



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #11-13-ELI

(This Policy Directive Replaces PD #03-04-ELI)

CHANGE OF RESIDENCE WITHIN NEW YORK STATE

Date: April 18, 2011	Subtopic(s): Housing Issues
AUDIENCE	The instructions in this policy directive are for JOS/Workers in Job Centers, and are informational for all other staff.
REVISIONS TO THE PRIOR DIRECTIVE	<p>This procedure is being revised for the following reasons:</p> <ul style="list-style-type: none"> • Added detailed instructions outlining the POS steps required to implement a moving expense request. • Changes to the process of authorizing moving expenses and notifying the Rental Assistance Unit (RAU). • The Request for Approval of Special Grant Code 22- Moving Expenses (W-147BB) Form was revised to update the logo, phone, fax number fields, and to remove the Control number field. The Certification of Move Statement (W-147CC) Form was revised to update the logo.
POLICY	<p>When a New York City (NYC) Cash Assistance (CA) participant moves from NYC to another district within New York State (NYS), and is otherwise eligible, the Family Independence Administration (FIA) is responsible for providing CA and FS benefits through end of the month following the month in which the move occurs.</p> <p>An allowance to meet moving expenses can be granted <u>only</u> if the participant meets the following criteria:</p>

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

Refer to PD #11-02-ELI for details on a security deposit

- The move is to a less expensive rental property and the amount paid for a security deposit and moving expenses is less than the amount of two (2) years' difference in rental fees; or
- The move is necessitated by one of the following criteria:
 - A disaster/catastrophe and/or a vacate order placed against the premises by a health agency or code enforcement agency;
 - Serious medical or physical handicap. (Such needs must be verified by specific medical diagnosis);
 - Individual or family is rendered homeless as a result of having been put out by another occupant with whom they were sharing accommodations;
 - The move is from temporary to permanent housing;
 - The move is from permanent housing to temporary housing due to unavailability of permanent housing;
 - The move is from one temporary accommodation to another temporary accommodation due to the unavailability of permanent housing;
 - The move is either from an approved relocation site or to an approved cooperative apartment;
 - There is a living situation that adversely affects the mental or physical health of the individual or family, and the need for alternative housing is urgent.

REQUIRED ACTION

Securing an apartment

Refer to PB #10-124-OPE

When the participant informs the Job Center of his/her intention to move, the JOS/Worker must discuss the move with the participant and his/her plans for financial maintenance at the new location. If the participant is otherwise eligible and indicates a need for continued assistance in the new location, the JOS/Worker must refer the case to the Homelessness Diversion Unit (HDU):

- verify the maximum rent allowance in the new location;
- obtain a building clearance report;
- notify the new location to assume responsibility for assistance payments as soon as FIA is no longer responsible.

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

Authorizing Moving Expenses

Allowances to meet moving expenses must be approved by the RAU. Participants who request moving expenses and otherwise meet the established criteria, must obtain three (3) estimates from licensed movers who agree to be paid upon completion of the move.

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

New

Paperless Office System (POS):

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

New

- Enter the moving allowance request and indicate that the participant must return with documentation of three (3) moving estimates.

New

- Click **OK**.

Accepted Document	Scan	NewDoc
Three Estimates from Licensed Movers	<input checked="" type="checkbox"/>	NR
Statement from Licensed Broker	<input type="checkbox"/>	
Statement from Storage Facility	<input type="checkbox"/>	
Statement of Future Plan Moving outside NYC	<input type="checkbox"/>	

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

New

Version 15.1 - Paperless Office System - [Request Details Window] 2:59:44 PM Thursday, March 17, 2011

File Edit Tools Window Help

Instructions
This window shows a batch of grant requests made on a particular date. Requests made on other dates will appear in separate windows. In addition, grant requests which are related to shelter arrears will appear separately from those which are not related to shelter arrears.

Date the requests were recorded in the system:

Do the requests need to be back-dated? Yes No Enter the actual date of the request:

Enter the reason for the request:

Does this applicant/client state that this is an emergency? Yes No

Describe the emergency:

Is this grant batch related to shelter arrears? No Does the client need to bring back documents? Yes

Documents for these grants will be returned to: Case Manager HDU Drop off at Reception/CSIC

Additional Allowances Requested	Emergency	Non-Emergency	Request Source	Fair Hearing Number	Due Date for Documents
Moving Expenses	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Client Request-In Person		03/21/2011

Next Previous Page 1 of 1

- Complete Task 4 (EAF Eligibility Determination).
- Task 5 initiates the **Print Forms for Client to Sign** window. The participant must sign the Request for Emergency Assistance or Additional Allowance (For Participants Only) (**W-137A**) Form. The participant must sign the Documentation Request (**W-113A**) Form which is used to obtain the three (3) moving estimates and a date by which s/he should return to the center.

