



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #21-03-ELI (This Policy Directive Replaces PD #15-23-ELI)

EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN (EAF)

<p>Date: April 21, 2021</p>	<p>Subtopic(s): Emergency Assistance</p>
<p>AUDIENCE</p>	<p>The instructions in this policy directive are for Job Center, Family Homelessness and Eviction Prevention Supplement (FHEPS) Centralized Determination Unit (FCDU), Rental Assistance Program (RAP) staff and are informational for all other staff.</p>
<p>REVISIONS TO THE PRIOR DIRECTIVE</p> <p>Refer to PD #17-26-ELI</p>	<p>This policy directive is being revised to instruct staff to complete the Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (W-145TT) form when households are being evaluated for a rental subsidy and other related expenses.</p>
<p>POLICY</p>	<p>EAF is a federally funded program dedicated to meeting the emergency needs of families with children. The emergency situation must be a result of a sudden occurrence or set of circumstances requiring immediate attention. In addition, the emergency assistance is necessary to avoid destitution of the child. Individuals claiming an emergency need must have a same-day interview.</p> <p>Applicants who need emergency assistance with shelter arrears or utility arrears may be eligible for a payment to prevent eviction/foreclosure or utility disconnect.</p>
<p>BACKGROUND</p>	<p>Applicants Applying for One-Shot Deals</p> <p>To be categorically eligible for EAF, the household must contain either an individual with a medically verified pregnancy, or a child under the age of 18, or age 18 and attending full-time secondary school or the equivalent level of vocational or technical training.</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

In addition, the following criteria must be met:

Categorical Eligibility for EAF

- The child must be currently living with an adult related by blood, marriage or adoption;
- The child, parents or other eligible relatives must be without immediately accessible resources necessary for meeting their needs, and those needs cannot be met by an advance allowance;
- The child must be facing destitution or requiring emergency assistance to provide living arrangements for them in a home; and
- The emergency could not have been foreseen by the applicant and was not under their control.

Note: Utility payments are not subject to the “sudden and unforeseen” EAF requirement.

Financial Eligibility for EAF

Financial eligibility for EAF is not based on financial eligibility for Cash Assistance (CA), but rather on actual income and resources available on the date of the application to meet the emergency need.

See Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF) and Emergency Safety Net Assistance (ESNA) Categories of Assistance form (**EXP-76D**)

In order to be financially eligible for EAF, the gross available income of the applicant on the date of application must be at or below 200% of the federal poverty level for that household size. In addition, the applicant must be without the resources to meet the emergency need (income, money on hand, bank accounts, etc.).

If the applicant’s available gross income on the date of application is above the 200% federal poverty level guideline for the applicant’s family size, and the income is sufficient, assistance under EAF cannot be granted.

To be eligible for EAF, the applicant’s available resources must not exceed the Resource Limits. Refer to the CA and SNAP Resource Limits/Exemptions Desk Guide form (**W-204X**) for the current Resource Limits. A resource must be easily converted to available cash, even if it results in a penalty for liquidating the resource, such as in the case of stocks, bonds, etc. The family must be without resources immediately available to meet the emergency need.

The gross available income standards do not apply to households receiving child protective, child preventative, or any other child welfare services paid for under EAF. Such households must, however, include one member in receipt of CA or Supplemental Security Income (SSI) and/or State Supplement Program (SSP) at the time of the EAF determination.

EAF cannot be granted in the following instances:

- When the emergency is the result of a refusal to accept employment or training for employment without good cause;
- When the emergency is the result of mismanagement of the CA grant; or
- When the grant replaces or duplicates assistance for which a person would otherwise be eligible, were it not for an employment or other program sanction.

Note: When mismanagement of a CA grant exists, the household is not eligible for EAF payment, but must still be evaluated for emergency assistance under the current case category.

Note: Emergency assistance cannot be requested to cover the share of an individual person in “sanction” status. The amount of assistance for which the remaining household members are deemed eligible must be sufficient to overcome the household’s emergency need. However, the sanction policy does not apply to households requesting emergency utility assistance.

An EAF grant may be a cash grant, a direct vendor check payment, and/or supplies necessary to meet the identified emergency need. All payments for shelter arrears will be made in the form of a check made payable to the landlord or managing agency.

When a household falls behind paying their rent, mortgage, or property tax due to an unforeseen event(s), they may be eligible for a shelter arrears grant. When a household falls behind in paying utilities or are facing a utility disconnect, they may be eligible for a utility arrears grant.

For EAF, the following rules apply:

Shelter Arrears

Refer to [PD #15-21-ELI](#)

The amount of the shelter arrears payment is limited to a total period of six months, once every five years. However, the Rental Assistance Unit (RAU) may determine, on a case-by-case basis, whether an exception to policy should be made for additional shelter arrears payment, if necessary.

The payment of shelter arrears above the Agency maximum monthly shelter allowance is subject to recovery. Applicants applying for an EAF grant that exceeds the Agency monthly shelter allowance must repay the excess portion of the EAF grant.

The Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**) form informs the applicant that they will receive a monthly bill from the HRA Division of Accounts Receivable and Billing (DARB), until the full amount of the excess portion of the EAF grant is paid in full. The Information About Repaying the Department of Social Services For Rental Arrears (**W-147PP**) form contains information about the repayment billing process, and must be given to the applicant along with the **W-147KK** form.

Refer to [PB #15-55-SYS](#)

Revised

Note: Since an applicant's signature is not required on the **W-147KK** form, the **W-147KK** form and **W-147PP** form are mailed by the Information Technology Services (ITS) to the applicant via Print-to-Mail (PTM) when required.

Utility Arrears

Utility arrears assistance may be granted more than once in a 12-month period, if the applicant has met or is making his/her repayment obligations for prior utility arrears assistance.

Refer to [PD #17-24-ELI](#)

Revised

The Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Grant and Acknowledgment for Applicants and Participants (**FIA-1104f**) form and the Utility Arrears/Emergency Heating (**M-858m**) form must be filled out for every utility arrears request.

Refer to [PB #13-73-OPE](#)

When an applicant requests emergency assistance to pay utility arrears, and they have exhausted all of their available resources, the Job Opportunity Specialist (JOS)/Worker must complete the Utility Arrears Repayment Agreement Worksheet (**W-147XX**) form to determine if the applicant is required to repay the utility arrears assistance. Utility arrears may be recoverable if the household's gross monthly income on the date of application is greater than the CA monthly standard of need.

Refer to [PD #17-24-ELI](#)

Revised

If the applicant is required to repay the utility grant, the JOS/Worker must have the applicant sign the completed Utility Arrears Repayment Agreement (**W-147X**) form as a condition of eligibility for utility assistance. If the approval is not received from the utility liaison on the same day as the request, the applicant must be contacted to sign the form **W-147X** prior to payment of the grant. The **W-147X** form must be signed by the applicant after the amount to be repaid is entered on the form. Under no circumstance should an applicant be required to sign a blank **W-147X** form in advance. The **W-147X** form must be scanned and indexed into the HRA OneViewer.

The Information About Repaying the Department of Social Services For Utility Arrears (**W-147NN**) form must be given to the applicant along with a copy of the signed **W-147X** form. The **W-147NN** form contains information that will help the applicant understand the repayment billing process.

Form **W-147X** form includes an agreement that the household will repay the amount of the utility arrears grant in twenty-four monthly installments. DARB will send a monthly bill with an addressed postage-free return envelope.

The household is responsible for mailing payments in the return envelope provided to:

Human Resources Administration
 Division of Accounts Receivable and Billing
 150 Greenwich Street, 34th Floor
 New York, NY 10007

Households receiving utility arrears assistance will not be eligible for future assistance unless all prior utility arrears payments have been fully paid or are currently being repaid in accordance with the repayment agreement (has not defaulted on the current repayment agreement and is not in arrears). If the household fails to repay the utility arrears assistance within twenty-four months, HRA will enforce the repayment agreement by any method available to a creditor, including referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property, or garnishing wages, where appropriate.

Other Grant Types

EAF may also be used for a number of other grants, including those related to new apartment expenses such as establishment of a home and broker's fee. See **Attachment A** for a list of all of the issuance codes that may be issued under EAF if all other EAF eligibility criteria are met.

REQUIRED ACTION

One-Shot Deal

If the applicant is applying for a One-Shot Deal (OSD), and the household contains either an individual with a medically verified pregnancy, or a child under the age of 18, or age 18 and attending full-time secondary school or the equivalent level of vocational or technical training, the JOS/Worker must:

- Select the “**One-Shot Deal**” check box from the Site Determination window in the Paperless Office System (POS).
- Select the EAF category in the Case Log-in window of the **POS Application Intake**.
 - Once “**One-Shot Deal**” is selected, a check mark will automatically appear in the “**CA**” check box.

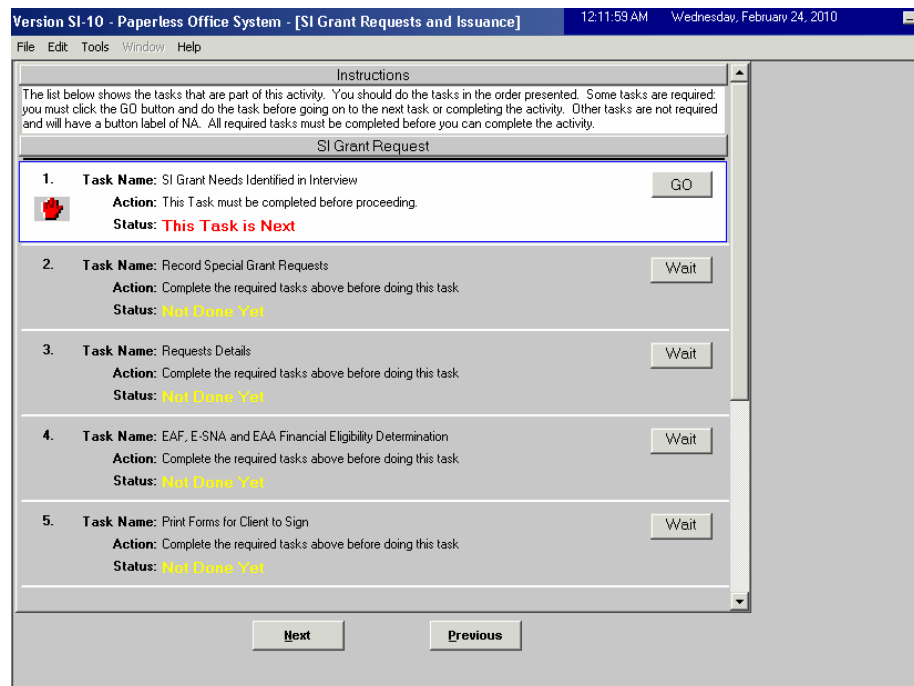
During the POS Application Interview, POS will prompt the JOS/Worker to complete the **SI Grant Requests and Issuance Task List** window.

New

Note: the JOS/Worker must complete question sets in the POS Application Interview first before going to the **SI Grant** windows

Refer to [PD #10-22-SYS](#)

Task 1 of the **SI Grant Requests and Issuance Task List** window displays the needs identified during the interview, for which a grant is requested (i.e., rent arrears, utility arrears, pregnancy allowance, back rent, etc.). The JOS/Worker must indicate the needs in **Task 1**.



Refer to [PD #10-22-SYS](#)

Based on the response to questions, **Task 4** of the **SI Grant Requests and Issuance Task List** window is used to determine eligibility for benefits under the EAF category. If the household does not qualify under the EAF category, eligibility for benefits under E-SNA category is determined.

New

Note: the JOS/Worker must complete **Task 2** and **Task 3** before completing **Task 4**.

When **Task 4** is completed, POS will pre-fill and automatically save the Determination of Eligibility for EAF (**W-145TT**) form and Shelter Arrears Repayment Agreement Worksheet (**W-147F**) form into the HRA OneViewer.

Refer to [PD #15-21-ELI](#)

Note: If POS is down, the JOS/Worker must ensure that forms **W-145TT** form and **W-147F** form are completed, scanned, and indexed as part of an EAF eligibility determination.

Refer to [PD #17-26-ELI](#)

Note: Rent subsidy programs, such as FHEPS or CityFHEPS program, must follow the same guidelines. The **W-145TT** form must be completed and included in the case record. For FHEPS, cases that are received outside of POS such as from Legal Providers, must have a **W-145TT** form completed by FCDU. For all CityFHEPS cases, the **W-145TT** form must be completed by RAP staff. The **W-145TT** form is available on eDocs as a fillable form. The **W-145TT** form must be completed whether it is an existing apartment for which arrears are being paid or if it is for a new apartment and related expenses such as furniture (establishment of a home) or broker's fees are being issued.

New

The **EAF/E-SNA Eligibility Determination** window outlines eligibility for EAF/E-SNA. This window also determines whether a repayment agreement is required for utility and/or rent arrear requests.

EAF/E-SNA Eligibility Determination window:

Version 14.1.1 - Paperless Office System - [EAF/E-SNA Eligibility Determination] 5:26:11 PM Monday, April 05, 2010

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date for which the client may be eligible to receive under EAF or E-SNA. Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually. For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Request Date: 03/09/2010

Crisis is Due to: Emergency medical expenses required all available resources to be diverted from rent

Other Crisis Details: ee

Emergency Type: ee

Cause: ee

Qualifying child or pregnant individual in household? No

Does the household have income available on the day of application? Yes No Available monthly gross income amount: _____

Resources available to meet needs? Yes No Total PA resources (from interview): \$ 0.00

Emergency is result of refusal without good cause of employment or work activities/community service by employable relative or child? Yes No View Client Infraction History

Emergency is result of sudden occurrence/situation, unforeseen and beyond the individual's control? Yes No

Utility Arrears Only

Is the applicant/participant the client of record? Yes No

Is the client of record receiving CA or SSI (or additional State payments) on the date of application or request? Yes No

Grant Request	Does this Grant Represent PA Duplication?		Financially Eligible For:		Repayment Agreement Required?
	Yes	No	EAF?	E-SNA?	
Disaster Shelter	<input type="radio"/>	<input checked="" type="radio"/>	No	Yes	NA

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Task 5 of the **SI Grant Requests and Issuance Task List** window is used to print required forms, capture required signatures, and save eligibility worksheets.

