ALBANY PA DISTRICT DEFAULT
1234 ANYSTREET
ALBANY, NY 12034-1234

NOTICE OF RECERTIFICATION FOR
PUBLIC ASSISTANCE AND
SUPPLEMENTAL NUTRITION ASSISTANCE.

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

NOTICE NUMBER:	DATE:	CASE NUMBER:
U0102L7889	May 7, 2014	MAW17RCTRK

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
40N	WMS	MAW	TESTING ALBA PROGRAM PA	800-111-2222

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	518-123-1234
OR Agency Conference	518-123-1234
Fair Hearing information and assistance	518-123-1234
Record Access	518-123-1234
Child/Teen Health Plan	518-123-1234

CASE NAME / AND ADDRESS

40N/WMS/MAW

MAW17RCTRK MS
40 NORTH PEARL
ALBANY, NY 12243

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.

NYS is in the process of changing your EBT. This change or conversion to a new EBT system will require NYS to turn-off the current EBT system sometime during the Fall of 2014 for about 24 hours, starting at 11pm on a Friday night. This means you must plan your cash and food purchases before the EBT system is turned off. Please be advised that more information will be released prior to the conversion weekend on OTDA website @ www.otda.ny.gov, www.mybenefits.ny.gov the EBT helpline the EBT helpline number @ 1-888-328-6399 and OTDA hotline number @ 1-800-342-3009.

PUBLIC ASSISTANCE AND SUPPLEMENTAL NUTRITION ASSISTANCE

This letter is to tell you that you must have a face-to-face recertification interview to help us figure out if you can still get public assistance and SNAP benefits.

Your interview is on Monday, June 2, 2014 at 2:00 p.m.

Your interview will be conducted at: ALBANY COUNTY
DEPT OF SOCIAL SERVICES
123 OFA STREET
ALBANY NY 12345

We have enclosed a recertification form which you must fill out and bring to your interview.

You will need to explain about the people in your home. You will need to prove that the people who get assistance live in your home. You will need to show proof of expenses (such as rent, utilities, child care), proof of any income you get, proof of any assets you have and proof of any changes in your living situation such as change in household size. If you need any help getting any proof, please let your worker know as soon as possible.

WHAT HAPPENS IF I DO NOT COME TO THE INTERVIEW?

CONTINUED ON THE NEXT PAGE ...

Public Assistance

If you do not come to your interview, we will think that you do not want public assistance. We will then close your public assistance case. We will send you a notice telling you the closing date.

If you cannot come to the interview, please call the above telephone number before the interview date so we can set up another interview.

Medical Assistance

A face-to-face interview is not required to continue your Medical Assistance. However, you must report any changes in address, income, resources or household size to this Department.

SNAP benefits

You will not get SNAP benefits after **July 31, 2014** unless you reapply. If you cannot come to the interview, you must set up a new interview date by calling the above telephone number.

You have the right to request that the SNAP in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, residency in a rural area, prolonged severe weather or work or training hours that prevent you from coming in during regular office hours.

If you, a member of your household, or your authorized representative do not turn in your recertification form, come for an interview and give any required documentation, you will not get SNAP benefits unless you apply again and are eligible.

If any proof is still needed after your interview, you will be told what you need to give us and you will have at least ten days to give it.

You can mail or bring in the recertification form before your interview. If you do this by July 15th and you are still eligible, you will get SNAP benefits without a break. You should fill out as much of the recertification form as you can. It must be accepted if it has at least your name, your address (if you have one) and your signature. In addition, if you turn in a recertification form by the 15th of the month, we must interview you by the end of that month in order for you to get SNAP benefits without a break. If you do not apply again or do not get interviewed, your SNAP benefits will stop without us sending you another notice.

SNAP Rights

- You have the right to ask for an application for SNAP benefits. This office must accept the application as long as it is signed and has a readable name (and address if you have one).
- You have the right to apply for SNAP benefits in person, by mail or through an authorized representative. An interview may be required.
- If all members of your household are now getting Supplemental Security Income (SSI) or plan to apply for SSI, you may apply for SNAP benefits at the Social Security Office instead of turning in your recertification form at the SNAP office. If you choose to do this, the Social Security Office must also get your application by July 15th. They will interview you and send your application and supporting documents to the SNAP office to see if you can still get SNAP benefits.

