



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY DIRECTIVE #24-07-ELI (This Policy Replaces PD #24-01-ELI) ONE-TIME SIX MONTH EARNED INCOME DISREGARD

Date: July 29, 2024	Subtopic(s): Cash Assistance Budgeting, SNAP Budgeting
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AUDIENCE

This policy directive is for the Benefits Access Centers (BAC), Special Projects Center staff, and is informational for all other staff.

Note: A procedure for HIV/AIDS Services Administration (HASA) will be issued under separate cover.

REVISIONS TO THE PRIOR DIRECTIVE

This policy directive has been revised to inform the Special Projects Center staff of updates to the Welfare Management System (WMS) and revisions to the process for applying a 100% Earned Income Disregard (EID) for Cash Assistance (CA) cases.

PURPOSE

The purpose of this policy directive is to inform staff of changes to SSL section 131-a(8)(a) as authorized by Part X of Chapter 56 of the Laws of 2023 (SFY 2023-24 New York State Budget) and to provide guidance for implementation. These changes went into effect on December 29, 2023.

POLICY

Cash Assistance (CA) participants who are seeking employment or training opportunities often face barriers to economic security as any increase in income may disqualify them from receiving benefits. The State Fiscal Year (SFY) 2023-24 New York State Budget, enacted on May 3, 2023, created new income disregard provisions designed to support CA participants who start new jobs or participate in employment and training activities by allowing them to earn more income while retaining access to CA and other support services.

The SFY 2023-24 State Budget established a new disregard on all earned income that a CA participant gets from participation in a qualified work activity or training program, provided the individual's overall income does not exceed 200% of the Federal Poverty Level (FPL) for their household size. This disregard does not apply to Supplemental Nutrition Assistance Program (SNAP) benefits.

The SFY 2023-24 State Budget will also disregard all earned income of a CA participant following a new job for a maximum of six consecutive months, once per lifetime, provided that the individual's overall income does not exceed 200% of the FPL for their household size. Following the six-month period, regular budgeting of income for purposes of CA eligibility would apply. This disregard does not apply to SNAP benefits.

BACKGROUND

Both the training income disregard and one-time 100% employment income disregard apply only to CA participants and cannot be used for applicants. A participant is defined as an individual who submitted an application for CA or had someone else submit an application for CA on their behalf, and who has been determined eligible for CA. The definition of household size for the purpose of applying the 200% FPL includes all individuals who are active on the CA case.

Training and Work Activity Income Disregard Implications

Provided that the individual's total gross income is not more than 200% of the FPL for their household size, all of the earned income of a CA participant from participation in the following training or work activities is now exempt and must be disregarded as income or resources in determining eligibility or budgeting CA benefits:

- Subsidized Employment;
- Work Experience;
- Job Search;
- Vocational Education;
- Secondary School;
- Job Skills Training;
- Educational Training;
- Job Readiness Training;
- Community Service; and
- On-the-Job Training.

All training activities must be approved work activity assignments consistent with the participant's Employment Assessment (EA) / Employment Plan (EP) in order for the participant to be eligible for the training income disregard.

CA participants in the Transitional Employment Advancement Program (TEAP) are not eligible for either the training income disregard or the one-time 100% employment income disregard.

Staff are encouraged to consider grant diversion if it will help improve the CA participant's employability as they complete an approved training program and advance toward greater economic security. Refer to [09-ADM-11](#) for more information. This may be helpful for CA participants who have already used their one-time 100% six-month employment disregard and need additional supports in obtaining sustained employment.

One-Time 100% Employment Income Disregard Implications

The one-time 100% earned income disregard (EID) allows staff to disregard all of the individual's income earned from employment when determining eligibility or level of CA benefits, provided that it be for no more than six consecutive months from the initial date the new budget is authorized and that the individual's overall total gross income shall not be more than 200% of the FPL for their household size.

Note: The 100% EID does not apply to the earned income of individuals who are not active members of the CA portion of the case. For example, ineligible non-citizen legally responsible relatives and non-legally responsible care takers on child only cases.

Any new job, including multiple new jobs gained during the six consecutive month period, will be eligible for the one-time 100% employment disregard, if the individual's overall total gross income is not more than 200% of the FPL for their household size.

***Example:** David receives CA and gets a new job. David timely reports their updated income due to the new job to DSS/HRA. Staff reviews David's income and determines they are eligible for the 100% EID beginning July 1. Staff will not include David's income in their CA case for six months so they can save money and catch up on bills.*

Once initiated, the disregard period will follow the participant if they move, as long as the individual's total gross income does not exceed 200% of the FPL for their household size.

The six-month employment exemption only applies to new employment and cannot be applied retroactively to a job that started before December 29, 2023.

The six-month 100% employment income disregard period cannot be used nonconsecutively and if a participant leaves their employment during this time, even if no fault of their own, the period will continue to count down. If the individual is able to find a new job while the exemption period is still counting down, their income from that job would be given the disregard for however much of the six-month time period remains upon job entry, as long as the individual's total gross income does not exceed 200% of the FPL for their household size. Likewise, if the participant were to receive a raise in income, more hours, or an additional job or jobs that resulted in the individual's income increasing to over 200% FPL for their household size during the course of the six months, they would no longer be eligible for the 100% disregard, though the period would continue to count down. Their full earnings would be budgeted using normal CA budgeting procedures once they became ineligible for the 100% disregard.

The six-month 100% disregard period for new employment applies once per lifetime for the individual, not once per household. More than one participant on a case can participate in the disregard and have it applied to their new income at the same time or during overlapping periods. In addition, one individual can receive both the training and work activity income disregard and the one-time 100% employment income disregard at the same time as long as the individual's total gross income does not exceed 200% of the FPL for their household size.

REQUIRED ACTION

Training and Work Activity Income Disregard

When a CA participant reports income from a qualified training or work activity, staff will first need to determine whether the program is a qualified activity for the income exemption. Then, if it is a qualified training or work activity, staff must determine whether the individual's total gross income is at or below 200% of the FPL for their household size. All training activities must be an approved work activity assignment consistent with the participant's EA/EP in order for the participant to be eligible for the training income disregard.

The training or work activity does not have to start after December 29, 2023 to qualify for the training income disregard. However, just the income received from the training or work activity on or after December 29, 2023 is eligible for the training income disregard.

The training or work activity income disregard is not limited to six months only and is not a one-time income disregard (i.e., once per lifetime).

Below are examples showing how the training income disregard is applied.

Example - Initial Training Earnings

John Smith is a CA recipient. On January 4, 2024, John starts a subsidized training program. John receives their first paycheck on January 18, 2024, which they report to DSS/HRA on January 24, 2024. Staff reviews John's income and determines that their income is at or below the 200% FPL for their household size and that the training is a qualified training. John's training income disregard begins February 1, 2024.

Example - Increased Training Earnings

John has been working part-time at the subsidized training. On March 1, 2024, John begins working full-time in the subsidized training. John reports this to DSS/HRA on March 8, 2024, and receives their first increased paycheck the same day. Staff reevaluates John's eligibility for the training income disregard starting April 1, 2024. John's increased earnings still result in their total gross income being at or below the 200% FPL calculation for their household size, so they are able to continue receiving the training income disregard.

One-Time 100% Employment Income Disregard

Eligibility for the one-time 100% employment income disregard should be determined when a CA participant first provides proof of their income from a new job. If the total gross income of the participant is at or below the 200% FPL for their household size, the individual is eligible for the six-month disregard if they had not previously received it. There is no minimum number of hours that a participant must work to be eligible for the employment disregard. Refer to **Attachment A** (One-Time Six Month 100% Earned Income Disregard Information) for information on what the disregard is and some examples of how it is applied.

For the one-time 100% employment disregard, the six consecutive months begins with the first monthly or semi-monthly CA budget after the participant submits their first paystub, or other documentation verifying their income.

Processing Staff Responsibilities

Step 1

Processing staff should apply the one-time six month 100% EID to all CA participants that report new employment which began on or after December 29, 2023 and submits proof.

If the CA participant reports income without submitting proof, the BAC will defer the participant with the Documentation Requirement and/or Assessment Follow-Up form (**W-113K**).

Step 2

Refer to the fillable calculation toolkit (**FIA-1269**) for the 200% Federal Poverty Level Check.

Note: Processing staff must index a screenshot or pdf file of the calculation toolkit (**FIA-1269**) to the case record.

Step 3

Determine the individual's eligibility for the 100% EID. The total gross income (all earned and unearned income) belonging to the individual who is eligible for the 100% EID program must be compared against the 200% FPL for the total household size of the case.

ELIGIBLE FOR 100% EID

If the individual's total gross income is at or below the 200% FPL standard for the household size, then the individual is eligible for the 100% EID.

Processing staff will review pay stubs and calculate the monthly income budget in the Paperless Office System (POS).

Prior to June 24, 2024, Processing staff completed the EID eligible POS budget with income applied for CA and SNAP (Program Indicator **B**). Processing staff did not authorize the eligible budget. They wrote a case comment with the provisional budget number, gross income amount, pay frequency, and line number of the employed individual. Budgets were stored in the Welfare Management System (WMS) for up to 13 months. Processing staff scanned and indexed the Budget Results Screen (**NSBL80**) for this budget to the case file for documentation purposes.