POS will save the following agency forms directly in the HRA OneViewer, without printing:

Refer to [PD #10-22-SYS](#)

- **W-145TT** – This form will be pre-filled and saved when an EAF determination is made.
- **W-147F** – This form will be saved when a special grant request for shelter arrears is made.
- **W-147XX** – This form will be saved when a special grant request for utility arrears is made.

Refer to [PD #10-22-SYS](#)

Task 8 of the **SI Grant Requests and Issuance Task List** window is used to print repayment agreements and capture required signatures of applicants/participants. **Task 8** allows the JOS/Worker to print and capture the applicant/participant's signature on the Utility Arrears Repayment Agreement (**W-147X**) form.

Revised

The Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) **W-145HH** form will be mailed by ITS to the applicant on the day after the decision is recorded in POS and approved by the appropriate supervisor(s) via PTM to inform them of the Agency's decision on the request for shelter arrears.

Refer to [PB #15-55-SYS](#)

EAF Applying for a One-Shot Deal Emergency Assistance for Shelter Arrears

Refer to [PD #15-21-ELI](#)

After the case is registered in the appropriate category, the JOS/Worker should then initiate and refer the shelter request to the Homelessness Diversion Unit (HDU). HDU will process the request, and then refer the case to RAU. RAU will determine if the household is eligible for the emergency grant, and will relay the determination back to HDU staff in POS.

The HDU JOS/Worker must determine:

- If the shelter grant is being duplicated. A shelter payment can be issued as long as the household meets the criteria for EAF, and the arrears are not used to duplicate or replace recurring shelter payments already issued.
- If an individual receives a one-time-only shelter arrears payment under EAF, any amount above the Agency monthly shelter allowance is an overpayment and is subject to recovery.

- If the arrears are caused by a sanctioned household member. Arrears caused by a sanctioned household member cannot be authorized.

If the applicant is eligible for a shelter arrears payment under the EAF category, the JOS/Worker must:

- Provide the applicant with the POS prefilled **W-147KK** form and **W-147PP** form, if the shelter allowance is recoverable.

Refer to [PD #15-21-ELI](#)

- Form **W-147KK** form informs the applicant that they will receive a monthly bill from DARB until the full amount of the excess portion of the EAF grant is paid in full.
- The **W-147PP** form contains complete information about the repayment billing process of the shelter arrears to the Department of Social Services.

Refer to **W-140PP**

- Single-Issue (**SI**) the case using Opening Code **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) on the POS Turn-Around Document (TAD).
- Enter Code **F** (Current EAF Authorization on a FA, SNFP, SNCA, SNNC, or EAF Case) in the **Emergency Indicator** in the **POS TAD** window, if the household is deemed eligible for the EAF grant based on the outcome on the **W-145TT** form.
- Complete the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:

Refer to **Attachment A**

- Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
- If the rent/mortgage exceeds the Agency maximum for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- Special Grant Code **09** (Rent Only) must be used to pay rent, property taxes, and/or mortgage arrears.

Revised

Refer to [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by ITS to the applicant on the day after the decision is recorded in POS and approved by the appropriate supervisor(s) via PTM to inform them of the Agency's decision on the request for shelter arrears.

Once the emergency need has been met and the emergency authorization period ends, the JOS/Worker will:

- Change case status from "single issue" (SI) to "closed" (CL)

- using closing code **Y95** (Case Closed After Being Accepted for Emergency Assistance [Manual Notice]);
- Enter code **P** (Prior Emergency Authorization [Enter This Code When the Emergency Authorization Period Ends]) in the **Emergency Indicator** in the **POS TAD** window.

EAF Applying for a One-Shot Deal (Utility Arrears)

Refer to [PD #17-24-ELI](#)

The decision on the application for utility arrears is made at the Job Center level. The JOS/Worker must follow the instructions outlined in [PD #17-24-ELI](#) (Revisions to the Utility Process).

To assist applicants requesting emergency assistance to pay utility arrears, the JOS/Worker must:

Refer to [PD #17-24-ELI](#)

- Complete the **W-147XX** form to determine if the applicant is required to repay the utility grant.
- If it is determined that the applicant is required to repay the utility grant, and the Utility Liaison determines the household eligible for the grant, the **W-147X** form must be signed by the applicant after the amount to be repaid is entered on the form.
- If necessary, the applicant will receive the **M-3g** form to return to the Job Center to sign the **W-147X** form.

Refer to [PB #13-73-OPE](#)

Note: Form **W-147X** and the Investigation, Revenue and Enforcement Administration (IREA) Repayment Transmittal (**W-113B**) form are available in POS for automatic processing and placement in the HRA OneViewer. The **W-113B** form is used to submit a list of cases to IREA, where the request decision is processed manually.

Note: If POS is unavailable, and the repayment agreement forms are completed manually, the forms must be scanned and indexed into the HRA OneViewer.

If the household is eligible for a utility grant, the JOS/Worker must:

Refer to **W-140PP**

- Put the case in SI status using Opening Code **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) on the POS Turn-Around Document (TAD).
- Issue the payment using Issuance Code **10** to vendor as a Direct Vendor payment.
- Complete the Notice of Determination Regarding Your Request for a Utility Grant (**FIA-1104**) form to inform the applicant of the outcome of their request for emergency utility assistance.

Once the emergency need has been met and the emergency authorization period ends, the JOS/Worker will:

- Change case status from **SI** to **CL** using closing code **Y95** (Case Closed After Being Accepted for Emergency Assistance [Manual Notice]);
- Enter code **P** (Prior Emergency Authorization [Enter This Code When the Emergency Authorization Period Ends]) in the **Emergency Indicator** in the **POS TAD** window.

When the JOS/Worker enters actions on the TAD, a notice is generated in the Client Notices System (CNS) to notify an applicant of an action that has been taken on their case.

Refer to [PD #14-02-SYS](#)

If the applicant cannot be informed through a notice issued via CNS, a manual notice is required. POS will alert the JOS/Worker that they must complete the Action Taken on Your Application: Public Assistance, Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance Coverage (NYC), Part A form (**LDSS-4013A NYC**) form and the Action Taken on Your Application: Public Assistance, Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance Coverage (NYC), Part B form (**LDSS-4013B NYC**) form.

The Supervisor must review the Approve Eligibility Decision activity and print forms **LDSS-4013A NYC** and **LDSS-4013B NYC** if the manual forms are required.

EAF Applying for an Ongoing CA with Emergency Shelter Arrears

When an applicant who applies for ongoing CA has an emergency need for shelter arrears, the case must be referred to HDU, who will then refer the case to RAU.

Note: If POS is down, the JOS/Worker must ensure that Forms **W-145TT** and **W-147F** are completed to determine EAF eligibility. Forms **W-145TT** and **W-147F** must also be scanned and indexed into the HRA OneViewer.

Refer to [PD #15-21-ELI](#)

Note: Rent subsidy programs, such as FHEPS or CityFHEPS program, must follow the same guidelines. The **W-145TT** form must be completed and included in the case record. For FHEPS, cases that are received outside of POS such as from Legal Providers, must have a **W-145TT** form completed by FCDU. For all CityFHEPS cases, the **W-145TT** form must be completed by RAP staff. The **W-**

Refer to [PD #17-26-ELI](#)

New

145TT form is available on eDocs as a fillable form. The **W-145TT** form must be completed for both existing apartments where arrears are being paid but also for new apartments and related expenses such as furniture (establishment of a home) or broker's fee.

If the amount requested exceeds the Agency monthly shelter allowance, the applicant must repay the excess portion of the grant.

The JOS/Worker must:

- Inform the applicant that if the case is not accepted for ongoing CA, the emergency shelter arrears payment becomes repayable.
- Provide the applicant with the POS prefilled **W-147KK** form and **W-147PP** form, if the shelter allowance is recoverable.
 - Form **W-147KK** informs the applicant that they will receive a monthly bill from DARB until the amount of the excess portion of the EAF grant is paid in full.
 - The **W-147PP** form contains complete information about the repayment billing process of the shelter arrears to the Department of Social Services.

Upon receipt of the RAU approval, the JOS/Worker must:

Refer to **W-140PP**

- Single-Issue (**SI**) the case using Opening Code **Y41** (Case accepted for immediate needs) on the POS Turn-Around Document (TAD).
- Enter Code **F** (Current EAF Authorization on a FA, SNFP, SNCA, SNNC, or EAF Case) in the **Emergency Indicator** in the **POS TAD** window, if the household is deemed eligible for the EAF grant based on the outcome on the **W-145TT** form.
- Complete the **LDSS- 3575** form on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:

Refer to Attachment A

- Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below the Agency maximum monthly shelter allowance for the household size.
- If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.

Revised

Note: If the case is subsequently accepted for CA, the **W-147KK** form is null and void. A recoupment for the Code **30** issuance must be initiated by entering either **01** (Initiates Recoupment and Restricts Rent Without ten-day Timely Notice period) or **02** (Initiates Recoupment and Restricts Rent With ten-day Timely Notice)

depending on circumstances in the Shelter/Recoupment Indicator field of the **LDSS-3575** form. This will initiate the recoupment.

Revised

Refer to [PB #15-55-SYS](#)

The **W-145HH** form will be mailed by ITS to the applicant on the day after the decision is recorded in POS and approved by the appropriate supervisor(s) via PTM to inform them of the Agency's decision on the request for shelter arrears.

Participants Requesting an Additional Allowance for Emergency Shelter Assistance

Participants requesting an additional allowance for emergency shelter assistance must complete the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) form.

The JOS/Worker must refer the case to HDU, who will then refer the case to RAU.

Upon receipt of RAU approval, the JOS/Worker must:

Refer to [PD #10-22-SYS](#)

- Complete the **Single Issue Data Entry** window and enter Special Grant Code depending on circumstances in the Shelter/Recoupment Indicator field of the **LDSS-3575** form.
- Enter Code **F** (Current EAF Authorization on a FA, SNFP, SNCA, SNNC, or EAF Case) in the **Emergency Indicator** in the **POS TAD** window, if the household is deemed eligible for the EAF grant based on the outcome on the **W-145TT** form.
- Complete 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**) form advising the participant of the Agency's decision.

New

Note: For centers with selective case review, the **W-137B** form goes to the Notice Print Queue after the case is signed-off and must be printed by the designated staff.

Additional Allowance (utility arrears) for Participants

If an individual with an active CA case is making a request for a one-time payment for a special grant or an additional allowance that can be issued under the EAF category, the JOS/Worker must:

- Record the individual's request using the **SI Grant Requests and Issuance Task List** window in POS.
- Prepare the **W-137A** form.

- Determine whether or not the household is eligible for a recoupable or non-recoupable utility grant.
 - If the household can verify that the benefits issued were not mismanaged, the household will receive a non-recoupable grant. The JOS/Worker will issue the utility grant using Issuance Code **50** (Non-Recoupable Utility Grant [No Mismanagement]).
 - If the household does not meet the non-recoupable criteria, the utility grant must be recouped. The JOS/Worker will issue the utility grant using Issuance Code **41** (Utility Grant to Prevent Turn Off or Restore Utility Services [Mismanagement]).

If the household is eligible for EAF, the JOS/Worker will:

- Enter code **F** (Current EAF Authorization on a FA, SNFP, SNCA, SNNC, or EAF Case) in the **Emergency Indicator** field in the **POS Turn-Around Document** (TAD) window;
- Inform the participant about the decision on their grant request using the **W-137B** form.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Whenever an applicant/participant requests emergency assistance, additional allowance, or to add a person to the budget in the course of an interview activity, POS will prompt the JOS/Worker to complete the **SI Grant Requests and Issuance Task List** window as per PD#10-22-SYS. The **SI Grant Requests and Issuance Task List** will record the request and the decision and ensure that established time frames are met.

Forms **FIA-1104**, **FIA-1104f**, **M-3g**, **W-137A**, **W-137B**, **W-145HH**, **W-145TT**, **W-147F**, **W-147KK**, **W-147NN**, **W-147PP**, **W-147X**, and **W-147XX** are available in POS.

Supplemental Nutrition Assistance Program (SNAP) Implications

The JOS/Worker must ask all individuals applying for emergency assistance only (One-Shot Deal), who are not in receipt of SNAP and who have not indicated on the application that they have a food emergency or wish to apply for SNAP benefits, whether they wish to apply for SNAP.

If the answer is “no,” the JOS/Worker must make a case entry that clearly indicates the individual was offered this option.

If the answer is “yes,” an application for SNAP must be filed. The JOS/Worker must also ensure that the household has been screened for expedited processing of the SNAP application and that the SNAP benefits are made available within the required time frame.

New
Refer to [PD #03-39-ELI](#)

There is no creation of a Separate SNAP Determination for the EAF category cases.

Medicaid
Implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT AND DEAF/HARD-OF-HEARING IMPLICATIONS

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

FAIR HEARING IMPLICATIONS

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

Avoidance/
Resolution
Conferences

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

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the 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 participant.

If the participant has in fact presented good cause for the infraction, or shown 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 a **01** if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form – WMS (**LDSS-3573**) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the participant fails to show good cause for the infraction or if it is determined that the Agency’s action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why they cannot settle the issue(s) in conference (SIC). The AJOS/Supervisor I must complete an **M-186a**.

Evidence Packets

Should the participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a 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.

