George E. Pataki
Governor

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

Robert Doar
Commissioner

Local Commissioners Memorandum

Section 1

Transmittal:	05-LCM-07
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	June 9, 2005
Subject:	HEAP Client Notices System (CNS) Mail-Out Application Process
Contact Person(s):	HEAP Bureau @ 1-800-343-8859, Ext 3-0332
Attachments:	HEAP CNS Application Mail-Out Survey, HEAP CNS Application Mail-Out Cover Letters (Over 60 and Disabled, Attachment A), (Under 60 With Vulnerable, Attachment B)
Attachment Available On – Line:	HEAP CNS Application Mail-Out Survey, HEAP CNS Application Mail-Out Cover Letters (Over 60 and Disabled, Attachment A), (Under 60 With Vulnerable, Attachment B)

Section 2

I. Purpose

The purpose of this LCM is to notify upstate local social services districts (LDSS) of changes to the HEAP application mail-out procedures for the 2005-2006 program.

II. Background

During a series of HEAP regional meetings held in February/March 2005, upstate Local District HEAP Liaisons were notified of upcoming changes to the way HEAP mail-out applications are handled.

The New York State Office of Temporary and Disability Assistance (NYS OTDA) will be utilizing the Client Notices System (CNS) to mail-out HEAP applications on behalf of upstate local districts to households who are age sixty or older, disabled, and to under age sixty households that contain a vulnerable member who received a HEAP benefit last year.

Previously, OTDA provided upstate local districts with mailing labels and control lists for these three groups and it was each district's responsibility to use these labels to mail HEAP applications out to all households identified on the control lists. Districts could begin mail out in early September and were required to complete their mail-outs no later than the end of December.

Copy to Joe Kelemen
copy to Charles Brennan
X tra copy

III. Program Implications

OTDA will take over the upstate HEAP application mail-out process. The applications will be sent with a revised cover letter that incorporates the "Application Rights," "Qualified Aliens" and "Important Information Regarding Energy Costs" language. The letters will be mailed from Albany, and will be included in CNS history, but will not need to be initiated by the local district. OTDA will utilize a specially colored purple application for this project.

- **Applications sent to the Aged/Disabled population:** These applications will be sent with a cover letter that instructs the applicant to return their application to the specific County's local Office for the Aging (OFA). The local OFA address and phone number will be provided. If the local district does not utilize OFA for this population, the applicant will be instructed to return their application to their Local Department of Social Services (LDSS).

- **Applications sent to the under age sixty population with a vulnerable HH member who received a HEAP benefit last year:** These applications will be sent with a cover letter instructing the applicant to return their application to their LDSS. The County's specific address and phone number will be provided. Counties utilizing an alternate certifier to process these applications will be responsible for forwarding them to their certifier as they are received.

The application mail-out process is scheduled to begin in mid-August and will be completed over a three week period. The mail-out will be run alphabetically by County and each County's applications will be mailed in their entirety.

Participation in the project is voluntary. However, districts opting for this process must make a commitment to have staff available to process these applications during the early mail-out period. NYS OTDA will be providing districts that opt into the project with additional administrative funding to help defray start up costs associated with the need to have HEAP staff available to begin this early application process. In addition, OTDA will also cover the postage costs associated with the mail-out for project participants and there will be **no** charge back of CNS notice costs for this project.

Districts opting out of the project will receive control lists only and will be responsible for completing their own mail-outs per current procedure. **Mailing labels will not be provided.** Districts wishing to partially opt in (i.e. opt in for the under 60, opt out for the over 60) may do so but will remain responsible for completing the part of the mail-out for which they are opting out. In this instance, OTDA will only cover the postage costs associated with the part of the mail-out that is being handled through the project.

Districts opting to conduct the mailing locally will still be required to begin the mail-out in early September. Specific start-up and completion dates will be provided.

Attached are draft copies of the language for the cover letters that will be sent with the applications. A special purple colored HEAP application will be in use for this project.

Please complete the attached survey indicating your district's option and return to Tracy Jarrett via fax @ 518-474-9347 or by e-mail, mailto:tracy.jarrett@otda.state.ny.us by COB Friday June

17, 2005. Districts failing to return the survey by this date will automatically be included in the project.

Issued By_____

Name:	**Russell Sykes**
Title:	**Deputy Commissioner**
Division/Office:	**Division of Employment and Transitional Supports**

HEAP CNS Application Mail-Out Survey

District Name **Date**

_____ _____

District Contact Name and Phone # _____

I. Does your District want to opt into the HEAP CNS Application Mail-Out Project?

☐ Yes ☐ No

Components- Please check only one:

☐ All (Over 60 and Under 60)

☐ Over 60 Only

☐ Under 60 Only

II. If opting out for a specific group, please explain how you will handle the mail-out for this group:

_____

_____

_____

_____

_____

_____

III. If opting into the project for the Over 60 and Disabled group please provide the name, phone number and return mailing address for your local Office for the Aging. If you do not use OFA for your over 60/Disabled mailing, please provide your LDSS name, address and phone #:

_____

_____

_____

_____

_____

Attachment A

Draft-Sample Language

Over 60, Disabled

2005-2006 HEAP

Dear HEAP Applicant,

Enclosed is an application for a regular benefit for the 2005-2006 Home Energy Assistance Program (HEAP).

