



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
 40 NORTH PEARL STREET
 ALBANY, NY 12243-0001
Andrew M. Cuomo
Governor

Informational Letter

Section 1

Transmittal:	12-INF-07
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	June 4, 2012
Subject:	Revised LDSS-4403: "Determination of Eligibility for Emergency Assistance to Families (EAF)"
Suggested Distribution:	Temporary Assistance Directors Food Stamp Benefits Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	TA Questions: 1-800-343-8859, ext. 4-9344 Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991
Attachments:	Attachment 1 LDSS-4403
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.

Section 2

I. Purpose

To provide social services districts (SSD) with a revised version of the form, *Determination of Eligibility for Emergency Assistance to Families* (LDSS-4403).

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 aids workers in correctly using the EAF program at case acceptance, and is a mandated form.

III. Program Implications

OTDA added a new question 1, re-numbering subsequent questions, to the LDSS-4403 as a reminder that workers must explore eligibility for Emergency Assistance for Adults (EAA), when the caretaker relative or non-parent caretaker receives Supplemental Security Income (SSI), and applies for assistance with an emergency need.

SSDs districts with approved local equivalents of this form must re-submit a revised version of their form for approval.

IV. Forms Ordering Information

- The revised English version of the LDSS-4403: "*Determination of Eligibility for Emergency Assistance to Families (EAF)*," is State printed.
- The above-referenced document has also been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous versions of the "*Determination of Eligibility for Emergency Assistance to Families (EAF)*," **must immediately be destroyed** and replaced with the revised 11/11 version.
- Any future written requests for master camera-ready copies of the 11/11 version of this document, 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
PO Box 1990
Albany, NY 12201

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

- Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then under Program Areas, go to Division of Operations and Program Support page, then to OPS 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 e-mail, the Internet e-mail address is: gg7359@dfa.state.ny.us.
- For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

Issued By

Name: Phyllis Morris

Title: Acting Deputy Commissioner

Division/Office: Center for Employment and Economic Supports

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:	

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:**

- Does the caretaker relative or non-parent caretaker receive SSI? If "Yes", Determine eligibility for Emergency Assistance for Adults (EAA) first, if "No" or not EAA eligible, proceed to question 2. YES NO
- 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 is related by blood, marriage or adoption? or YES NO
- Is there a woman of any age with a medically verified pregnancy?
If you can check "Yes" to either Number 2 or Number 3 above, proceed. If not, the case is ineligible for EAF. YES NO
- 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
- Will the emergency grant being applied for duplicate or replace a Temporary Assistance grant already made under 18NYCRR 352? YES NO
- 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?
If you check "No" to all of the answers to Numbers 4, 5 or 6 above, proceed. If you check "Yes" to either Numbers 4, 5 or 6 above, the case is ineligible for EAF. YES NO
- Is the necessary payment a diversion payment or a utility emergency payment?
*If you check "Yes" to Number 7, Stop - EAF eligible
If you check "No" to Number 7, Go to Number 8.* YES NO
- Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?
*If you check "Yes" to Number 8, Stop - EAF eligible
If you check "No" to Number 8, Ineligible for EAF* YES NO

III. IS THIS CASE ELIGIBLE FOR EAF? YES NO

In accordance with 18NYCRR 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.