



**George E. Pataki**  
*Governor*

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
*Acting Commissioner*

## Informational Letter

### Section 1

<b>Transmittal:</b>	04-INF-04
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	February 10, 2004
<b>Subject:</b>	HEAP 2004-2005 Needs Assessment Public Hearings
<b>Suggested Distribution:</b>	Directors of Temporary Assistance HEAP Liasons
<b>Contact Person(s):</b>	Western Regional Team @ 1-800-343-8859 Ext.3-0332
<b>Attachments:</b>	Attachment A- Notice of Public Hearings Attachment B- Registration Form
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18 NYCRR 393	SSL 97	HEAP Manual	

### Section 2

#### I. Purpose

The New York State Office of Temporary and Disability Assistance will conduct two needs assessment public hearings to provide for public input on the development of the 2004-2005 New York State Plan for the Home Energy Assistance Program (HEAP).

#### II. Background

The hearings will be held on the dates and locations listed below:

**New York City** - Friday, February 27, 2004 from 10:00 A.M. to 12:00 P.M.,  
105 West 125<sup>th</sup> Street, New York, New York 10027, 6th Floor, Training Center.

**Albany, New York** - Tuesday, February 24, 2004 from 10:00 A.M. to 12:00 P.M., 90 State Street, 6th Floor Conference Room, Cornell University Suite, Albany, New York 12207.

If you or a member of your staff is interested in testifying, please refer to the enclosed notice and registration form for details.

Written, faxed or e-mailed comments must be submitted by close of business, March 5, 2004.

Written comments may be mailed to:

Tracy Jarrett  
NYS Office of Temporary and Disability Assistance  
40 North Pearl Street (Section 11A)  
Albany, NY 12243

Faxed comments may be sent to:

Tracy Jarrett  
Division of Temporary Assistance  
(518) 474-9347 or  
(518) 474-5281

E-mailed comments may be sent to: [NYSHEAP@dfa.state.ny.us](mailto:NYSHEAP@dfa.state.ny.us)

If you have any questions about the hearings please call Tracy Jarrett at (518) 473-7344.

### **III. Program Implications**

None

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#### **Issued By**

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
NOTICE OF PUBLIC HEARING  
TO PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE NEW YORK STATE  
PLAN  
FOR THE 2004-2005 HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

In accordance with the Low Income Home Energy Assistance Act of 1981, as amended, the State of New York provides for input on the development of the 2004-2005 New York State Plan for the Home Energy Assistance Program (HEAP).

**PUBLIC HEARINGS:** Public hearings will be conducted at the following locations:

- **New York City**, Friday, February 27, 2004, from 10:00 A.M. to 12:00 P.M.,  
105 West 125<sup>th</sup> Street, New York, New York 10027, 6th Floor, Training Center.
- **Albany, New York**, Tuesday, February 24, 2004, from 10:00 A.M. to 12:00 P.M.,  
90 State Street, 6th Floor Conference Room, Cornell University Suite,  
Albany, N.Y. 12207.

Individuals/organizations wishing to present their views at these hearings should register by calling 1 (800) 343-8859, extension 3-0332. Persons who have pre-registered will be called upon to speak first. Others will be called in the order in which they register.

Speakers must limit their testimony to five minutes and submit three (3) written copies of their statements.

**COMMENTS:**

Written, faxed or e-mailed comments on the development of the 2004-2005 New York Home Energy Assistance Program State Plan will be accepted no later than close of business, March 5, 2004.

Written comments should addressed to:

Tracy Jarrett  
NYS Office of Temporary and Disability Assistance  
Division of Temporary Assistance, Western Regional Team  
40 North Pearl Street - 11A  
Albany, New York 12243

Faxed comments should be sent to:

Tracy Jarrett  
(518) 474-9347 or  
(518) 474-5281

- E-mailed comments should be sent to: [NYSHEAP@dfa.state.ny.us](mailto:NYSHEAP@dfa.state.ny.us)

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
PUBLIC HEARING REGISTRATION FORM  
TO PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE NEW YORK STATE  
PLAN  
FOR THE 2004-2005 HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

**New York City**, Friday, February 27, 2004, from 10:00 A.M. to 12:00 P.M.,  
105 West 125<sup>th</sup> Street, New York, New York 10027, 6th Floor, Training Center.

**Albany, New York**, Tuesday, February 24, 2004, from 10:00 A.M. to 12:00 P.M.,  
90 State Street, 6th Floor Conference Room, Cornell University Suite,  
Albany, New York 12207.

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Persons wishing to present their views at any of these hearings are requested to complete this registration form as soon as possible and mail to:

Ms. Tracy Jarrett  
New York State Office of  
Temporary and Disability Assistance  
Western Regional Team  
40 North Pearl Street, Section 11A  
Albany, New York 12243

Telephone: 1 (800) 343-8859  
Extension 3-0332

The reply form may also be faxed to (518) 474-9347 or to (518) 474-5281.

To assure your pre-registration, please respond three days prior to the scheduled hearing date, or call the above number if you have any questions.

I plan to attend the public hearing in (please check):

New York City, New York (February 27, 2004)  
 Albany, New York (February 24, 2004)

I plan to make a public statement at the hearing. I will limit my statement to a maximum of five minutes and I will provide three copies of my prepared statement.

**STATEMENTS SHOULD BE LIMITED TO COMMENTS ON THE DEVELOPMENT OF THE NEW YORK STATE PLAN FOR THE 2004-2005 HOME ENERGY ASSISTANCE PROGRAM (HEAP).**

**NOTE:** There will not be any photocopying facilities available at the hearing.

NAME \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
TITLE \_\_\_\_\_  
AFFILIATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_