



- Family cases and cases with immigrant household member(s) will initially remain with the Job Center and follow the normal Job Center process for the assignment of phone interviews from the E-App queue and subsequent processing. Eventually these cases will be assigned to non-Family Independence Administration (FIA) staff. Non-FIA staff functions are discussed further below.
- SNA single cases will be assigned to non-FIA staff, and is discussed further below.

**Note:** SI grant requests are to be handled by the Job Centers via the current process, and non-FIA staff will not be used for these cases.

All FIA staff will continue to receive their assignments for interviews and processing via established Job Center processes. Center supervisors will be responsible for assignment of cases from the above referenced queues for interviews, processing, case review, and sign off. Similarly, supervisors responsible for assignment of undercare cases for SI grants and/or case changes will continue to do so, as appropriate.

Refer to [PB#20-13-ELI](#)  
and [PB#20-15-ELI](#)

During this period, documentation requirements have been amended to ensure that cases are not “deferred” for documentation unnecessarily. Staff must refer to the Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-10) (**FIA-1227**) form for updated information about verification of eligibility factors. Staff and interviewers must also be sure to check the HRA OneViewer to ensure that any documents requested are not already available in the applicant’s electronic case record.

#### Non-FIA Staff Functions

All non-FIA staff that will be used for interviews are divided amongst four regions (Bronx, Brooklyn, Manhattan, Queens/Staten island) based on the proportion of E-App cases submitted/registered with the Job Centers in the respective region. For example, if 40% of E-App cases are registered in the Bronx, then the Bronx region will get 40% of non-FIA staff for interviewing.

All non-FIA staff will be enrolled in POS with Job Opportunity Specialist (JOS) functions and have citywide access to allow them to work on cases from any Job Center. In order to use print on demand, users must select “**POS\_POD**” as their default printer before logging into POS. Please refer to **Attachment A** for more information.

Print on demand

Non-FIA staff with supervisor titles or previous FIA supervisory experience may be designated team leaders to be the point of contact with the identified Regional Supervisors and can function in a supervisory role for their staff. If someone is identified as a team leader, they will still be assigned application interviews, but will get a lower number of cases.

Each region will identify Regional Supervisor(s) who will take the SNA single cases from the Job Centers and assign them to the non-FIA staff by dropping them in their respective queues. Each group of non-FIA staff will be assigned to a single Regional Supervisor, to ensure all Expedited Supplemental Nutrition Assistance Program (ESNAP) processing is sent to one place. The other Regional Supervisors will pull the cases from the ESNAP queue and sign off the case(s) or assign cases to the Job Center supervisors for review and sign off.

**Note:** Similar to regular Job Center processes, Regional Supervisors will be required to regularly check the designated queue to then sign off on ESNAP and Immediate Needs (IN) cases throughout the day. Similarly, this will allow Regional Supervisors to identify the need to assign additional cases to non-FIA staff or move cases to other identified queues for assignment and processing, as needed.

Refer to [PD #18-10-OPE](#) and [PALM-21](#)

The non-FIA staff will conduct the POS interview and take the case through the IN/ESNAP and route it to a specifically identified Regional Supervisor queue. If during the interview attempt a language access arises, and staff need to conduct the interview in another language, staff must utilize the telephone interpretation service using COVID-19 specific CA code **3398**. Multiple users can use this code at the same time, so there should be no problems using one code for the program. Interviewers must use the 3-way calling feature in order to successfully use the telephone interpretation services. Please refer to the Infocard: How to Call for an Interpreter (**PALM-21**) for more information on accessing telephone interpretation services, and the Phone Usage Guidance (DSS-PB-2020-003) procedure for general guidance on conducting agency business while working from home.

Refer to [DSS-PB-2020-003](#)

The non-FIA staff will not complete the Employment Plan (EP) and bypass it by clicking "OK" in POS when the pop-up alert displays. Staff will stop at the EP and will not proceed to the New York City Work Accountability and You (NYCWAY) program to launch the EP.

Non-FIA staff may reach out to the FIA Call Center by email ([fiacallcenter2@dss.nyc.gov](mailto:fiacallcenter2@dss.nyc.gov)) with any questions pertaining to procedures or processing of cases. For POS system related questions, delays, or issues, please email the POS Help Desk ([Helpdesk-pos@hra.nyc.gov](mailto:Helpdesk-pos@hra.nyc.gov)) and include the case name, case number, and a screen shot of the problem experienced and/or error message. Please refer to **Attachment B** for instructions on creating a screenshot.

If the interview attempt is unsuccessful, the non-FIA staff member will leave a scripted voicemail that tells the applicant that they will get another call on the following day. The missed interview script is as follows:

Hello, I am calling from the City of New York Human Resources Administration (HRA). We received [applicant name]'s application and are calling to conduct your eligibility interview. This interview is required and we won't be able to process your application if we can't reach you. It typically only takes about 20 minutes to complete the interview.

We will call you again tomorrow. The call may come from an unidentified number. Please expect our call and answer it so we can proceed with your phone interview. Thank you.

**Note:** If there is no phone number available when starting the activity, staff must enter a case comment in POS stating that there is no phone number available and follow the steps in the missed interview section below for informing the assigned team leader. The team leader will email the appropriate centralized regional mailbox with case details and they can proceed accordingly to try and find a phone number through other means (i.e. review other systems, previously submitted documentation, etc.) and if successful, reassign the case for an interview.

Missed Phone Interview  
Queue

The non-FIA staff member will record a detailed case note in POS about the failed contact attempt (i.e., date and time of call, and that a voicemail was left). The non-FIA staff member will inform the team leader that the interview was unsuccessful. The team leader forwards the case information and indicates that the interview was unsuccessful, to the Regional Supervisors via the centralized email inbox specific to the region. Please note this is and will remain a manual intervention. The centralized mailboxes are as follows:

- Bronx region – [CAInterviewsupport-Bronx@hra.nyc.gov](mailto:CAInterviewsupport-Bronx@hra.nyc.gov)
- Brooklyn region – [CAInterviewsupport-Brooklyn@hra.nyc.gov](mailto:CAInterviewsupport-Brooklyn@hra.nyc.gov)
- Manhattan region – [CAInterviewsupport-Manhattan@hra.nyc.gov](mailto:CAInterviewsupport-Manhattan@hra.nyc.gov)
- Queens/Staten Island region – [CAInterviewsupport-Queen-SI@hra.nyc.gov](mailto:CAInterviewsupport-Queen-SI@hra.nyc.gov)

The Regional Supervisor puts the case in a newly created “missed phone interview” queue called “**APP INT-ATT (Center)**” for reassignment the next day or subsequent day. If after two unsuccessful interview attempts (i.e., no answer on day 1 and 2), the case will be sent for processing.

**Note:** In instances where an applicant does not answer their telephone, the non-FIA staff will be distributed additional cases based on need. The non-FIA staff may also receive additional cases based on identified productivity. Whether additional cases are distributed will be determined by the identified Regional Supervisors.

Deferral Queue

When a case is deferred and the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) form is generated, the case will be placed in a newly created “deferral” queue called “**APP DEF-AP (Center)**”. Please note that this deferral queue has cases shaded in blue to indicate documents submitted. Cases are placed in this deferral queue until the documents are received and the due date has passed, as per current procedure. Please refer to the **FIA-1227** form.

Refer to [PB #20-15-ELI](#)

**Note:** When an applicant or participant reports a decrease in wages and/or loss of employment, the case must not be deferred for verification that the individual is no longer working or has had a decrease in income. Staff must process the cases using the individual’s statement during the interview or indicated on a request for a budget change to process the case.

Initially, this deferral will be a manual process where non-FIA staff will inform the team leader of the deferral. The team leader will send the case(s), and indicate that they are pending additional documents, to the Regional Supervisor’s central inbox and the case(s) are pulled by the Regional Supervisor and put in the “deferral” queue. Thereafter, there will be an automatic transfer of the case from the non-FIA staff queue to the “deferral” queue. Regular Job Center monitoring tools and reports are to be utilized to ensure cases with deferrals are processed accordingly, and any documents submitted are indexed as needed.