This decision is based on Regulation 18 NYCRR 387.17.

You have the right to appeal the decision on SNAP benefits. Be sure to read the back of this notice on how to appeal.

What Happens To My Child Care If My PA Case Closes?

If you are no longer PA eligible or your PA case is closing, you need to let your worker know if you need Child Care Assistance to continue. Your worker will determine if you are eligible to continue to receive Child Care Assistance.

Below are two of the Child Care Assistance Programs for which you may be eligible. Your worker can explain both of these to you. If you are not eligible for either

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of these two programs, ask your worker if you are eligible for any other child care assistance.

Guarantee of Child Care in Lieu of (Instead of) Public Assistance

This program helps working families who are financially eligible to receive PA and need child care to work, but choose to receive child care assistance instead of PA. If you are eligible for PA, but choose not to continue receiving PA, then you may be eligible for Child Care In Lieu of PA. If you are earning at least minimum wage, you must be earning at least the following amount of money (or if you are self-employed, your gross receipts less allowable deductions must be at least the following amount). If you are a single parent, you must have earnings/receipts of at least $127/week or $550/month. If you are a two-parent family, you must have gross earnings/receipts of at least $181/week or $784/month.

If you are in a job where minimum wage is not required and you are not making minimum wage, you must work at least a minimum number of hours per week. If you are a single parent, the minimum hours must be at least 17.5 hours per week. If you are a two-parent family, the minimum combined number of hours is 25 per week.

If you are a two-parent family with one parent who is employed and earning the minimum wage or more per hour or, are self employed that parent must earn at least $127 per week or $550 per month and the other parent is in a job where minimum wage is not required that part must work at least 7.5 hours per week.

This program does not have a time limit. Families may receive Child Care In Lieu of PA for as long as they remain eligible. You will be required to pay part of the cost of child care. This is called your family share. The amount you will pay depends on your income and the size of your family.

Transitional Child Care (TCC)

This program helps working families who are no longer financially eligible to receive PA and need child care in order to work. If your family is receiving PA, but your PA case is closing due to an increase in earned income or child support, or you have voluntarily closed your PA case and you are no longer financially eligible for PA, you may be eligible for TCC. If your family is receiving Child Care in Lieu of PA you may also be eligible for TCC when you become financially ineligible for PA. To be eligible for TCC, families must have been receiving PA (or Child Care in Lieu of PA), for 3 of the past 6 months prior to your PA case closing. Families may be eligible for assistance through TCC for up to 12 months after the family becomes ineligible for PA.

*** IMPORTANT:** Please have your landlord complete the enclosed Shelter Verification form (DSS 3668). Return the completed form by mail or to your worker when you appear for your interview.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The New York Medicaid program must tell you how we use, share, and protect your health information. The New York Medicaid program includes regular Medicaid, Medicaid Managed Care, and Family Health Plus. The program is administered by the New York State Department of Health and the Local Department of Social Services.

A copy of the Notice may be obtained at your local Department of Social Services. It is also available at:

http://www.health.state.ny.us/health_care/medicaid/publications/docs/inf/06inf-03att1.pdf

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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.

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your SNAP benefits, 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.

How to Request a Fair Hearing

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

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 U0102L7889.

OR FAX: Send a copy of this notice to fax number **(518) 473-6735**

OR ONLINE: Complete the online request form at: **http://www.otda.ny.gov/oah/forms.asp**

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.

(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 : **MAW17RCTRK MS**
Address : **40 NORTH PEARL**
ALBANY, NY 12243

District No: **01**
Notice No. : **U0102L7889**
Case Number: **MAW17RCTRK**
Telephone : **518-123-4567**

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

CONTINUED ON THE NEXT PAGE ...