Benefits will not be paid any earlier than November 2005 and until federal funds are available. The regular HEAP benefit is intended to be a one-time supplement to your annual energy costs and is not intended to replace your personal payments. You should continue to pay your energy bills.

Instructions:

- Complete all white sections
- Answer all questions
- SIGN and DATE the application
- If any adult household member works-send copies of the most recent four (4) pay stubs
- If any adult household member has no income-write and send a statement telling us that they have no income
- If you want to document your actual energy costs, send us your energy statement or bills. There is more information about this in the section called "Energy Costs"

Please return your completed application to:

_____Insert Agency Name (from OFA list), Address, and Phone #_____

Motor Voter Registration:

Please leave the Motor Voter form attached to your application. Complete this form if you are not registered to vote and you want to register. This does not affect your HEAP eligibility or benefit amount.

Your application should be able to be processed with the information that you provide. If, however, there is incomplete or unclear information, you will be contacted for verification.

Citizen /Alien Information:

Please be advised that in order to receive HEAP you must be a United States Citizen or Qualified Alien. For additional information on what constitutes a Qualified Alien, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at http://www.otda.state.ny.us

Energy Costs:

If you pay for heat, a part of your HEAP benefit is calculated based on the yearly amount that you spend on energy costs. In calculating your energy costs, a standard amount is used from the chart below. To find the amount that is used, locate the column listing your primary heat source and move down the chart to your household size.

Household Size	Oil, Kerosene, Propane	Natural Gas, Coal, Wood	PSC Regulated & Village of Greenport Electric Heat	Municipal Electric Heat
1	$2,389	$2,135	$1,981	$509
2	$2,600	$2,311	$2,154	$567
3	$2,811	$2,487	$2,316	$625
4	$3,022	$2,663	$2,576	$683
5	$3,233	$2,839	$2,852	$741
6	$3,444	$3,015	$3,134	$799
7	$3,655	$3,191	$3,416	$857
8+	$3,866	$3,367	$3,698	$915

If your actual energy costs are higher than the standard amount in the chart, you may choose to document your energy costs for the last twelve (12) months and then your actual energy costs will be used (instead of the standard amount in the chart) in calculating your benefit.

On-Line Application:

In November 2005, you may also access this application through the New York State website at: http://www.otda.state.ny.us

Once you reach the website, click on the Home Energy Assistance Program and then on HEAP Application.

In selected counties, you may e-file this application. Please see the website for details and instructions.

Application Rights:

You have certain rights when filing your HEAP application. You have the right to be told if your application is approved or denied within thirty (30) business days of the date that the HEAP Certifier or Office for the Aging receives your complete and signed application.

Please note: The processing time for applications received prior to November 2005 will not begin until program opening in November 2005 although you may have received this application prior to the program opening date as a part of our efforts to identify and re-establish eligibility for households who received a HEAP benefit last year.

You have the right to request a conference and/or a fair hearing if it has been more than thirty (30) business days since the HEAP certifier or Office for the Aging received your signed and completed application (or it has been more than thirty business days since the November program

opening if the certifier or local Office for the Aging received your application prior to the November 2005 program opening and you have not been told of the eligibility decision).

If you would like a conference, you should ask for one as soon as possible. At the conference, if it is discovered that a wrong decision was made or if, because of information you provide, the decision is changed, corrective action will be taken.

If you would like a conference please contact your Local Department of Social Services Department listed above. This is only for requesting a conference. It is not how you ask for a fair hearing. If you ask for or have a conference, you are still entitled to a fair hearing.

You can request a fair hearing from the New York State Office of Temporary and Disability Assistance by:

Calling, toll free: 1-800-342-3334

Or by

Writing to: HEAP-Energy Fair Hearing Section
NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201

If you request a fair hearing, NYS will send you a notice of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, friend, or other person, or to represent yourself. At the hearing, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action shouldn't be taken, as well as the opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents that may be helpful in presenting your case.

If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid society or other legal advocate group. You may locate the nearest Legal Aid society or advocate group by checking the yellow pages under "lawyers".

You have the right to review your case record. Upon your request, you have the right to free copies of documents that your local department of social services presents into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record that you need for your fair hearing. To request such documents or to find out how you may review your case record, contact your local department of social services listed above.

Si necesita alguien que hable español, comuníquese con la línea directa de NYS OTDA al 1-800-342-3009.

Attachment B

Draft-Sample Language

Under 60 W/Vulnerable

2005-2006 HEAP

Dear HEAP Applicant,

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