Designated EID liaisons will enter any cases that are eligible for the 100% EID onto an online form ([Earned Income Disregard Form](#)) which will automatically create a SharePoint list to be reviewed and processed by the Special Projects Center staff. Refer to the [Special Projects Center Responsibilities and SharePoint Form](#) section.

For households eligible for the 100% EID, a manual notice will be prepared explaining that the employment income is EXEMPT for CA budgeting purposes for a period of six months but both the employment income or training income is countable earned income for SNAP budgeting purposes. Refer to the [Issuing the Manual Notice](#) section.

INELIGIBLE FOR 100% EID

If the individual's total gross income is above the 200% FPL standard for the household size, then the individual is ineligible for the 100% EID.

Processing staff will create a new budget for the case and enter the earned income associated with the individual on the **NSBL06** screen using Program Indicator 'B' (both CA and SNAP). The income is not eligible for the 100% EID and must be counted towards both CA and SNAP.

If the household is ineligible for CA, processing staff must authorize the ineligible budget. They must write a case comment with the budget number, gross income amount, pay frequency, action taken on the case (i.e., case closed due to excess income), and line number of the employed individual. The applicable BAC will process the required action.

Note: Households that reside in temporary housing that have the full cost of their shelter included in their CA standard of need may be eligible for CA even if an individual in the household has gross income in excess of 200% of the FPL for their household size.

Revised

Special Projects Center Responsibilities and SharePoint Form

Since the Policy went effective beginning December 2023, the Family Independence Administration (FIA) and HIV AIDS Services Administration (HASA) began applying a 100% Earned Income Disregard (EID) for Cash Assistance (CA) cases. However, the Welfare Management System (WMS) was not ready to accommodate these changes until June 2024. During this period, from January to June 2024, FIA and HASA followed instructions laid out in this policy and [HASA-PB-2024-001](#), respectively, by entering income program codes "F" (SNAP Only) instead of "B" (CA & SNAP).

HRA maintained a SharePoint list of all individuals who are participating in one of the 100% EID programs. This file was requested by OTDA once system changes were made in order to properly identify participants of either program and to enter this information into WMS.

The SharePoint Form is managed by the Special Projects Center (SPC).

The SharePoint form contains the following fields:

- Number of Adults with newly reported Earned Income in the Cash Assistance household (income earned on or after 12/29/2023)
- How many people are in the Cash Assistance household?
- Case Number
- First Name (1st Adult on the Case)
- Last Name (1st Adult on the Case)
- Client Identification Number (CIN number) (1st Adult on Case)
- Is the individual's income below 200% of FPL based on Federal Poverty Guidelines (**FIA-1269**)?
- Monthly Gross Income (1st Adult on Case)
- Amount of Earned Income Reported (1st Adult on Case)
- Date Earned Income Reported (1st Adult on Case)
- Earned Income Documentation Submitted? (verify in Viewer before submitting a response of "yes")

See [PB#24-30-SYS](#)

Effective June 16, 2024, WMS implemented some of the required changes. FIA and HASA will continue to have centralized processes but some of the manual processing will cease. FIA and HASA will forward all cases exempted since December 2023 to OTDA for one-time budgeting to capture the correct start and end dates of the exemptions. Additionally, POS will incorporate these changes effective June 16, 2024.

WMS Changes for CA Budget Calculation (for budgets Effective after June 16, 2024):

New

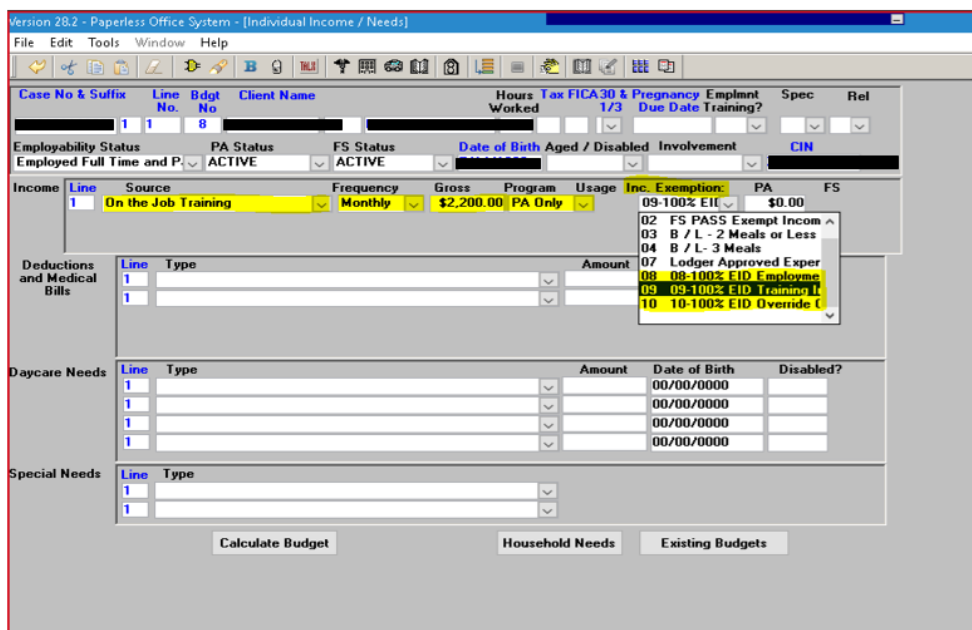
To disregard eligible earned income, WMS created three new PA Exemption codes for the budget:

1. **Code 08 - 100% PA Earned Income Exemption – Employment Income:**

- Applicable for income codes **01** (Wages/Salary), **05** (Daycare Provider), and **06** (Self-employment).
 - The income is disregarded by entering code **08** in the PA Exemption field. If eligible, the system will auto populate the income (exclusion amount) in the CA Exempt Amount field.
 - WMS will record the initial entry date and set an end date six months later.
 - The system will exempt the amount for up to six months if the income is $\leq 200\%$ of the federal poverty level.
2. **Code 09 - 100% PA Earned Income Exemption – Training Income:**
- Applicable for income code **02** (On-the-job training).
 - The income is disregarded by entering code **09** in the PA Exemption field. If eligible, the system will auto populate the income (exclusion amount) in the CA Exempt Amount field.
 - There is no end date for the 100% EID for this income type.
 - The system will exempt the amount if this income code is in the budget and if the income is $\leq 200\%$ of the federal poverty level.
3. **Code 10 - 100% PA Earned Income Exemption – Override Code:**
- Applicable for income source codes **01**, **05**, and **06**.
 - This code is used for continuing the six-month employment exemption for individuals moving to NYC from another county.
 - This code is also used for cases that exhausted the six-month period that has Aid to Continue pending a fair hearing decision.
 - No end date is set for this exemption code. It is the worker's responsibility to remove it once the six (6) month period has ended. Once the exemption code has been removed, an end date will be set.

POS Changes for CA Budget Calculation (For budgets Effective July 1, 2024):

- Adding 3 New PA Exemption Codes:** Currently, we have CA exemption codes **01, 02, 03, 04,** and **07** in POS. The new codes **08, 09,** and **10** will be added to the "Inc. Exemption" drop-down list in the CA POS Individual Income/Needs window. This update allows workers to enter the new CA Exemption codes. The user will enter the exempt amount (the full gross earned income amount) in the CA Exempt Amount field. The following screenshot below shows the newly added Inc. Exemption codes.



- Use of Exemption Code 08 (100% CA Earned Income Exemption – Employment Income)**

Individuals with income codes **01** (Wages/Salary income), **05** (Daycare Provides income) and **06** (Self-employment income) can have their income disregarded by entering the newly created code **08** in the CA Exemption field and the income amount in the PA Exempt Amount field.

The screenshot below illustrates the POS screen where individuals can enter their employment income.

Version 28.2 - Paperless Office System - [EMPLOYMENT INFORMATION]

File Edit Tools Window Help

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING:

Is Employed? (Including Babysitting or Potential Income That May Not Yet Been Received) Yes No

Is Self-Employed? (Including Potential Income That May Not Yet Been Received) Yes No

Is Unemployed? (Currently Not Working) Yes No

Could You Accept a Job Today? Yes No

Participating In A Strike? Yes No

Is Anyone in the Household a Migrant or Seasonal Farm Worker? Yes No

Has Child Care Expenses Or Dependent Care Expenses Inclusion Cost of Transportation to Dependent Care Facilities?

Who: [Redacted] Start Date: [Redacted] Expected End Date: 00/00/0000

Type of Work: Health Related Gross Income: \$3,400.00 Taxes Withheld: \$0.00 Day Paid: \$0.00

Employer: [Redacted] Frequency: M Hours/Freq.: 160

Street: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted]

Contact: [Redacted] Title: [Redacted] Phone: [Redacted]

Is Health Insurance Available through Your Employer (even if you are not participating)? Yes No

Do you have child or dependent care expenses due to employment (including job search)? Yes No

Do you have other employment related expenses (including job search)? Yes No

Pay Stubs Document Scan Comment

OK Cancel

When the worker clicks on the **Calculate Budget** button on the CA POS **Individual Income/Needs** window, an alert message will pop up if the following scenario exists:

- The income code is either **01, 05, 06** for any active or applying individual in the case.
- The income amount is not greater than 200% Federal Poverty level.
- The earliest income start date is after the file date and after December 29, 2023, and the current date is within 6 months of the earliest start date.
- The PA exempt code **08** or **10** is not entered.

