

ACKNOWLEDGEMENT OF FAIR HEARING REQUEST
AND CONFIRMATION OF AID STATUS

XL005 (MONTH/YEAR)
OAH-4420

STATE OF NEW YORK

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

THIS IS NOT A SCHEDULING NOTICE

COPY SENT TO:

XXXXX XXXXXXXX
XXXXXXXXXXXXXXXXXX
XXX XX XXXXX

FAIR HEARING #	: XXXXXXXX
Case #	: XXXXXXXXXXXXX
Category	: XXX
Agency/Center	: XXXX/XXXX/XXXX/XXXX
Date of Request	: XX/XX/XX
Notice Number	: XXXXXXXXXXX
Notice Date	: XX/XX/XX
Effective Date	: XX/XX/XX

This is to advise you that a Fair Hearing Request has been received for:
XXXXXXXXXXXXXXXX XXXXXXXXXXXXX

IF SOMEONE WILL REPRESENT YOU AT YOUR FAIR HEARING WHO IS NOT AN ATTORNEY, THEY MUST HAVE YOUR WRITTEN AUTHORIZATION TO REPRESENT YOU AND TO REVIEW YOUR CASE RECORD.

If you need to contact this office to inquire about this request, the aid status of your case, or to inform this office of a change of address or phone number, you may call (800) 342-3334 or write to:

Office of Administrative Hearings P.O. Box 1930 Albany, NY 12201

This is to inform you of the issues to be discussed at your Fair Hearing and the aid status of each issue.

ISSUES TO BE ADDRESSED AT THE FAIR HEARING

If you requested a fair hearing because the local agency has changed your assistance, benefits or services, you may be entitled to receive your assistance, benefits or services unchanged until the Commissioner issues a decision.

THE STATE COMMISSIONER HAS (HAS NOT) DIRECTED THE LOCAL DISTRICT TO CONTINUE YOUR ASSISTANCE UNCHANGED PENDING THE OUTCOME OF THE FAIR HEARING DECISION ON THE FOLLOWING ISSUE(S):

01. XXX – XXXXXXXXXXXXXXXXXXXXXXXXX

You will receive a separate notice advising you of the date, time and place of your Fair Hearing.

PLEASE READ THE OTHER SIDE If the local district has been directed to continue your assistance unchanged, but your case has nevertheless been closed, or your benefits have been reduced or restricted despite this directive, New York City appellants should contact the FH&C (Fair Hearing and Conciliation) unit at your local center or the fair hearing unit at your SNAP or Medicaid site, and make an 'aid continuing complaint'. APPELLANTS OUTSIDE NEW YORK CITY SHOULD CONTACT THEIR CASEWORKERS. You may also contact the state agency at the telephone number and address listed on the front of this notice and ask them to redirect the local district to restore your assistance. If you live in New York City, you may call (800) 342-3334 or visit the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, 5 Beaver Street, New York, NY.

For SNAP issues, when aid-continuing has been directed, your SNAP benefits will be continued at the same level only until your certification period ends. After that, you must recertify and be found eligible in order to continue receiving SNAP. You will receive SNAP in the amount determined by the recertification process.