1998 Federal Poverty Guidelines

Size of Family Unit	Poverty Guideline	
1	\$8,050	
2	10,850	
3	13,650	
4	16,450	
5	19,250	
6	22,050	
7	24,850	
8	27,650	

For family units with more than 8 members, add 2,800 for each additional member.

Case Number: Loc. Off./Unit/Worker:

General Telephone No. for Questions or Help:

Notice Date: May 21, 1998

LA NOTIFICACION ADJUNTA EN ESPAÑOL LE INDICARA INFORMACION QUE NECESITARA PARA AYUDARLE A COMPRENDER BENEFICIOS.

This Notice is to tell you that this agency intends to CHANGE your benefits as follows:

PUBLIC ASSISTANCE: Beginning June 1, 1998 your public assistance benefit will go:

FROM _____ TO _____.

The benefit amount is the amount **before** recoupments or restrictions are taken. **Recoupment**: If you have a recoupment in place, the same recoupment percentage will continue to be **Restriction**: An example of a restriction is an amount taken from your benefit and paid directly to pelectric company.

This is because there is a change happening to the way we count earned income when we decide how much get.

This is because our records show that someone in your household has earned income which is assistance needs. Under State Law (Social Services Law 131-a(8)(a)(iii)), the percentage of income from your earned income must be adjusted annually beginning in June 1998. The new amount of reflects the changes in the most recently issued poverty guidelines issued by the United States Burea law, effective June 1, 1998, we cannot count the first \$90 in earned income you have and 45% of the ryou have \$400 in earned income we could not count \$229.50.(the first \$90 plus \$139.50 which is 45% of

FOOD STAMPS: Beginning June 1, 1998, your FOOD STAMPS will go: FROM ______ TO ______ TO ______

This is because of the change to your public assistance benefits. The change in the earned income of in your Food Stamps benefits. For every \$3 increase to your Public Assistance benefits due to the r your Food Stamps may decrease by \$1. The Regulation which allows us to do this is 18 NYCRR 387.

MEDICAL ASSISTANCE: Your Medical Assistance benefits will continue unchanged. The Regulation which allows us to do this is 18 NYCRR 360-3.3.

FAIR HEARING RIGHTS

<u>RIGHT TO A FAIR HEARING</u>: If you believe that the action(s) we are taking are wrong, you may request a S Telephoning: (212) 417-6550 (please have this notice with you when you call) (1) FAX: Send this page to (518) 473-6735. (2) Bring a copy of this page to NYS Office of Temporary and Disability Assistant (3) Walk-In: Floor, New York, NY. (4) Writing: By sending a copy of this page, completed, to the Office of Administrative Hearing Office of Temporary and Disability Assistance, PO Box 1930, Albany, NY 12201 Please keep a copy for yourself. +-+I want a fair hearing. The Agency's action is wrong because _____ IS Cente Signature of Client: _____ Date _____ Name (print): _____ Case Number: Telephone Number Your Address:

You have the following number of days from the date of this notice to request a fair hearing:

Public Assistance - 60 Days Food Stamps - 90 Days

If you request a fair hearing, the State will send you a notice informing you of the time and place the right to be represented by legal counsel, a relative, a friend or other person, or to represent you, your attorney or other representative will have the opportunity to present written and oral evic action should not be taken, as well as an opportunity to question any persons who appear at the hear right to bring witnesses to speak in your favor. You should bring to the hearing any documents such receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in pr Note: If you request a hearing, a hearing will be scheduled: however, if at the hearing the hearing officer determines that

you are not complaining about an incorrect computation of your public assistance grant, the hearing officer may

determine that you did not have a right to a hearing on your public assistance grant.

<u>CONTINUING YOUR BENEFITS</u>: If you request a fair hearing before the effective date stated in this notice receive your benefits unchanged until the fair hearing decision is issued unless at the hearing the that the only thing you are complaining about is the change in State Law or Regulation. If the hear the hearing that the only thing you are complaining about is the change in State Law or Regulation, to notice will take effect immediately.

If you lose the fair hearing, you will owe any public assistance and food stamps that you should not box(es) below if you wish to indicate that you do <u>not</u> want your aid continued and send this parequest. If you do check the box(es), the action(s) described will be taken on the effective date as appropriate program.

I do not want the following benefits to continue unchanged until the fair hearing decision is iss

+-+ +-+ +-+ Food Stamps

<u>LEGAL ASSISTANCE</u>: If you need free legal assistance, you may be able to obtain such assistance by co Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advo Yellow Pages under "Lawyers".