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:

ADV NO 14, 14 JHGD, WKJDH, NY 12453
Telephone: (518) 999-0014
ADV NO 13, 13 LKDFSJ, WQLKDJ, NY 12563
Telephone: (518) 999-0013
ADV NO 12, 12 ANY AVE, ASSDJKBASDJK, NY 12345
Telephone: (518) 999-0012
ADV NO 1, 123 ANY ST, ALBANY Y, NY 12345
Telephone: (518) 111-1111
ALBANY LEGAL AID, 528 CENTRAL AVE, ALBANY, NY 12208
Telephone: (518) 462-5501
TEST ADVOCATE CONTACT DATA 12838, XXXX, YYYY, ZZZZ, NY 12838
Telephone: (518) 777-8888
W, T, Q, NY 12210
Telephone: (518) 234-0456
ONTARIO COMM ACTION, 124 ONTARIO ST, 234 CENTRAL AV, ALBANY, NY 12208
Telephone: (518) 004-0009
TEST ADVOCATE, 1234 ANYSTREET, ALBANY, NY 12022
Telephone: (518) 747-9440
LEGAL AID SOCIETY OF NORTHEASTERN NY, 55 COLUMBIA STREET, ALBANY, NY 12207
Telephone: (518) 462-6765

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 which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file 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 us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 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 telephone numbers 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.

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

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WHAT IF I NO LONGER WANT OR NEED ASSISTANCE?

If you do not want or need public assistance, SNAP benefits, medical assistance and/or child care assistance, please tell us.

If you want any of these benefits to stop, check the box(es) below next to the benefit(s) and tell us the reason. It is important for you to tell us why you want your case closed because, depending on the reason, you may be able to get medical assistance for up to a year. You may also be able to get help with your child care. Sign, date and send back this form to the Social Services district at the address shown on page 1 of this notice, if you no longer want or need assistance.

CHECK BELOW IF YOU DO NOT WANT OR NEED ANY OF THE FOLLOWING BENEFITS:

[ ] I do not want or need **PUBLIC ASSISTANCE.** If you check this box but still want SNAP benefits, you must submit a recertification application in the way explained in the SNAP section of this notice. Your medical assistance will continue unless you also check below. If you check this box and still want/need Child Care Assistance, you must contact your worker so that your eligibility for Child Care Assistance can be determined.

[ ] I do not want or need **SNAP benefits.**

[ ] I do not want or need **MEDICAL ASSISTANCE.**

[ ] I do not want or need **CHILD CARE ASSISTANCE.**

List Reason: _____

_____

_____

SIGNATURE: _____

DATE SIGNED: _____ **CASE NUMBER:** MAW17RCTRK

LDSS-3668 (Rev. 2/10) **SHELTER VERFICATION**

Local District Name and Address:	Case Number:	Worker ID:
	Case Name and Address:	

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

Please complete this questionnaire beginning with Section A below. Thank you for your cooperation.

SECTION A: SHELTER DESCRIPTION

	Type of Dwelling (Check One)	
Address:_____	☐ Hotel/Motel	☐ Room in Private Home
City:_____	☐ Apartment (# ___)	☐ Commercial Rooming House Are Meals Included? ☐Yes ☐No
Zip Code:_____	☐ House ☐ Trailer	
County:_____	No. of Bedrooms: ____	Is any part of the room rent used for heat or utilities? ☐Yes ☐No

SECTION B: HOUSEHOLD COMPOSITION

Number of people living in this rental unit: _____

Names	How long has this person lived here?	Names	How long has this person lived here?

