

# ADMINISTRATIVE DIRECTIVE

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES  
40 North Pearl Street  
Albany, New York 12243  
Cesar A. Perales, Commissioner



TRANSMITTAL NO: 89 ADM-6

DATE: February 22, 1989

DIVISION: Income Maintenance

TO: Commissioners of Social Services

SUBJECT: Public Assistance Additional Allowances  
Forms DSS-3813, DSS-3814 and DSS-3815

SUGGESTED DISTRIBUTION: IM Staff  
Staff Development Coordinators

CONTACT PERSON: Charles Giambalvo, Bureau of Income  
Support Programs, at 1-800-342-3715,  
extension 4-3231.

## I. PURPOSE

To inform local districts that:

- a) the following forms required by 87 ADM-18 have been revised;

FILING REFERENCES					
Previous ADMs/INFs	Releases Cancelled	Department Regs.	Social Services Law and Other Legal References	Manual References	Miscellaneous Reference
87 ADM-18 87-ADM-51	87 ADM-18			PASB Section XV-M-All	

- o "Public Assistance Additional Allowances" - Form DSS-3814 (Rev. 4/88) (**Attachment A**); and
  - o "Request for Additional Allowance by a Public Assistance Recipient" - Form DSS-3815 (**Attachment B**); and
- b) these two forms and "Notice of Acceptance/Denial of Request for an Additional Allowance to Meet a Special or Immediate Need" - Form DSS-3813 (**Attachment C**) can be ordered from the Department.

## II. BACKGROUND

87 ADM-18 mandated the use of the three above mentioned forms and also mandated that local social services districts photocopy these forms and distribute them until printed supplies became available.

After the publication of 87 ADM-18, some social services districts requested certain changes and 87 ADM-51 necessitated a modification in the DSS-3814 and DSS-3815. We have incorporated certain changes and the forms are being printed.

### The DSS-3814 was revised as follows:

Under the heading "Housing and Shelter Related Items":

- "... or provision of a security agreement" was added to make it clear that a security agreement may be provided in place of a security deposit if the agreement is sufficient to secure the needed housing.
- "If you have high fuel bills ..." has been deleted. Administrative Directive 87 ADM-51 eliminated the provision of additional allowances for heating fuel.
- Information has been incorporated to clarify that local districts can pay rent owed for a period before the applicant/recipient applied for public assistance.

### The DSS-3815, was revised as follows:

Under the heading "Housing and Shelter Related Items":

- The box for an additional allowance for fuel has been deleted from the form.
- Inclusion of a second box that indicates the recipient can apply for a Security Agreement as well as a Security Deposit.

- The order of the last two items was changed so that this form will have the same order as the DSS-3814.

**III. PROGRAM IMPLICATIONS**

The revisions update the forms to reflect program changes contained in 87 ADM-51. The revised forms will also notify clients that local districts can pay back rent and provide a security agreement to obtain or maintain housing.

**IV. REQUIRED ACTION**

Copies of the DSS-3813 and the revised DSS-3814 and DSS-3815 are being printed.

Prior to receiving a supply of printed forms, local districts must continue to photocopy and distribute these forms (using the revised versions attached to this ADM). The revised printed forms must be used upon receipt of the initial supply. Regarding distribution, local districts must follow the instructions originally contained in 87 ADM-18 which are as follows:

**A. Public Assistance Additional Allowances (Attachment A)**

Local social services districts must display this flyer in client waiting areas and provide it to:

1. all public assistance applicants,
2. all public assistance recipients (if not already done as a result of 87 ADM-18) at the first client contact, but no later than the first recertification, after the release of this Administrative Directive, and
3. local community groups upon request.

**B. Request for an Additional Allowance by a Public Assistance Recipient (Attachment B)**

When a local social services district receives a request from a recipient for an additional allowance, the district shall require that the recipient complete an additional allowance request form. However, when the recipient is unable to come to the office, or whenever the request for an additional allowance is handled via telephone or mail, the worker (or other designated representative) must complete this request form. Local districts are not required to have a face-to-face contact for additional allowance requests. The worker must record all details stated by the recipient, including whether the recipient has submitted any documentation supporting the request, and must sign (including title) and date the request form.

A copy of the request form must be filed in the case record and a copy given to the recipient. When the recipient's request for an additional allowance is made other than in person, the recipient's copy of the request form must be mailed to him/her.

