



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

Eliot Spitzer
Governor

David A. Hansell
Commissioner

Informational Letter

Section 1

Transmittal:	07-INF-09
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	August 1, 2007
Subject:	LDSS-4905: Domestic Violence Information for All Temporary Assistance Applicants (previously known as the “ <i>Hand-Out to All Applicants for Welfare</i> ” LDSS-4594, 4594-NYC, 4594-S, 4594-S-NYC: “ <i>Notification of Decision on a Waiver</i> ” LDSS-4595, 4595-NYC, 4595-S, 4595-S-NYC: “ <i>Notification of Decision on a Continuation of Waiver</i> ”
Suggested Distribution:	Temporary Assistance Directors/Staff, Employment Director/Staff, Domestic Violence Liaisons and Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 ext. 6-1095 Program Questions: Deb McArdle at Debbie.McArdle@otda.state.ny.us or Wendy Buell at Wendy.Buell@otda.state.ny.us .
Attachments:	LDSS-4905: “ <i>Domestic Violence Information for all Temporary Assistance Applicants</i> ” LDSS-4594, 4594-NYC: “ <i>Notification of Decision on a Waiver to Allow a Temporary Delay in TA Requirements (Adequate Only)</i> ” LDSS-4595, 4595-NYC: “ <i>Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in TA Requirements (Timely and Adequate)</i> ”
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
98 ADM-3		351.2 (1)			

Section 2

- I. Purpose:** The purpose of this release is to introduce the revised versions of the client notification forms used in the implementation of the Family Violence Option (FVO).
- II. Background:** These forms were implemented in April 1998. There are no major changes to policy as it relates to these forms; however, there are language revisions and updated fair hearing language on the forms to help clarify FVO policy.
- III. Program Implications:**

- A. Domestic Violence Information for all Temporary Assistance Applicants – LDSS-4905 (Rev. 4/07)** - This form was formerly known as the Universal Notification Form/“*Hand-Out to All Applicants for Welfare*”- The title of this form has been changed to “*Domestic Violence Information for All Temporary Assistance Applicants*” and also assigned form #LDSS-4905. This informational form must be included in the application/recertification packets. Local districts were required to copy these forms; however, now this form may be accessed electronically. Please note that there is also space on the bottom of the form for districts to include information on their local domestic violence providers and hotline numbers.
- B. Notification of Decision on a Waiver to Allow a Temporary Delay in Temporary Assistance Requirements (Adequate Only) – LDSS 4594, 4594-NYC, 4594-S, 4594-S-NYC (rev. 6/07)**- Please note these forms are used by domestic violence liaisons only and must not to be filed in the TA file.

Front:

- Changed the language in the notice under “*Waiver Approved*” and “*Waiver Denied*”.
- Deleted all references related to domestic violence due to safety issues. In some cases, this notice gets mailed to the client, which could cause a safety issue for the client in domestic violence situations.
- Notice now states all the possible waivers.
- Notice now states the dates of the waiver. The dates include “*from*” and “*to*” dates.

Reverse:

- Fair Hearing language has *been updated with toll-free numbers*.
- *Deleted the section called “Continuing your Benefits”*.

- C. Notification of Decision on a Continuation of Waiver to Allow a Temporary Delay in Temporary Assistance Requirements (Timely and Adequate) – LDSS 4595, 4595-NYC, 4595-S, 4595-S-NYC (rev. 6/07)** - Please note these forms are used by domestic violence liaisons only and must not be filed in the TA file.

Front:

- Changed the language in the notice under “*Waiver Approved*” and “*Waiver Denied*”.
- Deleted all references related to domestic violence due to safety issues. In some cases, this notice gets mailed to the client, which could cause a safety issue for the client in domestic violence situations.
- Notice now states all the possible waivers.
- Notice now states the dates of the waiver. The dates include “*from*” and “*to*” dates.

Reverse:

- Fair Hearing language has been updated with toll free numbers.

IV. Forms Ordering Information

- The revised Client Notices (LDSS-4594, LDSS-4594 NYC, LDSS-4594-SP, LDSS-4594-SP NYC, LDSS-4595, LDSS-4595 NYC, LDSS-4595-SP and LDSS-4595-SP NYC) and the Client Notices just assigned LDSS numbers (LDSS-4905 and LDSS-4905-SP) are **not** State printed, but are available to local districts in PDF format or as master camera ready copies. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above referenced English versions of the Client Notices (LDSS-4594, LDSS-4594 NYC, LDSS-4595 and LDSS-4595 NYC) have been revised and posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and are available for downloading by local districts for reproduction locally. We expect that the Spanish versions (LDSS-4594-SP, LDSS-4594-SP NYC, LDSS-4595-SP and LDSS-4595-SP NYC) will follow shortly.
- Upon the release of this INF all previous English and Spanish versions of the LDSS-4594, LDSS-4594 NYC, LDSS-4594-SP, LDSS-4594-SP NYC, LDSS-4595, LDSS-4595 NYC, LDSS-4595-SP and LDSS-4595-SP NYC and copies of the “*Handout to All Applicants for Welfare*” (Universal Notification form) **must immediately be destroyed** and replaced with the newly revised forms.
- Any future written requests for master camera ready copies of the English and Spanish versions of the Client Notices, should be submitted on OTDA-876 “*Request For Forms or Publications*”, and should be sent to:

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

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

- Master camera ready copies of the documents may also be ordered through Outlook. To order a Master camera ready copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By _____

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Division of Employment and Transitional Supports

Domestic Violence Information for all Temporary Assistance Applicants

This information is intended to help you determine if you are a victim of domestic violence and to consider ways to help keep yourself and your family safe and self-supporting.