All Evidence Packets must contain a detailed history (e.g., copies of POS “Case Comments” and/or NYCWAY “Case Notes” screens, History Sheet [**W-25**]), copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

REFERENCES

[GIS #15 TA/DC013](#)
[14 ADM 07](#)
[09 ADM-17](#)
[02 ADM 2](#)
[03 ADM 11](#)
[03 INF-35](#)
[04-INF-03](#)
[04-INF-21](#)
[TASB Chapter 2, Section C, page 2](#)
[18 NYCRR 372](#)
[SSL § 350-j](#)

RELATED ITEMS

[PB #13-73-OPE](#)
[PB #15-55-SYS](#)
[PD #03-39-ELI](#)
[PD #10-22-SYS](#)
[PD #14-02-SYS](#)
[PD #15-21-ELI](#)

PD #17-24-ELI
PD #17-26-ELI

ATTACHMENTS

Attachment A EXP-76D	EAF - Eligible Issuance Codes Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF) and Emergency Safety Net Assistance (ESNA) Categories of Assistance (Rev. 3/19/2020)
FIA-1104	Notice of Determination Regarding Your Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment (For Active Cases Only) (Rev. 04/21/2017)
FIA-1104 (S)	Notice of Determination Regarding Your Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment (For Active Cases Only) (Spanish) (Rev. 04/21/2017)
FIA-1104f	Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Grant and Acknowledgment for Applicants and Participants (Rev. 04/13/2017)
FIA-1104f (S)	Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Grant and Acknowledgment for Applicants and Participants (Spanish) (Rev. 04/13/2017)
M-3g M-3g (S)	Notice to Report to Center (Rev. 7/22/14) Notice to Report to Center (Spanish) (Rev. 7/22/14)
M-858M W-113B	Utility Arrears/Emergency Heating (Rev. 2/5/13) IREA Repayment Transmittal Form (Rev. 12/8/09)
W-137A	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/16/2020)
W-137A (S)	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 03/16/2020)
W-137B	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/16/2020)

W-137B (S)	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 03/16/2020)
W-140PP	Cash Assistance CA Single Issue Opening Codes and Associated CA Special Grant Issuance Codes Desk Guide (Rev. 11/21/2014)
W-145HH	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 01/04/17)
W-145HH (S)	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Spanish) (Rev. 01/04/17)
W-145TT	Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (Rev. 3/12/14)
W-147F	Shelter Arrears Repayment Agreement Worksheet (Rev. 03/27/18)
W-147KK	Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (Rev. 9/8/15)
W-147KK (S)	Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (Spanish) (Rev. 9/8/15)
W-147NN	Information About Repaying the Department of Social Services For Utility Arrears (Rev. 12/8/09)
W-147NN (S)	Information About Repaying the Department of Social Services For Utility Arrears (Spanish) (Rev. 12/8/09)
W-147PP	Information About Repaying the Department of Social Services For Rental Arrears (Rev. 12/17/18)
W-147PP (S)	Information About Repaying the Department of Social Services For Rental Arrears (Spanish) (Rev. 12/17/18)
W-147X	Utility Arrears Repayment Agreement (Rev. 9/8/15)
W-147X (S)	Utility Arrears Repayment Agreement (Spanish) (Rev. 9/8/15)
W-147XX	Utility Arrears Repayment Agreement Worksheet (Rev. 7/30/09)
W-204X	CA and SNAP Resource Limits/Exemptions Desk Guide (Rev.10/02/17)

EAF – Eligible Issuance Codes*

07	Replacement of lost/stolen undelivered check	39	Rent in advance to secure an apartment
08	Replacement of cancelled check	40	Rent in advance to avoid eviction
09	Rent only	41	Utility grant to prevent turn-off/restore utility services (Mismanagement)
10	Utility grant to prevent turn-off/restore services (Prior to CA)	42	Broker's and Finder's fees
14	Replacement of lost/stolen cash	44	Immediate needs grant
16	Transportation to points outside of NYC – Transportation Unit only	45	Disaster sustenance
18	Expenses connected with maintaining housing	46	Disaster clothing
19	Replacement of heating equipment, stove, or refrigerator	47	Disaster household furnishings and replacements
21	Storage fees	48	Disaster shelter – temporary housing
22	Moving expenses	49	Disaster transportation to home of friend/relative or to a shelter
30	Rent payment in excess of maximum	50	Non-recoupable utility grant (No Mismanagement)
31	Pre-CA rent arrears	58	Emergency childcare fees
38	Security deposit private housing	60	Establishment of a home
		99	Other

* Form **W-145TT** must be completed to determine EAF eligibility.

**Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF)
and Emergency Safety Net Assistance (ESNA) Categories of Assistance**
(Effective April 1, 2020)

Size of Household	Federal Poverty Level		EAF – 200% of Poverty Level		ESNA – 125% of Poverty Level	
	Annual	Monthly (Rounded)	Annual	Monthly (Rounded)	Annual	Monthly (Rounded)
1	\$12,760	\$1,063	\$25,520	\$2,127	\$15,950	\$1,329
2	\$17,240	\$1,437	\$34,480	\$2,873	\$21,550	\$1,796
3	\$21,720	\$1,810	\$43,440	\$3,620	\$27,150	\$2,263
4	\$26,200	\$2,183	\$52,400	\$4,367	\$32,750	\$2,729
5	\$30,680	\$2,557	\$61,360	\$5,113	\$38,350	\$3,196
6	\$35,160	\$2,930	\$70,320	\$5,860	\$43,950	\$3,663
7	\$39,640	\$3,303	\$79,280	\$6,607	\$49,550	\$4,129
8	\$44,120	\$3,677	\$88,240	\$7,353	\$55,150	\$4,596
9	\$48,600	\$4,050	\$97,200	\$8,100	\$60,750	\$5,063
10	\$53,080	\$4,423	\$106,160	\$8,847	\$66,350	\$5,529
For each additional member:	\$4,480	\$373	\$8,960	\$747	\$5,600	\$467

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Center
Telephone Number: _____

**Notice of Determination Regarding Your Request for a Utility
(Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment
(For Active Cases Only)**

Based on your _____ request for a utility grant to prevent a shut-off or to restore a utility service:

- Your household is eligible for a Home Energy Assistance Program (HEAP) Grant. Your utility company has been notified that they will receive this benefit on your behalf. They will keep your utility service on for 30 days from the day we notified them. You will receive a notice from HEAP with the amount of the payment.

- Your request has been denied because:

The LAW(S) AND/OR REGULATIONS which allow us to do this _____

Note: If you are getting Cash Assistance and your request for more help is denied, your ongoing Cash Assistance case will not be affected.

- A payment will be made by HRA in the amount of _____ to your utility service provider _____, Account Number _____.

Will I Have to Pay This Back? (Recoupment Determination):

- This payment does not have to be paid back. We will not take any money from your Cash Assistance grant to recover this payment.
- This payment must be paid back because you did not pay your utility bills, fuel bills, rent or mortgage with the amount of the cash benefits you get for these purposes. As a result, we will take money from your future Cash Assistance benefits to repay the amount above that you asked to be paid to your utility service provider to prevent a utility shut off or restore utility service. This is called a recoupment.

The criteria that allows us to take money from your future Cash Assistance benefits is explained in the Notice of Intent to Recoup Utility Grant (**M-858x**) that we will send you. That Notice will have the amount that will be taken from your future cash benefits and the rate it will be taken out of your benefits. The notice will also explain how you can challenge (1) our decision that you did not use your cash grant to pay towards your utility or fuel bills or rent/mortgage, (2) the amount to be taken, and (3) the rate it will be taken.

See next page 

Will My Regular Cash Benefit Change? (Restriction Determination):

- We intend to pay the energy allowance portion of your grant directly to the utility service provider on your account. The amount of the energy allowance depends on your Cash Assistance household size and is shown in the chart provided. This direct payment to your utility company is called a restriction. The reason for this is that you failed to pay your utility bills, fuel bills, rent and/or mortgage with that portion of your cash grant that you get for these purposes. While your Cash Assistance case is open, the Agency will pay your entire utility bill, including any amount over the energy allowance portion of your grant. The amount HRA pays your utility service provider which exceeds the portion of your grant intended for your utility service will be taken from your future cash benefits until that amount is paid back.

We will send you a Notice of Intent to Restrict Home Energy Allowance (**M-858c**), which will specify the amount to be restricted. This notice will also explain how you can challenge the restriction decision if you disagree with it and inform you of your rights to a Fair Hearing.

- The energy allowance portion of your grant will not be restricted at this time. You must continue to pay your utility bills.

Worker's Name/Date _____ Supervisor's Name/Date _____

SAMPLE

Note: Regulations require that you immediately notify this department of any changes in needs, income, resources, living arrangements or address.

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

See next 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>

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.

See next page 

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 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.

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: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Número de
Teléfono del Centro: _____

**Aviso de Determinación Respecto a Su Solicitud
de Pago de Atrasos de Servicios Públicos
(Gas Natural, Calefacción, Luz, Electricidad)
(Sólo para Casos Activos)**

Según su solicitud del _____ de subsidio para prevenir la desconexión de servicios públicos o restablecer los mismos:

- Su hogar reúne los requisitos para un subsidio de HEAP. Se ha notificado a su compañía de servicios públicos que recibirá este beneficio a nombre suyo. La compañía mantendrá sus servicios públicos por 30 días a partir de la fecha en que reciba nuestra notificación. Usted recibirá un aviso de parte de HEAP con la cantidad del pago.
- Se ha denegado su solicitud debido a que:

LAS LEYES Y/O REGLAS que nos permiten tomar esta medida es/son _____.


Nota: Si usted recibe Asistencia en Efectivo y se deniega su solicitud de más ayuda, su Asistencia en Efectivo en curso no se será afectada.

- Se efectuará un pago de parte de la HRA en la cantidad de _____ a su proveedor de servicios públicos _____, del número de cuenta _____.

¿Tendré que reembolsar esta cantidad? (Determinación de Recuperación):

- Este pago no se tiene que reembolsar. Nosotros no deduciremos dinero alguno de su subsidio de Asistencia en Efectivo para recuperar el pago.
- Este pago tiene que reembolsarse puesto que usted no pagó sus facturas de servicios públicos ni de combustible, de alquiler ni de hipoteca con la cantidad de los beneficios de dinero en efectivo que usted reciba para estos fines. Por lo tanto, nosotros deduciremos dinero de sus futuros beneficios de Asistencia en Efectivo para recuperar la cantidad que usted solicitó que se pagara a su proveedor de servicios públicos para prevenir la desconexión de servicios públicos o para restablecer los mismos. Esto se denomina recuperación.

Los criterios que nos permiten deducir dinero de sus beneficios futuros de Asistencia en Efectivo se detallan en el Aviso de la Intención de Recuperar la Concesión de Servicios Públicos (**M-858x [S]**) que nosotros le enviaremos. Ese aviso indicará la cantidad y la tasa de deducción de sus futuros beneficios de dinero en efectivo. El aviso también explicará cómo usted puede oponerse a (1) nuestra decisión de que usted no ha destinado su concesión de dinero en efectivo a sus facturas de servicios públicos ni de combustible, ni de alquiler/hipoteca, (2) la cantidad a deducirse, y (3) la tasa de la deducción.

Vea la próxima página 

¿Cambiará mi beneficio en efectivo normal? (Determinación de Restricción):

- Tenemos la intención de pagar directamente al proveedor de servicios públicos en la cuenta de usted la porción de la asignación de energía de su subsidio. La cantidad de la asignación de energía depende de la constitución del hogar de Asistencia en Efectivo, y se indica en la tabla proporcionada. Este pago directo a su compañía de servicios públicos se denomina restricción. Esta medida se debe a su impago de las facturas de servicios públicos, de combustible, de alquiler y/o hipoteca con esa porción de su concesión de dinero en efectivo que usted reciba para estos fines. Mientras que su caso de Asistencia en Efectivo esté abierto, la agencia pagará la factura total de servicios públicos, incluida cualquier cantidad que exceda de la porción de asignación de energía de su concesión. La cantidad pagada por la HRA a su proveedor de servicios públicos que exceda de la porción de su concesión destinada a los servicios públicos se deducirá de sus futuros beneficios de dinero en efectivo, hasta que se haya reembolsado esa cantidad.

Le enviaremos a usted un Aviso de la Intención de Restringir la Asignación de Energía Domiciliaria (**M-858c [S]**), el cual indicará la cantidad a restringirse. Este aviso también explicará cómo usted puede oponerse a la decisión de restricción si no está de acuerdo con la misma, y además le informará de su derecho a una Audiencia Imparcial.

- No se restringirá en este momento la porción de la concesión de energía de su subsidio. Usted debe seguir pagando las facturas de servicios públicos.


SAMPLE

Nombre del Trabajador/Fecha

Nombre del Supervisor/Fecha

Nota: Las reglas estipulan que usted notifique de inmediato a este departamento de cualquier cambio en sus necesidades, ingreso, recursos, arreglos de vivienda o dirección.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS
IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Vea la próxima página 

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:

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

(3) FAX: Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:
14 Boerum Place, Brooklyn, NY 11201.

(5) POR INTERNET: Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Vea la próxima página 

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA

Las expediciones y manuales de la política de la HRA y de la Oficina de Asistencia Temporal para Discapacitados (OTDA) están disponibles para usted y su representante para determinar si se debe solicitar Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____



Date: _____

Case Number: _____

Case Name: _____

Job Center: _____

Center Telephone Number: _____

Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Grant and Acknowledgment for Applicants and Participants

Case Name:	Case Number:
Name of Customer (if other than Case Name):	Address (include borough and zip code):
Utility Company Name:	Account Number:
Utility Arrears Amount:	

SAMPLE

BY SIGNING THIS FORM:

- I am asking that HRA pay my utility company:
 - to prevent a service shut-off.
 - to turn my utilities back on.

HRA will tell me in writing if I can get this grant.

- HRA will also tell me in writing if I can get a utility guarantee. A **utility guarantee** is HRA's promise to my utility company to pay my bill even if I cannot. The guarantee is for up to six (6) months, to prevent a service shut-off. More information on the utility guarantee is in the Utility Handout, form **FIA-1104a**.
- I UNDERSTAND THAT IF I CAN GET A GUARANTEE, I AM STILL RESPONSIBLE FOR PAYING MY UTILITY BILLS DURING THAT PERIOD. HRA ONLY PAYS IF I CANNOT.**
- I understand that if I am not getting ongoing Cash Assistance or Supplemental Security Income (SSI), I may be required to sign a repayment agreement to get this grant if my income is too much for me to get ongoing Cash Assistance.

Signature

Date

If this box is checked, you must also sign the box on page 2 to get this grant.