When the participant returns with three (3) estimates, the JOS/Worker will:

- Complete the manual Form **W-147BB**;
- Create the RAU packet by scanning and indexing Forms **W-147BB**, and **W-113A**, inventory listing, moving estimates, and supporting documentation justifying the move.
- Forward a copy of Form **W-147BB** only to: Director, RAU, 180 Water Street, 21st Floor, New York, NY 10038, and RAU will make the completed Form **W-147BB** available in the HRA OneViewer for the Centers to view. No request should be forwarded unless all three estimates have distinct Department of Transportation (DOT) license numbers.

RAU Unit

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

Revised

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

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

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

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

File Edit Tools Window Help

Case Number: 0000016769C Case Name: XX XX Suffix: 1

Re-Use Case Number: Center: Melrose Job Center Category: SNCA

Filters

Show PA Grants Show FS Grants View Grant Issuance History

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

Grant Details New Grant

Next Previous

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

New

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

File Edit Tools Window Help

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

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

Grants Referrals and Outcomes Documentation and Verification

SI Grant Details

SI Grant Needed? Yes No

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

Comments:

SI Grant Decision

Not ready for decision **Accept** Deny Other Action [View Benefit Issuance History](#)

New

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

File Edit Tools Window Help

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

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

Grants Referrals and Outcomes Documentation and Verification

Referrals

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

Other Referral? Yes No Referral made to:

Received external assistance? Yes No Source of assistance:

Recommendation Received

Recommendation Received: Issue Grant **Issue Grant Conditionally** Deny Grant

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

Accept Voucher? Yes No

Comments:

- If the request is denied, enter the Denial reason.

New

Move completed

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

Revised

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

The JOS/Worker must:

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

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

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

Single Issuance Benefit Data Entry window

New

Revised

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

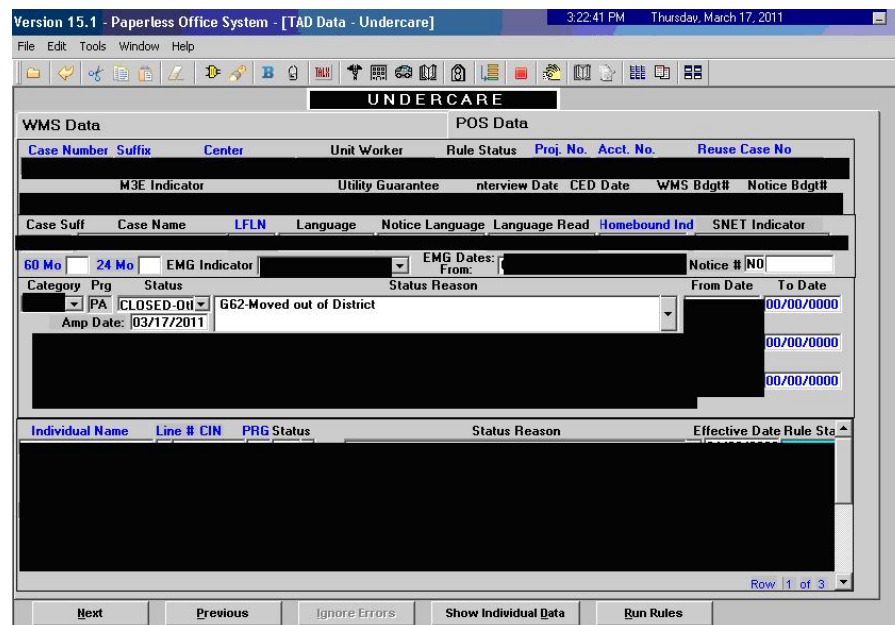
Upon approval, the AJOS I will submit the case to the Deputy Center Director for payment approval and authorization.

Once all required signatures have been obtained, the payment authorization and related documents will be forwarded to control for processing. The final supervisor must print the Notice of Acceptance/Denial of Request for Additional Allowance to meet the Special Need (**W-137B**) Form. The printed form will be saved in the HRA One Viewer.