Are you in danger of your partner or ex-partner doing any of the following:

- Physically hurting you – for example, pushing, grabbing, slapping, hitting, choking, or kicking?
- Forcing you to have sex when you don't want to or to do sexual things you don't want to do?
- Threatening to hurt you, your children or someone close to you?
- Constantly putting you down or telling you that you are worthless?
- Stalking, checking up on you or following you?
- Making you afraid?

What kinds of help are available?

Temporary Assistance: You must meet certain requirements to be eligible for temporary assistance. If you are a victim of domestic violence and believe meeting those program requirements may put you or your children at risk of harm or make it more difficult to escape the abuse you may request a temporary delay (waiver) of certain requirements. For example: meeting all or some employment, child support enforcement or drug and alcohol assessment and treatment requirements may be temporarily delayed. You may complete the Domestic Violence Screening Form and request to see a Domestic Violence Liaison to determine your eligibility for a temporary waiver.

Services: You can call a 24 hour domestic violence hotline for information about emergency shelter, support groups, counseling and your legal rights.

In NYC call:
1-800-621-4673

In any other area of NY State call: 1-800-942-6906
Spanish speaking callers may call: 1-800-942-6908

LDSS Hotline Number

**NOTIFICATION OF DECISION ON A WAIVER TO ALLOW A TEMPORARY DELAY
IN TEMPORARY ASSISTANCE REQUIREMENT(S) (ADEQUATE ONLY)**

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; justify-content: space-between; align-items: 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 NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This is to tell you our decision about a temporary waiver (delay) of certain temporary assistance program requirement(s).

Waiver Approved: You have been approved for a temporary waiver from the following program requirement(s). Your waiver will end and you will be required to comply with all requirement(s) unless you contact the liaison or your worker prior to the waiver end date noted below.

- | | |
|---|---|
| <input type="checkbox"/> Child Support Enforcement
<input type="checkbox"/> Employment/Work Activities
<input type="checkbox"/> Drug or Alcohol Assessment/Treatment
<input type="checkbox"/> Minor Parent Eligibility
<input type="checkbox"/> Time Limits
<input type="checkbox"/> Alien Deeming
<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Property Lien | Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____ |
|---|---|

Additional Information: _____

This decision is based on Department Regulation 351.2(l).

Waiver Denied: Your request for a temporary waiver from the following program requirement(s) has been reviewed and the agency has found you do not meet the criteria for a waiver. Therefore, your request has been denied. The reason for this decision is noted below. If you requested a waiver of child support enforcement requirements and it has been denied, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

- Child Support Enforcement
- Employment/Work Activities
- Drug or Alcohol Assessment/Treatment
- Minor Parent Eligibility
- Time Limits
- Alien Deeming
- Spousal Support
- Property Lien

Reason for denial: _____

This decision is based on Department Regulation 351.2(l).

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES
IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE FOLLOWING INFORMATION 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. You may request either or both of the following:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.
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 and do not request a fair hearing, the waiver decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver was denied.

2. **STATE FAIR HEARING** – YOU HAVE **60 DAYS** FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:

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

Mail: Send a copy of both sides of this notice *completed* 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

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

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax 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 get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other 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 us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

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.

**NOTIFICATION OF DECISION ON A WAIVER TO ALLOW A TEMPORARY DELAY
IN TEMPORARY ASSISTANCE REQUIREMENT(S) (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%; display: flex; justify-content: space-between; align-items: 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 NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This is to tell you our decision about a temporary waiver (delay) of certain temporary assistance program requirement(s).

Waiver Approved: You have been approved for a temporary waiver from the following program requirement(s). Your waiver will end and you will be required to comply with all requirement(s) unless you contact the liaison or your worker prior to the waiver end date noted below.

- | | |
|---|---|
| <input type="checkbox"/> Child Support Enforcement
<input type="checkbox"/> Employment/Work Activities
<input type="checkbox"/> Drug or Alcohol Assessment/Treatment
<input type="checkbox"/> Minor Parent Eligibility
<input type="checkbox"/> Time Limits
<input type="checkbox"/> Alien Deeming
<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Property Lien | Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____ |
|---|---|

Additional Information: _____

This decision is based on Department Regulation 351.2(l).

Waiver Denied: Your request for a temporary waiver from the following program requirement(s) has been reviewed and the agency has found you do not meet the criteria for a waiver. Therefore, your request has been denied. The reason for this decision is noted below. If you requested a waiver of child support enforcement requirements and it has been denied, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

-
- Child Support Enforcement
-
-
- Employment/Work Activities
-
-
- Drug or Alcohol Assessment/Treatment
-
-
- Minor Parent Eligibility
-
-
- Time Limits
-
-
- Alien Deeming
-
-
- Spousal Support
-
-
- Property Lien

Reason for denial: _____

This decision is based on Department Regulation 351.2(l).