See next page 

For **Ongoing** Cash Assistance Participants **ONLY**:

I understand:

- That the amount HRA pays my utility company to prevent the shut-off or to restore service may be taken out of my future Cash Assistance Benefits as a recoupment if I did not pay my utility bills, fuel bills, or rent with the portion of my cash benefits that I get for these purposes. These amounts depend on my Cash Assistance household size and are shown in the chart provided as "Monthly Home Energy Allowance," "Monthly Fuel for Heating," and "Maximum Monthly Shelter Allowance." The amount of the recoupment will depend on the amount of my Cash Assistance grant. HRA will tell me in writing if I have to repay this amount from my cash benefits.
- That the amount I receive for utilities in my Cash Assistance grant may be paid directly to my utility company if I did not pay my utility bills, fuel bills, or rent with the portion of my cash benefits that I get for these purposes. These amounts depend on my Cash Assistance household size and are shown in the chart provided. This direct payment to my utility company is called a restriction. HRA will tell me in writing if some of my cash benefits are restricted.
- That if HRA pays my utility bill during the guarantee period because I did not pay it, the amount I receive for utilities in my Cash Assistance grant may be paid directly to my utility company. The amount that may be taken from my grant and paid directly to my utility company depends on my Cash Assistance household size and whether my utility bill includes heat, and is shown in the chart provided. This direct payment to my utility company is called a restriction. HRA will inform me in writing if some of my cash benefits are restricted.
- That if I am eligible for a utility guarantee and HRA makes a payment for me because I did not pay my bill, my Cash Assistance grant may be reduced to repay this amount. This is called a recoupment. HRA will inform me in writing if I have to repay this amount from my cash benefits.

NOTE: More information about restriction and recoupment is in the Utility Handout, form **FIA-1104a**. If you do not have one, ask your worker for a copy.

Signature

Date

JOS/Worker Name

Date



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro de Trabajo: _____

Número Telefónico del Centro: _____

Solicitud de Subsidio para Servicios Públicos (Gas, Calefacción, Luz, Electricidad) y Acuse de Recibo para Solicitantes y Participantes

Nombre del Caso:	Número del Caso:
Nombre del Cliente <i>(si distinto de Nombre del Caso)</i> :	Dirección <i>(incluidos condado y código postal)</i> :
Nombre de Compañía de Servicios Públicos:	Número de Cuenta:
Suma de Atrasos de Servicios Públicos:	

AL FIRMAR ESTE FORMULARIO:

- Solicito que la HRA pague a mi compañía de servicios públicos:
 - para prevenir la desconexión del servicio.
 - para reanudar el mismo. La HRA me informará por escrito si puedo obtener este subsidio.
- Además la HRA me informará por escrito si puedo obtener una garantía de servicios públicos. Por la **garantía de servicios públicos** se da a entender que la HRA se compromete a pagar la cuenta de servicios públicos a nombre mío, en caso de que yo no pueda hacerlo. La garantía dura por hasta seis (6) meses, para prevenir la desconexión de servicio. Para más información sobre la garantía de servicios públicos, vea el Folleto de Servicios Públicos, formulario **FIA-1104a (S)**.
- **ENTIENDO QUE AUN SI PUEDO OBTENER LA GARANTÍA, SOY RESPONSABLE DE PAGAR LA CUENTA DE SERVICIOS PÚBLICOS DURANTE ESE PERÍODO. LA HRA SÓLO HACE PAGOS EN CASO DE QUE YO NO PUEDA HACERLO.**
- Entiendo que si no obtengo Asistencia en Efectivo continua o Ingreso de Seguridad Suplementario (SSI), puede que se me obligue a firmar un acuerdo de reintegro para obtener dicho subsidio, en caso de mi ingreso sumar demasiado para obtener Asistencia en Efectivo continua.

Firma

Fecha

Si esta casilla está marcada, usted debe además firmar en la página 2 para obtener este subsidio.

Vea la próxima página 

SÓLO para Participantes de Asistencia en Efectivo Continúa:

Entiendo que:

- la suma pagada por la HRA a mi compañía de servicios públicos para prevenir la desconexión de servicio, o para reanudar el mismo, puede deducirse de mis beneficios futuros de Asistencia en Efectivo como recuperación. Esta medida se puede tomar en caso de yo no haber pagado las cuentas de servicios públicos, combustible, o alquiler con la porción de mis beneficios en efectivo obtenida para estos fines. Estas cantidades dependen de la constitución del hogar de Asistencia en Efectivo y figuran en la tabla adjunta como "Asignación Mensual de Energía Del Hogar," "Combustible Mensual para Calefacción" y "Asignación Mensual Máxima de Refugio". La cantidad de la recuperación dependerá de la cantidad de mi concesión de Asistencia en Efectivo. La HRA me informará por escrito si tengo que reintegrar la suma de mis beneficios en efectivo.
- la suma de mi subsidio de Asistencia en Efectivo destinada para los servicios públicos puede pagarse directamente a mi compañía de servicios públicos, en caso de yo no haber pagado las cuentas de servicios públicos, combustible, o alquiler con la porción de mis beneficios en efectivo obtenida para estos fines. Estas cantidades dependen de la constitución del hogar de Asistencia en Efectivo y figuran en la tabla adjunta. Este pago directo a mi compañía de servicios públicos se denomina restricción. La HRA me informará por escrito en caso de restringirse una porción de mis beneficios en efectivo.
- si la HRA paga mi factura de servicios públicos durante el período de garantía por no haberla pagado yo, la cantidad que recibiré para servicios públicos en mi concesión de Asistencia en Efectivo se puede pagar directamente a mi compañía de servicios públicos. La cantidad que se puede sustraer de mi concesión y pagar directamente a mi compañía de servicios públicos depende del número de integrantes de mi hogar de Asistencia en Efectivo y de la inclusión de en mi factura de servicios públicos de calefacción. Esto se indica en la tabla adjunta. Este pago directo a mi compañía de servicios públicos se denomina restricción. La HRA me informará por escrito de toda restricción de mis beneficios en efectivo.
- si reúno los requisitos para la garantía de servicios públicos y la HRA efectúa pago a nombre mío por yo no haber pagado la cuenta, se puede deducir mi subsidio de Asistencia en Efectivo para reintegrar esta suma. Esta medida se denomina recuperación. La HRA me informará por escrito si tengo que reintegrar la suma de mis beneficios en efectivo.

AVISO: Vea el Folleto de Servicios Públicos, formulario **FIA-1104a (S)**, para más información sobre restricción y recuperación. En caso de no tenerlo, pídale una copia a su trabajador.

Firma

Fecha

Trabajador/JOS

Fecha

Date: _____
Case Number: _____
Case Name: _____
Telephone Number: _____
Center: _____

Notice to Report to Center

Please report to:

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____
On: Appointment Date: _____ Time: _____ Telephone: _____

SAMPLE

To discuss: _____

Other: _____

If any required documentation is listed below, it must be brought into the center **with this letter**.

Required documentation: _____

If you have any questions or are unable to keep this appointment, please call the telephone number above.
You must contact us prior to your reporting time to arrange a new appointment.

This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may make you ineligible for public assistance or may reduce your benefits for a specific period of time.

This is a nonmandatory eligibility appointment.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número de Teléfono: _____
Centro: _____

Aviso de Presentarse al Centro

Favor de presentarse a:

Local: _____
Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

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

Para tratar:

Otro:

Si se indica alguna documentación necesaria más abajo, usted tiene que traerla al centro **con esta carta**.

Documentación necesaria:

Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. **Usted tiene que comunicarse con nosotros antes de la hora programada para fijar una nueva cita.**

Ésta es una cita obligatoria de elegibilidad. El incumplimiento de esta cita o el no comunicarse con nosotros puede hacerle inelegible para asistencia pública o puede que se le reduzcan sus beneficios por un período de tiempo específico.

Ésta es una cita de elegibilidad no obligatoria.

Date: _____
Case Number: _____
Case Name: _____
Job Center: _____

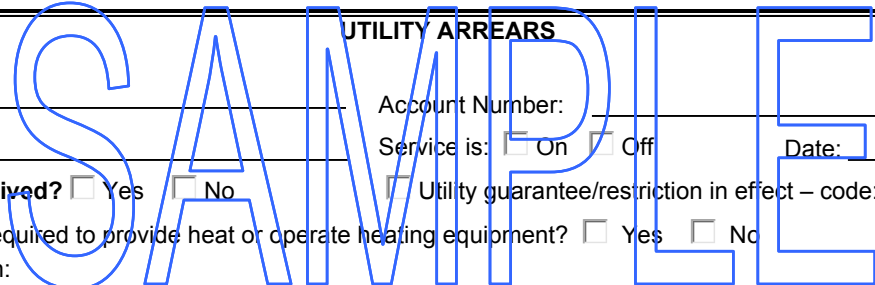
UTILITY ARREARS/EMERGENCY HEATING

APPLICANT/PARTICIPANT INFORMATION

Case Name: _____ Case Number: _____ Caseload: _____
Social Security Number: _____ Telephone Number: _____
Address: _____ Program Type (check one):
_____ CA NCA SNAP SSI
City: _____ State: _____ Zip: _____

UTILITY ARREARS

Utility Company: _____ Account Number: _____
Name on Account: _____ Service is: On Off Date: _____
HEAP payment received? Yes No Utility guarantee/restriction in effect – code:* _____
Is the utility service required to provide heat or operate heating equipment? Yes No
Additional Information: _____



JOS/Worker's Signature Date

EMERGENCY HEATING

Type of Heating Equipment: Boiler/Furnace Other: _____
 Oil: Vendor's Name: _____ Account Number: _____
HEAP payment received? Yes, amount: \$ _____
 No Pending: HEAP Application Date: _____
Emergency HEAP payment received? Yes, amount: \$ _____
 No Pending: HEAP Application Date: _____
Resource Amount Available: _____ **Other Household Income:†** _____

Does the applicant/participant own the home? Yes No
Is the applicant/participant the tenant of record? Yes No

* Enter code from Element 044 of the TAD
† Verification required

EMERGENCY HEATING (continued)

Vendor Status (check one) (Refer to Participating Vendor List):

- Participating Vendor Non-Participation Vendor

Non-Participating Vendor Payment Plan Type (check the type of plan in which the applicant/participant is currently enrolled.)

- Pre-Payment Purchase Plan Price Per Gallon Capped or Locked in Plan Monthly Budget Plan
 Annual Service Contract Plan Other Type of Contract Plan

If applicant/participant is **NOT ENROLLED** in a Price Protection Plan, Budget Plan or Service Contract with a Non-Participating Vendor, ask the applicant/participant to switch to a participating vendor.

Is the applicant/participant willing to select a new vendor? Yes No If Yes, complete vendor information below:

New Vendor Name: _____ Old Vendor Name: _____
 Address: _____ Address: _____
 Telephone Number: _____ Telephone Number: _____

Additional Information:

SAMPLE

Worker's Signature _____

Date _____

UTILITY LIAISON RECOMMENDATION
(Breakdown)

Amount	From	To
\$		
\$		
\$		
\$		

Service is: On Off Date of termination: _____
 Turn-off notice: Yes No Heating Heat-Related

If applicant/participant has a payment plan with a non-participating vendor, obtain verification from vendor and indicate how plan was verified:

If applicant/participant has chosen a participating vendor, obtain verification that the new vendor will accept the applicant/participant as a customer.

Refer applicant/participant to HEAP Central? Yes Application initiated on _____ No
 (date)

***If yes**, do not request an extension from the utility company; an extension will be obtained at HEAP Central. If the emergency is imminent, obtain the extension and notify HEAP Central. If **no**, provide reason and additional information.

UTILITY LIAISON RECOMMENDATION (continued)

Extension Granted at Center: Yes Expiration date: _____
Reason Requested: _____

No Reason: _____

PAYMENT RECOMMENDED: Code: _____ Amount: \$ _____ Period Covered: _____
Abeyance amount: \$ _____ Forms/letters required: _____

HEATING EQUIPMENT: Replacement amount: \$ _____ Repair Amount: \$ _____

Additional Information: _____

UTILITY LIAISON INFORMATION

Name: _____ Telephone No: _____
Fax No: _____ E-mail Address: _____

Group Supervisor's Name: _____

Group Supervisor's Telephone No: _____

Group Supervisor's E-mail Address: _____

Utility Liaison's Signature _____ Date _____

HEAP REFERRAL OUTCOME

Date HC Sent to Job Center: _____ Time: _____
(HEAP comp. sys. populates in real time) (HEAP comp. sys. populates in real time)

Regular Approved: _____

Primary (Heating) Emergency Approved: _____

Heat-Related Emergency Approved: _____

Regular HEAP Case Pended: Reason: _____

Case Denied: Reason: _____

SUPERVISORY REVIEW

Applicant/participant eligible for HEAP? Yes If Yes, amount: _____ Code: _____

No **If No, is a payment authorized by Center?**
 Yes No

Is verification of HEAP evaluation in the case record? Yes No

Additional Information: _____

Supervisor's Signature _____ E-Mail Address _____ Date _____

MANAGERIAL REVIEW

- Evidence of emergency HEAP evaluation in case record* Case action correct
- Issuance code is correct

REMINDER

***DO NOT** provide authorization for payment of a heat-related emergency unless there is verification that the household was **first** evaluated and has been determined **ineligible** for emergency HEAP benefits.

Approved

Signature of Assistant to the Deputy Director

Date

- Not Approved** (HEAP evaluation required) **Not Approved** – Inappropriate issuance code

Signature of Assistant to the Deputy Director

Date

SAMPLE

Date: _____

Job Center: _____

Number of Referrals Attached: _____

IREA Repayment Transmittal Form

No.	Case Number/ Suffix	Last Name/First Name	Payment Date	Payment Amount	Reason Code
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					

SAMPLE

Signature of Deputy Director for Intake Unit: _____



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):

- | | |
|---|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | |
| <input type="checkbox"/> 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 | |

- Expenses related to moving:**
- | | |
|--|---|
| <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Furniture and other household items |
| <input type="checkbox"/> Security deposit/agreement | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher | |

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:

- | | |
|---|---|
| <input type="checkbox"/> Clothing for participants in job search activities who have exceptional circumstances, such as homelessness or a recent fire and lack of appropriate clothing | <input type="checkbox"/> Child care allowance within approved limits, if needed |
| <input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items | <input type="checkbox"/> Necessary public transportation |
| | <input type="checkbox"/> Other work activity-related supportive services: |
| | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

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:

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

Name: _____

Name: _____

Date moved in/returned: _____

Date moved in/returned: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number (if known): _____

Social Security Number (if known): _____

Participant's Signature

Date of Request

Time of Request AM PM

Worker's Name

Date



Fecha: _____
Nombre del caso: _____
Número de caso: _____
Unidad de casos: _____
Centro: _____
Tel. del trabajador(a): _____
Teléfono de FH&C: _____

**Petición para la Asistencia de Emergencia, asignaciones adicionales,
o para añadir una persona al caso de Asistencia en Efectivo
(solo para participantes)**

Favor de completar este formulario si necesita asistencia de emergencia, asignaciones adicionales o para añadir una persona al caso.

