

+-----+  
| LOCAL COMMISSIONERS MEMORANDUM |  
+-----+

DSS-4037EL (Rev. 9/89)

Transmittal No: 95 LCM-91

Date: August 10, 1995

Division: Economic Security

TO: Local District Commissioners

SUBJECT: Elimination of Lunches as a JOBS Training-Related Supportive Service

ATTACHMENTS: Model Client Notices including English and Spanish Versions - available on-line

The purpose of this Memorandum is to inform you that Department Regulation 385.3(a)(2)(ii) has been repealed effective June 2, 1995.

Prior to the repeal, this regulation allowed social services districts to authorize lunches at the rate of \$2.00 per day to the extent they were reasonable and necessary for individuals to participate in an initial assessment, to develop an employability plan and to enable participants to accept employment or participate in education, training and employment activities under the JOBS program.

Since lunches have now been eliminated as a JOBS training-related supportive service, districts must, as indicated in GIS ES/DC 010 dated June 19, 1995, cease authorizing the \$2.00 per day lunch allowance. All other supportive services and training-related expenses delineated in Department Regulation 385.3 remain in effect.

JOBS participants impacted by this change must receive a timely and adequate notice, which also specifies that there is no aid continuing. For your convenience, the Notice of Intent to Change Public Assistance Benefits (attached) has been modified to meet notice requirements regarding this change. Districts should photocopy a supply of the modified Notice for their use.

Date August 10, 1995

Trans. No. 95 LCM-91

Page No. 2

The Department will reimburse districts for lunch expenses incurred up to the effective date(s) of client notices.

Social services districts needing assistance identifying those JOBS participants who may be receiving a regular recurring lunch allowance (Upstate Payment Type "R 7-Lunch/Transportation") may obtain listings by calling Tom Hedderman at 1-800-343-8859, extension 4-3778.

Appropriate revisions will be made to relevant ADMs and Manuals in the near future.

---

Patricia A. Stevens  
Deputy Commissioner  
Division of Economic Security

(NYC)

Agency name and address)

NOTICE OF INTENT TO CEASE  
ASSISTANCE BENEFITS

CASE NUMBER:  
LOC. OFF/UNIT WORKER:

GENERAL TELEPHONE NO.  
QUESTIONS OR HELP.

NOTICE DATE:

---

**PUBLIC ASSISTANCE**

BEGINNING \_\_\_\_\_, YOUR PUBLIC ASSISTANCE WILL BE REDUCED FROM: \_\_\_\_\_

TO: \_\_\_\_\_

This reduction is happening because there has been a change to 18 NYCRR 385.3(a) that allows a lunch allowance of \$2.00 per day to individuals participating in JOBS activities. These activities include:

- an initial assessment, and
- the development of an employability plan, and
- participation in education, training and employment activities under the JOBS program.

The State Regulation no longer allows payment of a lunch allowance even if the individual is participating in JOBS activities related to JOBS employment and training.

Your lunch allowance has been removed from your benefits.

**FAIR HEARINGS:** See the **CONFERENCE AND FAIR HEARING RIGHTS** information for a complete discussion of your fair hearing rights. **NOTE:** You do not have a right to a fair hearing if the only thing you are requesting is a change in State Law or Regulation. You have a right to a fair hearing to review other things if you believe our new calculation contains an error.

**FOOD STAMPS**

Your Food Stamps will continue unchanged unless you get a separate notice telling you that they are being changed.

This decision is based on Department Regulations 387.10 and 387.15.

**MEDICAID**

Your medicaid will continue unchanged unless you get a separate notice telling you that it is being changed.

This decision is based on Department Regulation 360-3.3.

**CONFERENCE AND HEARING RIGHTS**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you must request it within 30 days of the date of this notice.

+++

+++ I want a fair hearing. The Agency's action is wrong because

IS

Signature of Client: \_\_\_\_\_ . Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Case Number : \_\_\_\_\_

Your Address: \_\_\_\_\_ . Telephone Number: \_\_\_\_\_

You have 60 days from the date of this notice to request a fair hearing.

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. At the hearing, you will have the right to be represented by legal counsel, a relative, a friend or other person, or you may appear in person. Your attorney or other representative will have the opportunity to present evidence and demonstrate why the action should not be taken, as well as an opportunity to question any witnesses. Also, you have the right to bring witnesses to speak in your favor. You may bring documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, etc. These documents may be helpful in presenting your case.

You do not have a right to a fair hearing if the only thing you are complaining about is the change in your Regulation. You have a right to a fair hearing to review other things such as the change in your new calculation contains an error.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance from the Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society by checking your Yellow Pages under "Lawyers".

**ACCESS TO RECORDS/INFORMATION:** You have the right to review your case record. Upon your request, we will provide free copies of documents which we will present into evidence at the fair hearing. Also, upon request, we will provide free copies of other documents from your case record which you need for your fair hearing. If you want to find out how you may review your case record, call the worker who handles your case. For more information about your case, how to request a fair hearing, how to gain access to your case record, or for copies of documents, call the worker who handles your case.

