New York State

WHAT YOU SHOULD KNOW ABOUT SOCIAL SERVICES PROGRAMS

Questions and Answers

BOOK 2

(LDSS-4148B)

Also See

BOOK 1 (LDSS-4148A)
"WHAT YOU SHOULD KNOW ABOUT YOUR RIGHTS AND RESPONSIBILITIES"
(When Applying For or Receiving Benefits)

and

BOOK 3 (LDSS-4148C)
"WHAT YOU SHOULD KNOW IF YOU HAVE AN EMERGENCY"

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PLEASE NOTE:

This book tells you many of the ways your local department of social services may be able to help if you or your family is in need.

Please remember that these programs and services have Federal or State rules that must be followed.

This should not keep you from asking about these programs and services when you or your family needs help.

SECTION A TEMPORARY ASSISTANCE

Q. What Is Temporary Assistance?

A. Temporary Assistance is temporary help for needy adults and children. If you are unable to work, can't find a job, or your job does not pay enough, Temporary Assistance may be able to help you pay for your expenses. Temporary Assistance programs include Family Assistance and Safety Net Assistance.

Q. If I Have Or Get A Job, Can I Still Get Help?

A. You can work and still get Temporary Assistance if your income is under a certain amount.

- If your case is closed because your income is over a certain amount, you **may** still be able to get help with child care and Medical Assistance.
- You may be able to get Food Stamp Benefits (**See "Food Stamp Benefits", Section D of this Book)** and Services **(See "Services", Section G of this Book).**
- If you get a job, you must notify your local department of social services worker within 10 days.

Q. Can I Get Help To Get A Job?

A. When you apply for or get Temporary Assistance and/or Food Stamp Benefits, you may be able to get help with:

- job search or job placement services to help you find a job
- job readiness services to help you obtain the skills you need to find a job
- education, especially if you have not finished high school or do not have a high school equivalency diploma (G.E.D.)
- training
- child care, so you can work, take part in work activities or education or training programs approved by the local department of social services
- transportation and other work related expenses that are necessary for you to participate in assigned work activities

Q. What If I Have An Emergency And I Need Help Right Away?

A. You may be able to get help right away. Be sure to tell your worker that you think you have an emergency. **(See Book 3 (LDSS-4148C) "What You Should Know If You Have An Emergency".)**

Q. What Kinds of Expenses Will Temporary Assistance Help Me Pay?

- Food and clothing costs
- Rent or mortgage costs
- Heat, gas, electricity, water and other utilities
- Other special needs such as:

  - Meals

    You may get extra money for restaurant meals or home-delivered meals if you are unable to fix meals at home.

  - Pregnancy

    If you are pregnant, you may be able to get extra money. You can get this money from your fourth month of pregnancy to the end of your pregnancy if you give your worker a medical note. The medical note must say that you are pregnant and give the date your baby is due. You cannot get this extra money for any month before you give your worker the medical note.

- Transportation and other work-related support services

  You may be able to get help with transportation or other work-related expenses, which are necessary for you to participate in assigned activities. For example, if you take part in an education or training program approved by the local department of social services, you may be able to get help with certain expenses, such as child care, transportation or work-related clothing, which are needed for you to participate in the approved activity. **(See the Question, "Can I Get Extra Help When I Take Part In Training or Education?" in this book.)**

- Housing and Household-Related Items

  You may be able to get help for any of the following:

  (1) To prevent eviction or to pay your rent, mortgage or taxes that you have owed for a period of time before you applied for Temporary Assistance

  (2) If you must move from where you now live, you may be able to get help for:
  - Storing furniture and other personal things you own
  - Broker's or finder's fees
  - A rent security deposit or security agreement
  - Moving expenses

  (3) Repair of needed household items such as heating equipment, stove or refrigerator

  (4) You may be able to get help to buy needed furniture or other household items if:
  - A family member returns home after being discharged from an institution or from foster care.
  - You must move for health and safety reasons and cannot find a furnished apartment or home.
  - You need the items to set up your household.

  (5) If you own your own home, you may be able to get help for property repairs that are needed for your health and safety.

  (6) If you lose your furniture or clothing in a fire, flood or other natural disaster, you may be able to get help to replace these household items or clothing.

NOTE: Most people who can get Temporary Assistance will also get Medical Assistance and Food Stamp Benefits if requested.