Recuerde:

- (1) Se le podría pedir prueba de los datos que usted proporcione. Si tiene problemas para obtener las pruebas, su trabajador debe ayudarle.
(2) Podría tener que reunirse con su trabajador de casos. En tal caso, se le programará una cita.

SECCIÓN I: ASISTENCIA DE EMERGENCIA

Solicito el siguiente tipo de asistencia de emergencia:

La razón por la que necesito la asistencia de emergencia es:

(Gire la hoja)

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

SECCIÓN II: ASIGNACIONES ADICIONALES

Solicito la(s) siguiente(s) asignación(es) por necesidad especial:

- | | |
|--|--|
| <input type="checkbox"/> Alquiler atrasado | <input type="checkbox"/> Asignación adicional para combustible |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad | <input type="checkbox"/> Reparaciones a la propiedad |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados | <input type="checkbox"/> Reemplazo de ropa perdida debido a desastres, tal como falta de albergue o incendio |
| <input type="checkbox"/> Asignación para embarazo | <input type="checkbox"/> Otras asignaciones: |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde vivo | |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en esta dirección: | |

Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, NY 11101
Teléfono: 718-473-8310

SAMPLE

- | | |
|---|---|
| <input type="checkbox"/> Gastos relacionados con la mudanza: | |
| <input type="checkbox"/> Gastos de mudanza | <input type="checkbox"/> Muebles y otros artículos del hogar |
| <input type="checkbox"/> Depósito/acuerdo de garantía | <input type="checkbox"/> Almacenamiento de muebles y artículos personales |
| <input type="checkbox"/> Comisión del agente inmobiliario o del intermediario/vale de pago (<i>voucher</i>) | |

Nueva dirección: _____
(incluya el número de apartamento)

Ciudad Estado Código postal

¿Cuándo se mudó? _____ Nuevo alquiler: \$ _____

Nombre del arrendador: _____

Nombre del inquilino principal: _____

Dirección: _____
(incluya el número de apartamento)

Ciudad Estado Código postal

(Gire la hoja)

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Solicito los siguientes servicios de apoyo para:

- Vestimenta para los participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en circunstancias excepcionales, tales como la falta de vivienda o incendio reciente y falta de vestimenta adecuada.
- Actividad/participación relacionada con obtener alguna licencia, uniformes o alguna tarifa de bienes duraderos, dentro de los límites aprobados, a la hora de presentar documentación que compruebe la necesidad de dichos artículos.
- Asignación para cuidado infantil dentro de los límites aprobados, de ser necesario.
- Transporte público necesario
- Otros servicios de apoyo relacionados con actividades de trabajo:

Se proporcionarán los servicios necesarios cuando usted inicie alguna actividad de trabajo. Si se produce algún cambio en sus necesidades o si no está recibiendo algún servicio necesario, debería solicitar una asignación adicional.

SECCIÓN IV: AÑADIR UNA PERSONA AL CASO

Usted puede presentar este formulario a su trabajador de casos aunque no tenga toda la información necesaria.

Deseo añadir la(s) siguiente(s) persona(s) a mi caso de Asistencia en Efectivo:

- recién nacido
- un menor que se ha integrado al hogar
- un niño menor de 18 años (cuyo estado migratorio ha cambiado desde mi última solicitud/recertificación)
- un cónyuge/ adulto que vive conmigo quien no haya presentado solicitud anteriormente (para poder recibir asistencia dicha persona debe completar una solicitud).
- un cónyuge quien anteriormente haya presentado solicitud y haya sido rechazado por su estado migratorio, pero dicho estado ya ha cambiado.
- A mí mismo/adulto beneficiario del caso
- Otra persona _____
- Otra persona _____

Nombre: _____
Fecha de mudanza/regreso: _____
Fecha de nacimiento: _____
Número de Seguro Social (de saberlo): _____

Nombre: _____
Fecha de mudanza/regreso: _____
Fecha de nacimiento: _____
Número de Seguro Social (de saberlo): _____

Firma del/de la participante _____
Fecha de la petición _____
Hora de la petición AM PM

Worker's Name [Nombre del trabajador(a)] _____
Date [Fecha]



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.

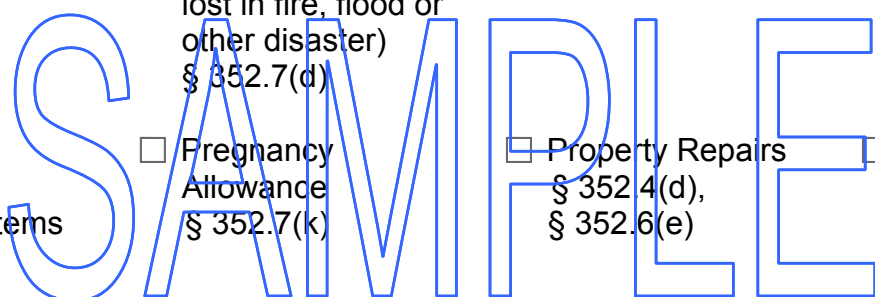
(Turn page)

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 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



Fecha: _____
 Número de caso: _____
 Nombre del caso: _____
 Centro: _____
 Unidad de casos: _____
 Teléfono del trabajador: _____
 Teléfono para programar conferencias FH&C: _____

Medida tomada en cuanto a su Petición para la Asistencia de Emergencia, las asignaciones adicionales o para añadir a personas al caso de Asistencia en Efectivo (solo para participantes)

A continuación, se ofrece la explicación (junto a la casilla marcada con) sobre la decisión de la Agencia en cuanto a su(s) programa(s) de beneficio(s).

Este aviso solo se aplica a su petición para recibir una asignación adicional, con el fin de satisfacer una necesidad especial, de cambiar a algún subsidio o alguna solicitud para la asistencia de emergencia. Si se niega la petición para recibir asistencia adicional, su caso continuo de Asistencia en Efectivo no se verá afectado.

El día _____, usted pidió: Asistencia de emergencia
 (Fecha) Asignación adicional para:

- Su petición para _____ ha sido aceptada. Usted recibirá:
 Un pago de \$ _____ .
 Plazo de tiempo cubierto, si corresponde: _____ .

Cómo se hará el pago:

- | | | |
|--|---|--|
| <input type="checkbox"/> Por vale/comisión, a nombre del agente inmobiliario o del intermediario | <input type="checkbox"/> Por cheque, a ser recogido en su centro de trabajo | <input type="checkbox"/> Por cheque, enviado a su vivienda |
| <input type="checkbox"/> Por medio del sistema de la tarjeta EBT, añadido a su Asistencia en Efectivo normal | <input type="checkbox"/> Por medio del depósito de seguridad/contrato/vale de pago/ entregado al arrendador | <input type="checkbox"/> Por cheque, enviado directamente al arrendador/ representante |

Otra medida:

- Usted recibirá un segundo aviso informándole cómo se verán afectados sus beneficios continuos.

(Gire la hoja)

El día _____, usted fue referido para que solicitara la asignación para entierros en la Oficina de Servicios para Entierros (Office of Burial Services), ubicada en el 33-28 Northern Boulevard, 3rd Floor (3er piso), Long Island City, NY 11101, teléfono (718) 473-8310.

Su petición para _____ ha sido rechazada porque:

La(s) ley(es) y/o el reglamento que nos permite hacer esto es el artículo 18 NYCRR (favor de ver a continuación las secciones (§) del reglamento que aplican):

Adición al hogar § 352.30 Asignación adicional para combustible § 352.5 Hipoteca y/o impuestos atrasados § 352.7 (g) Alquiler atrasado § 352.7 (g)

Comisión del agente inmobiliario o del intermediario/vale de pago § 352.6(a) Pérdida por catastrófe (reemplazo de ropa y muebles destruidos por fuego, inundación u otro tipo de desastre) § 352.7(d) Muebles y otros artículos del hogar § 352.7(a) Gastos de mudanza § 352.6(a)

Reparación de artículos esenciales para el hogar § 352.7(b) Asignación para el embarazo § 352.7(k) Reparaciones a la propiedad § 352.4 (d), § 352.6(e) Depósito de seguridad/ contrato de alquiler § 352.6(a)

Actividad de trabajo relacionada a los Servicios de Apoyo § 385.4 Asignación para restaurantes § 352.7(c) Asignación quincenal de combustible para calefacción § 352.5(b) Almacenamiento de muebles y artículos personales § 352.6(f)

Otro (especifique):

Nombre del trabajador(a)/JOS

Fecha

Nombre del supervisor(a)

Fecha

(Gire la hoja)

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?

¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN ADJUNTA A ESTE AVISO SOBRE
CONFERENCIAS Y DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER
CÓMO APELAR ESTA DECISIÓN.**

SAMPLE

(Gire la hoja)

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporaria y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo solicitar una Audiencia Imparcial: Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)
- (2) POR ESCRITO:** Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**
- (3) FAX:** Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga consigo una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporaria y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:
14 Boerum Place, Brooklyn, NY 11201.
- (5) POR INTERNET:** Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

(Gire la hoja)

Qué puede esperar de la Audiencia imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera errónea nuestra decisión. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, tal como un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

(Gire la hoja)

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia imparcial. La decisión de la Agencia es errónea porque:

Nombre en
letra de
molde:

Nombre

Inicial
2do
nombre

Apellido

Número de caso: _____

Dirección: _____

Teléfono: _____

Ciudad: _____

Estado: _____

Código
postal: _____

Firma: _____

Fecha: _____

SAMPLE

Cash Assistance (CA) Single Issue Opening Codes and Associated CA Special Grant Issuance Codes Desk Guide

CA Single Issue Opening Code	Restricted to the following Special Grant Issuance Codes for PUC 1, 2, 6 or 9	Special Instructions
<p>Y19 (Case accepted for emergencies other than shelter or utility arrears)</p>	<p>14, 15, 16, 18, 19, 21, 22, 38, 39, 42, 45, 46, 47, 48, 49, 60, 61, 62, 81, W3, W4</p>	<ul style="list-style-type: none"> Do not use these CA opening and issuance codes to issue recurring benefits. WMS limits use of CA Opening Codes Y19, Y37, Y38, Y39 and Y41 to the special grant codes listed when issued using the following pick-up codes (PUC): <ul style="list-style-type: none"> PUC 1 (Special Roll Check) PUC 2 (Pended Until 45th Day of Safety Net Federally Participating [SNFP]/ Safety Net Cash Assistance [SNCA]/Safety Net Non-Cash [SNNC] Eligibility) PUC 6 (Emergency Check Issued via the E-Check Authorization Print Process) PUC 9 (Electronic Benefit Transfer [EBT] Emergency CA Single Issue Special Grant)
<p>Y37 (Case accepted for single issue payments that have been ordered by a Fair Hearing decision)</p>	<p>No Restrictions Any applicable special grant issuance code can be used</p>	
<p>Y38 (Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay)</p>	<p>10, 30, 31, 40, 41, 43, 50, 59, 99</p>	
<p>Y39 (Case accepted only for emergency shelter arrears and/or emergency utility arrears with no repayment agreement)</p>	<p>7, 8, 9, 10, 30, 31, 40, 41, 43, 50, 59, 62, D0, W5, W7, 99</p>	
<p>Y41 (Case accepted for immediate needs [pre-investigation])</p>	<p>10, 18, 19, 22, 25, 30, 31, 38, 39, 40, 41, 42, 44, 49, 50, 59, 60, 61, 81</p>	

Note 1: Use Special Grant Issuance Code **31** with CA opening code **Y38** to pay the rent arrears, including excess rent.

Note 2: There is no restriction on the special grant issuance codes that may be used with CA Opening Codes **Y19, Y37, Y38, Y39** and **Y41** when issued with **PUC 4** (Same Day Immediate Needs), **PUC 5** (Emergency Cash Assistance Check [E-Check]) and **PUC 7** (Emergency Cash Payment [E-Cash]).

Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker
Telephone Number: _____
FH&C
Telephone Number: _____

Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only)

The Agency's decision(s) regarding your application(s) is/are explained below next to the marked box(es) .

Immediate Needs

This notice applies only to your request for assistance to meet an immediate need. If you have also applied for ongoing Cash Assistance, this notice does not affect your application for ongoing Cash Assistance. You will also receive a notice advising you of this Agency's decision on your application for ongoing Cash Assistance when your eligibility has been determined.

If your application for ongoing Cash Assistance is denied for failure to comply with eligibility requirements, a second request for an immediate needs/emergency grant for "no food" or items relating to personal care, filed within three months of the original application denial, may also be denied unless you can document good cause for your original failure to comply.

On _____, you requested assistance to meet an immediate need of:

We are giving you this notice to tell you that your request for an immediate needs grant was evaluated and the following decision was made:

- An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____.
(Date)
- An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for _____.
- A Goodwill Voucher has been provided in the amount of \$ _____ for _____ on _____.
(Date)
- If this box is checked, you are responsible for repaying \$ _____ as shown:
 - This amount must be repaid to us in accordance with the agreement to repay that you signed on _____.
(Date)
 - You must repay the amount shown above because it is more than the Human Resources Administration (HRA) shelter maximum of \$ _____ for your family size of _____ for each month of arrears that HRA agreed to pay.

Immediate Needs (Continued)

- Assistance to meet a food-related immediate need is denied because you:
- failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - were issued same day SNAP
 - other reason for denial (please specify):

- Assistance to meet a nonfood-related immediate need is denied because you:
- failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - applied for Cash Assistance on _____ (Date) (within the last three months) and were issued one of the following:
 - immediate need(s) grant(s)
 - Goodwill Voucher(s)
 - other grants (please specify):

and subsequently, failed to comply with the eligibility requirements without good cause. The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- Other action taken on your application:

Medical Assistance

- If you need help with your medical bills, you must apply separately for Medical Assistance. If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**.
- Your Medical Assistance stays the same.
- Your application for Medical Assistance is being reviewed. We will send you our decision within 30 days.