File Edit Tools Window Help

Case No & Suffix: [Redacted] Line No: 1 Bdg No: 8 Client Name: [Redacted] Hours Worked: 160 Tax FICA 30 & Pregnancy: [Redacted] Emplmt: [Redacted] Spec: [Redacted] Ret: [Redacted]

Employability Status: Employed Full Time and P: ACTIVE PA Status: ACTIVE FS Status: ACTIVE Date of Birth Aged / Disabled: [Redacted] Involvement: [Redacted] CIN: [Redacted]

Income Line	Source	Frequency	Gross	Program	Usage	Inc. Exemption	PA	FS
1	On the Job Training	Monthly	\$2,200.00	PA Only		09-100% EID	\$0.00	

Deductions and Medical Bills:

Line	Type	Amount
1		
1		

Daycare Needs:

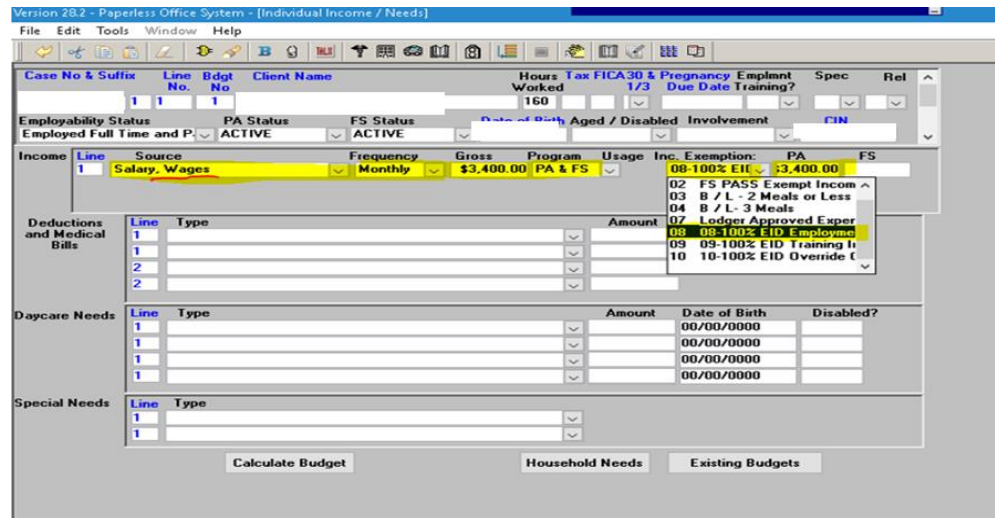
Line	Type	Amount	Date of Birth	Disabled?
1			00/00/0000	
1			00/00/0000	
1			00/00/0000	
1			00/00/0000	

Special Needs:

Line	Type
1	
1	

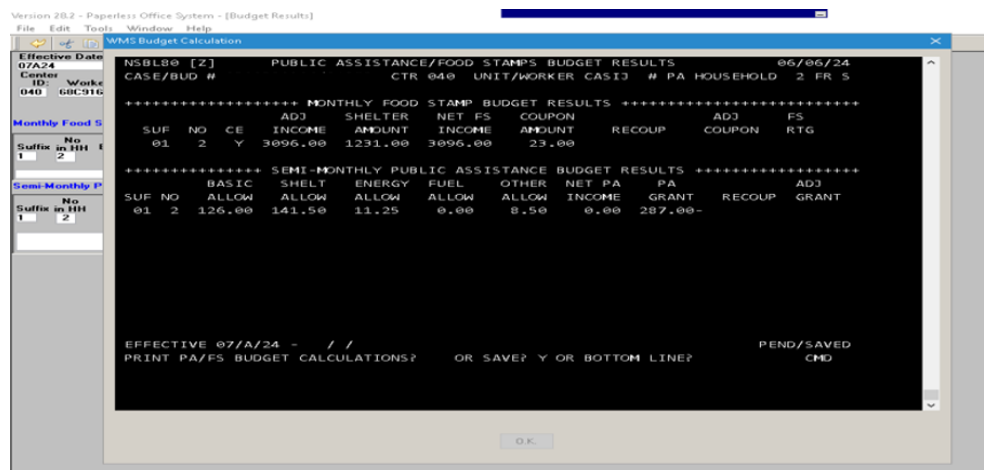
Calculate Budget Household Needs Existing Budgets

The following screenshot demonstrates selecting exemption code **08** and entering the CA Exempt Amount. However, in WMS, users are unable to enter the CA Exempt Amount. It is automatically populated if the total income for that individual is below the 200% FPL for the household size. If POS is allowing this to be a user entered field, staff must ensure that the value entered here can only equal the gross income amount entered.



The following screenshots illustrate that in budget calculations, exemption Code 08 is eligible for disregarding, ensuring individuals remain eligible to receive benefits.





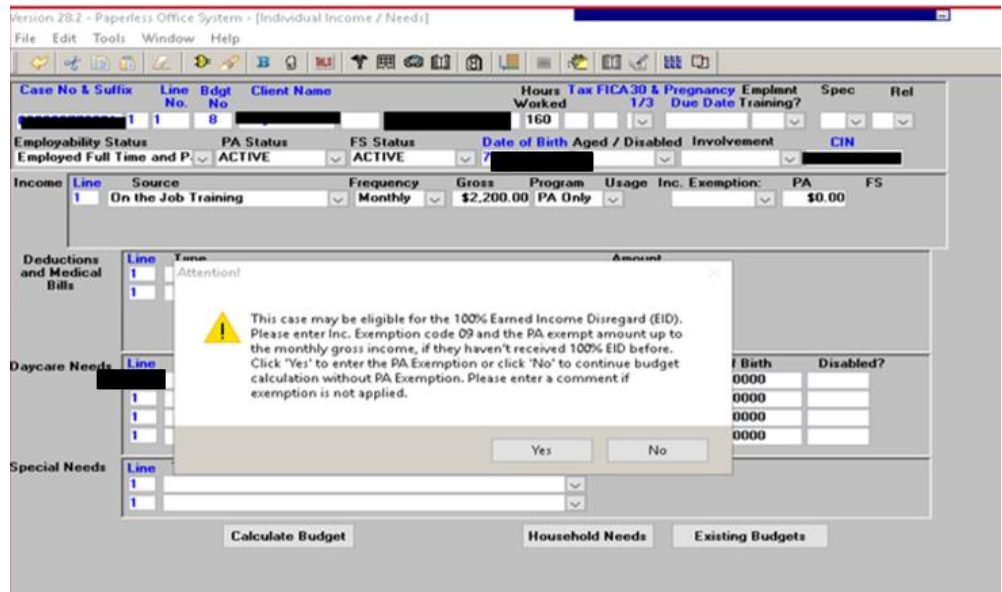
3. Use of Exemption Code 09 (100% PA Earned Income Exemption – Training Income)

Individuals with income code **02** (On the job training income) can have their income disregarded by entering the newly created code **09** in the PA Exemption field and the income amount in the PA Exempt Amount field. There is no expiration date for the 100% EID for this income type. In the budget calculation, WMS will exempt the amount entered in the PA exempt amt field if this income code is in the budget and the income amount is <= 200% Federal Poverty Level.

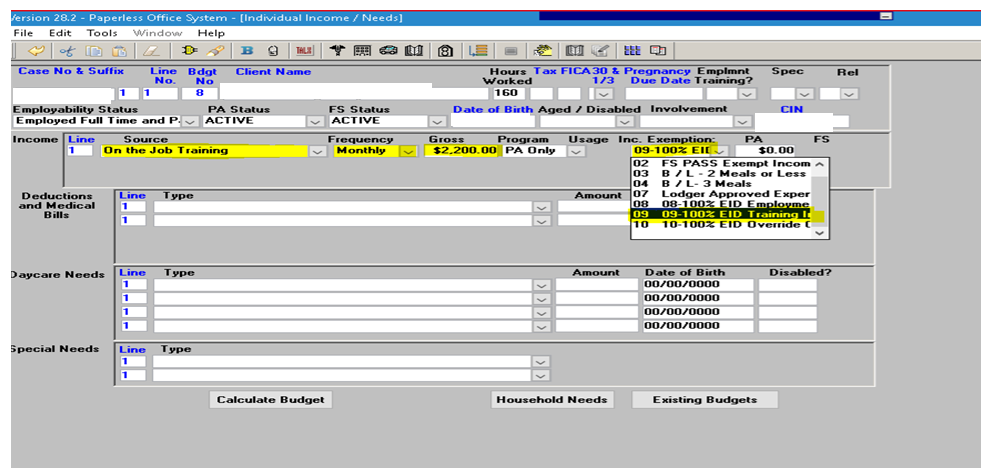
The following screenshots illustrate the POS screen where individuals can enter their training income.