<u>ACCESS TO RECORDS</u>: To help you get ready for the hearing, you have a right to look at your case file. us, we will send you free copies of the documents from your file which we will give to the hearing of Also, if you call or write to us, we will send you free copies of other documents from your file which

Notice of Intent to Increase Your Public Assistance and Decrease Your Food Stamps, 6/98 Earned Income Disregard Increase (ROS)

Case Number: Loc. Off./Unit/Worker: / /

General Telephone No. for Questions or Help:

PUBLIC ASSISTANCE: This Notice is to tell you that this agency intends to INCREASE your benefits effective June 1, 1998 due to a change in the amount of the earned income disregard.

This is because our records show that someone in your household has earned income which is counted a assistance needs. Under State law (Social Services Law 131-a(8)(a)(iii)), the percentage of incode disregarded from your earned income must be adjusted annually beginning in June 1998. The new and income disregard reflects the changes in the most recently issued poverty guidelines issued by the Ur of the Census. Under the law, effective June 1, 1998, we cannot count the first \$90 in earned income of the remainder. For example, if you have \$400 in earned income we could not count \$229.50 (the \$139.50 which is 45% of the remainder).

Recoupment - If you have been notified previously that a recoupment is being taken against your grant will continue at the same percentage rate.

The law which allows us to do this is Social Services Law 131-a(8)(a)(iii).

FOOD STAMPS: We count your public assistance grant against your food stamps. Your food stamp benefit because your public assistance grant is increasing. For every \$3 your public assistance grant increasing Stamps may decrease by about \$1. For example, if your public assistance goes up \$30, your food stabout \$10.

The Regulation which allows us to do this is 18 NYCRR 387.12.

MEDICAL ASSISTANCE: Your Medical Assistance benefits will continue unchanged.

The Regulation which allows us to do this is 18 NYCRR 360-3.3.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.

<u>RIGHT TO A CONFERENCE</u>: You may have a conference to review these actions. If you want a conference, for one as soon as possible. At the conference, if we discover that we made the wrong decision information you provide, we determine to change our decision, we will take corrective action and notice. You may ask for a conference by calling us at the number on the top of this notice or by request to us at the address listed at the top of this notice. This number is used only for asking <u>It is not the way you request a fair hearing</u>. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing de request a fair hearing in the way described below. A request for a conference alone will <u>not</u> result is benefits. Read below for fair hearing information.

<u>RIGHT TO A FAIR HEARING</u>: If you believe that the above action(s) are wrong, you may request a State fair hearing by:

1. Telephoning:

(PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

+-+

I want a fair hearing. The agency's action is wrong because:

Name of client (PRINT)		
Signature of Client		Date
Client Address		
Client Phone Number	County	
Case Number		

For Public Assistance, you have 60 days from the date your June 1998 Public Assistance benefits bec request a fair hearing. For Food Stamps, you have 90 days from the date your June 1998 Food Sta available to request a fair hearing.

The date your June 1998 benefits become available is:

o The date you can access your public assistance and food stamp benefits with your plastic CBIC ca

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

If you request a hearing, a hearing will be scheduled: however, if at the hearing the hearing office you are not complaining about an incorrect computation of your public assistance grant, the hear determine that you did not have a right to a hearing on your public assistance grant.

<u>CONTINUING YOUR BENEFITS</u>: If you request a fair hearing within 10 days after your June 1998 food stamp available, your food stamps will be reinstated to the amount you received before the change untidecision is issued. However, if you lose the fair hearing, you will owe any food stamps that you received. We are required by Federal Law to recover any food stamp overpayments. We must make a claany food stamps you receive that you were not entitled to, which may be collected by reduction of f allotments, lump sum installment payments or through legal action. If you want to avoid this possibithe box below. You can also indicate over the telephone or in a letter that you do not want reinstat stamps. If you check the box below, your benefit will not be reinstated to the amount it was before stamp issuance while you are waiting for your fair hearing.

If at the hearing, the hearing officer determines that you are not complaining about an incorrect complete benefits or that there has been a misapplication or misinterpretation of Federal Law or regulat officer may determine that you were not entitled to have your food stamp benefits continue unchanged hearing decision is issued, and order that the reduction take effect immediately.

+-+

+-+ I do not want my benefits reinstated and continued unchanged until the hearing decision is issued.

<u>LEGAL ASSISTANCE</u>: If you need free legal assistance, you may be able to obtain such assistance by local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of

<u>ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS</u> To help you get ready for the hearing, you have a right to case file. If you call or write to us, we will provide you free copies of the documents from your