**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.**

Conference and Fair Hearing Section

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

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 manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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

FAIR HEARING REQUEST

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

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

Print Name: _____ Case Number: _____

Name _____ M.I. _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Unidad de Casos: _____
Nombre del Trabajador: _____
Núm. de Tel. del Trabajador: _____
Núm. de Tel. de FH&C: _____

Aviso de Decisión sobre la Asistencia para Satisfacer una Necesidad Inmediata o Asignación Especial (Sólo para Solicitantes)

La(s) decisión(es) de la Agencia respecto a su(s) solicitud(es) se explica(n) a continuación junto a la(s) casilla(s) marcada(s) .

Necesidades Inmediatas

Este aviso sólo corresponde a su solicitud de asistencia para satisfacer una necesidad inmediata. Si usted también ha solicitado Asistencia en Efectivo continua, el presente no afecta su solicitud de dicha asistencia. En cuanto se determine su elegibilidad, usted también recibirá un aviso que le informará de la decisión de esta Agencia sobre su solicitud de Asistencia en Efectivo continua.

Si se deniega su solicitud de Asistencia en Efectivo continua por usted no cumplir los requisitos de elegibilidad, puede que también se deniegue una segunda solicitud de concesión de necesidad inmediata/de emergencia para artículos "no alimentarios" relacionados con el cuidado personal, a menos que usted pueda documentar motivo justificado por su incumplimiento inicial de los requisitos de elegibilidad. Esta última solicitud sólo se considerará si se presenta dentro de tres meses tras la denegación inicial de solicitud.

El _____, usted solicitó asistencia para satisfacer una necesidad inmediata de:

Por el presente le informamos que se ha revisado su solicitud de una concesión para satisfacer necesidades inmediatas y se ha tomado la siguiente decisión:

- Una concesión de emergencia de preinvestigación por la cantidad de \$ _____ estará a su disposición el _____ (Fecha).
- Se le ha otorgado una concesión única de emergencia por la cantidad de \$ _____ para _____.
- Se le ha otorgado un Comprobante de Buena Voluntad de \$ _____ para _____ el _____ (Fecha).
- Si se marca esta casilla, usted es responsable de reintegrar la suma de \$ _____ tal como indicado:
 - Esta cantidad se nos debe reembolsar conforme al acuerdo de reintegro que usted ha firmado el _____ (Fecha).
 - Usted debe reembolsar la suma indicada más arriba por ésta ser superior al máximo de albergue de la Administración de Recursos Humanos (HRA) de \$ _____ para el tamaño de su familia con _____ personas, para cada mes de atrasos que la HRA ha aceptado pagar.

Necesidades Inmediatas (Continuación)

Se le ha denegado la asistencia para satisfacer una necesidad inmediata relacionada con la alimentación por usted:

- no establecer/no documentar su identidad
- disponer de recursos en demasía
- ser extranjero sin documentación
- recibir una concesión para necesidades inmediatas en los últimos 90 días y no cumplir posteriormente los requisitos de elegibilidad
- haber recibido beneficios de SNAP el mismo día
- Otro motivo por la denegación (en concreto por favor):

Se le ha denegado la asistencia para satisfacer una necesidad inmediata no relacionada con la alimentación por usted:

- no establecer/no documentar su identidad
- disponer de recursos en demasía
- ser extranjero sin documentación
- recibir una concesión para necesidades inmediatas en los últimos 90 días y no cumplir posteriormente los requisitos de elegibilidad
- solicitar Asistencia en Efectivo el _____ (dentro de los últimos tres meses), y haber recibido

uno de los siguientes:

- concesión(es) para necesidades inmediatas
- comprobante(s) de Buena Voluntad
- otras concesiones (en concreto por favor)

y posteriormente, usted no cumplió los requisitos de elegibilidad sin motivo justificado. Las reglas que nos permiten tomar esta medida son 18 NYCRR § 351.1, § 351.8, y § 352.7.

Otra medida tomada respecto a su solicitud:

Asistencia Médica

- Si usted necesita asistencia para saldar las facturas médicas, debe solicitar Asistencia Médica por separado. Si desea más información sobre elegibilidad para Asistencia Médica, llame al número de teléfono del Trabajador en la **página 1**.
- Su Asistencia Médica permanecerá sin cambios.
- Se está revisando su solicitud de Asistencia Médica. Nos comunicaremos con usted respecto a nuestra decisión dentro de 30 días.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS
IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escríbanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**

(3) POR FAX: Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance), a la siguiente dirección:
14 Boerum Place, Brooklyn, NY 11201.

(5) POR INTERNET: Llene un formulario de petición electrónica en: <http://www.ctda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera errónea nuestra decisión. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

DISPONIBILIDAD DE LOS MATERIALES DE POLÍTICA: Las expediciones y manuales de política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) están publicados en el sitio web de la OTDA en <http://www.otda.ny.gov/legal>. Estas expediciones y estos manuales están disponibles para que usted o su representante determinen si deben solicitar una Audiencia Imparcial o para prepararse para la misma. Además, previa solicitud a su distrito local de servicios sociales, habrá disponibles expediciones y manuales concretos de política de la OTDA, para asistirle a usted o a su representante.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

Nombre en
Letras de
Molde:

Nombre

Apellido

Núm. del Caso:

Dirección:

Ciudad:

Estado:

Código Postal:

Teléfono:

Firma:

Fecha:

SAMPLE

Determination of Eligibility for Emergency Assistance to Needy Families (EAF)

Case Name:	Case Composition:
Case Number/Suffix:	
Caseload:	
Center:	
Type of Emergency:	
Cause of Emergency:	

As set forth in 18 NYCRR § 372.1 and 97 ADM-20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

I. This Crisis Situation is Due to the Following Circumstance(s):

SAMPLE

<input type="checkbox"/> Fire or other disaster	<input type="checkbox"/> Utility shutoff/termination
<input type="checkbox"/> Asked to leave shared apartment by relative or friend who is primary tenant	<input type="checkbox"/> Eviction by landlord for reasons other than nonpayment of rent (specify): _____
<input type="checkbox"/> Emergency medical expenses required all available resources to be diverted from rent	<input type="checkbox"/> Eviction by landlord due to nonpayment of rent as part of a complex set of problems, which constitutes an emergency for the family
<input type="checkbox"/> Sudden loss of employment due to layoff or other reason not brought about by voluntary quit	<input type="checkbox"/> Victim of domestic violence (adult and/or child)
<input type="checkbox"/> Landlord refused late or partial rent payment	<input type="checkbox"/> Other (specify): _____

II. EAF Eligibility Determination Checklist:

In order to determine participant's eligibility for EAF, respond to each of the following items:

1. Does the caretaker relative or non-parent caretaker receive SSI? If "Yes," determine eligibility for Emergency Assistance of Adults (EAA) first, if "No" or not EAA eligible, proceed to question 2. Yes No

2. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school, who is currently residing with an adult caretaker who is related by blood, marriage or adoption? Yes No

* The term "caretaker who is related by blood, marriage or adoption" shall include the following:

- (1) the child's father, mother, brother, sister, grandfather, great-grandfather, great-great-grandfather, grandmother, great-grandmother, great-great-grandmother, uncle, great-uncle, great-great-uncle, aunt, great-aunt, great-great aunt, of whole or half blood;
- (2) the child's first cousin, nephew and niece, of whole or half blood;
- (3) the child's stepfather, stepmother, stepbrother, stepsister, but no other step relative;
- (4) in the case of a child who has been surrendered to an authorized agency or who has been adopted:
 - (i) any of the blood or step relatives included in the preceding paragraphs of this subdivision; and
 - (ii) the child's adoptive parents and:
 - (a) the other children of the adoptive parents and the children of such children;
 - (b) the parents, grandparents and great-grandparents of the adoptive parents;
 - (c) the brothers and sisters of the adoptive parents and the children of such brothers and sisters; and
 - (d) the aunts, uncles, great-aunts and great-uncles of the adoptive parents.

(5) the spouse of any person described in the preceding paragraphs, even though the marriage may have been terminated by death, divorce or annulment; and

(6) in the case of a child born out of wedlock, any relative in the maternal line included in the preceding paragraphs of this subdivision and, if paternity has been adjudicated or acknowledged in writing, any relative in the maternal and paternal lines included in the preceding paragraphs.

3. Is there a woman of any age with a medically verified pregnancy?
If you checked "Yes" to either question 2 or 3 above, proceed. If not, the case is ineligible for EAF. Yes No
4. Does the family have resources to meet their needs or available income at or above 200% of the most recently published Federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for the family size? (See **EXP-76D**) Yes No
5. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services? Yes No
6. Will the emergency grant being applied for duplicate or replace a Cash Assistance grant already made under **18 NYCRR § 352.2(a)(b)(c)? (See **W-203K**)
(Do not answer "Yes" if the duplication will replace lost or stolen Cash Assistance.) Yes No

** Each social services district shall utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of Section 352.2 to provide for all items of need, exclusive of:

- (1) shelter;
- (2) fuel for heating;
- (3) additional cost of meals for persons who are unable to prepare meals at home;
- (4) purchase of necessary and essential furniture required for the establishment of a home;
- (5) replacement of necessary and essential furniture for persons in need of Cash Assistance who have suffered the loss of such items as the result of fire, flood or other like catastrophe;
- (6) essential repairs of heating equipment, cooking stoves and refrigerators;
- (7) allowances for occupational training.

If you checked "No" to questions 4, 5, and 6, proceed.
If you checked "Yes" to any of questions 4, 5, and 6, the applicant is ineligible for EAF.

7. Is the necessary payment a diversion payment or a utility emergency payment?
If you checked "Yes" to Number 7, **Stop** – EAF eligible.
If you checked "No" to Number 7, go to Number 8. Yes No
8. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?
If you checked "Yes" to Number 8, **Stop** – EAF eligible.
If you checked "No" to Number 8, ineligible for EAF. Yes No

III. Is This Case Eligible for EAF? Yes No

In accordance with 18 NYCRR § 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

JOS/Worker Signature	Date
Supervisor Signature	Date

IMPORTANT: If you have determined that this case is eligible for EAF, HAVE YOU:

- Completed all questions on this form?
- Signed and date this form, and obtained your Supervisor's signature?
- Entered an "F" in element 270 of POS TAD?

All POS case entries must be descriptive and indicate the nature of the emergency. Please ensure that all related materials are scanned and available on the HRA One Viewer. Complete the POS TAD and annotate the EAF indicator.

(File copy in case record)

**For CIS/OCP Use Only
EAF Indicator Data Entry**

Case Name _____

Case Number

0	0								
---	---	--	--	--	--	--	--	--	--

Suffix

--	--	--	--

Center

0		
---	--	--

Item 270

F

OCP Control Clerk

Date

Control Clerk

Date

OCP CRT Operator

Date

Error

Resubmit Date

Control Clerk

Date

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Shelter Arrears Repayment Agreement Worksheet (Use for EAF and SNA Applicants Only)

APPLICANT INFORMATION (To be completed by the JOS/Worker.)

A. Print Name: _____
Last Name First Name M.I.

Address: _____

City: _____ State: _____ Zip Code: _____

- B. 1. Is the household eligible for EAF? (Refer to Determination of Eligibility for Emergency Assistance to Needy Families, form **W-145TT**). Yes No
If Yes, a repayment agreement is not required (see exception in the Note below)
If No, go to Question 2.
2. Is the household applying for recurring SNA? Yes No
If Yes, see the asterisk (*) below and proceed to Section C.
If No, proceed to question 3.
3. Is the household applying for ESNA assistance? Yes No
If Yes, proceed to Section C.
If No, reevaluate category of assistance. Return to question 1.

Note: If shelter arrears are paid under Emergency Assistance to Needy Families (EAF), any amount that exceeds the maximum monthly shelter allowance is to be recovered. Complete the Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**).

For applicants found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), any amount that exceeds the maximum monthly shelter allowance is to be recouped. Complete the PA Recoupment Data Entry Form – WMS (**LDSS-3573**) and enter the recoupment in the Welfare Management System (WMS).

* If the applicant is applying for recurring SNA but eligibility has not yet been established for recurring assistance, the Repayment Agreement should be signed in the event that the recurring case is not opened. If the recurring case is opened, the Repayment Agreement is null and void and the arrears should be claimed under the recurring SNA. In this situation, any arrears that exceed the maximum shelter standards for the month of application and/or for any prior months must be recouped from future SNA grants.

Shelter Arrears Repayment Agreement Worksheet (continued)

C. Household size: _____ (Include all persons residing in the applicant's house or apartment.)

D. The household's gross monthly income at the time of application: \$ _____
(Include all earned and unearned income [including SSI] for all persons residing in the applicant's household.)

125% of the 2018 Federal Poverty Level Guidelines

Size of Household	1	2	3	4	5	6	7	8	9	10	For Each Additional Household Member:
Monthly Amount (Rounded)	\$1,265	\$1,715	\$2,165	\$2,615	\$3,065	\$3,515	\$3,965	\$4,415	\$4,865	\$5,314	\$450

E. 125% of the Federal poverty level for the household size in Section C: \$ _____

F. Does the amount in Section E exceed the amount in Section D?

- SAMPLE
- Yes. Applicant is eligible for ESNA shelter arrears payment. Complete the Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (W-147H) form.
 - No. Applicant is ineligible for an ESNA shelter arrears payment.

G. Total arrears requested: \$ _____

H. Estimated monthly repayment amount: \$ _____ (The amount in Section G divided by 12.)

Date: _____
Case Number: _____
Case Name: _____
Center Name: _____

Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears

You have applied for Emergency Assistance to help pay your current shelter expense arrears. Your current actual monthly shelter expense (rent/mortgage/property tax) is \$_____. You are currently _____ months behind in paying your rent/mortgage/property tax. These arrears total \$_____.

The Human Resources Administration (HRA) allows \$_____ per month as the maximum monthly shelter allowance for your household size of _____. HRA will pay the maximum monthly allowance for _____ months which totals \$_____.

You are required to repay HRA any amount paid that is greater than the maximum monthly shelter allowance for your household size.

HRA may approve a payment up to the total arrears indicated above. Of this amount, the maximum monthly amount that you will be required to repay to HRA is \$_____. If HRA approves a lesser amount, your monthly payment will be reduced, and you will be advised of the reduced amount.

You will receive a bill each month from the HRA/Division of Accounts Receivable and Billing (DARB), and you will be billed each month until the total amount is paid in full. You have the option at any time of repaying the total balance due in one lump-sum payment.

If you are found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), the amount that exceeds the maximum monthly shelter allowance for your household size will be recouped from your future Cash Assistance grant.