When the worker clicks on the **Calculate Budget** button on the CA POS **Individual Income/Needs** window, an alert message will pop up if the following scenario exists:

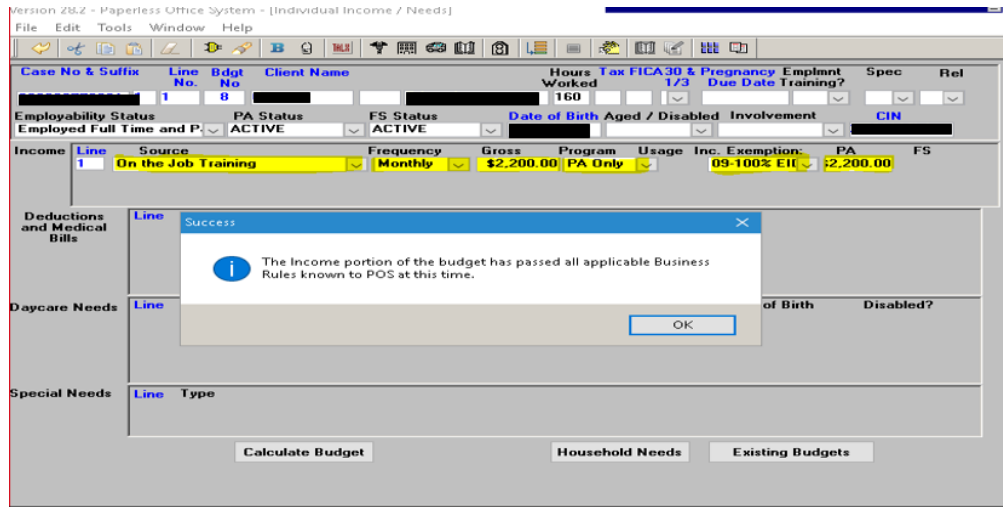
- The income code is **02** for any active or applying individual in the case
- The income amount is not greater than 200% Federal Poverty level
- The PA exempt code **09** is not entered.



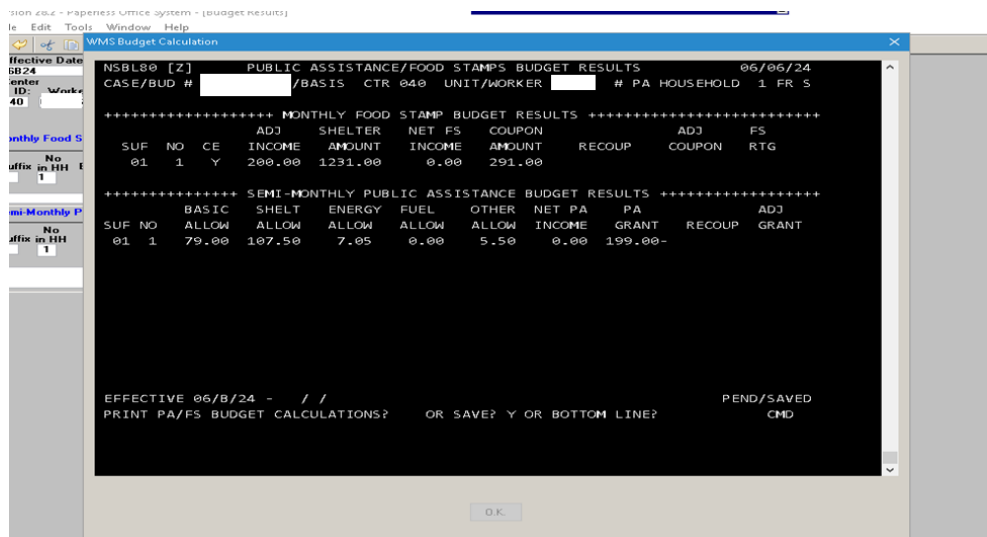
The screenshot below demonstrates selecting exemption code **09**.



The screenshot below describes the selection of exemption code **09** and the Exempt Amount.



The screenshots below illustrate that in budget calculations, Exemption Code **09** is eligible for disregarding, ensuring individuals remain eligible to receive benefits.



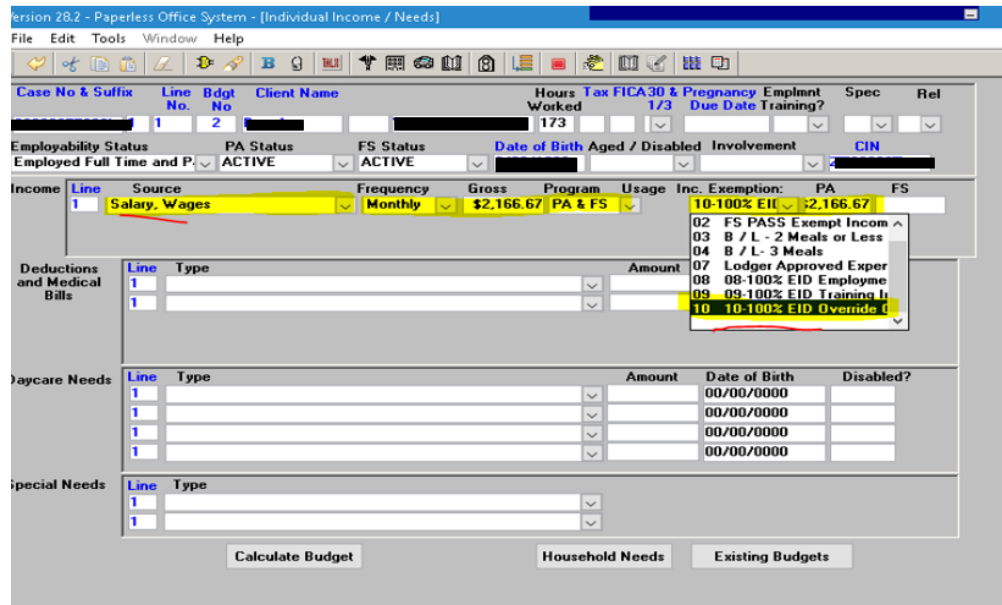
4. Use of Exemption Code 10 (100% PA Earned Income Exemption – Override Code)

Individuals with income codes **01** (Wages/Salary income), **05** (Daycare Provides income) and **06** (Self-employment income) can have their income disregarded by entering the newly created code **08** in the PA Exemption field and the income amount in the PA Exempt Amount field.

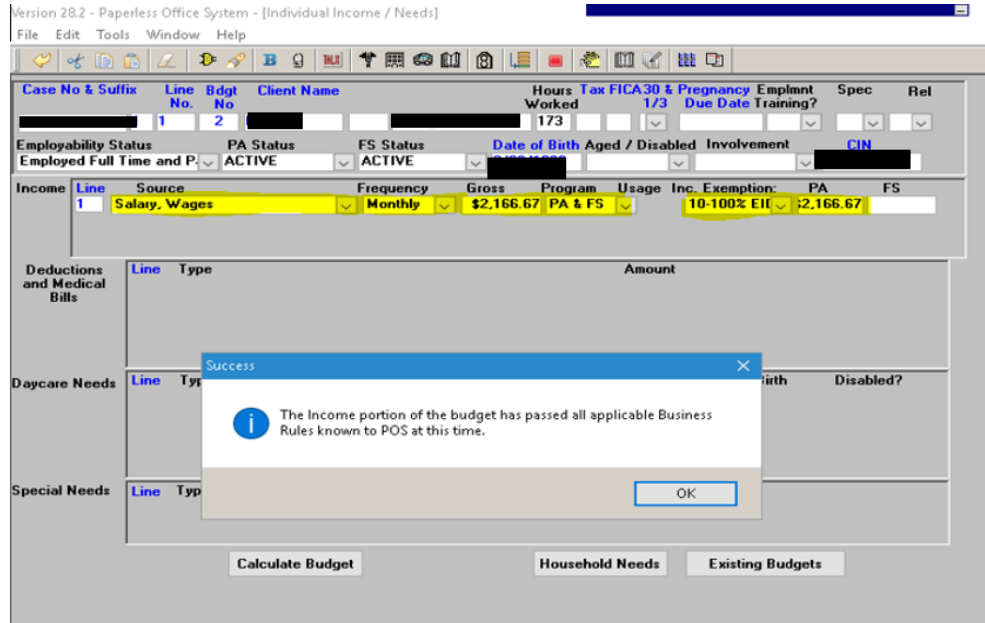
Exemption code **10** is valid for income source codes **01** (Wages/Salary income), **05** (Daycare Provides income) and **06** (Self-employment income) for the following scenarios:

- i. Continuing the 6-month employment exemption for individuals moving to NYC from another county or
- ii. For cases that exhausted the six-month period but has Aid to Continue pending a fair hearing decision

