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Governor

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

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	04-INF-21
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	November 8, 2004
<b>Subject:</b>	Revision of the LDSS-4403: "Determination of Eligibility For Emergency Assistance to Families (EAF)" (7/04 Revision)
<b>Suggested Distribution:</b>	Temporary Assistance Directors Food Stamp Benefits Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859, Extension 6-1095 Program Questions: Central Region - (518) 474-9344
<b>Attachments:</b>	LDSS-4403:"Determination of Eligibility For Emergency Assistance to Families (EAF)"
<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.
03 ADM-11 04 INF-03 00 INF-21 95 INF-4		369.1 372.2(a)(4) 372.4(d)		TASB 2.C	GIS02 TA/DC 030 GIS03 TA/DC 005

### Section 2

#### I. Purpose

The purpose of this release is to introduce the revised mandated form, LDSS-4403: "Determination of Eligibility for Emergency Assistance to Families (EAF)" (Rev. 7/04).

The primary reason for the revision is to clarify that “utility payments” are not subject to the “sudden and unforeseen” EAF requirement.

## II. Background

EAF is a federally participating program designed to deal with crisis situations threatening a family with children under age 18, or age 18 and attending full-time secondary school or the equivalent level and to meet needs resulting from a sudden occurrence or a set of circumstances demanding immediate attention. The LDSS-4403 is designed to aid workers in correctly using the EAF program at case acceptance.

## III. Program Implications

The revisions to this form are:

1. The Revision Date was changed to 7/04.
2. In number 1 of the “EAF Eligibility Determination Checklist” section, the question was changed to read:

1. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school who is currently residing with a caretaker who is related by blood, marriage or adoption?

3. The instructions, after answering questions 1 or 2, in the “EAF Eligibility Determination Checklist” section were changed to read:

If you can check "Yes" to either Number 1 or Number 2 above, proceed. If not, the case is ineligible for EAF.

4. The instructions, for answering questions 3, 4 or 5, in the “EAF Eligibility Determination Checklist” section were changed to read:

If you check “No” to all of the answers to Numbers 3-5 above, proceed. If you check “Yes” to either 3, 4 or 5 above, the case is ineligible for EAF.

5. Question 6 in the “EAF Eligibility Determination Checklist” section was changed to include another type of necessary payment. The revised question now reads:

6. Is the necessary payment a diversion payment or a utility emergency payment?  YES  NO

## IV. Forms Information

The 7/04 versions of the LDSS-4403 have been printed and delivered to the Albany warehouse.

Local districts will **not** automatically receive copies.

In order to ensure that the usage of these revised forms begin within a reasonable amount of time, you may continue to use the previous 7/03 versions until your stocks are depleted, or until January 2005, whichever occurs first.

Requests for supplies of the LDSS-4403: "Determination of Eligibility For Emergency Assistance to Families (EAF)" (Rev.7/04) should be submitted on OTDA-876 (Rev.6/98): "Request For Forms or Publications" form, and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

In addition, for local district staff, an electronic PDF version of this form in this INF can be accessed on the OTDA Intranet website at [http://sdssnet5/otda/ldss\\_eforms/default.htm](http://sdssnet5/otda/ldss_eforms/default.htm).

**Issued By** \_\_\_\_\_  
**Name:** Russell Sykes  
**Title:** Deputy Commissioner  
**Division/Office:** Division of Temporary Assistance

**DETERMINATION OF ELIGIBILITY FOR EMERGENCY ASSISTANCE TO FAMILIES (EAF)**

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME:	CASE COMPOSITION:
CASE NUMBER:	
TYPE OF EMERGENCY:	
ONSET OF EMERGENCY:	

**I. THIS CRISIS SITUATION IS DUE TO THE FOLLOWING CIRCUMSTANCES(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> Fire or other disaster.  | <input type="checkbox"/> Eviction by Landlord   |
| <input type="checkbox"/> Asked to leave shared apartment by relative or friend who is prime tenant. | _____   |
| <input type="checkbox"/> Medical emergency causing need for assistance.                             | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Sudden loss of employment.   | _____   |
| <input type="checkbox"/> Victim of Domestic Violence (Adult and/or Child)                           | _____   |

**II. EAF ELIGIBILITY DETERMINATION CHECKLIST****IN ORDER TO DETERMINE CLIENT ELIGIBILITY FOR EAF, RESPOND TO EACH OF THE FOLLOWING ITEMS:**

1. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school who is currently residing with a caretaker who is related by blood, marriage or adoption?  YES  NO
2. Is there a woman of any age with a medically verified pregnancy?  YES  NO

*If you can check "Yes" to either Number 1 or Number 2 above, proceed. If not, the case is ineligible for EAF.*

3. Does the family have resources to meet their needs or available income at or above 200% of the most recently published federal poverty guidelines as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for that family size?  YES  NO
4. Will the emergency grant being applied for duplicate or replace a Temporary Assistance grant already made under 18 NYCRR 352?  YES  NO
5. Did the emergency arise because an employable child or relative refused, without good cause, to accept employment or participate in work activities or community service?  YES  NO

*If you check "No" to all of the answers to Numbers 3-5 above, proceed. If you check "Yes" to either 3, 4 or 5 above, the case is ineligible for EAF.*

6. Is the necessary payment a diversion payment or a utility emergency payment?  YES  NO

*If you check "Yes" to Number 6, Stop - EAF eligible*

*If you check "No" to Number 6, Go to Number 7.*

7. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?  YES  NO

*If you check "Yes" to Number 7, Stop - EAF eligible*

*If you check "No" to Number 7, Ineligible for EAF*

**III. IS THIS CASE ELIGIBLE FOR EAF?**
 YES  NO

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

ELIGIBILITY SPECIALIST	DATE
SUPERVISOR	DATE

**IMPORTANT: IF YOU HAVE DETERMINED THAT THIS CASE IS ELIGIBLE FOR EAF, HAVE YOU:**

- Completed all Questions on this form?
- Signed and dated this form, and obtained your supervisor's signature?

**NOTE:** Attach any documentation and the history sheet containing information about this determination to this form and file in case record. Annotate case record to indicate this case is being claimed EAF.