## Non-deferred Queue

Cases with no deferral and a completed interview are moved to a newly created “non-deferred” queue called “**APP NON-DEF (Center)**”. The case is then assigned by the Regional Supervisor to a Job Center supervisor for processing as per current procedure. Regular Job Center monitoring tools and reports are to be utilized to ensure cases are processed timely from the date of application submission.

If in the context of a recurring CA application other emergency requests (i.e., rent arrears, restaurant allowance, storage requests) are made during the interview, interviewers will complete the related question sets and the requests will be addressed during processing.

For rent arrears, if it requires Homelessness Diversion Unit (HDU) review or intervention based on the question sets, the case will be routed in POS to HDU via in-Center routing and will be addressed via an HDU activity. HDU supervisors will review their regular HDU queue and assign cases as per normal Job Center process. HDU staff will complete the HDU interview over the phone as per current Job Center process, and forward the case to the Rental Assistance Unit (RAU)/FHEPS Centralized Determination Unit (FCDU) accordingly. If the case is deferred for documentation, the Request for Housing Related Special Grants (**FIA-1211a**) form will generate in POS, be committed to the HRA OneViewer, and will be available to the applicant via AHRA.

## Application Modification

During the interview, if additional household members are referenced that were not included at the time of the application and need to be added, non-FIA staff will need to suspend the Application Interview activity and complete an Application Modification activity from the Activities Tab in POS. After the Application Modification is complete, non-FIA staff will resume the Application Interview activity from their queue.

Further, if during the interview, a household member is added that is a non-citizen, the interviewer will complete the question set, but any Systematic Alien Verification for Entitlements (SAVE) searches or follow-up with the Office of Refugee and Immigrant Affairs (ORIA) will be done at the processing stage when determining eligibility. The interviewer should inform their team leader, who will flag the case information and the non-citizen’s immigration status based on the POS question set, and send that information to the centralized mailbox for review by the Regional Supervisor, who will determine how to proceed with the case, if needed.

The regions will utilize Regional Supervisors and other identified staff to monitor the error reports of Job Centers and ensure that a Job Center team is identified to do error corrections or handle the cases in error. Regular Job Center monitoring tools and reports (i.e., WINRO 352 and 349) are to be utilized to ensure errors are corrected accordingly and timely.

#### Request for Documents Resolution

ITS has developed a process for the **W-113K** form and **FIA-1211a** form, where it will allow the interviewer to generate and commit the forms to the HRA OneViewer using the print option, but will not result in the physical printing of the document. The documents will be available for the applicant to view on ACCESS HRA.

Printing of forms and capturing signatures will not be required to proceed through the interview. Where necessary, staff must select “signature pad not working” to move past certain signature capture fields.

#### CA Case Change Request

Currently, any case changes, other than addition of household members, cannot be submitted online through AHRA. However, applicants can have the case change initiated by uploading supporting documentation for the change via the AHRA mobile app document upload. Upon indexing to the HRA OneViewer, documents submitted will be routed to each Job Center’s mob doc queue, called “**AHRA Change (Center)**”, which after indexing creates a case change activity. The indexing of the document(s) uploaded is what triggers and drops the case into the Job Center’s mob doc queue.

- If the case change activity results in the need to create an SI grant request (i.e., add a household member), then the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case [For Participants Only] (**W-137A**) would be generated by the JOS/Worker when they work on the activity, and would be reflected in the current SI Grant/Brown report.
- If the case change activity does not result in a **W-137A** or Notice of Determination Regarding Your Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment (**FIA-1104**) form (i.e., change in income or change in residence), then case change would need to be addressed, but no SI Grant or Brown request is created. This change would not make it to the SI Grant/Brown report.

CBIC Referrals

During this period, FIA will not be issuing Common Benefit Identification Card (CBIC) referrals to applicants. During the interview, staff must inform applicants that they can wait for their card via mail or can go to CBIC to request a card, which CBIC will accommodate.

**Note:** Applicant complaints and/or inquiries will follow the current procedure.

*Effective Immediately*

**Related Items:**

[DSS-PB-2020-003](#)

[PB #20-13-ELI](#)

[PB #20-15-ELI](#)

[PD #09-06-ELI](#)

[PD #18-10-OPE](#)

**Attachments:**

<b>Attachment A</b>	How to Set your Default Printer
<b>Attachment B</b>	How to Create a Screenshot
<b>FIA-1104</b>	Notice of Determination Regarding Your Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment (Rev. 4/21/17)
<b>FIA-1104 (S)</b>	Notice of Determination Regarding Your Request for a Utility (Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment (Spanish) (Rev. 4/21/17)
<b>FIA-1211a</b>	Request for Housing Related Special Grants (Rev. 9/14/18)
<b>FIA-1211a (S)</b>	Request for Housing Related Special Grants (Spanish) (Rev. 9/14/18)
<b>FIA-1227 (E)</b>	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Rev. 4/6/20)
<b>FIA-1227 (S)</b>	Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19) (Spanish) (Rev. 4/6/20)
<b>PALM-21 (E)</b>	Infocard: How to Call for an Interpreter (Rev. 6/18)



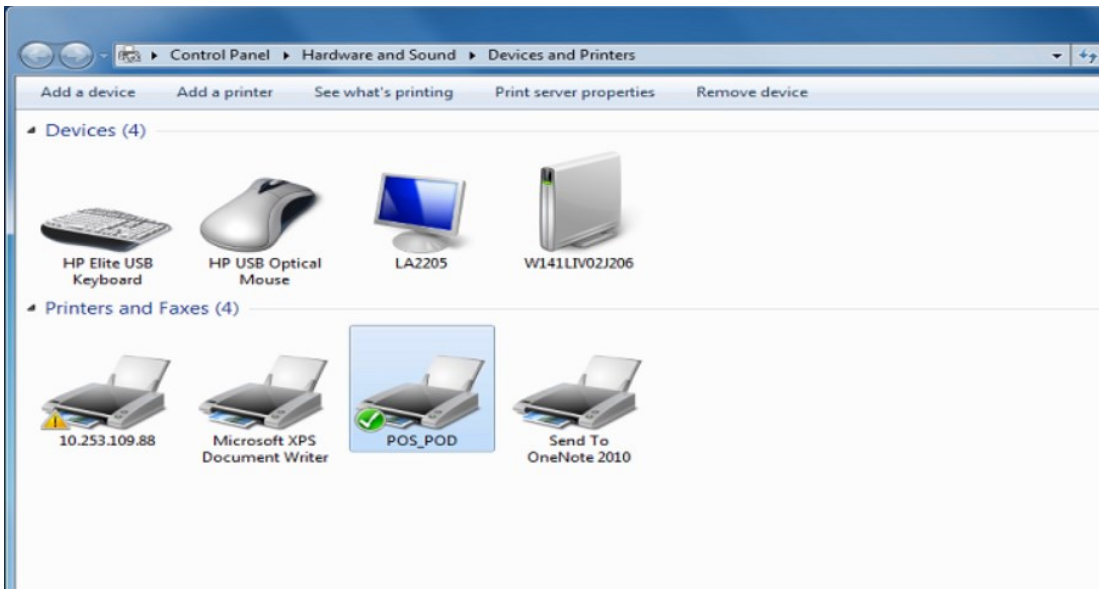
<b>W-113K</b>	Documentation Requirements and/or Assessment Follow-Up (Rev. 8/21/12)
<b>W-113K (S)</b>	Documentation Requirements and/or Assessment Follow-Up (Spanish) (Rev. 8/21/12)
<b>W-137A (E)</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)
<b>W-137A (S)</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 3/16/20)