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Nombre del Centro: _____

Asistencia de Emergencia a las Familias Necesitadas (EAF) Acuerdo para Reembolsar Atrasos de Albergue Excedentes

Usted ha solicitado Asistencia de Emergencia para pagar sus atrasos actuales de gastos de albergue. Su gasto mensual actual y efectivo de albergue (alquiler/hipoteca/impuesto sobre la propiedad) suma \$ _____. Actualmente usted está _____ meses atrasado(a) con el pago de su alquiler/hipoteca/impuesto sobre la propiedad. Estos pagos atrasados suman \$ _____.

La máxima concesión mensual de albergue para el número de integrantes de su hogar de _____ integrantes permitida por la Administración de Recursos Humanos (HRA) es de \$ _____. La HRA pagará la máxima concesión mensual por _____ meses, la cual suma \$ _____.

Se requiere que usted reembolse a la HRA cualquier cantidad pagada superior a la máxima concesión mensual de albergue para el número de integrantes de su hogar.

La HRA puede aprobar un pago de hasta el total de los atrasos indicados más arriba. De ese pago, la máxima cantidad mensual que se requiere que usted reembolse a la HRA suma \$ _____. Si la HRA aprueba una cantidad inferior, se reducirá su pago mensual y le informará de la cantidad reducida.

Usted recibirá una factura mensual del Departamento de Cuentas por Cobrar y Facturación (DARB) de la HRA, y se le facturará mensualmente hasta que la cantidad debida se reembolse en total. Usted tiene la opción en cualquier momento de pagar la cantidad total en un pago único global.

Si se determina que usted reúne los requisitos conforme a Asistencia Familiar (FA) o Asistencia de Red de Seguridad (SNA) recurrentes, se recuperará de su futura concesión de Asistencia en Efectivo la cantidad excedente de la máxima concesión mensual de albergue para el número de integrantes de su hogar.

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Information About Repaying the Department of Social Services For Utility Arrears

You have just signed an agreement to repay the Department of Social Services (DSS) the money you received for assistance with your utility arrears. The Human Resources Administration (HRA) has arranged with its Division of Accounts Receivable and Billing to enroll you in its automated billing process.

How does the automated billing process work?

Once your signed repayment agreement is received and the HRA check to the utility company is cashed, HRA will enter the full amount into the HRA billing system as a billable account. The amount will be divided into the 24 monthly installments required by New York State Social Services law. Each month you will receive a bill from the HRA Division of Accounts Receivable and Billing and a postage pre-paid business reply envelope. Each bill will show payments received since the prior bill and the remaining balance.

How can I change the amount of the bill due each month?

If you want to change the monthly amount due, you can contact the HRA Division of Claims and Collections. The Division will work with you to create a different payment plan based on changes to your finances or other circumstances. You can ask to reduce or increase the monthly bill amount at any time during the 24-month repayment period. You can also repay the outstanding amount in full at any time during the billing process.

When will the monthly billing begin?

The monthly billing begins after your repayment agreement is given to HRA and the check HRA issued to pay your utility arrears is cashed. If the check is not cashed, you will not be enrolled in the monthly billing process and no money will be due to the DSS.

When will the billing end?

The billing will end when the amount is paid in full. If you become an active Cash Assistance recipient before the amount has been paid in full, billing will be stopped until your case closes. If you are sanctioned on your case, we will start billing you again until the total amount is repaid.

Who do I contact with my questions or concerns?

You can contact the HRA Division of Claims and Collections at (212) 274-4943. Tell the representative you want to discuss your repayment agreement. You will be given an appointment to talk about your repayment agreement with Division staff.

Where is the Division of Claims and Collections located?

The address is 250 Church St. New York, N.Y. 10013.

What happens if I stop paying the bills sent to me?

You are responsible for repaying your utility assistance on the assigned schedule unless you ask for a different payment plan and HRA agrees. If you do not contact the HRA Division of Claims and Collections to change your payment schedule or ask for a suspension, you might have a civil action taken against you. This means you could have your credit score negatively affected, your paycheck garnished, and legal fees plus interest added to the original amount owed.

Información sobre el Reembolso al Departamento de Servicio Social Por Pagos Atrasados en los Servicios de Electricidad y Gas

Usted ha firmado un acuerdo para reembolsar al Departamento de Servicio Social (Department of Social Services -DSS) el dinero que recibió para la asistencia de sus pagos atrasados de los servicios de electricidad y gas. La Administración de Recursos Humanos (The Human Resources Administration - HRA) ha acordado con la División de Cuentas y Pagos (Division of Accounts Receivable and Billing) inscribirle en el proceso automático de pago.

¿Cómo trabaja el proceso automático de pagos?

Una vez se reciba su acuerdo de reembolso firmado y el cheque que la HRA envíe a la compañía de electricidad y gas se haya cobrado, la HRA ingresará la cantidad total en el sistema de pago como una cuenta por cobrar. La cantidad será dividida entre los 24 plazos mensuales que requiere la Ley Estatal de Servicios Sociales de Nueva York. Cada mes usted recibirá una factura de la División de Cuentas y Pagos de HRA y un sobre de retorno con estampilla. Cada factura indicará los pagos recibidos desde la factura anterior y el balance restante.

¿Cómo puedo cambiar la cantidad de la factura que se debe cada mes?

Si desea cambiar la cantidad que se debe cada mes, puede comunicarse con la División de Reclamos y Cobros de la HRA. Esa unidad coordinará con usted para crear un plan diferente basado en los cambios en sus finanzas u otras circunstancias. Usted puede solicitar que se disminuya o aumente la factura mensual en cualquier momento durante el período de reembolso de 24 meses. Usted además puede reembolsar en total el balance restante en cualquier momento durante el proceso de pago.

¿Cuándo se iniciará el pago mensual?

El pago mensual se iniciará después de que su acuerdo de reembolso haya sido entregado a la HRA y el cheque que la HRA envió para cancelar los pagos atrasados de los servicios de electricidad y gas se cobra. Si el cheque no ha sido cobrado, usted no estará inscrito en el proceso mensual de pago y no se deberá dinero al DSS.

¿Cuándo finalizará el pago?

El pago finalizará cuando la cantidad sea totalmente pagada. Si usted se hace beneficiario(a) activo de la Asistencia en Efectivo antes de que la cantidad en total se pague, no recibirá facturas de pago hasta que se cierre su caso. Si es sancionado(a) en su caso, empezaremos a enviarle las facturas nuevamente hasta que la cantidad en total se reembolse.

¿Con quién me comunico si tengo preguntas o dudas?

Puede comunicarse con la División de Reclamos y Cobros de la HRA llamando al (212) 274-4943. Dígame al representante que quiere hablar con alguien sobre su acuerdo de reembolso. Se programará una cita para que hable con un empleado de la División sobre el acuerdo de reembolso.

¿Dónde está ubicada la División de Reclamos y Cobros?

La dirección es 250 Church St. New York, N.Y. 10013.

¿Qué pasa si dejo de pagar las facturas que me envían?

Usted es responsable de reembolsar su asistencia de los servicios de electricidad y gas en las fechas indicadas, a menos que solicite un plan de reembolso diferente y la HRA esté de acuerdo. Si no se comunica con la División de Quejas y Cobros de la HRA para cambiar las fechas de pago de su reembolso o solicitar que se suspendan los pagos, podría entablarse un proceso civil en contra suya. Esto significa que su estado de crédito podría verse afectado, y su salario ser embargado, y se podrían agregar tarifas legales y más intereses a la cantidad que se debe.

Information About Repaying the Department of Social Services For Rental Arrears

You have agreed to repay the Department of Social Services (DSS) the money you received for assistance for your rental arrears. The Human Resources Administration (HRA) has arranged with its Division of Accounts Receivable and Billing to enroll you in its automated billing process.

How does the automated billing process work?

Once your signed repayment agreement is received and the HRA check to the landlord is cashed, HRA will enter the full amount into the HRA billing system as a billable account. The amount will be divided into the 12 monthly installments required by New York State Social Services law. Each month you will receive a bill from the HRA Division of Accounts Receivable and Billing and a postage pre-paid business reply envelope. Each bill will show payments received since the prior bill and the remaining balance.

How can I change the amount of the bill due each month?

If you want to change the monthly amount due, you can contact the HRA Division of Claims and Collections. The Division will work with you to create a different payment plan based on changes to your finances or other circumstances. You can ask to reduce or increase the monthly bill amount at any time during the 12-month repayment period. You can also repay the outstanding amount in full at any time during the billing process.

When will the monthly billing begin?

The monthly billing begins after your repayment agreement is given to HRA and the check HRA issued to pay your rental arrears is cashed. If the check is not cashed, you will not be enrolled in the monthly billing process and no money will be due to the DSS.

When will the billing end?

The billing will end when the amount is paid in full. If you become an active Cash Assistance recipient before the amount has been paid in full, billing will be stopped until your case closes. If you are sanctioned on your case, we will start billing you again until the total amount is repaid.

Who do I contact with my questions or concerns?

You can contact the HRA Division of Claims and Collections at (718) 557-1344. Tell the representative you want to discuss your repayment agreement. You will be given an appointment to talk about your repayment agreement with Division staff.

Where is the Division of Claims and Collections located?

The address is 250 Church Street, 8th Floor, New York, N.Y. 10013.

What happens if I stop paying the bills sent to me?

You are responsible for repaying your rental assistance on the assigned schedule unless you ask for a different payment plan and HRA agrees. If you do not contact the HRA Division of Claims and Collections to change your payment schedule or ask for a suspension, you might have a civil action taken against you. This means you could have your credit score negatively affected, your paycheck garnished, and legal fees plus interest added to the original amount owed.

Información sobre el Reembolso al Departamento de Servicios Sociales Por Pagos Atrasados de Alquiler

Usted ha acordado reembolsar al Departamento de Servicios Sociales (DSS) el dinero que recibió de asistencia para sus pagos atrasados de alquiler. La Administración de Recursos Humanos (HRA) ha acordado con la División de Cuentas por Cobrar y Facturación inscribirle en el trámite automático de facturación.

¿Cómo funciona el trámite automático de facturación?

Una vez se reciba su acuerdo de reembolso firmado y se haya cobrado el cheque de la HRA a nombre del casero, la HRA ingresará la cantidad total en el sistema de facturación como cuenta por cobrar. La cantidad se dividirá entre los 12 plazos mensuales que estipula la Ley Estatal de Servicios Sociales de Nueva York. Cada mes usted recibirá una factura de la División de Cuentas por Cobrar y Facturación de la HRA y un sobre con franqueo pagado y con dirección del remitente. Cada factura indicará los pagos recibidos desde la factura anterior y el saldo remanente.

¿Cómo puedo cambiar la cantidad de la factura que se debe cada mes?

Si usted desea cambiar la cantidad debida mensualmente, puede comunicarse con la División de Reclamaciones y Cobros de la HRA. Esa unidad coordinará con usted para crear un diferente plan de pagos, basado en cambios a sus finanzas u otras circunstancias. En cualquier momento durante el período de reembolso de 12 meses, usted puede solicitar que se disminuya o aumente la factura mensual. Además, usted puede reembolsar la cantidad total debida en cualquier momento durante el trámite de facturación.

¿Cuándo se iniciará la facturación mensual?

La facturación mensual se iniciará después de que se haya proporcionado su acuerdo de reembolso a la HRA y que se cobre el cheque que la HRA expidió para pagar sus atrasos de alquiler. Si no se cobra el cheque, usted no estará inscrito(a) en el trámite de facturación mensual y no se deberá ningún dinero al DSS.

¿Cuándo se terminará la facturación?

La facturación se terminará cuando se salde la cantidad total. Si posteriormente usted pasa a ser beneficiario(a) activo de Asistencia en Efectivo antes de que se salde la cantidad total, no recibirá facturas de pago hasta el cierre de su caso. Si usted es sancionado(a) en su caso, empezaremos nuevamente a enviarle las facturas hasta que se salde la cantidad total.

¿Con quién me comunico si tengo preguntas o dudas?

Puede comunicarse con la División de Reclamaciones y Cobros de la HRA al llamar al (718) 557-1344. Infórmele al representante que quiere hablar con alguien sobre su acuerdo de reembolso. Se le programará una cita para que hable con un empleado de la División sobre el acuerdo de reembolso.

¿Dónde está ubicada la División de Reclamaciones y Cobros?

La dirección es 250 Church Street, 8vo piso, New York, N.Y. 10013.

¿Qué tal si dejo de pagar las facturas que se me envían?

Usted es responsable de reembolsar su asistencia de alquiler en las fechas indicadas, a menos que solicite un plan de reembolso diferente y la HRA esté de acuerdo. Si no se comunica con la División de Reclamaciones y Cobros de la HRA para cambiar las fechas de pago de su reembolso, o no solicita que se suspendan las facturas, se puede entablar un proceso civil en contra suya. Esto significa que su puntaje de crédito puede verse afectado, puede embargarse su salario, y pueden agregarse tarifas legales más intereses a la cantidad debida.

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____

Utility Arrears Repayment Agreement

REPAYMENT AGREEMENT

Case Address (at time of arrears): _____

As a condition of eligibility for receiving this utility arrears assistance to restore or to prevent termination of service, I agree to repay the Human Resources Administration \$ _____.

I agree to repay this amount in twenty-four (24) monthly installments of \$ _____.

I understand that each payment is due on the date indicated on the monthly bill I will receive from the Human Resources Administration.

I understand that the Human Resources Administration's Division of Accounts Receivable and Billing will send me a monthly bill. My check or money order must be made payable to the Human Resources Administration and must include my address and case number. I understand that payments must be mailed in the provided addressed postage-free return envelope to:

Human Resources Administration
Division of Accounts Receivable and Billing
150 Greenwich Street, 34th Floor
New York, NY 10007

I understand that I will not be eligible for subsequent utility arrears assistance to restore or prevent termination of service unless I have fully repaid any prior utility arrears payments that were subject to repayment; or I am repaying this assistance in accordance with the terms of any Repayment Agreement(s); or my household's income is below the temporary assistance standard of need for my household size as of the date of application for such subsequent assistance. I also understand that if I fail to repay this assistance within the twenty-four (24) month period, the Human Resources Administration will enforce this Repayment Agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages, in appropriate cases.