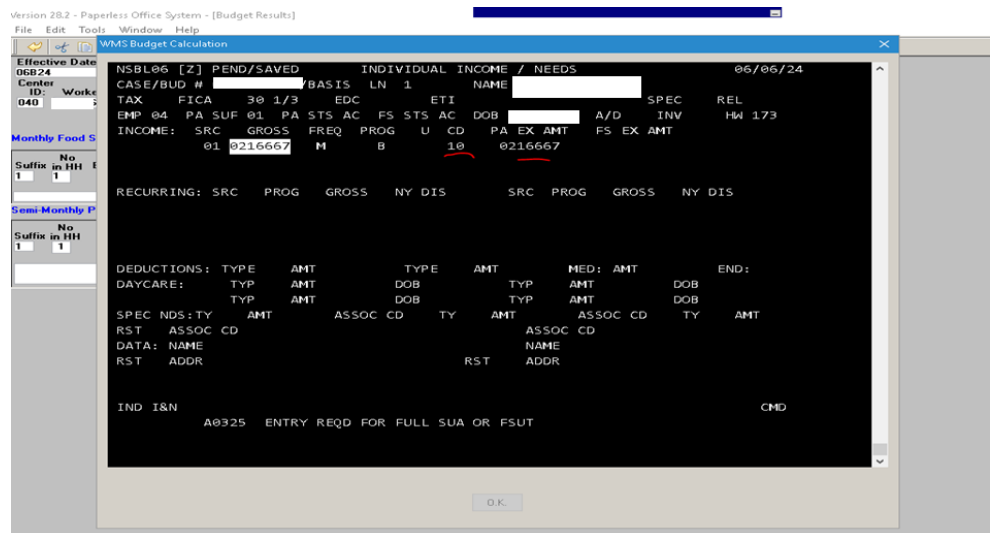
The screenshot below demonstrates selection of exemption code **10**.



The following screenshot demonstrates selecting exemption code **10** and entering the CA Exempt Amount.



The following screenshot illustrates that in budget calculations, Exemption Code 10 is eligible for disregarding, ensuring individuals remain eligible to receive benefits.



Note: If the resulting budget leaves the household ineligible for SNAP, staff must close the SNAP portion of the CA case with the correct income closing code. In order to close the SNAP portion of the case, staff must not enter the CNS number on the TAD but rather enter the M3E indicator of “T” and send out the appropriate notice, **LDSS-4014**, **LDSS-4015**, or **LDSS-4016**. Refer to the [Issuing a Manual Notice](#) section of this policy directive.

Additional Special Projects Center Responsibilities

If the household is in receipt of FHEPS, staff must take extra steps.

If the household is in receipt of FHEPS and eligible for the EID SPC staff must:

- Calculate and save, but not authorize, a budget without any of the new income
- Record what the resulting FHEPS amount is
- Calculate and save a budget with the income and the exemption code that will be authorized
- Record what the resulting FHEPS amount is
- Annotate a **W25** history sheet identifying the case information including the FHEPS amount without the new income, the FHEPS amount with the income and the exemption code, and the difference between the two amounts
- Scan/index the **W25** history sheet and send it to FCDU for monitoring and issuance of a supplement which is the difference between the unauthorized and authorized budget results.

Vendor Referrals to the Special Projects Center

Special Projects Center staff will pull a worklist from Self-Sufficiency, Employment, Assessment, and Management System (SEAMS) of the participants who reported new income after December 29, 2023.

Special Projects Center staff will review the cases and determine eligibility for the 100% EID program. They must ensure the employment or training start date is on or after December 29, 2023 and use the fillable calculation toolkit (**FIA-1269**) to determine the 200% FPL for the household size.

Note: Special Projects Center staff must index a screenshot or pdf file of the calculation toolkit (**FIA-1269**) to the case record.

ELIGIBLE FOR 100% EID

Special Projects Center staff will enter any cases that are eligible for the 100% EID onto an online form ([Earned Income Disregard Form](#)) which will automatically create a SharePoint list to be reviewed and processed by the Special Projects Center / BAC 80 staff.

INELIGIBLE FOR 100% EID

If ineligible for the 100% EID, the Associate Job Opportunity Specialist (AJOSI) will approve the case for **FIA3A** automated budgeting. The applicable BAC will process the required action.

Using the cases from the SharePoint form, Special Projects Center staff will review documents and budget the EID eligible cases for as discussed above using the income source code 02 and the PA Exempt Code 09 on the budget.

Eligible cases will be assigned to BAC 80 for the six-month period.

These cases will be re-budgeted at the end of the six-month period, once the 100% EID expires.

Suppressing the Client Notices System (CNS) Notice

When authorizing the new budget, staff must suppress the CNS notice as CNS has not yet been updated to account for the new EID. To suppress the CNS notice, SPC staff must use an **M3E** indicator field on the POS Turn-Around Document (TAD):

Refer to [PB #09-38-SYS](#) for more information

- The **A** (Manual Notice – Adequate) indicator is used when a timely 10-day notice is not required (e.g., no changes to the CA or SNAP benefits resulting from a new budget). The intended action will take effect immediately.
- The **T** (Manual Notice – Timely) indicator is used when an intended case action requires that the affected participant be informed a minimum of 10 days prior to taking the action. This gives the participant an opportunity to resolve the issue before the adverse action takes effect. This must be used when the SNAP benefit amounts decrease on a CA case.

To determine if the **A** or **T** is required, staff must determine if the new budget impacting SNAP only results in a decrease in benefits from the current budget, if so, then a **T** must be entered to ensure a timely clock down. If there is no change in the SNAP, or if it results in an increase in SNAP, then an **A** should be used to ensure that the action goes into effect immediately.

When the **A** or **T** indicator is entered to suppress the CNS notice, staff must issue a manual notice.

Issuing a Manual Notice

For active CA cases where either the training income disregard or one-time employment income disregard is being applied, the appropriate manual notice must be provided, including an explanation that the income from new employment or approved training or work activity is exempt for CA budgeting.

The manual notices include:

- Action Taken On Your Recertification: Public Assistance, Medical Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (NYC) (**LDSS-4014A/B-NYC**),
- Notice of Intent To Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (Timely & Adequate) (NYC) (**LDSS-4015A/B NYC**), or
- Notice of Intent To Change Benefits: Public Assistance, Medical Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (Adequate Only) (NYC) (**LDSS-4016A/B NYC**).

The **LDSS-4014A/B-NYC** is used only if the transaction is part of a recertification. If the results of the recertification are a reduction in benefits, then the **T** must be used in the M3E indicator field. If there is no change, or an increase in benefits, the **A** must be used in the M3E indicator field.

The **LDSS-4015A/B NYC** should be used if the resulting budget leads to a reduction in benefits and is not done at recertification. This should be accompanied by a **T** in the M3E indicator field.

The **LDSS-4016A/B NYC** should be used if the resulting budget has no change in benefits or if there is an increase in benefits. This should be accompanied by an **A** in the M3E indicator field.

The notices have been made fillable PDFs and are available on eDocs. Staff are reminded that if a participant has a reading language other than English and the notice is available in their preferred reading language, both the English and the other language version must be completed and sent to the participant.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

The above process is an interim solution until systems support can be developed to further assist staff with implementation of these new disregards. Staff are required to process cases as directed above until additional system enhancements are deployed.

Supplemental Nutrition Assistance Program Implications

The income disregard provisions outlined in this policy directive only impact CA budgeting and do not apply to the SNAP portion of a CA/SNAP case or to non-cash assistance (NCA) SNAP cases. Therefore, all countable gross income must be determined and included in the SNAP budgeting process. SNAP households will continue to receive a 20% Earned Income Deduction from their gross earned income, which is intended to compensate for work-related expenses, union dues, taxes, transportation and other expenses. The CA grant, and increased income from either the one-time 100% employment income disregard or training income disregard, must both be counted in full in the SNAP budget and, in some cases, may cause the SNAP portion of the case to close due to excess income.

Households where all members are in receipt of either Supplemental Security Income (SSI) or CA benefits are categorically eligible for SNAP and are not subject to a resource or Net Income Test for SNAP, having already passed these tests for receipt of CA. Households of one or two people who meet the categorical eligibility standards are automatically eligible for the minimum SNAP benefit for a household of one or two. There is no such standard for households of more than two individuals, and so the benefit calculation for a household of more than two people can yield a benefit of \$0. This is why it is possible to be “categorically eligible” for \$0 in SNAP benefits (and therefore ineligible for SNAP).

Medicaid Implications

CA participants with either the training income or the one-time employment income disregard would remain eligible for MA.

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

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or deaf or hard-of-hearing. Please refer to **PD #18-10-OPE**, **PD #17-19-OPE** and **DSS-PB #2021-007 (R1)** for detailed instructions.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

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.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time.