## How to set your default printer

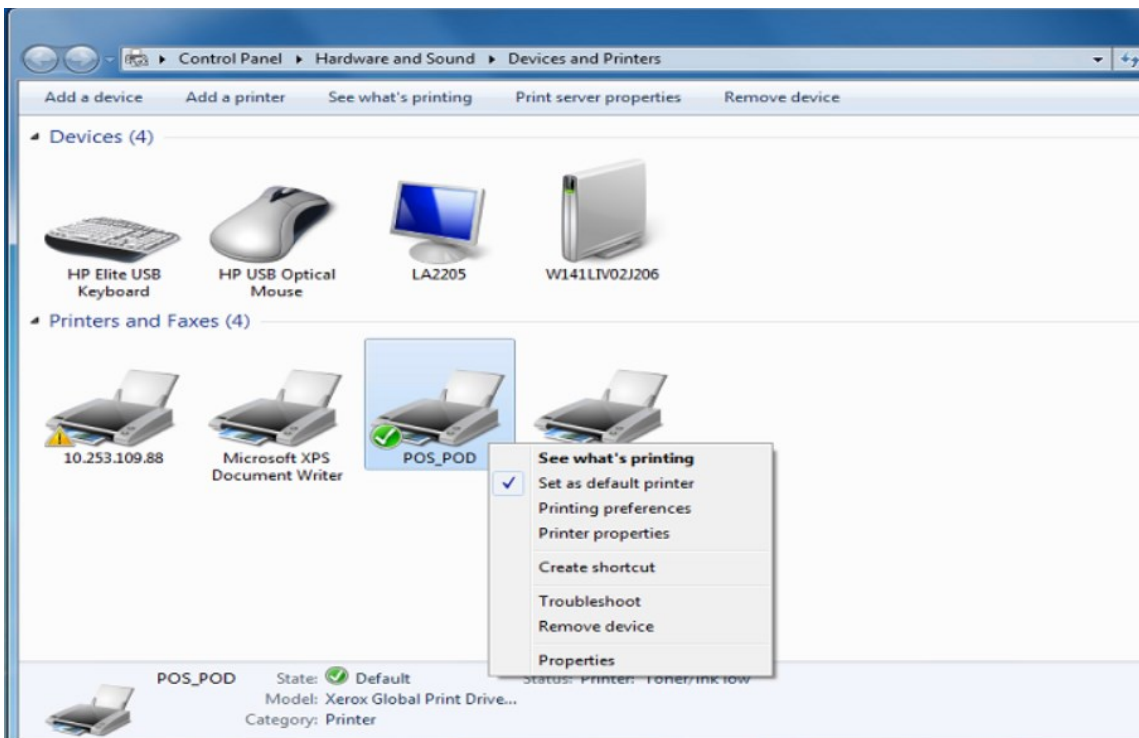
### In Windows 7

1. Choose Start then Devices and Printers.

The Devices and Printers window appears. The current default printer is indicated by a **green** check mark.



2. Right-click any printer that isn't set as the default and choose Set as Default Printer from the shortcut menu.



## ATTACHMENT A

\*If you right-click the printer that is already set as the default, the Set as Default Printer command won't be available on the shortcut menu.\*

3. Click the Close button in the Devices and Printers window. Your new settings are saved.

### In Windows 10

1. To choose a default printer, select the **Start** button and then **Settings**.

2. Go to **Devices > Printers & scanners > select a printer > Manage**.

3. Then select **Set as default**.

\*If you have **Let Windows Manage My Default Printer** selected, you'll need to deselect it before you can choose a default printer on your own.\*

\*\*In Windows 10, your default can be the printer you last used. To turn on this mode, open **Start** and select **Settings > Devices > Printers & scanners**. Select the checkbox beside **Let Windows manage my default printer**.\*\*

## **How to create a screenshot**

The following instructions are used to create a screenshot on a Windows desktop computer.

### **Use the keyboard shortcut: (PrtScn) Print Screen or CTRL + PrtScn.**

On your keyboard, press the PrtScn (Print Screen) key or CTRL+PrtScn keys. Windows creates a screenshot of the whole screen and saves it to the clipboard. You can now paste the screenshot in an email, in a Word document, etc.

The following instructions are used to create a screenshot on a Windows laptop computer.

### **Use the keys: Fn + PrtScn (Print Screen).**

On your keyboard, press the Fn+PrtScn keys. Windows creates a screenshot of the whole screen and saves it to the clipboard. You can now paste the screenshot in an email, in a Word document, etc.

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Center  
Telephone Number: \_\_\_\_\_

**Notice of Determination Regarding Your Request for a Utility  
(Natural Gas, Utility Heat, Lights, Electricity) Arrears Payment  
(For Active Cases Only)**

Based on your \_\_\_\_\_ request for a utility grant to prevent a shut-off or to restore a utility service:

- Your household is eligible for a Home Energy Assistance Program (HEAP) Grant. Your utility company has been notified that they will receive this benefit on your behalf. They will keep your utility service on for 30 days from the day we notified them. You will receive a notice from HEAP with the amount of the payment.

- Your request has been denied because:

The LAW(S) AND/OR REGULATIONS which allow us to do this \_\_\_\_\_

**Note:** If you are getting Cash Assistance and your request for more help is denied, your ongoing Cash Assistance case will not be affected.

- A payment will be made by HRA in the amount of \_\_\_\_\_ to your utility service provider \_\_\_\_\_, Account Number \_\_\_\_\_.

**Will I Have to Pay This Back? (Recoupment Determination):**

- This payment does not have to be paid back. We will not take any money from your Cash Assistance grant to recover this payment.
- This payment must be paid back because you did not pay your utility bills, fuel bills, rent or mortgage with the amount of the cash benefits you get for these purposes. As a result, we will take money from your future Cash Assistance benefits to repay the amount above that you asked to be paid to your utility service provider to prevent a utility shut off or restore utility service. This is called a recoupment.

The criteria that allows us to take money from your future Cash Assistance benefits is explained in the Notice of Intent to Recoup Utility Grant (**M-858x**) that we will send you. That Notice will have the amount that will be taken from your future cash benefits and the rate it will be taken out of your benefits. The notice will also explain how you can challenge (1) our decision that you did not use your cash grant to pay towards your utility or fuel bills or rent/mortgage, (2) the amount to be taken, and (3) the rate it will be taken.

See next page 

**Will My Regular Cash Benefit Change? (Restriction Determination):**

- We intend to pay the energy allowance portion of your grant directly to the utility service provider on your account. The amount of the energy allowance depends on your Cash Assistance household size and is shown in the chart provided. This direct payment to your utility company is called a restriction. The reason for this is that you failed to pay your utility bills, fuel bills, rent and/or mortgage with that portion of your cash grant that you get for these purposes. While your Cash Assistance case is open, the Agency will pay your entire utility bill, including any amount over the energy allowance portion of your grant. The amount HRA pays your utility service provider which exceeds the portion of your grant intended for your utility service will be taken from your future cash benefits until that amount is paid back.

We will send you a Notice of Intent to Restrict Home Energy Allowance (**M-858c**), which will specify the amount to be restricted. This notice will also explain how you can challenge the restriction decision if you disagree with it and inform you of your rights to a Fair Hearing.

- The energy allowance portion of your grant will not be restricted at this time. You must continue to pay your utility bills.

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Worker's Name/Date Supervisor's Name/Date

SAMPLE

Note: 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 CONFERENCE AND FAIR HEARING INFORMATION  
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

See next page 

## Conference and Fair Hearing Information

### CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

### STATE FAIR HEARING

**Deadline:** If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

**How to Ask for a Fair Hearing:** If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

(1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) **WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

(3) **FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) **IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

(5) **ONLINE:** Complete an online request form at:  
**<http://www.otda.state.ny.us/oah/forms.asp>**

**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. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. 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 that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer, or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

See next page 

**If you have a disability, and cannot travel,** you may appear through a representative such as a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the 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 files. If you call, write, or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which 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.

**AVAILABILITY OF POLICY MATERIALS:** The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

**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 or write to us at the phone number/address listed on **page 1** of this notice.