REMOVE LUNCH ALLOWANCE

(NYC)

Agency name and address)

NOTIFICACION SOBRE I  
BENEFICIOS DE LA ASIS

NUMERO DE CASO:  
OF. LOCAL/UNIDAD/TRAB

NO. DEL TELEFONO (C  
PEDIR AYUDA:

FECHA DE LA NOTIFICACI

---

### ASISTENCIA PUBLICA

A PARTIR DEL \_\_\_\_\_, SU ASISTENCIA PUBLICA SE REDUCIRA DE: \_\_\_\_\_

A: \_\_\_\_\_

Esta reducción se está efectuando debido a que ha habido un cambio en la 18 NYCRR 385.3(a) c subsidio de \$2.00 diarios para el almuerzo a participantes en actividades relacionac incluyen:

- una evaluación inicial, y
- el desarrollo de un plan de empleabilidad, y
- participación en actividades educativas, de entrenamient  
JOBS.

La Regulación del Estado ya no permite el pago del subsidio para el almuerzo aunque el indiv actividades relacionadas a empleo y entrenamiento bajo JOBS.

Su subsidio para el almuerzo ha sido eliminado de sus beneficios.

AUDIENCIAS IMPARCIALES: Vea la información sobre DERECHOS RELATIVOS A UNA CONFERENCIA Y A UN discusión sobre sus derechos a una conferencia y a una audiencia imparcial. NOTA: Usted no imparcial si se está quejando únicamente sobre el cambio en la Ley o Regulación del Estac audiencia imparcial para revisar otros asuntos, tales como el cambio en su presupuesto si us contienen algún error.

### CUPONES DE ALIMENTOS

Sus Cupones de Alimentos continuarán sin cambio alguno a menos que usted reciba una notifica que sus beneficios de Cupones de Alimentos cambiarán.

Esta decisión está basada en las Regulaciones Departamentales 387.10 y 387.15.

### MEDICAID

Sus beneficios del Medicaid continuarán sin cambio alguno a menos que usted reciba un informándole que la cobertura del Medicaid cambiará.

Esta decisión está basada en la Regulación Departamental 360-3.3.

### DERECHOS RELATIVOS A UNA CONFERENCIA Y A UNA AUDIENCIA IMPARCIAL

DERECHO A UNA CONFERENCIA: Usted puede pedir una conferencia para revisar estas acciones usted debería pedirla los más pronto posible. Si durante la conferencia nosotros descubrim

+++

+++ Deseo una audiencia imparcial. La acción de la Agencia es errónea porque:

----- Centro: -----

Firma del Cliente: \_\_\_\_\_ . Fecha: \_

Nombre (en letra de molde): \_\_\_\_\_ . Caso Nun

Dirección : \_\_\_\_\_ . Teléfonc

Usted tiene 60 días a partir de la fecha de esta notificación para solicitar una audiencia imparcial.

Si solicita una audiencia imparcial, el Estado le enviará una notificación informándole acerca de la audiencia. Usted tiene el derecho de ser representado(a) por un abogado, un familiar, un amigo o representarse a sí mismo(a). Durante la audiencia, usted, su abogado u otro representante puede presentar evidencia escrita y oral para demostrar la razón por la cual la acción no debe ser permitida. También tendrá la oportunidad de interrogar a cualquier persona que aparezca en la audiencia para traer testigos que testifiquen en su favor. Usted debe traer a la audiencia cualquier documento, tal como estados de pagos salariales, recibos, cuentas de utilidades, verificación médica, cartas, etc. que puedan apoyar su caso.

Usted no tiene derecho a una audiencia imparcial si de lo único que se está quejando es el pago de impuestos del Estado. Usted tiene el derecho a una audiencia imparcial para revisar otros asuntos tributarios presupuestados si usted cree que nuestros nuevos cálculos contienen un error.

**ASISTENCIA LEGAL:** Si usted necesita asistencia legal gratis, puede que obtenga tal ayuda a través de Ayuda Legal de su localidad (Legal Aid Society) u otro grupo legal de abogacía. Puede llamar al número de Ayuda Legal o a un grupo de abogacía más cercano, buscando en la Páginas Amarillas bajo "Abogados"

**ACCESO A RECORDS/INFORMACION:** Usted tiene el derecho de revisar el récord de su caso. Usted tiene el derecho a copias gratis de los documentos que nosotros presentaremos como evidencia en la audiencia. Al solicitarlo, tiene derecho a recibir copias gratis de otros documentos del récord de su caso. Para solicitar esos documentos o para averiguar cómo revisar el récord de su caso, llame al trabajador(a) que administra su caso. Para más información sobre su caso, cómo solicitar evidencia o obtener acceso a su archivo y/o copias adicionales de documentos, usted puede llamar al trabajador(a) que administra su caso.

Remove Lunch Allowance