

ASSISTANCE TO MEET AN IMMEDIATE NEED OR A SPECIAL ALLOWANCE

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE				
CASE NUMBER	CIN NUMBER					
CASE NAME (And C/O Name if Present) AND ADDRESS						
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____				
		OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____				
		OFFICE NO.			UNIT NO.	
		WORKER NUMBER		UNIT OR WORKER NAME		TELEPHONE NUMBER

1

On _____ you asked for help with:

A special need of: _____

An immediate need of: _____

We will help you by: _____

Meeting your need in the following way: _____

Doing the following, since this is **not** a need of yours that must be met today: _____

If this box is checked, you are responsible for repaying \$ _____ as shown:

This amount must be repaid to us in accordance with the agreement to repay which you signed on _____.

You must repay the amount that is more than the DSS shelter maximum of \$ _____ for your family size of ____ for each month of arrears that DSS agreed to pay.

We **cannot** help you because: _____

The LAW(S) AND/OR REGULATION(S) which allow us to do this _____

This is a follow-up to our notice dated: _____

2

On _____ you asked for help with:

A special need of: _____

An immediate need of: _____

We will help you by: _____

Meeting your need in the following way: _____

Doing the following, since this is **not** a need of yours that must be met today: _____

If this box is checked, you are responsible for repaying \$ _____ as shown:

This amount must be repaid to us in accordance with the agreement to repay which you signed on _____.

You must repay the amount that is more than the DSS shelter maximum of \$ _____ for your family size of ____ for each month of arrears that DSS agreed to pay.

We **cannot** help you because: _____

The LAW(S) AND/OR REGULATION(S) which allow us to do this _____

This is a follow-up to our notice dated: _____

3

On _____ you asked for help with:

A special need of: _____

An immediate need of: _____

We will help you by: _____

Meeting your need in the following way: _____

Doing the following, since this is **not** a need of yours that must be met today: _____

If this box is checked, you are responsible for repaying \$ _____ as shown:

This amount must be repaid to us in accordance with the agreement to repay which you signed on _____.

You must repay the amount that is more than the DSS shelter maximum of \$ _____ for your family size of ____ for each month of arrears that DSS agreed to pay.

We **cannot** help you because: _____

The LAW(S) AND/OR REGULATION(S) which allow us to do this _____

This is a follow-up to our notice dated: _____

Note: If you are being approved for a special allowance to meet expenses (such as transportation) necessary to attend education or training programs, this allowance may vary based on your actual attendance in the program. If you do not meet a satisfactory attendance standard or make satisfactory progress in the program, this allowance may be withheld. If your allowance changes, you will get a separate notice telling you this and explaining why.

Public Assistance – If you are also applying for public assistance, you will also get a separate notice from us telling you of the decision on your application. If you are getting public assistance and your request for more help is denied, your ongoing public assistance case will not be affected.

Food Stamps – If you get assistance, your household's Food Stamp benefits may change. If your benefits are changed, you will get a separate notice telling you this and explaining why.

Medical Assistance

If you need help with your medical bill, you must apply separately for medical assistance. If you want more information about eligibility for medical assistance, call the phone number listed above.

Your medical assistance coverage stays the same.

Your application for medical assistance is being reviewed. We will send you our decision within 30 days.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

Enclosure YOU HAVE THE RIGHT TO APPEAL THIS DECISION - BE SURE TO READ THE BACK OF THIS NOTICE TO APPEAL THIS DECISION

DISTRIBUTION: White -CLIENT/FAIR HEARING COPY Yellow – CLIENT COPY Pink – AGENCY COPY

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes.

You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
 2. Ask for a State fair hearing with a State hearing officer.
1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
 2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

If this notice is telling you that you must repay Public Assistance because you signed a repayment agreement, or because the shelter arrears that DSS agreed to pay is more than the DSS shelter maximum, and if you do not agree that you must repay or you do not agree with the amount DSS says you must repay, you must call for a fair hearing. If you do not call for a fair hearing, you cannot claim in the future that the agency's decision that you owe the debt was wrong. The time limit for calling for a fair hearing on the issue of the repayment is the same as the limit for any Public Assistance action this notice is telling you about, 60 days.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

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

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your 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 file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that 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 us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

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.

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 us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.