**FAIR HEARING REQUEST**

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Número de  
Teléfono del Centro: \_\_\_\_\_

**Aviso de Determinación Respecto a Su Solicitud  
de Pago de Atrasos de Servicios Públicos  
(Gas Natural, Calefacción, Luz, Electricidad)  
(Sólo para Casos Activos)**

Según su solicitud del \_\_\_\_\_ de subsidio para prevenir la desconexión de servicios públicos o restablecer los mismos:

- Su hogar reúne los requisitos para un subsidio de HEAP. Se ha notificado a su compañía de servicios públicos que recibirá este beneficio a nombre suyo. La compañía mantendrá sus servicios públicos por 30 días a partir de la fecha en que reciba nuestra notificación. Usted recibirá un aviso de parte de HEAP con la cantidad del pago.
- Se ha denegado su solicitud debido a que:

LAS LEYES Y/O REGLAS que nos permiten tomar esta medida es/son \_\_\_\_\_.


**Nota:** Si usted recibe Asistencia en Efectivo y se deniega su solicitud de más ayuda, su Asistencia en Efectivo en curso no se será afectada.

- Se efectuará un pago de parte de la HRA en la cantidad de \_\_\_\_\_ a su proveedor de servicios públicos \_\_\_\_\_, del número de cuenta \_\_\_\_\_.

**¿Tendré que reembolsar esta cantidad? (Determinación de Recuperación):**

- Este pago no se tiene que reembolsar. Nosotros no deduciremos dinero alguno de su subsidio de Asistencia en Efectivo para recuperar el pago.
- Este pago tiene que reembolsarse puesto que usted no pagó sus facturas de servicios públicos ni de combustible, de alquiler ni de hipoteca con la cantidad de los beneficios de dinero en efectivo que usted reciba para estos fines. Por lo tanto, nosotros deduciremos dinero de sus futuros beneficios de Asistencia en Efectivo para recuperar la cantidad que usted solicitó que se pagara a su proveedor de servicios públicos para prevenir la desconexión de servicios públicos o para restablecer los mismos. Esto se denomina recuperación.

Los criterios que nos permiten deducir dinero de sus beneficios futuros de Asistencia en Efectivo se detallan en el Aviso de la Intención de Recuperar la Concesión de Servicios Públicos (**M-858x [S]**) que nosotros le enviaremos. Ese aviso indicará la cantidad y la tasa de deducción de sus futuros beneficios de dinero en efectivo. El aviso también explicará cómo usted puede oponerse a (1) nuestra decisión de que usted no ha destinado su concesión de dinero en efectivo a sus facturas de servicios públicos ni de combustible, ni de alquiler/hipoteca, (2) la cantidad a deducirse, y (3) la tasa de la deducción.

**Vea la próxima página** 

**¿Cambiará mi beneficio en efectivo normal? (Determinación de Restricción):**

- Tenemos la intención de pagar directamente al proveedor de servicios públicos en la cuenta de usted la porción de la asignación de energía de su subsidio. La cantidad de la asignación de energía depende de la constitución del hogar de Asistencia en Efectivo, y se indica en la tabla proporcionada. Este pago directo a su compañía de servicios públicos se denomina restricción. Esta medida se debe a su impago de las facturas de servicios públicos, de combustible, de alquiler y/o hipoteca con esa porción de su concesión de dinero en efectivo que usted reciba para estos fines. Mientras que su caso de Asistencia en Efectivo esté abierto, la agencia pagará la factura total de servicios públicos, incluida cualquier cantidad que exceda de la porción de asignación de energía de su concesión. La cantidad pagada por la HRA a su proveedor de servicios públicos que exceda de la porción de su concesión destinada a los servicios públicos se deducirá de sus futuros beneficios de dinero en efectivo, hasta que se haya reembolsado esa cantidad.

Le enviaremos a usted un Aviso de la Intención de Restringir la Asignación de Energía Domiciliaria (**M-858c [S]**), el cual indicará la cantidad a restringirse. Este aviso también explicará cómo usted puede oponerse a la decisión de restricción si no está de acuerdo con la misma, y además le informará de su derecho a una Audiencia Imparcial.

- No se restringirá en este momento la porción de la concesión de energía de su subsidio. Usted debe seguir pagando las facturas de servicios públicos.


SAMPLE

Nombre del Trabajador/Fecha

Nombre del Supervisor/Fecha

Nota: Las reglas estipulan que usted notifique de inmediato a este departamento de cualquier cambio en sus necesidades, ingreso, recursos, arreglos de vivienda o dirección.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.  
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS  
IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

**Vea la próxima página** 

## Información sobre Conferencias y Audiencias Imparciales

### CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

### AUDIENCIA IMPARCIAL ESTATAL

**Fecha Límite:** Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

**Cómo Solicitar una Audiencia Imparcial:** Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

**(1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)

**(2) POR ESCRITO:** Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:

**Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, NY 12201**

**(3) FAX:** Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

**(4) EN PERSONA:** Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:  
**14 Boerum Place, Brooklyn, NY 11201.**

**(5) POR INTERNET:** Llene un formulario de petición electrónica en:  
<http://www.otda.state.ny.us/oah/forms.asp>

**Qué Puede Esperar de La Audiencia Imparcial:** El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Vea la próxima página 

**Si usted padece una discapacidad, y no puede trasladarse,** puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

**ASISTENCIA LEGAL:** Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

**ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS:** Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

**DISPONIBILIDAD DE MATERIALES DE POLÍTICA**

Las expediciones y manuales de la política de la HRA y de la Oficina de Asistencia Temporal para Discapacitados (OTDA) están disponibles para usted y su representante para determinar si se debe solicitar Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a [CRO@hra.nyc.gov](mailto:CRO@hra.nyc.gov), o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

**INFORMACIÓN:** Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

**PETICIÓN DE AUDIENCIA IMPARCIAL**

**Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:**

En Letras de Molde: \_\_\_\_\_ Núm. del Caso: \_\_\_\_\_  
Nombre I. Apellido

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_



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

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

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

Worker Name: \_\_\_\_\_

Worker Telephone: \_\_\_\_\_

### Document Request for Housing Related Special Grants

You asked for the housing related special grant(s) checked off below:





- Mortgage Payments/Arrears
- Property Tax Payments/Arrears
- Rent Supplement/Arrears
- Other Request: \_\_\_\_\_

You did not give us all of the proof that we need to make a decision. Please submit documents for the checked items on **pages 2 and 3** by:

**Due Date:** \_\_\_\_\_

SAMPLE

You can submit your documents using any option checked below:

-  **IN PERSON:** \_\_\_\_\_  
\_\_\_\_\_
-  **ACCESS HRA mobile app:** Download **NYC ACCESS HRA** on iOS or Android devices.
-  **FAX:** \_\_\_\_\_  
\_\_\_\_\_
-  **MAIL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are unable to submit the requested documents, you must call the Worker at the number above before \_\_\_\_\_. If you do not submit the documents, we may deny your request for a special grant.