If an applicant/participant comes to the Benefits Access 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 applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

Should the applicant/participant elect to continue their 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 be properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets

All Evidence Packets must contain a detailed history, e.g. copies of POS "Case Comments" and/or New York City Work, Accountability and You (NYCWAY) "Case Notes" screens, copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

REFERENCES

[23-ADM-10](#)
[09-ADM-11](#)
[24-ADM-04](#)

RELATED ITEMS

[PB#09-38-SYS](#)
[PB#24-30-SYS](#)
[PD#14-02-SYS](#)

[PD#23-05-ELI](#)**ATTACHMENTS**

Attachment A	One-Time Six Month 100% Earned Income Disregard Information
FIA-1269	200% FPL Check (06/01/2024)
LDSS-4014A-NYC	Action Taken On Your Recertification: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (NYC) (Rev. 12/23)
LDSS-4014B-NYC	Action Taken On Your Recertification: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (NYC) (Rev. 12/23)
LDSS-4015A-NYC	Notice of Intent To Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (Timely & Adequate) (NYC) (Rev. 12/23)
LDSS-4015B-NYC	Notice of Intent To Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (Timely & Adequate) (NYC) (Rev. 12/23)
LDSS-4016A-NYC	Notice of Intent To Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (Adequate Only) (NYC) (Rev. 12/23)
LDSS-4016B-NYC	Notice of Intent To Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance Coverage and Services (Adequate Only) (NYC) (Rev. 12/23)
W-113K	Documentation Requirements and/or Assessment Follow-Up (Rev. 5/3/2023)

ATTACHMENT A

One-Time Six Month 100% Earned Income Disregard Information

Did you know that if you get a new job while you are receiving Cash Assistance (CA), your income from your new job will not be counted for six (6) months in a row while you keep getting CA benefits? This is called the *100% Earned Income Disregard (EID)*.

Here's what you need to know about this:

- ✓ You must be on CA at the time you start working.
- ✓ You can only receive this one time.
- ✓ Your income will still be counted for your SNAP benefits. You may receive less SNAP or be ineligible for SNAP.
- ✓ You must tell us about a new job within 10 days. If you don't do this, your CA benefits may be lowered or stopped.
- ✓ If your total income is more than 200% of the Federal Poverty Level (FPL) for your household size at any time during this six-month period, you will no longer be able to get the EID.
- ✓ The 6 months must be in a row (for example, from January 1st through June 30th).
- ✓ If you quit your job or reduce your hours by choice, you may no longer get the EID or be eligible for CA.
- ✓ If your job ends at any time during the six months, the six-month clock will continue to count down. This reduces the number of days that are left in the six-month period.
- ✓ If you find a new job before the 6-month period is up, and your total income is below 200% of the FPL for your household size, you can ask to receive the 100% EID for any time left in the 6-month period.

Example A:

David receives CA and gets a new job. David timely reports their updated income due to the new job to DSS/HRA. Staff reviews David's income and determines they are eligible for the 100% EID beginning July 1. Staff will not include David's income in their CA case for six months so they can save money and catch up on bills.

On January 1 of the next year, David still has the same job. However, the six-month period of the 100% EID has expired. David's earned income is added to their CA case, and the standard EID and work expense disregard, is applied to determine David's continued eligibility for CA. Based on their income, David is no longer eligible for CA, and their case is closed.

The following July, David reapplies for CA because they are no longer working. David is determined eligible for CA and begins receiving benefits August 1. During the month of October, David reports that they are now employed again. Since David already received the one time, six-month 100% EID, they can't get it again. Staff will apply the standard EID and work expense disregard to determine David's continued eligibility for CA.

Example B:

Ana and Ana's three children receive CA benefits. Ana gets a new job and timely reports the updated information to DSS/HRA. Staff reviews Ana's income and determines they are eligible for the 100% EID beginning February 1.

On April 18, Ana reports to staff that they received a raise. Ana provides proof of this increased income. Staff reviews the income and determines that Ana's income is now over 200% of the FPL for their household size. Ana is no longer eligible for the 100% EID. Because Ana reported the change to staff in a timely manner, staff applies the standard EID and work expense disregard and determines that Ana remains eligible for a small CA grant. Ana has used three (3) months of their six-month period.

On June 1, Ana reports that their employer reduced the number of hours they work, and their earned income has gone down. Staff re-evaluates Ana's income and determines Ana's total income is now below 200% of the FPL and Ana can again receive the 100% EID for the remainder of the initial six-month period, which is June and July. Staff rebudgets the case and does not count the income for the remaining months.



200% FPL Check			
Date		Case Number	
Household Composition			
Number of individuals in household receiving Cash Assistance (CA)			
Name of Employed Individual			
Monthly Gross Income Information			
Earned Income	Gross Amount	Frequency	Monthly Amount
Earned Income 1	0.00	--Select--	0.00
Earned Income 2	0.00	--Select--	0.00
Earned Income 3	0.00	--Select--	0.00
Total Monthly Gross Earned Income			0.00
Unearned Income	Gross Amount	Frequency	Monthly Amount
Unearned Income 1	0.00	--Select--	0.00
Unearned Income 2	0.00	--Select--	0.00
Unearned Income 3	0.00	--Select--	0.00
Unearned Income 4	0.00	--Select--	0.00
Total Monthly Gross Unearned Income			0.00
Total Individual Income			0.00
Below Or Above 200% FPL		#VALUE!	

ACTION TAKEN ON YOUR RECERTIFICATION: PART A
PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
MEDICAL ASSISTANCE COVERAGE AND SERVICES (NYC)

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

OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER
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The action(s) taken on your recertification dated _____ is explained below and on Part B, next to the checked box(es) :
SEE PART B FOR SNAP BENEFITS AND FAIR HEARING INFORMATION.

PUBLIC ASSISTANCE

RECERTIFIED for the period from _____ to _____.

The above grant is based on a reduced budget because:

_____ failed without good cause to cooperate with the Office of Child Support Enforcement (OCSE) on _____ by _____ [18NYCRR 352.3(d)]:

To lift this sanction, call (_____) _____ Read the detailed instructions on the back of this notice.

_____ failed to comply with the following drug/alcohol treatment requirement(s) [18NYCRR 351.2(i)]:

screening assessment rehabilitation

or, has not provided consent or revoked consent to disclose treatment information to the agency.

REDUCE your monthly Public Assistance benefit for that period effective _____ from \$ _____ to \$ _____.

INCREASE your monthly Public Assistance benefit for that period effective _____ from \$ _____ to \$ _____.

[name(s)] _____ has been added to your case.

We cannot add the following individuals to your case:

Name(s): _____ Reason(s) _____

Name(s): _____ Reason(s) _____

Name(s): _____ Reason(s) _____

Name(s): _____ Reason(s) _____

CONTINUE your Public Assistance benefit unchanged at \$ _____.

A RECOUPMENT at the rate of _____ percent (%) is being taken against your Public Assistance.

If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by Medical Assistance. Your worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. The recoupment rate must be at least 5%. This decision is based on 18 NYCRR 352.31(d).

DISCONTINUE your Public Assistance benefit effective _____.

The **REASON** for this action is _____

The above decision(s) is based on 18 NYCRR

Your earnings from a new job, or a paid training or work activity are not being counted against your Public Assistance benefit. If you started a new job, for a one-time period of up to six months in a row, 100% of your income from a new job won't be counted against your Public Assistance benefit. Any income earned from participating in an eligible paid training or work activity is not counted against your Public Assistance benefit.

Your earnings from either a new job, or a paid training or work activity are now used in your Public Assistance benefit calculations. This is either because your earnings have increased above 200% of the federal poverty level for your household size, you are no longer in paid training or, because you have reached the end of the one-time six-month period for the employment disregard.

MEDICAL ASSISTANCE

CONTINUE the Medical Assistance coverage for [name(s)] _____ unchanged.

CONTINUE the Medical Assistance coverage for [name(s)] _____ pending the receipt of information necessary to decide continued eligibility. Please contact us no later than _____ at _____ so we can tell you the information we need.

CONTINUE the Medical Assistance coverage for [name(s)] _____ pending our review of eligibility. We will send you our decision within thirty days.

REDUCE the Medical Assistance coverage effective _____ for [name(s)] _____ from full coverage to coverage with a SPENDDOWN. Your total gross monthly income is \$ _____. Your total monthly deductions are \$ _____. The difference between these is your monthly net income for Medical Assistance. This is \$ _____. The allowable income standard for a family household your size is \$ _____. The difference between your net income and this standard (\$ _____) is your monthly excess income (18 NYCRR 360-4.8). The enclosed letter explains eligibility under the Excess Income Program and Optional Pay-In Program.

DISCONTINUE Medical Assistance for [name(s)] _____ effective _____ because _____

Medical Assistance coverage will continue under Transitional Medical Assistance (See attached Medical Assistance Fact Sheet).

Medical Assistance coverage will continue until _____ due to receipt of/increase in child or spousal support payments.

The above decision(s) is based on _____

SERVICES – If you are getting Social Services and lose your Public Assistance and Medical Assistance Benefits, we will need to see if you still can get Social Services at your next scheduled recertification. This does not necessarily mean that you will no longer be able to get Social Services. At your recertification, we will do a redetermination to see if you can continue to get Social Services. If you have any questions, please contact your Services worker or call the general phone number at the top of this notice.

BE SURE TO READ THE BACK OF PART B FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

Enclosures **DISTRIBUTION:** White -CLIENT/FAIR HEARING COPY Yellow – CLIENT COPY Pink – AGENCY COPY

To Lift a Sanction for Non-cooperation with a Child Support Requirement

A sanction for non-cooperation with a child support requirement is open-ended and will continue until _____ contacts the Child Support Enforcement Unit and cooperates.

When _____ contacts the Child Support Enforcement Unit, they will be told what action(s) must be taken to end the sanction. The sanction will end when they take the required action(s). If _____ did not cooperate but now wants to report a good reason for not cooperating with child support they should call (_____)_____.