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES
IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE FOLLOWING INFORMATION 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. You may request either or both of the following:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.
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 and do not request a fair hearing, the waiver decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver was denied.

2. **STATE FAIR HEARING** – YOU HAVE **60 DAYS** FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:

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 both sides of this notice *completed* 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 or 330 West 34th Street, NYC.

Online: Complete an online request form at: <http://www.otda.state.ny.us/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.

**NOTIFICATION OF DECISION ON A CONTINUATION OF WAIVER TO ALLOW A TEMPORARY DELAY
IN TEMPORARY ASSISTANCE REQUIREMENT(S) (TIMELY AND ADEQUATE)**

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

This is to tell you our decision about continuing a temporary waiver (delay) of certain temporary assistance program requirement(s).

Waiver Continuation Approved: You have been approved for a continuation of a temporary waiver from the following program requirement(s). At the end of the waiver period, your waiver will end and you will be required to comply with all requirement(s) unless you contact your liaison or worker prior to the waiver end date noted below.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Child Support Enforcement | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Employment/Work Activities | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Drug or Alcohol Assessment/Treatment | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Minor Parent Eligibility | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Time Limits | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Alien Deeming | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Spousal Support | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Property Lien | Waiver approved from _____ to _____ |

Additional Information: _____

This decision is based on Department Regulation 351.2(l).

Waiver Continuation Denied: Your request for a continuation of the temporary waiver from the following program requirement(s) has been reviewed and the agency has found you no longer meet the criteria for a waiver. Therefore, your request to continue your waiver has been denied. The reason for this decision is noted below. If a child support enforcement waiver is not being continued, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

Because a continuation has been denied, your waiver will end on _____

- Child Support Enforcement
- Employment/work Activities
- Drug or Alcohol Assessment/Treatment
- Minor Parent Eligibility
- Time Limits
- Alien Deeming
- Spousal Support
- Property Lien

Reason for denial: _____

This decision is based on Department Regulation 351.2(l).

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES
IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE FOLLOWING INFORMATION 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. You may request either or both of the following:

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

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 and do not request a fair hearing, the waiver continuation decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver continuation was denied.

2. **STATE FAIR HEARING** – YOU HAVE **60 DAYS** FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:

CONTINUING YOUR BENEFITS: If you request a fair hearing by the date that the waiver(s) end, you will not have to comply with the requirement(s) for which a waiver continuation was denied unless and until a fair hearing decision is issued.

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

Mail: Send a copy of both sides of this notice *completed* 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

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

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax 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 get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other 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 us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

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.

**NOTIFICATION OF DECISION ON A CONTINUATION OF WAIVER TO ALLOW A TEMPORARY DELAY
IN TEMPORARY ASSISTANCE REQUIREMENT(S) (TIMELY AND ADEQUATE) (NYC)**

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

This is to tell you our decision about continuing a temporary waiver (delay) of certain temporary assistance program requirement(s).

Waiver Continuation Approved: You have been approved for a continuation of a temporary waiver from the following program requirement(s). At the end of the waiver period, your waiver will end and you will be required to comply with all requirement(s) unless you contact your liaison or worker prior to the waiver end date noted below.

- | | |
|---|--|
| <input type="checkbox"/> Child Support Enforcement
<input type="checkbox"/> Employment/Work Activities
<input type="checkbox"/> Drug or Alcohol Assessment/Treatment
<input type="checkbox"/> Minor Parent Eligibility
<input type="checkbox"/> Time Limits
<input type="checkbox"/> Alien Deeming
<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Property Lien | Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____
Waiver approved from _____ to _____ |
|---|--|

Additional Information: _____

This decision is based on Department Regulation 351.2(l).

Waiver Continuation Denied: Your request for a continuation of the temporary waiver from the following program requirement(s) has been reviewed and the agency has found you no longer meet the criteria for a waiver. Therefore, your request to continue your waiver has been denied. The reason for this decision is noted below. If a child support enforcement waiver is not being continued, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

Because a continuation has been denied, your waiver will end on _____

- Child Support Enforcement
- Employment/work Activities
- Drug or Alcohol Assessment/Treatment
- Minor Parent Eligibility
- Time Limits
- Alien Deeming
- Spousal Support
- Property Lien

Reason for denial: _____

This decision is based on Department Regulation 351.2(l).

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES
IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE FOLLOWING INFORMATION 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. You may request either or both of the following:

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

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 and do not request a fair hearing, the waiver continuation decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver continuation was denied.

2. **STATE FAIR HEARING** – YOU HAVE **60 DAYS** FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:

CONTINUING YOUR BENEFITS: If you request a fair hearing by the date that the waiver(s) end, you will not have to comply with the requirement(s) for which a waiver continuation was denied unless and until a fair hearing decision is issued.

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 both sides of this notice *completed* 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 or 330 West 34th Street, NYC.

Online: Complete an online request form at: <http://www.otda.state.ny.us/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.