I understand that the Human Resources Administration also has the right to require that I sign a lien on my real property for receiving a utility arrears payment authorized under Emergency Safety Net Assistance or Emergency Assistance to Needy Families. If a lien is taken, that portion which represents this arrears payment will be reduced by payments made under this agreement.

If I later become eligible for recurring temporary assistance, any unpaid balance of this utility arrears payment will be suspended until I am no longer receiving recurring temporary assistance. At that time, the unpaid balance will become due to the Human Resources Administration under the terms of this agreement.

I understand that by signing this form, I agree to all of the above conditions.

Applicant's Signature

Date

Authorized by

Date

Note: This form is not valid unless the Applicant's signature and the authorized Human Resources Administration staff signature are present.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número del Centro: _____

Acuerdo de Reembolso de Pagos Atrasados de Servicios Públicos

ACUERDO DE REEMBOLSO

Dirección del caso (en el momento del atraso): _____

Como condición de elegibilidad para recibir asistencia de pagos atrasados de servicios públicos, para restaurar o prevenir la terminación de mi servicio, acepto reembolsar a la Administración de Recursos Humanos (HRA) \$ _____.

Estoy de acuerdo en reembolsar esta cantidad en veinticuatro (24) plazos mensuales de \$ _____.

Entiendo que la fecha límite de cada pago se indica en la factura mensual que obtendré de la Administración de Recursos Humanos.

Entiendo que la División de Cuentas por Cobrar y Facturación de la HRA me enviará una factura mensual. Mi cheque o giro postal tiene que ser pagadero a la Administración de Recursos Humanos y debe incluir mi dirección y número del caso. Entiendo que se deben enviar por correo los pagos en el sobre con franqueo pagado y con dirección del remitente a:

Human Resources Administration
Division of Accounts Receivable and Billing
150 Greenwich Street, 34th Floor
New York, NY 10007

Entiendo que no seré elegible para asistencia adicional de atrasos de servicios públicos para restablecer o evitar la terminación de servicio, a menos que yo haya reembolsado por completo cualquier pago debido de atrasos anteriores de servicios públicos; o estoy reembolsando esta asistencia conforme a las condiciones de cualquier Acuerdo(s) de Reembolso; o el ingreso de mi hogar es inferior al de la norma de necesidad de asistencia temporal para el número de integrantes de mi hogar, a partir de la fecha de solicitud de dicha asistencia adicional. Entiendo además que si no reembolso como debido esta asistencia dentro del plazo de veinticuatro (24) meses, la HRA hará cumplir este Acuerdo de Reembolso por cualquier método del que disponga un acreedor. Esto incluye, pero no se limita a remitir el asunto a una agencia de cobros, obtener una orden judicial, obtener un gravamen de bienes inmuebles o embargar mi sueldo, en caso apropiado.

Entiendo que la HRA también tiene el derecho de estipular que yo firme un gravamen de mis bienes inmuebles para recibir un pago de atrasos de servicios públicos conforme a Asistencia de Red de Seguridad de Emergencia (Emergency Safety Net Assistance) o Asistencia de Emergencia a Familias Necesitadas (Emergency Assistance to Needy Families). Si se acepta el gravamen, la porción que representa este pago de atrasos se reducirá por los pagos efectuados conforme a este acuerdo.

Si posteriormente resulto elegible para asistencia temporal recurrente, se suspenderá cualquier saldo no pagado de esta deuda atrasada de servicios públicos, hasta que yo deje de recibir asistencia temporal recurrente. En ese momento, el saldo por pagar se deberá a la HRA conforme a las estipulaciones de este acuerdo.

Entiendo que al firmar este formulario, accedo a todas las condiciones anteriores.

Firma del Solicitante

Fecha

Autorizado por

Fecha

Nota: Este Formulario no es válido a menos que esté firmado por el solicitante y por un miembro autorizado del personal de la Administración de Recursos Humanos.

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____

Utility Arrears Repayment Agreement Worksheet

A. Applicant's Information (To be completed by the JOS/Worker.)

Print Name: _____
First Name M.I. Last Name
 Address: _____

 City: _____ State: _____ Zip Code: _____
 Utility arrears owed: \$ _____

Category: ESN EAF

B. Is the applicant the customer of record? Yes. Proceed. No. The customer of record must come in to apply.

C. Household size (Include all persons residing in the applicant's house or apartment and their Social Security numbers):

(1) Name	(2) Relationship	(3) Social Security Number	(4) Type/Verification	(5) Monthly Gross
Total				\$

D. Is the customer of record in receipt of CA or SSI (or additional State payments) on the date of application?

Yes. Repayment Agreement is **not** required (regardless of category of assistance under which the arrears are paid). No. Proceed to Section "E."

E. Household's gross monthly income on the date of application is \$ _____.

(Include all earned and unearned income for all persons residing in the house or apartment.)

For employed persons, include the name, address, and telephone number of the employer(s) beside the person's name.

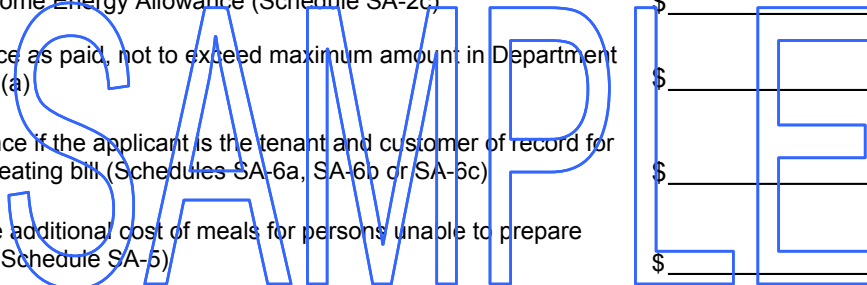
Employer's Name: _____ Telephone: _____
 First Name M.I. Last Name
 Address: _____

 City: _____ State: _____ Zip Code: _____

F. CA standard of need for household size in Section "C" \$ _____.

This is the sum of the following 6 items:

- 1. Basic Allowance (Schedule SA-2a) \$ _____
- 2. Home Energy Allowance (Schedule SA-2b) \$ _____
- 3. Supplemental Home Energy Allowance (Schedule SA-2c) \$ _____
- 4. Shelter Allowance as paid, not to exceed maximum amount in Department regulation 352.3(a) \$ _____
- 5. Heating Allowance if the applicant is the tenant and customer of record for the residential heating bill (Schedules SA-6a, SA-6b or SA-6c) \$ _____
- 6. If applicable, the additional cost of meals for persons unable to prepare meals at home (Schedule SA-5) \$ _____



G. Is Section "E" (gross monthly income) greater than Section "F" (Temporary Assistance) monthly standard of need?

- Yes. Repayment Agreement is required. Complete the Utility Arrears Repayment Agreement (**W-147X**) form.
- No. Repayment Agreement is **not** required.

CA and SNAP Resource Limits/Exemptions Desk Guide

The following rules apply to all applicants and participants. However, for SNAP purposes, households that are categorically eligible for SNAP benefits are not subject to resource limits.

Resources	Cash Assistance (CA)	Supplemental Nutrition Assistance Program (SNAP)
Licensed Vehicles	<p>The household may own one vehicle with a Fair Market Value (FMV) of \$11,000.</p> <p>First or only vehicle:</p> <ul style="list-style-type: none"> • Use the <u>FMV</u> rule as follows: <ul style="list-style-type: none"> ■ Apply the Kelley Blue Book's trade-in "good condition" value of the vehicle. ■ Compare the excess FMV to the CA resource limit of \$2,000/\$3,000, as appropriate. ■ In those instances in which the applicant/participant can prove that the vehicle is actually worth less than the value quoted in the Kelley Blue Book, such proof must be accepted. <p>Second or subsequent vehicle(s):</p> <ul style="list-style-type: none"> • Apply the <u>equity value</u> rule as follows: <ul style="list-style-type: none"> ■ Use the Kelley Blue Book's trade-in "good condition" value of the vehicle. ■ Subtract any encumbrances. Encumbrances are liens or amounts still owed on the vehicle. ■ Combine the excess FMV of the first vehicle with the equity value of the second vehicle. ■ Compare the total value of all vehicles to the CA resource limit of \$2,000/\$3,000, as appropriate. 	<p>One licensed vehicle per adult household member and one licensed vehicle for each child under 18 years of age who uses the vehicle for school, work, training, or to look for work, is excluded from the resource test.</p> <p>Additional Licensed Vehicles are excluded when:</p> <ul style="list-style-type: none"> • Used to produce earned income (including situations in which the use of one's personally owned vehicle is required for employment such as that of a courier, delivery person, etc.); • Annually producing income consistent with its FMV, even if used only on a seasonal basis; • Necessary for long-distance travel, other than daily commuting, when it is essential to the employment of a household member, an ineligible alien or a disqualified person regardless of purpose of transportation; • Used as the household's home; • Necessary to transport a physically disabled household member, ineligible alien or disqualified person; • Leased by a household member; • The title is held by a nonmember AND no member of the household is permitted to access the cash value of the vehicle; • A household depends on it to carry fuel for heating or water for home use; • The sale of the vehicle will produce a return of \$1,500 or less. <p>NONEXCLUDED: Licensed vehicles that do not meet these criteria must have the full equity value applied to the household's applicable liquid resource limit. Unlicensed vehicles and recreational vehicles must have their full equity value applied to the household's resource limit.</p> <p>NOTE: Resources of household members who receive SSI or CA are exempt from the SNAP resource test.</p>
Liquid Cash Limits (includes bank accounts, saving bonds, and cash on hand)	<ul style="list-style-type: none"> • \$3,000 for a household in which at least one person is elderly (60 years of age or older). • \$2,000 for all other households. 	<ul style="list-style-type: none"> • \$3,500 for a household in which at least one person is <u>elderly</u> (60 years of age or older) or <u>disabled</u> that still are subject to a resource test. • \$2,250 for households without any aged/disabled members that still are subject to a resource test.
Liquid Cash Exemptions	<ul style="list-style-type: none"> • Federal assistance provided under Public Law (P.L.) 93-288 Section 312(d) (Disaster Relief Act of 1974), as amended by P.L. 100-707. • Comparable disaster assistance payments provided by state or local governments, or by disaster relief organizations, such as the American Red Cross or the Salvation Army. • Federal Emergency Management Agency (FEMA) payments made when there is a disaster or emergency. • One separate bank account per household member that is created for the sole purpose of paying tuition at a two-year or four-year accredited, post secondary institution. • New York Achieving a Better Life Experience (NY ABLE) Savings Account(s) (deposits and interest earned) are exempt as income and resources 	<ul style="list-style-type: none"> • Federal assistance provided under P.L. 93-288 Section 312(d) (Disaster Relief Act of 1974), as amended by P.L. 100-707. • Comparable disaster assistance payments provided by state or local governments, or by disaster relief organizations, such as the American Red Cross or the Salvation Army. • Federal Emergency Management Agency (FEMA) payments made when there is a disaster or emergency. • New York Achieving a Better Life Experience (NY ABLE) Savings Account(s) (deposits and interest earned) are exempt as income and resources

CA: See Chapter 19 of the Temporary Assistance Source Book for a full list of CA excluded resources. **SNAP:** See Section 17(C) of the SNAP Source Book for a full list of SNAP excluded resources.
Note: Resources of household members who receive Supplemental Security Income (SSI) or CA are exempt from the SNAP resource test. Households with a member that is sanctioned or disqualified due to an Intentional Program Violation (IPV) are not categorically eligible for SNAP benefits and must pass the resource test.

CA and SNAP Resource Limits/Exemptions Desk Guide (continued)

The following rules apply to all applicants and participants. However, for SNAP purposes, households that are categorically eligible for SNAP benefits are not subject to resource limits.

Resources	Cash Assistance (CA)	Supplemental Nutrition Assistance Program (SNAP)
Lump Sum Payment Exemptions	<p>The lump sum period of ineligibility can be shortened if:</p> <ul style="list-style-type: none"> • the lump sum is used to repay the Agency for past assistance; • the lump sum payment is set aside as a resource if the amount set aside; when combined with existing resources, does not exceed the CA resource limit. (maximum = \$2,000 for an individual or a household, or \$3,000 for an individual or a household with a member 60 years of age or older); • the lump sum is used to pay for medical expenses that would have been covered by Medicaid during the time of CA ineligibility; • the lump sum becomes unavailable for reasons beyond the household's control; • the lump sum is used to meet the household's increased standard of need. <p style="text-align: center;">OR</p> <p>The lump sum is used within 90 days for one or more of the following:</p> <ul style="list-style-type: none"> • The purchase of an automobile that is exempt from resource limit because it is needed to seek or retain employment or travel to and from work (maximum \$11,000); • A resource-exempt bank account that is established to purchase a first or replacement automobile that will be used to seek or retain employment (maximum \$4,650); • A college tuition account that is used to pay tuition at a two-year or four-year post secondary education institution (maximum = \$1,400); (participants only) • A resource-exempt burial plot; • A resource-exempt bona fide funeral agreement (maximum = \$1,500). 	<p>Nonrecurring lump sum payments are <u>counted as a resource</u> in the month the payment was received.</p>
Earned Income Tax Credit (EITC)	<p>Exempt as income or a resource, whether received as a refund or as an advance payment as long as the EITC amount remains identifiable.</p>	<p>Advance payments of Federal EITC are excluded in the month received. Federal and state EITC paid in the form of a lump sum at the end of the year are also excluded as long as they remain identifiable.</p>
Household Goods and Personal Effects	<p>Items essential to day-to-day living, such as clothes, furniture, and other similarly essential items of limited value.</p>	
Home	<p>A home that is the primary residence of the family.</p>	
Burial Plot	<p>One burial plot or space per household member.</p>	
Funeral Agreement	<p>One funeral per household member (maximum equity value of \$1,500).</p>	
Real Property (not primary residence)	<p>Exempt for six (6) months while the household is making a good faith effort to sell if the individual agrees, in writing, to repay CA received.</p>	<p>Real property remains excluded as a resource when the household is making a good faith effort to sell the property at a reasonable price and has not yet sold.</p>

Note: Resources of household members who receive SSI or CA are exempt from the SNAP resource test. Households with a member that is sanctioned or disqualified due to an Intentional Program Violation (IPV) are not categorically eligible for SNAP benefits and must pass the SNAP resource test.