Some examples of a good reason for not cooperating with child support are:

- fear of emotional or physical harm to you or the children in your family; or,
- the child was born due to rape or incest; or,
- the child is freed for adoption; or, you are now being assisted by an agency to determine whether to put the child up for adoption and discussions have not gone on for more than three months.

To find out more information about how to end the sanction, call (_____)_____.

- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if you are no longer eligible for Public Assistance or Medical Assistance, Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.
For further information, please contact your Services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this Department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, SNAP Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.

**PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
MEDICAL ASSISTANCE COVERAGE AND SERVICES (NYC)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER

The action(s) taken on your recertification dated _____ is explained below and on Part A, next to the checked box(es) : **SEE PART A FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE, AND SERVICES INFORMATION.**

If you do not use your SNAP account for a period of 274 consecutive days, any SNAP benefit remaining in the account that is at least 274 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.

- APPROVED** for continued SNAP from _____ to _____ for [name(s)] _____.
- 1. You will get \$ _____ for the month of _____ because we must figure your first month's benefit from:
 - 1a. The date you applied to the end of the month. You may access your benefit on _____.
 - 1b. The latest date you provided proof we needed. This is because you gave us proof after it was due. You may access your benefit on _____.
- 2. You will get \$ _____ which is a combined benefit for the months of _____ and _____. This is because you applied/provided proof after the 15th of the month. Your first month's benefit of \$ _____ was figured from the date you applied/provided proof to the end of the month. Your second month's benefit of \$ _____ is for the entire month. You may access your combined benefit on _____.
- 3. Beginning _____ you will get \$ _____ monthly in SNAP benefits. You may access these benefits on the _____ day of each month.
 - 3a. You will continue to get the benefit above until _____. This is because you are eligible for Transitional SNAP benefits. You are not required to report any changes until the end of this transition period. If you have changes during your transition period that may increase your benefits, you must contact your worker to file an early recertification application in order to receive any increase. Early recertifications that result in a benefit increase will end your transition period, otherwise, your transitional period and benefit will continue as described above.
- 4. Beginning _____ you will get \$ _____ monthly in SNAP benefits. You may access these benefits on the _____ day of each month.
- 5. So you could get SNAP benefits right away, we calculated your benefit without all the necessary proof. Listed here is the proof you still need to provide: _____
- 6. If you applied for Public Assistance and are approved, your SNAP Benefits might go down or might stop. If this happens, you will not get a notice about your SNAP.
 - Your earnings from a new job, or a paid training or work activity are not being counted against your Public Assistance benefit. This income is still being counted against your SNAP benefits; therefore your SNAP benefits might go down or might stop.
- 7. Other information: _____

You will **not** be able to get SNAP Benefits in the future unless you provide this proof. This proof will be used to determine the amount of SNAP benefits you can get. If your SNAP benefits change due to this proof, you will **not** be notified.

- DENIED** for the following individuals:
 - Name(s): _____ Reason(s) _____
 - Name(s): _____ Reason(s) _____
 - Name(s): _____ Reason(s) _____
 - Name(s): _____ Reason(s) _____

You did not give us the proof we need to see if you can get SNAP. If you give us this proof we listed on the above lines by _____, you will not have to reapply. After that date, you will have to reapply for benefits.

- OTHER:** _____
- OVERPAYMENT INFORMATION**
 - We are establishing a SNAP overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter (and also, if your case is closing, the Repayment Agreement) for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**
 - The benefit in line # 3 above reflects a _____% reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**
 - The benefit in line # 4 above reflects a _____% reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.

The above decision(s) is based on 18 NYCRR: _____.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
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National School Lunch/or Breakfast Programs - The child(ren) listed below are approved to receive free lunch and/or breakfast if the child(ren) attend a school that participates in the National School Lunch and/or Breakfast Programs. To receive this benefit, you must take or send a copy of this notice to the school that your child(ren) attend.

This notice also entitles your child(ren) to free meals if they attend a program such as a school, club or camp that participates in the Summer Food Service Program. Make a copy for your records so you can provide it to the sponsor.

List Child(ren)'s name(s):

--

Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

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

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See “Keeping Your Benefits The Same” below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you owe a Public Assistance overpayment, and if you do not agree that you owe this overpayment, you must call for a fair hearing within 60 days of the date of this notice. If you do not call for a fair hearing within 60 days of the date of this notice, you cannot claim in the future that the agency's decision that you owe the debt was wrong.

KEEPING YOUR BENEFITS THE SAME: We will restore your Public Assistance, Medical Assistance and Social Services Benefits to the same level they were before this notice, if you ask for a fair hearing before the effective date stated in this notice. However, even if you ask for a fair hearing, your SNAP benefits **cannot be continued in the same amount as** before your recertification, but will be in the new amount shown in this notice. If you lose the fair hearing, you will have to pay back any Public Assistance benefits you got but should not have gotten, while you were waiting for the decision. Also, we may recover Medical Assistance Benefits.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want to “keep my benefits the same” until the Fair Hearing decision is issued:

- Public Assistance
 Medical Assistance
 Social Services

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

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

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

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

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

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

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

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

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

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

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

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

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under “Lawyers”.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEDICAL ASSISTANCE COVERAGE AND SERVICES (TIMELY & ADEQUATE) (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		

OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER
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We are CHANGING your benefits as explained below and on PART B, next to the checked box(es) :
SEE PART B FOR SNAP AND FAIR HEARING INFORMATION.

PUBLIC ASSISTANCE

REDUCE your Public Assistance Benefit effective _____ from \$ _____ to \$ _____ because:

_____ failed without good cause to cooperate with the Office of Child Support Enforcement (OCSE) on _____ by _____ [18NYCRR 352.3(d)]:

To lift this sanction, call (_____) _____ . Read the detailed instructions on the back of this notice.

Other: _____

INCREASE your monthly Public Assistance benefit for that period effective _____ from \$ _____ to \$ _____.

[name(s)] _____ has been added to your case.

We cannot add the following individuals to your case:
 Name: _____ Reason(s) _____
 Name: _____ Reason(s) _____

CONTINUE your Public Assistance Benefit unchanged at \$ _____.

A RECOUPMENT at the rate of _____ percent (%) is being taken against your Public Assistance. If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by Medical Assistance. Your worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. The recoupment rate must be at least 5%. This decision is based on 18 NYCRR 352.31(d).

DISCONTINUE your Public Assistance grant effective _____

The **REASON** for this action is _____

The above decision(s) is based on 18 NYCRR _____

Your earnings from a new job, or a paid training or work activity are not being counted against your Public Assistance benefit. If you started a new job, for a one time-period of up to six months in a row, 100% of your income from a new job won't be counted against your Public Assistance benefit. Any income earned from participating in an eligible paid training or work activity is not counted against your Public Assistance benefit.

Your earnings from either a new job, or a paid training or work activity are now used in your Public Assistance benefit calculations. This is either because your earnings have increased above 200% of the federal poverty level for your household size; you are no longer in paid training; or, because you have reached the end of the one-time six-month period for the employment disregard.

MEDICAL ASSISTANCE

CONTINUE the Medical Assistance coverage for [name(s)] _____ unchanged.

CONTINUE the Medical Assistance coverage for [name(s)] _____ pending the receipt of information necessary to decide continued eligibility. Please contact us no later than _____ at _____ so we can tell you the information we need.

CONTINUE the Medical Assistance coverage for [name(s)] _____ pending our review of eligibility. We will send you our decision within thirty days.

REDUCE the Medical Assistance coverage effective _____ for [name(s)] _____ from full coverage to coverage with a SPENDDOWN. Your total gross monthly income is \$ _____. Your total monthly deductions are \$ _____. The difference between these is your monthly net income for Medical Assistance. This is \$ _____. The allowable income standard for a family household your size is \$ _____. The difference between your net income and this standard (\$ _____) is your monthly excess income (18 NYCRR 360-4.8). The enclosed letter explains eligibility under the Excess Income Program and Optional Pay-In Program.

DISCONTINUE Medical Assistance for [name(s)] _____ effective _____ because _____

Medical Assistance coverage will continue under Transitional Medical Assistance (See attached Medical Assistance Fact Sheet).

Medical Assistance coverage will continue until _____ due to receipt of/increase in child or spousal support payments.

The above decision(s) is based on 18 NYCRR _____

SERVICES – If you are getting Social Services and lose your Public Assistance and Medical Assistance Benefits, we will need to see if you still can get Social Services at your next scheduled recertification. This does not necessarily mean that you will no longer be able to get Social Services. At your recertification, we will do a redetermination to see if you can continue to get Social Services. If you have any questions, please contact your services worker or call the general phone number at the top of this notice.

BE SURE TO READ THE BACK OF PART B FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

To Lift a Sanction for Non-cooperation with a Child Support Requirement

A sanction for non-cooperation with a child support requirement is open-ended and will continue until _____ contacts the Child Support Enforcement Unit and cooperates.

When _____ contacts the Child Support Enforcement Unit, they will be told what action(s) must be taken to end the sanction. The sanction will end when they take the required action(s). If _____ did not cooperate but now wants to report a good reason for not cooperating with child support they should call (____)_____.