An "Application for: Public Assistance, Medical Assistance, Food Stamps and Services" (DSS-2921, DSS-2921-S, DSS-2921-NYC or DSS-2921-NYC-S) or a "Recertification for: Public Assistance, Medical Assistance and Food Stamps" (DSS-3174 or DSS-3174S) is not required to be completed by a recipient who requests an additional allowance.

C. Notice of Acceptance/Denial of Request for an Additional Allowance to meet a Special or Immediate Need (Attachment C)

A decision on a request for an additional allowance must be made within 30 days of the local district's receipt of a completed request form (Attachment B), unless there is an immediate need. In the case of an immediate need, local districts must follow the procedures outlined in 86 ADM-7.

When local districts make a determination regarding the request for an additional allowance, the recipient must be notified using the "Notice of Acceptance/Denial of Request for Additional Allowance to meet a Special or Immediate Need" (Attachment C).


V. ADDITIONAL INFORMATION

- A. Local social services districts may use a local equivalent of the DSS-3813, DSS-3814 or DSS-3815 if approved according to current procedures.
- B. Upon receipt of an initial supply, local districts can order more copies of the form(s) by writing to:

New York State Department of Social Services  
Forms and Publications Unit  
40 North Pearl Street  
Albany, New York 12243

VI. EFFECTIVE DATE

This release is effective March 1, 1988.

  
\_\_\_\_\_  
Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance

## PUBLIC ASSISTANCE ADDITIONAL ALLOWANCES

The two major public assistance programs in New York State are: Aid to Dependent Children (ADC) and Home Relief (HR). These programs may provide you with a cash grant to help you buy food and clothing and pay rent or mortgage and fuel costs.

In addition, you may be eligible for more money if you have a special need or situation.

### DO ANY OF THESE SITUATIONS APPLY TO YOU?

#### MEALS

- If you cannot prepare meals in your own home because you are sick or do not have cooking equipment, you may be eligible for:
  - a restaurant allowance,
  - or
  - an allowance to pay for home-delivered meals.

#### PREGNANCY

- If you are at least 4 months pregnant, and if you give Social Services a medical note, signed and dated by a medical professional, verifying your pregnancy and the date you are expected to give birth, you will be eligible for an additional \$50 per month in your public assistance grant to cover extra expenses resulting from your pregnancy. This \$50 per month pregnancy allowance cannot be given for any time before you give the medical note to Social Services.

#### CHILD CARE

- If you wish to complete high school or a high school equivalency program or participate in a training program, you may be eligible for an allowance to help pay your child care expenses.

#### HOUSING AND SHELTER RELATED ITEMS

- If you must move from your current housing, you may be eligible for any of the following under certain conditions:
  - payment of moving expenses,
  - payment of a rent security deposit or provision of a security agreement,
  - payment of brokers' or finders' fees,
  - payment for storage of furniture and personal belongings.
- If essential household items that you own such as heating equipment, stove or refrigerator need repair, you may be eligible for payment of these repairs.

#### HOUSING AND SHELTER RELATED ITEMS (cont'd)

- Payment of your rent for a period before you applied for public assistance if necessary to prevent your eviction.
- If you own your own home, you may be eligible for:
  - payment of property repairs that Social Services decides are necessary for your health and safety;
  - payment of your mortgage and/or taxes for a period before you applied for public assistance if necessary to prevent your eviction.
- If you need additional household furnishings because:
  - a family member has returned home after being discharged from an institution or released from foster care,
  - they are necessary for your health and safety, or
  - you need them to get permanent housing,

you may be eligible for an allowance to purchase essential furniture and other household items.

#### CATASTROPHIC LOSS

- If you recently lost your furniture or clothing in a fire, flood or other catastrophe you may be eligible for an allowance to replace these household items or clothing.

#### OCCUPATIONAL TRAINING

- If you participate in an occupational training program approved by Social Services, you may be eligible for special allowances (training related expenses) for child care, lunches, transportation, tuition, books, supplies and clothing. You will

**OCCUPATIONAL TRAINING (cont'd)**

be eligible for a \$30 monthly incentive allowance if the approved training is full-time.

These are only some of the most common types of allowances available to you if you have special needs. The need for these special allowances may increase your public assistance grant or make you eligible for public assistance if you are not receiving benefits. If you believe that you have a special need or situation, contact your worker with the details. Your worker will then determine if you are eligible for a special allowance. You will receive a notice telling you of the decision. If your request is denied, the notice will also tell you the reason for the denial.

If you do not agree with your worker's decision regarding your request for a special needs allowance, you can request an agency conference or a Fair Hearing.