**(Turn page)**

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Amount Owed	<ul style="list-style-type: none"> <li>● Rental History Breakdown from Landlord</li> <li>● Court documents indicating arrears amount</li> <li>● NYCHA Rent Statement or Letter from Housing Manager</li> <li>● Mortgage Statement</li> </ul>
<input type="checkbox"/> Your Housing Cost	<ul style="list-style-type: none"> <li>● Current Lease</li> <li>● Current Rent Receipt</li> <li>● Letter from Landlord</li> <li>● Statement from Non-Relative Landlord</li> </ul>
<input type="checkbox"/> Risk of Eviction or Foreclosure	<ul style="list-style-type: none"> <li>● Landlord breakdown showing rent arrears</li> <li>● Landlord Notice or Rent Demand</li> <li>● Letter from Landlord threatening eviction</li> <li>● Court-ordered Stipulation with LT or Index Number (rent arrears)</li> </ul>
<input type="checkbox"/> Legal Occupancy in the Future	<ul style="list-style-type: none"> <li>● W-147Q Statement from Primary Tenant &amp; Proof of Legal Tenancy</li> <li>● Court documents showing right to legal occupancy in the future</li> <li>● Other documents to prove right to legal occupancy</li> <li>● W-146W Section 8 Verification</li> </ul>
<input type="checkbox"/> Future Ability to Pay	<ul style="list-style-type: none"> <li>● Pay stubs and Statement of Tips from the last 30 days</li> <li>● W-146E Excess Rent &amp; Third Party Proof of Income</li> <li>● Third Party Proof of Income/Pay Stubs for the last 30 days</li> <li>● Subsidy verification (Section 8/NYCHA)</li> </ul>

SAMPLE

**(Turn page)**

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Unforeseen or Special Circumstances	<ul style="list-style-type: none"> <li>● Statement or document explaining a loss of income for the household</li> <li>● Loss of Third Party Assistance</li> <li>● Statement from Funeral Director/Funeral Bill</li> <li>● Medical Bills</li> </ul>
<input type="checkbox"/> Contributions to Help Pay Arrears	<ul style="list-style-type: none"> <li>● Copy of money order for contribution toward rent arrears</li> <li>● Nonprofit Organization official letterhead stating contribution toward arrears</li> <li>● Proof of contributions toward arrears</li> <li>● Letter Seeking contribution for Arrears</li> </ul>



Applicant/Participant Signature

Date

SAMPLE

Applicant/Participant Telephone Number

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Fecha: \_\_\_\_\_

Número del caso: \_\_\_\_\_

Nombre del caso: \_\_\_\_\_

Nombre del

trabajador: \_\_\_\_\_

Número de teléfono

del trabajador: \_\_\_\_\_

### Solicitud de Documentos para Concesiones Especiales Relacionadas con la Vivienda

Usted solicitó la(s) concesión(es) especial(es) relacionada(s) con la vivienda marcadas a continuación:

Pagos/atrasos de hipoteca

Pagos de impuestos sobre la propiedad/atrasos


Suplemento/atrasos de alquiler


Otra petición: \_\_\_\_\_


Usted no nos prestó todas las pruebas que necesitamos para tomar una decisión. Favor de presentar los documentos de las casillas marcadas en las **páginas 2 y 3**, de aquí al:


**Fecha límite:** \_\_\_\_\_

Usted puede presentar los documentos mediante cualquiera de las opciones marcadas a continuación:

 **EN PERSONA:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 **aplicación móvil** Baje **NYC ACCESS HRA** de iOS o  
**ACCESS HRA:** de dispositivos Android.

 **POR FAX:** \_\_\_\_\_  
\_\_\_\_\_

 **POR CORREO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Si usted no puede presentar los documentos solicitados, usted debe llamar a su trabajador al número más arriba antes del \_\_\_\_\_. Si no presenta los documentos, nosotros podemos denegar su solicitud de concesión especial.

**(Voltee la página)**



La "Guía de Documentación para Peticiones de Concesiones Especiales Relacionadas con la Vivienda" (**FIA-1211 [S]**) provee más ejemplos de documentos que usted puede utilizar para probar los elementos marcados.

Documentación para:	Documentos sugeridos
<input type="checkbox"/> Cantidad adeudada	<ul style="list-style-type: none"> <li>● Desglose del historial de alquiler del arrendador</li> <li>● Documentos judiciales que indiquen la cantidad atrasada</li> <li>● Declaración de alquiler de NYCHA o carta por parte del administrador de la vivienda</li> <li>● Estado de cuenta hipotecaria</li> </ul>
<input type="checkbox"/> El costo de la vivienda	<ul style="list-style-type: none"> <li>● Contrato de arrendamiento actual</li> <li>● Comprobante de pago de alquiler actual</li> <li>● Carta del arrendador</li> <li>● Declaración del arrendador, no pariente</li> </ul>
<input type="checkbox"/> Riesgo de desalojo o de ejecución hipotecaria	<ul style="list-style-type: none"> <li>● Desglose del arrendador que demuestra los atrasos de alquiler</li> <li>● Aviso del arrendador o reclamación de alquiler</li> <li>● Carta de amenaza de desalojo del arrendador</li> <li>● Estipulación del tribunal en caso de arrendador e inquilino con denominación LT o con número de índice (por atraso de alquiler)</li> </ul>
<input type="checkbox"/> Ocupación legal futura	<ul style="list-style-type: none"> <li>● W-147Q (S) Declaración del Inquilino Principal con Respecto a la Ocupación del Inquilino Secundario</li> <li>● Documentos judiciales que demuestren el derecho de ocupación legal en el futuro</li> <li>● Otros documentos que demuestren derecho de ocupación legal</li> <li>● W-146W Verificación de la Sección 8</li> </ul>
<input type="checkbox"/> Capacidad futura de pago	<ul style="list-style-type: none"> <li>● Talones de paga y declaración de propinas de los últimos 30 días</li> <li>● W-146E (S) Exceso de Alquiler &amp; Prueba de Ingreso de Terceros</li> <li>● Prueba de ingreso de terceros/pago en los últimos 30 días</li> <li>● Verificación de subsidio (Sección 8/NYCHA)</li> </ul>

(Voltee la página)

La "Guía de Documentación para Peticiones de Concesiones Especiales Relacionadas con la Vivienda" (**FIA-1211 [S]**) provee más ejemplos de documentos que usted puede utilizar para probar los elementos marcados.

Documentación para:	Documentos sugeridos
<input type="checkbox"/> Circunstancias imprevistas o especiales	<ul style="list-style-type: none"> <li>● Declaración o documento que explique pérdida de ingreso del hogar</li> <li>● Pérdida de asistencia de terceros</li> <li>● Declaración del director de funeraria/factura funeraria</li> <li>● Facturas médicas</li> </ul>
<input type="checkbox"/> Contribuciones para pagar los atrasos	<ul style="list-style-type: none"> <li>● Copia del giro postal de contribución para los pagos atrasados</li> <li>● Carta con membrete oficial de organización sin fines de lucro que indique la contribución para los pagos atrasados</li> <li>● Prueba de las contribuciones para los pagos atrasados</li> <li>● Carta de solicitud de contribución para pagos atrasados</li> </ul>



Firma del

SAMPLE

Fecha

Número de teléfono del solicitante/participante

**¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.



### Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> <b>Identity</b> You must establish identity for each person listed applying for assistance	<ul style="list-style-type: none"> <li>• Photo I.D.</li> <li>• Driver's license</li> <li>• U.S. passport</li> <li>• Naturalization certificate</li> <li>• Hospital/Doctor's records</li> <li>• Adoption papers</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <b>Marital Status</b> If you are married, divorced, separated, or widowed, you must submit documentation	<ul style="list-style-type: none"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Veterans Administration (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable)	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> If you are applying for assistance for yourself and others, you must verify who is living with you	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord or primary tenant (for example a roommate)</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal records/certificate</li> <li>• Hospital records</li> <li>• Adoption papers/records</li> <li>• Naturalization certificate</li> <li>• Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> If the parent(s) of any child in your home is not living with you, you must prove this or give us a written statement of their whereabouts/death	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Survivor's benefit records</li> <li>• Hospital records</li> <li>• VA or military records</li> <li>• Divorce papers</li> <li>• Proof of remarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Newspaper notice</li> <li>• Insurance company records</li> <li>• Institutional records</li> <li>• Agency case records and burial payment files</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Absent Parent Information</b> If the parent(s) of any child in your home is not living with you, you must provide information you have about the individual's: name, address, SSN, birth date, and employment	<p>Examples of the type of information about the absent parent you may provide are:</p> <ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Tax returns</li> <li>• Social Security or VA records</li> <li>• Monetary determination letters</li> <li>• ID cards (health insurance)</li> <li>• Driver's license or registration</li> </ul> <p>If you do not have this documentation you may have to speak to a representative from the Office of Child Support Services at a later date</p>	NA

\*If you are applying for Supplementary Nutrition Assistance Program (SNAP) benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.