Does anyone listed above have a telephone? ☐Yes ☐No Number: _____	Is anyone listed above employed? ☐ Yes ☐ No Name: _____ Employer:_____
Does anyone listed above perform any services for you for which he/she receives a lower rent? ☐ Yes ☐ No If yes, explain: _____	Do you have any employment opportunities for a member of this household? ☐ Yes ☐ No If yes, explain: _____

SECTION C: SHELTER EXPENSES

Rental Amount: $_____ Due: ☐ Weekly ☐ Monthly ☐ Every 2 weeks ☐ Twice a month	Is rent paid up to date? ☐Yes ☐No Last month that rent was paid in full: ____
Name of person(s) paying rent: _____ Name of Tenant of Record: _____ (If different from person paying the rent)	Is rent subsidized? (e.g. HUD) ☐Yes ☐No If yes, amount subsidized: _____ Subsidizing agency: _____

Check the following which are included in the rent:

☐ Heat ☐ Electricity ☐ Hot Water ☐ Air Conditioning ☐ Furniture ☐ Garbage Collection

☐ Stove ☐ Refrigerator ☐ Water/Sewer ☐ Cooking Fuel ☐ Meals ☐ Heating Equipment

If heat is **not included** in rent, check the primary type of fuel used for heating :

☐ Natural Gas ☐ Kerosene ☐ Propane ☐ Coal ☐ Wood ☐ Electricity ☐ Oil

Does the furnace/stove heat:

☐ Only this apartment ☐ Entire House ☐ Other (Specify): _____

Does the tenant pay to you an amount, separate from the rent, for heat?

☐ Yes ☐ No If yes, list monthly amount:_____

If no, does the tenant pay the vendor directly for heat? ☐ Yes ☐ No

Does the tenant pay to you an amount, separate from the rent, for water?

☐ Yes ☐ No If yes, list monthly amount: _____

Does the tenant pay to you an amount, separate from the rent, for other non-heating utilities?

☐ Yes ☐ No If yes, list monthly amount: _____

If tenant pays for non-heating utilities, are there separate meters for the tenant's apartment?

☐ Yes ☐ No

To your knowledge, does anyone that lives outside of the household pay all or part of the rent and/or utilities?

☐ Yes ☐ No If yes, please explain: _____

SECTION D: LANDLORD INFORMATION

Does Landlord live in the same apartment/ rental unit as tenant? ☐ Yes ☐ No	Date Tenant moved in / will move in:
Relationship to Tenant:	Landlord's Name:
Landlord's Address:	Landlord's Telephone Number:
Landlord's Signature:	Landlord's E-mail Address:
Date:	Owner's Name (If different than landlord):
Owner's Address:	Owner's Telephone Number: Owner's E-mail Address:

Domestic Violence Information for all Temporary Assistance Applicants

This information is intended to help you determine if you are a victim of domestic violence and to consider ways to help keep yourself and your family safe and self-supporting.

Are you in danger of your partner or ex-partner doing any of the following:

- Physically hurting you – for example, pushing, grabbing, slapping, hitting, choking, or kicking?
- Forcing you to have sex when you don't want to or to do sexual things you don't want to do?
- Threatening to hurt you, your children or someone close to you?
- Constantly putting you down or telling you that you are worthless?
- Stalking, checking up on you or following you?
- Making you afraid?

What kinds of help are available?

Temporary Assistance: You must meet certain requirements to be eligible for temporary assistance. If you are a victim of domestic violence and believe meeting those program requirements may put you or your children at risk of harm or make it more difficult to escape the abuse you may request a temporary delay (waiver) of certain requirements. For example: meeting all or some employment, child support enforcement or drug and alcohol assessment and treatment requirements may be temporarily delayed. You may complete the Domestic Violence Screening Form and request to see a Domestic Violence Liaison to determine your eligibility for a temporary waiver.

Services: You can call a 24 hour domestic violence hotline for information about emergency shelter, support groups, counseling and your legal rights.

In NYC call: 1-800-621-4673

In any other area of NY State call: 1-800-942-6906

ALL Spanish speaking callers may call: 1-800-942-6908

Local Domestic Violence Hotline Number

NOTICE ATTACHMENTS

DSS-3174	(Rev. 5/05)	...RECERTIFICATION for PUBLIC ASSISTANCE - MEDICAL ASSISTANCE - FOOD STAMPS.
PUB-1313	(Rev. 5/05)	...HOW TO COMPLETE THE SOCIAL SERVICES RECERT FORM.