

BROWNSVILLE CENTER
94 FLATBUSH AVENUE
BROOKLYN, NY 11217

**NOTICE OF DECISION ON YOUR
PUBLIC ASSISTANCE, SUPPLEMENTAL
NUTRITION ASSISTANCE AND MEDICAL
ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

PROGRAM CODE = 073

NOTICE NUMBER: N0300J1407		DATE: June 6, 2014		CASE NUMBER: 008011813G	
OFFICE 073	UNIT	WORKER 00912	UNIT OR WORKER NAME BERNARD SHAW		TELEPHONE NO. 718-876-4567

<u>AGENCY TELEPHONE NUMBERS</u>		<u>CASE NAME / AND ADDRESS</u>
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>718-237-7202</u>	SAMUALJAMES 1074 LAFAYETTE AVE, 2ND BROOKLYN, NY 11221
OR Agency Conference	<u>212-555-0073</u>	
Fair Hearing information and assistance	<u>212-620-9893</u>	
Record Access	<u>212-555-0073</u>	
Child/Teen Health Plan	<u>212-555-0073</u>	

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

In the fall of 2014, there will be a period of time when your EBT card will not work for cash or food purchases, or to withdraw cash for as long as 24 hours while NYS changes EBT vendors. You will need to plan your cash and food purchases, and cash withdrawals, accordingly. When known, the exact date(s) and projected timeframe for the downtime will be posted on OTDA's (www.otda.ny.gov), on myBenefits (www.mybenefits.ny.gov), on the EBT helpline (1-888-328-6399) and on the OTDA helpline (1-800-342-3009).

PUBLIC ASSISTANCE

You will continue to get the **SAME AMOUNT** of public assistance benefits: \$468.00. Even though we figured your public assistance benefits again, it did not change the amount of public assistance benefits you get.

Your monthly public assistance benefit of \$468.00 will be distributed as follows:

- o Restricted shelter payment : \$657.60

If you have any changes in your household such as increased housing costs or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.

Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.

This decision is based on Regulation 18 NYCRR 352.29 and Social Services Law 131-a(14).

How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o Your gross income of is more than , which is 185% of your needs. The way we figure your gross income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Gross Amount</u>
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- o Your income of is more than , which is the amount of your needs. The way we figure your income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
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- o Your net income of includes a lump sum and is more than , which is the amount of your needs. This makes you ineligible for assistance from to . This period of ineligibility is calculated by dividing your monthly needs into the amount of your net income to determine the number of months your income should be enough to meet your needs. In the first month following this period, you should still have of income to be applied toward your needs. The way we figure your income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
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- o Your income of is more than , which is the amount of your needs. The way we figure your income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
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- o The way we figure your income and needs is shown below:

<u>Person's Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
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Total Earned Income we count.....
Total Unearned Income we count...
Total We Count.....

- o Your needs are based on the following information:
- o To figure your monthly income, we multiply your weekly income by 4 & 1/3, or your bi-weekly income by 2 & 1/6, or your semi-monthly income by 2, or use the monthly income amount which you provided.
- o We do not count the first \$90 of gross earned income from . Individuals in Safety Net Assistance cases, with no dependent children receiving assistance in the case, do not receive an additional disregard of gross earnings.
- o There is 1 person in your Public Assistance case.
- o There are people in your Public Assistance case.
- o There are children under 18 years old in your case.
- o There is one child under 18 years old in your case.
- o There is 1 person in your Public Assistance suffix.
- o There are people in your Public Assistance suffix.
- o There is at least one person in your household who gets public assistance in a different case. You have told us that no members of either case are legally responsible for a member(s) of the other case. You have also told us that you and the member(s) of the other public assistance case do not pool your money, or do not share expenses, or do not eat meals together.

This means that your basic allowances are figured on , the number of people in your case. However, your shelter allowance is figured on / of the limit for a person household. This is because you are not in a temporary housing situation.

- o There is at least one person in your household who gets public assistance in a different case. You have told us that you and the member(s) of the other public assistance case pool your money, share expenses and eat meals together. For that reason, your case and the other public assistance case(s) must be figured together.

This means that your basic allowances are figured on / of the limit for a household of .

Your allowance for shelter is figured on the limit for a person household. This is because you are in a temporary housing situation.

- o A person in the case is a minor parent (an 18, 19 or 20 year old parent) who lives with his or her own parent(s). Because parents are responsible for their children until they reach age 21, this person's needs are not included in the shelter allowance.
- o There is at least one person in your household that gets public assistance in a different case.