Closing the Case

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

New



Example

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

EBT allows the participant to receive benefits

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

Refer to PD #09-20-ELI

In situations where the “move-to” county discloses that NYC’s responsibility to the participant has not yet ended and the case has already been closed, the JOS/Worker should refer the case to the Center Designated Liaison to ascertain the district of financial responsibility as per PD #09-20-ELI which will explain NYC’s obligation to provide benefits.

PROGRAM IMPLICATIONS

POS Implications

POS implications are included in the procedure.

Food Stamp Implications

If the participant is in receipt of FS, s/he will continue to receive FS benefits until the last day of the month following the month of the move. At this point, the participant will need to reapply for FS in his/her new location.

Medicaid Implications

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

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #08-20-OPE](#) and [PD #10-12-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

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

If the participant contacts you regarding disapproval or notification of a decision made by RAU, review Form **W-147BB**, which was annotated by RAU. The information on Form **W-147BB** may provide an opportunity to resolve the issue.

Conferences at Job/Model Centers

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

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

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

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

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

Conferences at NPA FS Offices If an applicant/participant comes to the Food Stamp Office and requests a conference, the Receptionist must alert the Site Manager’s designee that the applicant/participant is to be seen. If the applicant/participant contacts the Eligibility Specialist directly, advise the applicant/participant to call the Site Manager’s designee. In Model Offices, the Receptionist at Main Reception will issue a FS Conf/Appt/Problem ticket to the applicant/participant to route him/her to NPA Reception area and does not need to verbally alert the Site Manager. The NPA Receptionist will alert the Site Manager once the applicant/participant is called to the NPA Reception desk.

The Site Manager’s designee will listen to and evaluate the applicant/participant's complaint regarding the case closing. The applicant/participant must provide current verification of address to resolve the issue. After reviewing the documentation, case record and discussing the issue with the Group Supervisor/Eligibility Specialist, the Site Manager’s designee will make a decision. The Site Manager’s designee will decide to resolve or defend the case based on all factors and on whether the case was closed correctly. The Site Manager’s designee is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

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

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

RELATED ITEMS

- [PD #99-4](#)
- [PD #01-31](#)
- [PD #09-20-ELI](#)
- [PD #10-22-SYS](#)
- [PD #11-02-ELI](#)
- [PB #10-124-OPE](#)

REFERENCES

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

ATTACHMENTS

W-147BB Request for Approval of Special Grant Code
22 – Moving Expenses (Rev. 4/18/11)
W-147CC Certification of Move Statement (Rev. 4/18/11)
W-147CC (S) Certification of Move Statement (Spanish)
(Rev. 4/18/11)

Request for Approval of Special Grant Code 22 – Moving Expenses

To: Director, Rental Assistance Unit
180 Water Street, 21st Floor
New York, NY 10038
Telephone Number: (212) 331-5525
Fax Number: (917) 639-0319

Date: _____

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

Case Name: _____ Household Size: _____

Participant's **FORMER** Address: _____

Participant's **NEW** Address: _____

Reason for Move: _____

Three estimates are attached. Items to be moved are listed on the reverse.

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

Worker's Name: _____ Telephone Number: _____

Referring Supervisor's Signature: _____ Telephone Number: _____

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

Move Approved (specify reason): _____

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

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

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

Move Disapproved (specify reason): _____

RAU Signature: _____ Date: _____

Number of rooms in apartment: _____

Please detail below furniture and possessions to be moved:

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

SAMPLE

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

Certification of Move Statement

(Prepare in triplicate: 1 copy to applicant/participant, 1 copy to RAU, file 1 copy in the electronic folder.)

This document must be signed by the mover and the applicant/participant after his/her furniture and possessions have been moved to the new address. Failure to provide true and accurate statements is punishable as a Class A misdemeanor, pursuant to Penal Law 175.30 (offering a false instrument for filing to a public office or a public servant).

Applicant's/Participant's Statement: The moving company _____ (Name)
located at _____ (Address)
moved my furniture and possessions, consisting of the items indicated below on _____ (Date),
to my new address at _____.

SAMPLE

Item	Box	Bed	Chair	Table	Dresser	Sofa
Quantity						
Other Item(s) (Specify)						

Applicant's/Participant's Signature _____ Date _____

Mover's Statement: I (we) certify that the applicant's/participant's furniture and possessions, consisting of _____ items, have been moved to the above described premises.
(Number)
We are requesting payment of \$ _____ in moving fees.

Mover's Signature Title of Moving Company Employee License Number

Worker's Signature _____ Worker's Title _____ Date _____