(Turn page)

## Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Social Security Number</b> For Cash Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> have to provide proof of your SSN unless the SSN you give does not match the SSA's records or cannot be verified by the Agency	<ul style="list-style-type: none"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> A Social Security number is not required for non-citizens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance – only applicants who are pregnant.
<input type="checkbox"/> <b>Citizenship or Current Immigration Status</b> <b>Status</b> – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is <b>not</b> an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal certificate/records</li> <li>• Hospital records</li> <li>• U.S. passport</li> <li>• Military service records</li> <li>• Naturalization certificate</li> <li>• USCIS documentation</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer If you have recently loss your job, you do not have to submit verification of your income from employment.	<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">                         SAMPLE                     </div>
<input type="checkbox"/> From self-employment	
<input type="checkbox"/> Income from rent or room/board	
<input type="checkbox"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support Received from the Non-Custodial Parent	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Statement from person paying support</li> <li>• Check stubs</li> <li>• Official correspondence from the Child Support Enforcement Unit</li> </ul>
<input type="checkbox"/> Unemployment Insurance Benefits (UIB) If you have filed an application for UIB but have not received a payment yet, you do not have to submit proof	<ul style="list-style-type: none"> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor</li> <li>• Screen shots or images of benefit statement from Department of Labor</li> </ul>
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> </ul>
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> <li>• Veterans Administration official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Award certificate/letter</li> <li>• Check stub</li> </ul>
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> <li>• Statement from school</li> <li>• Statement from bank</li> <li>• Statement from agency administering grant/award letter</li> </ul>
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> <li>• Statement from bank or credit union</li> <li>• Statement from broker/financial institution/agent</li> </ul>

### Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income</b> (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr/> <p><input type="checkbox"/> Other unearned income</p> <hr/> <hr/>	<ul style="list-style-type: none"> <li>• Current award letter</li> <li>• Current benefit check</li> <li>• Official correspondence from source of income</li> <li>• Contact with source of income</li> <li>• Current contribution check</li> </ul> <hr/> <hr/>
<p><input type="checkbox"/> <b>Resources</b> (For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19 and persons eligible for Family Health Plus.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p> <hr/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr/> <p><input type="checkbox"/> Life insurance</p> <hr/> <p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p> <hr/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr/> <p><input type="checkbox"/> Real estate other than residence</p> <hr/> <p><input type="checkbox"/> Motor vehicle</p> <hr/> <p><input type="checkbox"/> Lump sum payment</p> <hr/> <p><input type="checkbox"/> Other resources</p>	<div style="font-size: 4em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE</div> <ul style="list-style-type: none"> <li>• Current bank records</li> <li>• Current credit card records</li> <li>• Stock/bond certificate</li> <li>• Statement from financial institution</li> <li>• Insurance policy</li> <li>• Statement from insurance company</li> <li>• Bank records</li> <li>• Burial agreement</li> <li>• Burial plot deed</li> <li>• Refund of EITC check</li> <li>• Statement from tax office</li> <li>• Deed</li> <li>• Statement from real estate broker</li> <li>• Broker's appraisal/estimate of current value by broker</li> <li>• Registration (older models)</li> <li>• Title of ownership</li> <li>• Appraisal of current value by dealer</li> <li>• Financing data</li> <li>• Statement from the source of payment</li> <li>• Lump sum check</li> <li>• Statement from household</li> <li>• Statement from nursing home</li> <li>• Household statement of current value</li> <li>• Sales slips</li> <li>• Insurance appraisal</li> </ul>

**(Turn page)**

## Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><input type="checkbox"/> <b>Shelter Expenses</b></p> <p>You must prove how much it costs you to live where you do. (You may need to provide separate documentation for <b>each</b> item of shelter expense)</p> <p>You must submit proof of your shelter expenses even if you have not paid your rent</p> <p><b>Medical Assistance does not require documentation of shelter expenses.</b></p>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Non-heating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<p><input type="checkbox"/> <b>Medical Expenses</b></p> <p>You only need to submit verification of your unreimbursed medical expenses if you are aged/disabled and are also applying for SNAP</p>	<ul style="list-style-type: none"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> </ul>
<p><input type="checkbox"/> <b>Health Insurance</b></p> <p>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this</p>	<ul style="list-style-type: none"> <li>• Insurance policy/card</li> <li>• Statement from provider of coverage</li> <li>• Medicare card</li> <li>• Separation or divorce agreement with court-ordered health coverage</li> </ul>
<p><input type="checkbox"/> <b>Disabled/Incapacitated/Pregnant</b></p> <p>If you or anyone living with you is sick or pregnant, you must provide proof. (For MA only, resource information is not requested from pregnant women, children and persons eligible for Family Health Plus)</p>	<ul style="list-style-type: none"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<p><input type="checkbox"/> <b>Unpaid Bills</b></p> <p>Please submit proof of any unpaid rent or utility bills in your name</p>	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of service and provider services and</li> </ul>
<p><input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b></p> <p>You must provide proof if you <b>pay</b> court-ordered support, child care, recurring loans or for the services of a home health aide or attendant</p>	<ul style="list-style-type: none"> <li>• Court order</li> <li>• Statement from day care center or other child care provider</li> <li>• Statement from aide or attendant</li> <li>• Canceled checks or receipts</li> </ul>

SAMPLE

(Turn page)

## Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Past Management (how did you support yourself before coming to apply for Cash Assistance)</b>  <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> <li>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> <li>• If your most recent employer is closed or no longer in business, please give us the employer's last known address and telephone number. You must sign the statement and date it for our records.</li> </ul>
<input type="checkbox"/> Other (For cash assistance only)	If you were not supporting yourself from employment/earned income, please bring verification of how you were able to support yourself in the past such as: <ul style="list-style-type: none"> <li>• Bankbook/bank statement</li> <li>• Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>• Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	Statement from person(s) who provided support <ul style="list-style-type: none"> <li>• If you or anyone in the household has applied for and been denied or has been accepted for benefits from any of the following sources, bring the award letter, check or other correspondence: Social Security, court payments, SSI, veteran's benefits, workers' compensation, union benefits, pension, military allotment, railroad retirement, NYS disability or other source</li> </ul>
<input type="checkbox"/> <b>Other</b>	

SAMPLE

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center Number: \_\_\_\_\_  
SNAP Filing Date: \_\_\_\_\_  
Subject: \_\_\_\_\_

### Documentation Requirements and/or Assessment Follow-Up

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In order to determine your current or continued eligibility for Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or to process your request for an allowance or special status you must provide the documents indicated below, together with this form, by the due date. If you cannot get the required documents/information by the due date, contact your Worker and ask for an extension. If you cannot get the required documents/information at all, contact your Worker immediately, as he/she may assist you in obtaining the required documents/information. The **W-119D**, which lists the common documents that may be used to verify any eligibility factors listed on **page 2**, is attached.

Due Date: \_\_\_\_\_  Must see Worker upon return.

**Forms Reminder** (Please return the following Agency form(s), completed and signed where necessary.)

<input type="checkbox"/> <b>LDSS-2474</b> SSI Referral and Certification of Contact <input type="checkbox"/> <b>M-15</b> Inquiry Regarding Veteran's Benefits/Allowment <input type="checkbox"/> <b>W-146E</b> Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance <input type="checkbox"/> <b>W-146W</b> Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> <b>W-147CC</b> Certification of Move Statement <input type="checkbox"/> <b>W-147M</b> Landlord's Statement (Regarding Broker's Fee) <input type="checkbox"/> <b>W-147Q</b> Primary Tenant's Statement Regarding Occupancy of Secondary Tenant	<input type="checkbox"/> <b>W-274U</b> Attestation of Employment as an Informal Child Care Provider <input type="checkbox"/> <b>W-299</b> Notice to Applicants and Participants Regarding Third Party Health Insurance <input type="checkbox"/> <b>W-451</b> NYPD – New York Police Department Report/Referral <input type="checkbox"/> <b>W-582A</b> Family Care Assessment <input type="checkbox"/> <b>W-700E</b> School Attendance Verification Letter
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**CA Appointment Reminder**

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> BTW (Back to Work) Vendor Appointment	<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children's Services Appointment
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**Notes:** For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.