You can ask for a Fair Hearing with the New York State Department of Social Services by calling the regional office closest to you:

New York City: (212) 488-6550

Buffalo: (716) 847-3877

Rochester: (716) 238-8282

Syracuse: (315) 428-4117

Albany (including lower Hudson Valley  
and Long Island): (518) 474-8781

You can also ask for a Fair Hearing by writing Fair Hearings, New York State Department of Social Service, P.O. Box 1930, Albany, New York 12201.

DSS-3813 (2/87)

**NOTICE OF ACCEPTANCE/DENIAL OF REQUEST FOR AN  
ADDITIONAL ALLOWANCE TO MEET A SPECIAL OR IMMEDIATE NEED**

_____			_____			
CASE NAME			NAME OF AGENCY			
_____			_____			
STREET						
_____		_____	_____			
CITY		STATE	Zip	AGENCY ADDRESS		

**THIS NOTICE APPLIES ONLY TO YOUR REQUEST FOR AN ADDITIONAL ALLOWANCE TO MEET A SPECIAL OR IMMEDIATE NEED. IF YOUR REQUEST FOR ADDITIONAL ASSISTANCE IS DENIED, YOUR ON-GOING PUBLIC ASSISTANCE CASE WILL NOT BE AFFECTED.**

On \_\_\_\_\_, you requested additional assistance to meet a special or immediate need of \_\_\_\_\_. We are giving you this notice to tell you that:

- Additional assistance to meet your special or immediate need will be provided by
- an additional allowance in the amount of \_\_\_\_\_.
- other action \_\_\_\_\_.

- Additional assistance to meet your special or immediate need has been denied because
- \_\_\_\_\_

The law or regulation which allows us to do this is \_\_\_\_\_.

**Food Stamps**

Your entitlement to the above grant may affect your household's Food Stamp benefits. If this occurs, you will receive a separate notice telling you of this effect and explaining it.

**BE SURE TO READ THE BACK OF THIS NOTICE**

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION**

**Right To A Conference** - You may have a conference to review these actions. If you want a conference, you should ask for one as soon as you can. A conference may clear up any questions you have about this action. You may ask for a conference by calling us at \_\_\_\_\_

This number is used only for asking for a conference. It is not the way you request a Fair Hearing, and if you ask for one it does not affect your right to a Fair Hearing. Read the information below for Fair Hearing information.

**Right To A Fair Hearing If You Don't Agree With These Actions**

If you think the actions we have taken on your request for additional assistance to meet a special or immediate need are in error, you may request a State Fair Hearing in the following way:

- (1) Call for a hearing at \_\_\_\_\_
- (2) Write for a hearing to: Fair Hearings, P.O. Box 1930, Albany, New York 12201. If you write send one copy of this notice with the letter.

Your request for a Fair Hearing must be made within 60 days of the date of this notice.

If you request a Fair Hearing, a notice will be sent to you telling you where the hearing will be. You can have an attorney or other person come to represent you at the hearing or you may come by yourself. At the hearing, you or your representative may present written or oral evidence to show why the action taken is wrong. You or your representative may bring witnesses and you may question anyone who appears at the hearing to present evidence against you. You should bring to the hearing any papers, such as repair bills or estimates, medical statements, heating bills, child care expenses, etc. that may be helpful to your case.

**IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE TO THE ABOVE ADDRESS, PLEASE EXPLAIN YOUR SITUATION.**

If you need legal assistance for your conference or fair hearing, you may be able to obtain it free if you cannot afford a lawyer by contacting:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Worker: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_



### REQUEST FOR AN ADDITIONAL ALLOWANCE BY A PUBLIC ASSISTANCE RECIPIENT

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

I am requesting the following allowance(s) for special need(s):

**Restaurant Allowance**  
because I cannot prepare meals at home.

**Pregnancy Allowance**

**Child Care Allowance**

I am under 21 and wish to obtain a high school equivalency diploma

I wish to attend approved occupational training

I am sick and incapacitated and cannot care for my children

**Occupational Training Related Expenses (TRE's)**

- tuition       lunch
- books         transportation
- supplies      clothing
- other \_\_\_\_\_

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Housing and Shelter Related Items**

Moving Expenses

Rent Security Deposit or Agreement

Brokers' or Finders' Fee

Storage of Furniture and Personal Belongings

Repair of Essential Household Items

Property Repairs

Back Rent

Back Mortgage and/or Taxes

Furniture and Other Household Items

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR WORKER'S USE ONLY**

CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLIENT'S SIGNATURE

DATE

WORKER'S SIGNATURE

DATE

X

X