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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 96 LCM-38

Date: April 16, 1996

Division: Temporary Assistance

TO: Local District Commissioners

SUBJECT: HEAP 1996-97 Public Needs Assessment Hearings

ATTACHMENTS: Notice and Registration Form - Available on-line

The New York State Department of Social Services will be conducting two Needs Assessment public hearings on the development of the New York State Plan for the 1996-97 Home Energy Assistance Program (HEAP).

The hearings will be held on the dates and locations listed below:

New York City - Wednesday, May 8, 1996 from 10:30 A.M. to 12:30 P.M.,
6th Floor, Room 603B, 80 Maiden Lane.

Albany - Wednesday, May 15, 1996 from 10:30 A.M. to 12:30 P.M., 40 North
Pearl Street, 7th Floor Conference Room.

If you or a member of your staff are interested in testifying, please refer to the enclosed notice and registration form for details.

Written comments are also encouraged. Three copies of your written comments should be sent to:

Steve Ptak, HEAP Coordinator
New York State Department of Social Services
40 North Pearl Street - 7B
Albany, New York 12243

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Written comments must be submitted by June 3, 1996.

If you have any questions about the hearings please call Charles Giambalvo at (518) 486-6362.

Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

PUBLIC HEARING

TO

PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE
NEW YORK STATE PLAN
FOR THE 1996-97 HOME ENERGY ASSISTANCE PROGRAM (HEAP)

New York City, Wednesday, May 8, 1996 from 10:30 A.M. to 12:30 P.M. in Room 603B, 6th Floor, 80 Maiden Lane, New York, New York 10038.

Albany, Wednesday, May 15, 1996 from 10:30 A.M. to 12:30 P.M. in the 7th floor conference room, 40 N. Pearl St., Albany, New York 12243.

Persons wishing to present their views at any of these hearings are requested to complete this reply form as soon as possible and mail to:

Mr. Steve Ptak
HEAP Coordinator
Division of Temporary Assistance
New York State Department of
Social Services
40 North Pearl Street
7th Floor, Section B
Albany, New York 12243

Telephone: 1-800-342-3009
Extension 3-0332

To assure your pre-registration, please respond three days prior to the scheduled hearing date, or call the above number if you have any questions.

I plan to attend the public hearing in (please check):

_____ New York City (May 8, 1996)

_____ Albany (May 15, 1996)

I plan to make a public statement at the hearing. I will limit my statement to a maximum of five minutes and I will provide three copies of my prepared statement.

NOTE: There will not be any photocopying facilities available at the hearing.

STATEMENTS SHOULD BE LIMITED TO COMMENTS ON THE DEVELOPMENT OF THE NEW YORK STATE PLAN FOR THE 1996-97 HOME ENERGY ASSISTANCE PROGRAM (HEAP) ONLY.

NAME _____
TELEPHONE _____
TITLE _____
AFFILIATION _____
ADDRESS _____