When a member of one case is legally responsible for a member(s) of the other case or if you tell us that you and the people in the other public assistance case pool your money, share expenses and eat meals together and you are not in a temporary housing situation, the case budgets must be figured together.

Your allowance is figured on / of the limit for a person household.

- o There is at least one person in your household who is not on public assistance and who is a legally responsible relative (LRR) to a member of your case. A LRR is a spouse, or a parent of a child under age 21.

If the LRR is a person who receives SSI, the person's needs are subtracted from the public assistance limit and the SSI income is NOT counted in the public assistance budget. This is true only if the case is non-federally funded Safety Net Assistance. For example, if a wife is eligible for public assistance and the husband receives SSI, the needs limit for the wife would be 1/2 of the limit for two people.

If the LRR does NOT receive SSI, but has income that is more than his or her needs, the LRR's needs are included in the public assistance limit and the income is counted in the budget.

- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o Your household does not include a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o There is 1 person not living with you now, who is included to figure what we allow for housing and fuel.
- o There are people not living with you now, who are included to figure what we allow for housing and fuel.
- o There is 1 person not living with you now, who is included to figure what we allow for housing.
- o There are people not living with you now, who are included to figure what we allow for housing.
- o is being taken from your public assistance benefit due to 0 person(s) not complying with a public assistance rule.
- o is being taken from your public assistance limit due to Learnfare requirements.
- o Your household pays for housing.
- o Your household pays for water.
- o We allow for your share of the water expense.
- o According to our records, you are homeless.
- o We allow for housing.

- o Your household must pay for housing. This payment includes a 30% contribution limit on the amount of income that certain individuals pay toward housing.
- o You pay for heat.
- o You pay for heat.
- o Your heat is included in your housing costs.
- o Someone else pays for your heat.
- o is included for Refrigerator Rental.
- o is included for Chattel Mortgage.
- o is included for Child Care Allowance For Non-PA Non Legally Responsible Caretaker.
- o is included for Home Delivered Meals.
- o is included for Pregnancy Allowance.
- o No one in your suffix is at least four months pregnant.
- o is included for Restaurant Allowances.
- o is included for Essential Persons.

- o The shelter supplement is not included in the amount of your needs when we decide if your income is enough to meet your needs.
- o person(s) in your household did not help to establish paternity or get child support for your child(ren), so is subtracted from your needs.

SUPPLEMENTAL NUTRITION ASSISTANCE

Beginning June 6, 2014, your SNAP benefits will be **CHANGED** from \$189.00 to \$91.00. This is because:

- o The federal standards used to calculate your SNAP benefits have changed. This decision is based on Regulation 18 NYCRR 387.12(f).

How we figured your SNAP Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$91.00 for the month of July, 2014.
- o There is 1 person in your SNAP household.
- o You pay \$625.74 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o Because you have phone costs, we allow the standard of \$33.00.
- o You have no allowable medical expenses.
- o You have no individuals in your household that are enrolled in a Medicare approved Prescription Drug Discount Card program.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
STEVEN W. SAMUALJAMES	SSI	\$808.00

Public Assistance	\$0.00
Total Income:	<u>\$808.00</u>
Countable Income:	<u>\$325.26</u>

MEDICAL ASSISTANCE

We will continue Medical Assistance coverage unchanged for:

