMPLE

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative (Print Name)

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

**(Turn page)**

## Application for Burial Allowance *(continued)*

### FOR AUTHORIZED REPRESENTATIVES ONLY

If you are not the applicant and you are authorized to complete this application for the applicant you must sign this form in front of a Notary Public or Commissioner of Deeds.

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

SAMPLE

**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.







Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caseload: \_\_\_\_\_

Center: \_\_\_\_\_

Worker Telephone No.: \_\_\_\_\_

FH&C Telephone No.: \_\_\_\_\_

### Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

**Remember:**

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

---

**SECTION I: EMERGENCY ASSISTANCE**

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

---

**(Turn page)**

*(Worker: Scan and Index this completed form and give the signed original back to the participant.)*

**SECTION II: ADDITIONAL ALLOWANCES**

**I am requesting the following allowance(s) for special need(s):**

- Back rent
- Repair of essential household items
- Back mortgage and/or taxes
- Pregnancy allowance
- Restaurant allowance because I cannot prepare meals where I am living
- Burial allowance – you or your duly authorized representative must apply for this allowance at the:  
Office of Burial Services  
33-28 Northern Boulevard, 3rd Floor  
Long Island City, NY 11101  
Telephone: 718-473-8310
- Additional allowance for fuel
- Property repairs
- Replacement of clothing lost as a result of a disaster such as homelessness or fire
- Other:

- Expenses related to moving:**
  - Moving expenses
  - Security deposit/agreement
  - Broker's/finder's fee/voucher
  - Furniture and other household items
  - Storage of furniture and personal belongings

New Address: \_\_\_\_\_  
(include apartment number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When did you move? \_\_\_\_\_ New rent: \$ \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Primary tenant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
(include apartment number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Turn page)**

**SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES**

I am requesting the following supportive services:

- Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing
- Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items
- Child care allowance within approved limits, if needed
- Necessary public transportation
- Other work activity-related supportive services:

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

**SECTION IV: ADD PERSON TO CASE**

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- New Baby**
- Child entered home**
- Child under 18 years of age** (whose immigrant status has changed since my last application/recertification)
- Spouse/Adult living with me** who has not previously applied (this person must complete an application to receive assistance)
- Spouse** who previously applied and was denied because of immigration status and his/her status has changed now
- Myself/Adult payee to the case**
- Other** \_\_\_\_\_
- Other** \_\_\_\_\_

Name: \_\_\_\_\_

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Time of Request

AM  PM

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Date



Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Center: \_\_\_\_\_

Caseload: \_\_\_\_\_

Worker Telephone No.: \_\_\_\_\_

FH&C Telephone No.: \_\_\_\_\_

### Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On \_\_\_\_\_, you requested  Emergency Assistance  
(Date)  Additional allowance for:

SAMPLE

Your request for \_\_\_\_\_ has been accepted. You will receive:

- One payment in the amount of \$ \_\_\_\_\_ .
- Period covered, if applicable: \_\_\_\_\_ .

How we will pay:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Broker's or finder's fee/voucher paid to broker/finder  | <input type="checkbox"/> You must pick up check at your Job Center                    | <input type="checkbox"/> Check mailed to your home              |
| <input type="checkbox"/> We will add it to your regular Cash Assistance grant which you can get through the EBT system | <input type="checkbox"/> Security deposit/agreement/voucher paid/provided to landlord | <input type="checkbox"/> Check sent directly to landlord/vendor |

Other action: \_\_\_\_\_

You will receive a second notice informing you as to how your ongoing benefits will be affected.

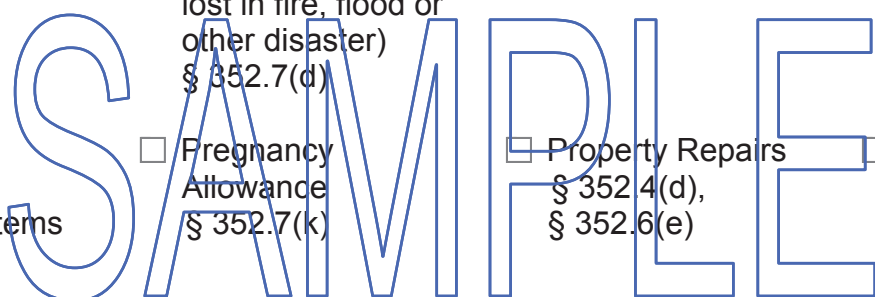
(Turn page)

On \_\_\_\_\_, you were referred to the Office of Burial Services at 33-28 Northern Boulevard, 3rd Floor, Long Island City, NY 11101, (718) 473-8310, to apply for a burial allowance.

Your request for \_\_\_\_\_ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30                    | <input type="checkbox"/> Additional Allowance for Fuel § 352.5  | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7 (g)            | <input type="checkbox"/> Back Rent § 352.7 (g)                                   |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a)       | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a)    | <input type="checkbox"/> Moving Expenses § 352.6(a)                              |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b)    | <input type="checkbox"/> Pregnancy Allowance § 352.7(k)   | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e)           | <input type="checkbox"/> Rent Security Deposit/ Agreement § 352.6(a)             |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | <input type="checkbox"/> Restaurant Allowance § 352.7(c)  | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |



Other (specify):  
\_\_\_\_\_

\_\_\_\_\_  
JOS/Worker's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Date

(Turn page)

**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.

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

SAMPLE

**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

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

### STATE FAIR HEARING

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

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

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

(1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) **WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

(3) **FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) **IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

(5) **ONLINE:** Complete an online request form at:  
**<http://www.otda.state.ny.us/oah/forms.asp>**

(Turn page)

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

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

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

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

**AVAILABILITY OF POLICY MATERIALS:** The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy 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. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

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

(Turn page)



### FAIR HEARING REQUEST

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

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE