

**NOTIFICATION OF TEMPORARY ASSISTANCE WORK REQUIREMENTS DETERMINATION  
(NONEXEMPT)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> <div style="border-top: 1px solid black; border-left: 1px solid black; width: 40%; height: 40%;"></div> <div style="border-top: 1px solid black; border-right: 1px solid black; width: 40%; height: 40%;"></div> </div>		<b>OR</b> 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-NONEXEMPT)**

\_\_\_\_\_ has been evaluated for health-related barriers and has been determined to be **NONEXEMPT** from participating in temporary assistance work activities effective \_\_\_\_\_ because according to medical evidence he/she is not currently disabled, work limited, or otherwise unable to participate because of a health-related issue and is able to participate fully in work activities. This means that you must participate in work activities.

**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 (MEDICAL-WORK LIMITED)**

\_\_\_\_\_ has been evaluated for health-related barriers and has been determined to be **NONEXEMPT but WORK LIMITED** from participating in temporary assistance work activities effective \_\_\_\_\_.

This means that you must participate in work activities that are within your medical limitations. If a treatment plan is recommended to address your medical limitations, you may be required to participate in it. This determination that you are not exempt but work-limited is based on a determination by a licensed physician or other medical professional that \_\_\_\_\_

\_\_\_\_\_

**If this section (Part 2) 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 3 (NONEXEMPT- OTHER THAN MEDICAL)**

\_\_\_\_\_ has been determined to be **NONEXEMPT** from participating in temporary assistance work activities effective \_\_\_\_\_ and must participate in work activities because \_\_\_\_\_

\_\_\_\_\_

**If this section (Part 3) 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.

**DUTIES OF A NONEXEMPT PERSON**

As a person who is nonexempt from temporary assistance work requirements, you are expected to meet one or more of the requirements listed below as assigned by this Agency. The purpose of these requirements is to assist you in finding and keeping a job so that you will no longer need temporary assistance.

- You must conduct an active job search and give evidence of such efforts when requested.
- You must accept referral to or an offer of any employment in which you are able to engage.
- You must participate in an assessment and an employment plan.
- You must accept referral to and participate in work activities as assigned by the social services district or its designated provider of such programs and services.
- You must continually seek employment and provide evidence of such if requested by the social services district.

If you willfully and without good cause refuse or fail to comply with the above listed requirements, you or your household may be disqualified from receiving public assistance or a portion of its public assistance for a period for up to six months and longer, depending on the type of assistance you receive, the program in which you were required to participate and the number of times you have been disqualified in the past.

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

**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](http://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.

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. **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.**

2. **STATE FAIR HEARING**

**YOU HAVE 10 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN EVALUATED BECAUSE OF A CLAIMED OR SUSPECTED MEDICAL CONDITION AND DETERMINED TO BE NON-EXEMPT (IF PART 1 OR PART 2 IS CHECKED). YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING IF YOU HAVE BEEN DETERMINED TO BE NON-EXEMPT FOR A NON MEDICAL REASON (IF PART 3 IS CHECKED).**

**WORK REQUIREMENTS:** If you request a fair hearing within ten (10) days of the date of this notice you will not have to comply with work-related requirements even if these requirements were assigned to you before you decided to request a hearing, unless and until a fair hearing decision is issued which finds that you are not exempt from employment requirements.

**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. \_\_\_\_\_)

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**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.ny.gov/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.

**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.