The following household member(s) must return in person for the reason indicated below:

Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

**Outstanding documentation** – see the **W-119D** for a list of documents that can be used to verify the outstanding Eligibility Factors.

Name	Eligibility Factor

SAMPLE

If this notice does not indicate that you (case head) must see the Worker, you may submit any required documents/information by mail. However, it remains your responsibility to ensure that the required information reaches the Agency by the prescribed deadline.

**FAILURE TO SUBMIT VERIFICATION/DOCUMENTATION OR FAILURE TO CONTACT YOUR WORKER ON OR BEFORE THE DUE DATE MAY MAKE YOU INELIGIBLE FOR CASH ASSISTANCE AND/OR SNAP, OR MAY CAUSE A REDUCTION IN YOUR CASH ASSISTANCE AND/OR SNAP BENEFITS FOR A SPECIFIC PERIOD OF TIME.**

**Notes:** For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

**\*By signing this notice, you (applicant/participant) are acknowledging that you have received notification of all reminders, required referrals, and dates of appointments as indicated in this notice.**

\_\_\_\_\_ Date  
Applicant/Participant's Signature

\_\_\_\_\_ Date  
Worker's Signature

\_\_\_\_\_ Worker's Telephone Number

Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Número del Centro: \_\_\_\_\_

Fecha de Registro de SNAP: \_\_\_\_\_

Tema: \_\_\_\_\_

### Requisitos de la Documentación y/o Seguimiento de Evaluación

**NOTA:** A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Para llegar a una determinación de su actual estado de elegibilidad de Asistencia en efectivo, Programa de Asistencia de Nutrición Suplementaria, Asistencia Médica y/o procesar su pedido para una asignación o condición especial usted debe proporcionar los documentos y/o datos indicados abajo, junto con el presente formulario, a más tardar para la fecha de presentación. Si no puede conseguir los documentos/datos necesarios para dicha fecha, comuníquese con su Trabajador y pida una extensión. Si le es imposible conseguir los documentos/datos necesarios comuníquese con su Trabajador puesto que éste puede ayudarle a obtener los documentos/datos necesarios. El **W-119D (S)**, que lista los documentos comunes que pueden servir para comprobar los factores de elegibilidad indicados en la **página 2**, se encuentra adjunto.

Fecha de Presentación: \_\_\_\_\_  Tiene que reunirse con el Trabajador al regresar.

**Recordatorio de Formularios** (Favor de devolver el/los siguiente(s) formulario(s) de la Agencia, llenado(s) y firmado(s) si necesario.)

<input type="checkbox"/> <b>LDSS-2474 (S)</b> SSI Referencia y Certificación de Contacto  <input type="checkbox"/> <b>M-15 (S)</b> Investigación Respecto a Beneficios de Veteranos/Asignación  <input type="checkbox"/> <b>W-146E (S)</b> Solicitud para Pagar Alquiler Atrasado que Exceda la Asignación Máxima de Asistencia en Efectivo para Refugio  <input type="checkbox"/> <b>W-146W (S)</b> Verificación del Alquiler del Inquilino, Sección 8  <input type="checkbox"/> <b>W-147CC (S)</b> Certificación Respecto a Declaración de Mudanza  <input type="checkbox"/> <b>W-147M (S)</b> Declaración del Casero (Respecto a Honorarios del Agente)  <input type="checkbox"/> <b>W-147Q (S)</b> Declaración del Inquilino Principal con Respecto a la Ocupación del Inquilino Secundario	<input type="checkbox"/> <b>W-274U (S)</b> Atestación de Empleo como Proveedor de Cuidado Infantil Informal  <input type="checkbox"/> <b>W-299 (S)</b> Aviso a Solicitantes y Participantes con Respecto a Seguros de Salud de Tercera Persona  <input type="checkbox"/> <b>W-451 (S)</b> NYPD – Reporte del Departamento de la Policía de Nueva York/ Referencia  <input type="checkbox"/> <b>W-582A (S)</b> Evaluación de Cuidado Familiar  <input type="checkbox"/> <b>W-700E (S)</b> Carta de Verificación de Asistencia a la Escuela
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#### Recordatorio de Cita de Asistencia En Efectivo

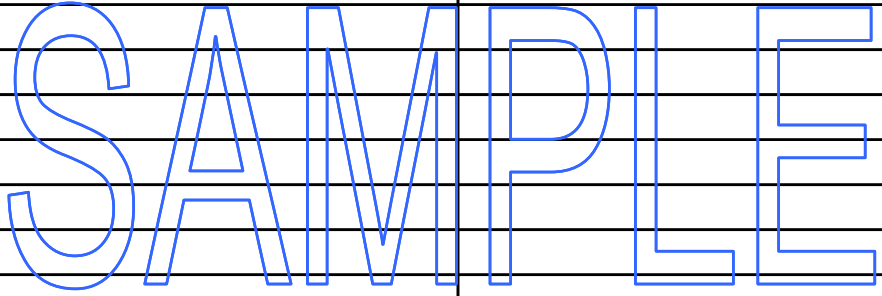
<input type="checkbox"/> <b>BEV – (Bureau of Eligibility Verification)</b> Cita en la Oficina de Verificación de Elegibilidad  <input type="checkbox"/> <b>OCSE – (Office of Child Support Enforcement Appointment)</b> Cita en la Oficina de Aplicación de Manutención de Niños  <input type="checkbox"/> <b>De Regreso al Trabajo (Back to Work) Cita del Contratista</b>	<input type="checkbox"/> <b>CASAC – (Credentialed Alcoholism/and Substance Abuse Counselor Appointment)</b> Cita con el Consejero de Control de Abuso de Alcoholismo/Sustancias  <input type="checkbox"/> <b>WeCARE – (Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment)</b> Cita con el Proveedor Médico de Bienestar, Evaluación Total, Rehabilitación y Empleo  <input type="checkbox"/> <b>ACS – (Agency for Children's Services Appointment)</b> Cita en la Agencia de Servicios al Niño
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**Aviso:** Se pueden aceptar fotocopias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Las fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.

El/los siguiente(s) miembro(s) del hogar tiene(n) que regresar en persona por la razón indicada más abajo:

Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de asistencia en efectivo

**Documentación pendiente** – vea el **W-119D (S)** para una lista de documentos que pueden usarse para verificar los Factores de Elegibilidad pendiente.


Nombre	Factor de Elegibilidad
	

Si este aviso no indica que usted (jefe del caso) tiene que reunirse con su Trabajador al regresar, puede enviar los documentos/información por correo. Sin embargo, sigue siendo su responsabilidad que la información requerida llegue a la Agencia a más tardar para la fecha de entrega.

**EL NO PRESENTAR VERIFICACIÓN/DOCUMENTACIÓN O NO COMUNICARSE CON NOSOTROS A MÁS TARDAR EN LA FECHA DE PRESENTACIÓN PUEDE RESULTAR EN LA PÉRDIDA DE SU ELEGIBILIDAD RESPECTO A ASISTENCIA EN EFECTIVO Y/O SNAP, O PUEDE CAUSARLE UNA REDUCCIÓN EN SUS BENEFICIOS DE ASISTENCIA EN EFECTIVO Y/O BENEFICIOS DE SNAP DURANTE UN PERÍODO DE TIEMPO ESPECÍFICO.**

**Aviso:** Se pueden aceptar fotocopias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Las fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.