<u>Name</u>	<u>Client I.D. #</u>
STEVEN W. SAMUALJAMES	XG42738A

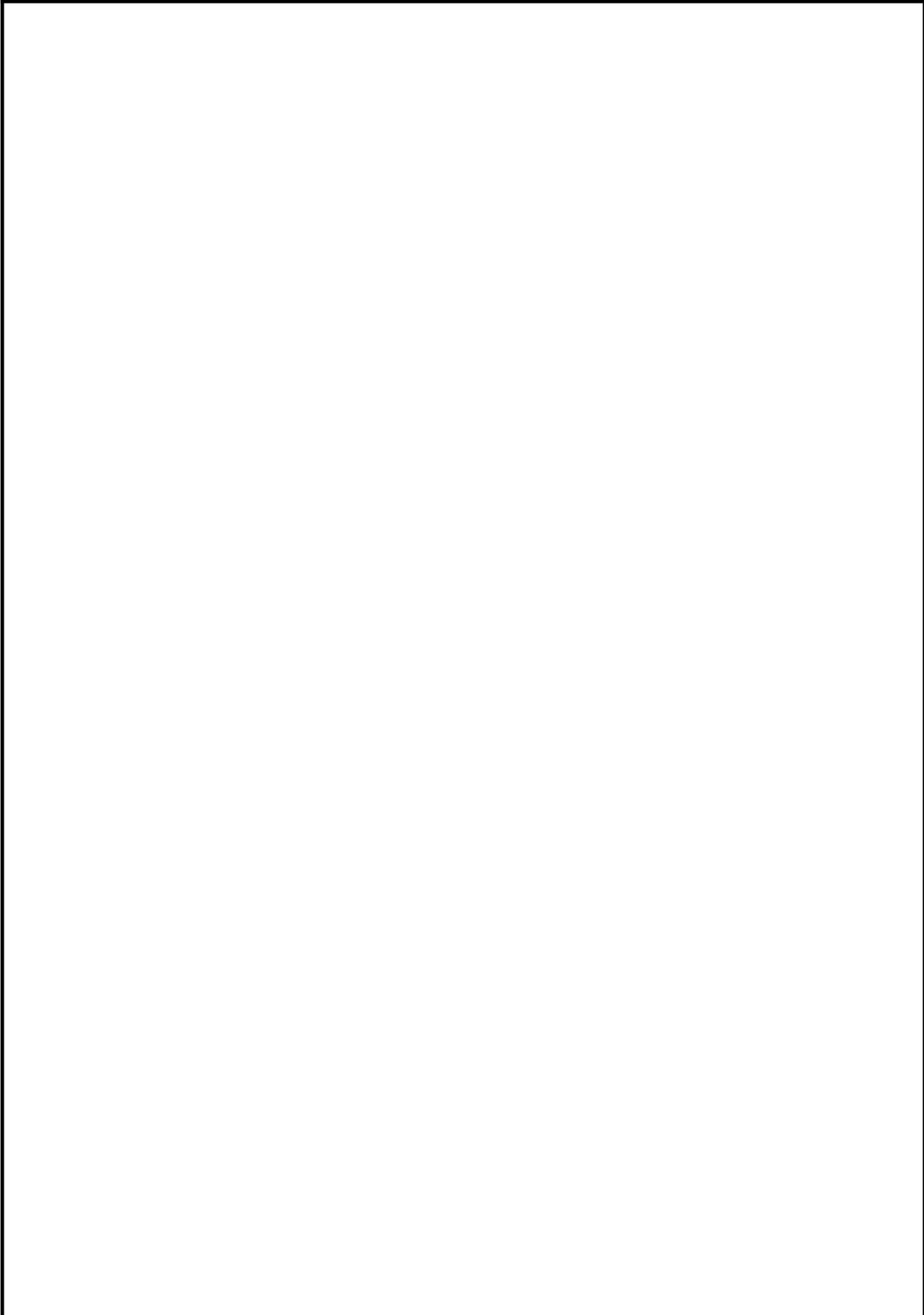
These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.

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CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by August 5, 2014. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by August 5, 2014. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by September 4, 2014. This is the deadline even if you asked for a meeting (conference) with us.

Keeping your Benefits the Same

We will restore your SNAP benefits to the same level they were before this notice if you ask for a fair hearing by June 16, 2014. However, if you lose the hearing you will have to pay back any SNAP benefits you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334

When you call, please tell the worker the number of this notice which is

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

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.)

Name : SAMUALJAMES
Address : 1074 LAFAYETTE AVE, 2ND
BROOKLYN, NY 11221

District/Office No: 66/073
Notice No. : N0300J1407
Case Number: 008011813G
Telephone : 718-231-3371

/_/ I do not want to "keep my benefits the same" until the Fair Hearing decision is issued. ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



N0300J1407.

- OR FAX:** Send a copy of this notice to fax no. (518) 473-6735.
- OR ONLINE:** Complete the online request form at:
<http://www.otda.ny.gov/oah/forms.asp>
- OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which 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 or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting:

BEDFORD-STUYVESANT COMMUNITY LEGAL SERVICES CORPORATION, 1368-90 FULTON STREET, 2ND FLOOR, BROOKLYN, NY 11216
Telephone: (718) 636-1155
LEGAL AID SOCIETY, 166 MONTAGUE ST, BROOKLYN, NY 11201
Telephone: (718) 722-3100

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax 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 us, we will send you free copies of 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 your 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.

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201**