Some examples of a good reason for not cooperating with child support are:

- fear of emotional or physical harm to you or the children in your family; or,
- the child was born due to rape or incest; or,
- the child is freed for adoption; or, you are now being assisted by an agency to determine whether to put the child up for adoption and discussions have not gone on for more than three months.

To find out more information about how to end the sanction, call (____)_____.

- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if you are no longer eligible for Public Assistance or Medical Assistance, Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.
For further information, please contact your services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, SNAP Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.

**PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
MEDICAL ASSISTANCE COVERAGE AND SERVICES (TIMELY & ADEQUATE) (NYC)**

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

We are CHANGING your benefits, as explained below and on Part A, next to the checked box(es) :

SEE PART A FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SERVICES INFORMATION.

If you do not use your SNAP account for a period of 274 consecutive days, any SNAP benefit remaining in the account that is at least 274 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.

SNAP

1. **INCREASE** your SNAP benefits from \$ _____ to \$ _____ effective _____ .
 [name(s)] _____ has been added to your case.
 Your SNAP certification period has been extended. Your benefits will now end in _____
2. **CONTINUE** your SNAP benefits at \$ _____ effective _____ for [name(s)] _____ .
 Your SNAP certification period has been extended. Your benefits will now end in _____ .
3. **REDUCE** your SNAP benefits from \$ _____ to \$ _____ effective _____ .
 Your SNAP certification period has been extended. Your benefits will now end in _____ .
4. **DISCONTINUE** your SNAP benefits as of _____
5. **OTHER:** _____
 Your earnings from a new job, or a paid training or work activity are not being counted against your Public Assistance benefits. This income is still being counted against your SNAP benefits; therefore, your SNAP benefits might go down or might stop.
6. **OVERPAYMENT INFORMATION (Check All That Apply)**
 We are establishing a SNAP overpayment because you or your household got more in SNAP benefits than you should have. See the Demand Letter (and also, if your case is closing the Repayment Agreement) for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**
 The benefit above reflects a ____% reduction (Recoupment) of \$ _____ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.

7. We cannot add the following individuals to your case:
Name: _____ Reason(s) _____
Name: _____ Reason(s) _____
8. If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.
9. **OTHER INFORMATION:**

The reason for this action is: _____

The above decision(s) is based on 18 NYCRR _____ .

Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

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

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

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

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See "Keeping Your Benefits The Same" below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you owe a Public Assistance overpayment, and if you do not agree that you owe this overpayment, you must call for a fair hearing within 60 days of the date of this notice. If you do not call for a fair hearing within 60 days of the date of this notice, you cannot claim in the future that the agency's decision that you owe the debt was wrong.

KEEPING YOUR BENEFITS THE SAME: We will not change your Public Assistance, SNAP, Medical Assistance and Social Services benefits, if you ask for a fair hearing before the effective date stated in this notice. However, if you lose the fair hearing, you will have to pay back any Public Assistance and SNAP benefits you got but should not have gotten, while you were waiting for the decision. Also, we may recover Medical Assistance Benefits.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want to "keep my benefits the same" until the Fair Hearing decision is issued:

- Public Assistance Medical Assistance SNAP Social Services

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

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

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

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

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

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

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

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

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

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

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

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

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEDICAL ASSISTANCE COVERAGE AND SERVICES (ADEQUATE ONLY) (NYC)

PART A

Form with fields for NOTICE DATE, CASE NUMBER, CIN NUMBER, CASE NAME AND ADDRESS, AGENCY/CENTER OR DISTRICT OFFICE, GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP, and OFFICE NO., UNIT NO., WORKER NUMBER, UNIT OR WORKER NAME, TELEPHONE NUMBER.

We are CHANGING your benefits as explained below and on UPART B U, next to the checked box(es) [X]:

SEE UPART BU FOR SNAP AND FAIR HEARING INFORMATION.

PUBLIC ASSISTANCE

- Public Assistance options: REDUCE, INCREASE, CONTINUE, DISCONTINUE. Includes details on recoupment and individual additions.

The REASON for this action is

The above decision(s) is based on 18 NYCRR

- Reasons for Public Assistance change: new job, training, or earnings changes.

MEDICAL ASSISTANCE

- Medical Assistance options: CONTINUE, REDUCE, DISCONTINUE. Includes details on coverage changes and income standards.

The above decision(s) is based on 18 NYCRR

SERVICES - If you are getting Social Services and lose your Public Assistance and Medical Assistance benefits, we will need to see if you still can get Social Services at your next scheduled recertification.

BE SURE TO READ THE BACK OF PART B FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if you are no longer eligible for Public Assistance or Medical Assistance, Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.
For further information, please contact your services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this Department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, SNAP or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.

**PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
MEDICAL ASSISTANCE COVERAGE AND SERVICES (ADEQUATE ONLY) (NYC)**

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

We are CHANGING your benefits, as explained below and on Part A, next to the checked box(es) :

SEE PART A FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SERVICES INFORMATION.

If you do not use your SNAP account for a period of 274 consecutive days, any SNAP benefit remaining in the account that is at least 274 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.

SNAP

1. **INCREASE** your SNAP benefits from \$ _____ to \$ _____ effective _____.

[name(s)] _____ has been added to your case.

Your SNAP certification period has been extended. Your benefits will now end in _____.

2. **CONTINUE** your SNAP benefits for at \$ _____ effective _____.

Your SNAP certification period has been extended. Your benefits will now end in _____.

3. **REDUCE** your SNAP benefits from \$ _____ to \$ _____ effective _____.

Your SNAP certification period has been extended. Your benefits will now end in _____.

4. **DISCONTINUE** your SNAP benefits as of _____.

5. **OTHER** _____

Your earnings from a new job, or a paid training or work activity are not being counted against your Public Assistance benefit. This income is still being counted against your SNAP benefits; therefore your SNAP benefits might go down or might stop.

6. **OVERPAYMENT INFORMATION (Check All That Apply)**

We are establishing a SNAP overpayment because you or your household got more in SNAP benefits that you should have. See the Demand Letter and also, if your case is closing, the Repayment Agreement for more information on this overpayment. This decision is based on 18 NYCRR 387.19.

The benefit above reflects a _____% reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. This decision is based on 18 NYCRR 387.19.

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.

7. We cannot add the following individuals to your case:

Name: _____ Reason(s) _____

Name: _____ Reason(s) _____

Name: _____ Reason(s) _____

Name: _____ Reason(s) _____

8. If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.

9. Other Information: _____

The reason for this action is: _____

The above decision(s) is based on 18 NYCRR _____.

Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

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

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

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

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See "Keeping Your Benefits The Same" below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you owe a Public Assistance overpayment, and if you do not agree that you owe this overpayment, you must call for a fair hearing within 60 days of the date of this notice. If you do not call for a fair hearing within 60 days of the date of this notice, you cannot claim in the future that the agency's decision that you owe the debt was wrong.

KEEPING YOUR BENEFITS THE SAME: We will restore your Public Assistance, SNAP, Medical Assistance and Social Services benefits to the same level they were before this notice, if you ask for a fair hearing within 10 days of this notice. If you lose the fair hearing, you will have to pay back any Public Assistance and SNAP benefits you got but should not have gotten, while you were waiting for the decision. Also, we may recover Medical Assistance benefits.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want to "keep my benefits the same" until the Fair Hearing decision is issued:

- Public Assistance
 Medical Assistance
 SNAP
 Social Services

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

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

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

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

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

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

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

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

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

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

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

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

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.



Date: _____
 Case Number: _____
 Case Name: _____
 Center Number: _____
 SNAP Filing Date: _____
 Subject: _____

Documentation Requirements and/or Assessment Follow-Up

To see if you can get, or keep getting, benefits, you must give us the required documents by the due date on this form.

Please see the Eligibility Factors and Suggested Documentation Guide (**W-119D**) sent with this letter for some of the types of documents you can give us.

If you need more time or help getting the documents call the number on page 3 of this notice.

SAMPLE
Due Date: _____

Forms Reminder

(Please return the following Agency form(s), completed and signed where necessary.)

- | | |
|--|--|
| <input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact
<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing
<input type="checkbox"/> W-147CC Certification of Move Statement
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)
<input type="checkbox"/> W-147Q Verification of Secondary Tenant's Residence and Housing Costs | <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care Provider
<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral
<input type="checkbox"/> W-582A Family Care Assessment
<input type="checkbox"/> W-700E School Attendance Verification Letter |
|--|--|

(Turn page)

You may submit any required documents/information by:



UPLOAD (*easiest!*) — use your mobile phone or tablet with our ACCESS HRA mobile app at: www.nyc.gov/accesshramobile



IN PERSON — bring copies of the documents to your Center



FAX — send documents to _____



MAIL copies using envelope provided



CALL _____ if you need help getting documents or more time to get documents

Failure to submit verification/documentation or failure to contact your HRA worker on or before the due date may make you ineligible for Cash Assistance and/or SNAP, or may cause a reduction in your Cash Assistance and/or SNAP benefits for a specific period of time.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn page)

THINGS TO REMEMBER



Pay Stubs: for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.



Employer Letter: If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer must **sign and date** it.



Landlord or Primary Tenant Letter: must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.

SAMPLE