**\*Al firmar el presente aviso usted (solicitante/participante) acusa recibo de notificación de todo recordatorio, envíe necesario, y fecha de cita, según indicados en este aviso.**

 Click here to insert a picture

\_\_\_\_\_  
Firma del Solicitante/Participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Trabajador

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Número de Teléfono del Trabajador



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

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

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

Caseload: \_\_\_\_\_

Center: \_\_\_\_\_

Worker Telephone No.: \_\_\_\_\_

FH&C Telephone No.: \_\_\_\_\_

### Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

**Remember:**

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

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**SECTION I: EMERGENCY ASSISTANCE**

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

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(Turn page)

*(Worker: Scan and Index this completed form and give the signed original back to the participant.)*

**SECTION II: ADDITIONAL ALLOWANCES**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Back rent  | <input type="checkbox"/> Additional allowance for fuel   |
| <input type="checkbox"/> Repair of essential household items  | <input type="checkbox"/> Property repairs  |
| <input type="checkbox"/> Back mortgage and/or taxes   | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living  |  |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the:<br>Office of Burial Services<br>33-28 Northern Boulevard, 3rd Floor<br>Long Island City, NY 11101<br>Telephone: 718-473-8310 |  |

- Expenses related to moving:**
- |  |   |
|--|---|
| <input type="checkbox"/> Moving expenses               | <input type="checkbox"/> Furniture and other household items          |
| <input type="checkbox"/> Security deposit/agreement    | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher |   |

New Address: \_\_\_\_\_  
(include apartment number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When did you move? \_\_\_\_\_ New rent: \$ \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Primary tenant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
(include apartment number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Turn page)**

**SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES**

**I am requesting the following supportive services:**

- Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing
- Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items
- Child care allowance within approved limits, if needed
- Necessary public transportation
- Other work activity-related supportive services:

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

**SECTION IV: ADD PERSON TO CASE**

**If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:**

- New Baby**
- Child entered home**
- Child under 18 years of age** (whose immigrant status has changed since my last application/recertification)
- Spouse/Adult living with me** who has not previously applied (this person must complete an application to receive assistance)
- Spouse** who previously applied and was denied because of immigration status and his/her status has changed now
- Myself/Adult payee to the case**
- Other** \_\_\_\_\_
- Other** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date moved in/returned:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

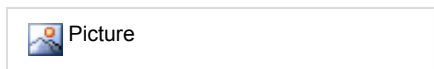
**Social Security Number (if known):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date moved in/returned:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number (if known):** \_\_\_\_\_



Participant's Signature

Date of Request

Time of Request

AM  PM

Worker's Name

Date



Fecha: \_\_\_\_\_  
 Nombre del caso: \_\_\_\_\_  
 Número de caso: \_\_\_\_\_  
 Unidad de casos: \_\_\_\_\_  
 Centro: \_\_\_\_\_  
 Teléfono del Trabajador(a): \_\_\_\_\_  
 Teléfono de FH&C .: \_\_\_\_\_

**Petición para la Asistencia de Emergencia, asignaciones adicionales, o para añadir una persona al caso de Asistencia en Efectivo (solo para participantes)**

Favor de rellenar este formulario si necesita asistencia de emergencia, asignaciones adicionales o para añadir una persona al caso.

**Recuerde:**

(1) Se le podría pedir prueba de los datos que usted proporcione. Si tiene problemas para obtener las pruebas, su trabajador debe ayudarle con eso.

(2) Podría tener que reunirse con su trabajador de casos. En tal caso, se le programará una cita.

SAMPLE

**SECCIÓN I: ASISTENCIA DE EMERGENCIA**

**Solicito el siguiente tipo de asistencia de emergencia:**

**La razón por la que necesito la asistencia de emergencia es:**

**(Gire la hoja)**

*(Worker: Scan and Index this completed form and give the signed original back to the participant.)*

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**SECCIÓN II: ASIGNACIONES ADICIONALES**

**Solicito la(s) siguiente(s) asignación(es) por necesidad especial:**

- |   |  |
|---|--|
| <input type="checkbox"/> Alquiler atrasado  | <input type="checkbox"/> Asignación adicional para combustible   |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad   | <input type="checkbox"/> Reparaciones a la propiedad   |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados   | <input type="checkbox"/> Reemplazo de ropa perdida debido a desastres, tal como falta de albergue o incendio |
| <input type="checkbox"/> Asignación para embarazo   | <input type="checkbox"/> Otras asignaciones:   |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde vivo  |  |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en esta dirección:<br>Office of Burial Services<br>33-28 Northern Boulevard, 3rd Floor<br>Long Island City, NY 11101<br>Teléfonos: 718-473-8310 |  |

**Gastos relacionados con la mudanza:**

- |   |   |
|---|---|
| <input type="checkbox"/> Gastos de mudanza  | <input type="checkbox"/> Muebles y otros artículos del hogar              |
| <input type="checkbox"/> Depósito/acuerdo de garantía                                     | <input type="checkbox"/> Almacenamiento de muebles y artículos personales |
| <input type="checkbox"/> Comisión del agente inmobiliario/vale de pago ( <i>voucher</i> ) |   |

Nueva dirección: \_\_\_\_\_  
(incluya número de apartamento)

\_\_\_\_\_  
Ciudad Estado Código Postal

¿Cuándo se mudó? \_\_\_\_\_ Nuevo alquiler: \$ \_\_\_\_\_

Nombre del arrendador: \_\_\_\_\_

Nombre del inquilino principal: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(incluya número de apartamento)

\_\_\_\_\_  
Ciudad Estado Código Postal

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**(Gire la hoja)**



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### SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Solicito los siguientes servicios de apoyo para:

- |   |  |
|---|--|
| <input type="checkbox"/> Vestimenta para los participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en circunstancias <b>excepcionales</b> , tales como la falta de vivienda o incendio reciente y falta de vestimenta adecuada. | <input type="checkbox"/> Asignación para cuidado infantil dentro de los límites aprobados, de ser necesario. |
| <input type="checkbox"/> Actividad/participación relacionada con obtener alguna licencia, uniformes o alguna tarifa de bienes duraderos, dentro de los límites aprobados, a la hora de presentar documentación que compruebe la necesidad de dichos artículos.              | <input type="checkbox"/> Transporte público necesario  |
|   | <input type="checkbox"/> Otros servicios de apoyo relacionados con actividades de trabajo:                   |
|   | <div style="border: 1px solid black; height: 30px; width: 100%;"></div>                                      |

Se proporcionarán los servicios necesarios cuando usted inicie alguna actividad de trabajo. Si se produce algún cambio en sus necesidades o si no está recibiendo algún servicio necesario, debería solicitar una asignación adicional.

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### SECCIÓN IV: AÑADIR UNA PERSONA AL CASO

Usted puede presentar este formulario a su trabajador de casos aunque no tenga toda la información necesaria.

Deseo añadir la(s) siguiente(s) persona(s) a mi caso de Asistencia en Efectivo:

- |  |   |
|--|---|
| <input type="checkbox"/> un recién nacido  | <input type="checkbox"/> un cónyuge quien anteriormente haya presentado solicitud y haya sido rechazado por su estado migratorio, pero dicho estado ya ha cambiado. |
| <input type="checkbox"/> un menor que se ha integrado al hogar   | <input type="checkbox"/> a mí mismo/adulto beneficiario del caso  |
| <input type="checkbox"/> un menor de 18 años de edad (cuyo estado migratorio ha cambiado desde mi última solicitud/recertificación)  | <input type="checkbox"/> Otra persona _____   |
| <input type="checkbox"/> un cónyuge/adulto que vive conmigo quien no haya presentado solicitud anteriormente (para poder recibir asistencia dicha persona debe rellenar una solicitud) | <input type="checkbox"/> Otra persona _____   |

Nombre: \_\_\_\_\_

Nombre: \_\_\_\_\_

Fecha de mudanza/regreso: \_\_\_\_\_

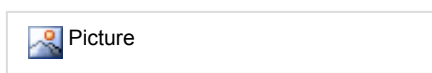
Fecha de mudanza/regreso: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Número de Seguridad Social (de saberlo): \_\_\_\_\_

Número de Seguridad Social (de saberlo): \_\_\_\_\_



Participant's Signature

Date of Request

Time of Request

AM  PM

Worker's Name

Date