

NOTIFICATION OF TEMPORARY ASSISTANCE WORK REQUIREMENTS DETERMINATION (EXEMPT)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ <hr/> OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

PART 1 (Medical)

_____ HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE _____ because according to medical evidence he/she is currently unable to work due to a medical issue. The Department of Social Services may require additional evidence in the future to evaluate his/her ability to work. The Department may also require him/her to participate in a treatment program or other services that could restore or improve the ability to work.

IF THIS SECTION (PART 1) IS CHECKED, YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

PART 2 (Other than Medical)

_____ HAS BEEN DETERMINED TO BE EXEMPT FROM PARTICIPATING IN TEMPORARY ASSISTANCE WORK ACTIVITIES EFFECTIVE _____ because he/she is

- _____ Pregnant and within thirty days from the expected date of delivery.
- _____ The parent or other caretaker of a child under three months of age who is personally providing care for the child and who has not already been exempt for this reason for twelve months. This exemption may be extended for up to twelve months based on local policy.
- _____ Sixty years of age or older.
- _____ Under the age of nineteen and attending secondary, vocational or technical school full-time.
- _____ Needed in the home to care for a medically verified ill, incapacitated or disabled household member and no other appropriate household member is available to provide the care.

This means that _____ will not be assigned to a work activity as long as he/she remains exempt from work activities. However, he/she may be required to provide additional evidence in the future to determine if he/she continues to be exempt.

IF THIS SECTION (PART 2) IS CHECKED, YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING. Please see the REVERSE of this page for instructions describing how to request a fair hearing.

The law and regulations that allow us to do this are Social Services Law 332-b and 18 NYCRR 385.2.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

Enclosure

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

NAME:	ADDRESS:	CASE NUMBER:
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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IMPLICATIONS: This notice applies only to your requirement to participate in temporary assistance work activities. You may or may not be required to participate in SNAP Employment and Training (SNAPET) activities. You were notified of the SNAP employment responsibilities and exemptions in the LDSS-4148A: *What You Should Know About Your Rights and Responsibilities, Book 1*. If you have any questions about your SNAP employment requirements, ask your worker.

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. If we made a mistake, we will correct it. 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.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These 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. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

- 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. **If you ask for a conference you are still entitled to a fair hearing. If you do not want to have to comply with work requirements until a fair hearing decision is issued, you must request a fair hearing in the way described below. A request for a conference alone will not remove your requirement to participate in work activities.**
- STATE FAIR HEARING – YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN DETERMINED TO BE EXEMPT BECAUSE YOU ARE UNABLE TO WORK DUE TO A MEDICAL CONDITION (IF PART 1 IS CHECKED). YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN DETERMINED TO BE EXEMPT FOR A NONMEDICAL REASON (IF PART 2 IS CHECKED).**

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** 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

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, New York.

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

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in 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.

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, write or fax to 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 to us, we will send you free copies of other 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, or 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.

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.