Q. What Are The Temporary Assistance Programs?

A. 1. **Family Assistance** provides Temporary Assistance to eligible needy families that include a minor child living with a parent (including families where both parents are in the household) or a caretaker relative. It is operated under federal Temporary Assistance for Needy Families (TANF) guidelines.

Under Family Assistance, eligible adults are limited to receiving benefits for a total of 60 months in their lifetime, including months of TANF-funded assistance granted in other states. Months of cash Safety Net Assistance (#2 below) also count toward the 60-month lifetime limit. Once this limit is reached, that adult and all members of his or her Family Assistance household are ineligible to receive any more Family Assistance benefits. The months need not be consecutive, but rather each individual month in which TANF-funded benefits (or cash Safety Net Assistance) are received is included in the lifetime count. The counting of this 60-month limit began in December 1996.

Each person who is applying for or receiving Family Assistance, is also required to cooperate in good faith with the State and local social services district in establishing the paternity of a child born out of wedlock, in efforts to locate any absent parent or putative father, in establishing, modifying and enforcing orders of support; and in obtaining support payments or any other payments or property; as a further condition of eligibility for Family Assistance. Failure to cooperate without good cause will result in a reduction of Family Assistance benefits.

2. **Safety Net Assistance**

If you are not eligible for other assistance programs, you may be eligible for Safety Net Assistance.

Safety Net Assistance is for:

- single adults
- childless couples
- children living apart from any adult relative
- families of persons found to be abusing drugs or alcohol
- families of persons refusing drug/alcohol screening, assessment or treatment
- persons who have exceeded the 60-month limit on assistance
- aliens who are eligible for Temporary Assistance, but who are not eligible for federal reimbursement.

Generally, you can receive Safety Net Assistance in cash for a maximum of two years in a lifetime. The count for this time limit began in August 1997. After that, if you are eligible for Safety Net Assistance, it will be provided in non-cash form, such as a two-party check or a voucher. In addition, Non-Cash Safety Net Assistance is provided for:

- families of persons found to be abusing drugs or alcohol
- families of persons refusing drug/alcohol screening, assessment or treatment
- families with an adult who has exceeded the 60 month lifetime time limit

NOTE: Individuals who apply for or receive Temporary Assistance are required to participate as soon as possible in work activities as assigned by the local department of social services. Individuals who are determined exempt from work requirements due to a medical condition may be required to participate in a treatment program or other services which could restore or improve the ability to work. Failure to comply with work requirements, willfully and without good cause may result in the reduction or discontinuance of Temporary Assistance and/or Food Stamp Benefits.

Q. How Do I Apply For Temporary Assistance?

A. If you live outside of New York City, call or visit your local department of social services and ask for an application package. If you live in New York City, call or visit your local Income Support/Job Center. You must fill out the Application and turn it in. Remember, you may turn in **(file)** the Application the same day you get it.

Q. What Happens When I Apply For Temporary Assistance?

A. You will have an interview to find out if you are able to get Temporary Assistance. You will be asked to prove certain things. **(See Book 1 (LDSS-4148A) "What You Should Know About Your Rights And Responsibilities.")**

You may be required to participate in an interview to find out what types of work you are able to do. We may also discuss the activities and services, including education and training activities that are available, which may help you get a job.

During the interview, you will be asked:

- About your education, training and work history
- What types of jobs you are able to do, and your preferences
- To talk about and agree to an employment plan just for you
- The child care or other work related services, such as transportation, that you may need in order to participate in work activities, including employment

Unless you are determined by the local department of social services to be exempt from participation in work requirements, you must participate in work activities as assigned by the local department of social services. Individuals who are applying for or receiving Temporary Assistance and are able to work are expected to continually look for a job and take a job when one is available.

Q. What Happens If I Only Want Temporary Assistance For Children That Live With Me Who Are Not My Biological Or Adopted Children?

A. Many people have children living with them who are not their children, for example, a grandparent who has grandchildren living with them, or a neighbor who is caring for their neighbor's children in the absence of the parents. If you have a child living with you who is not your child, you may apply for Temporary Assistance (TA) on behalf of that child. This type of TA case is called nonparent caregiver and provides a cash grant to be used for the care of the child.

Here are some things to consider if you are in this situation:

- State and federal laws require certain information be provided for any household that applies for TA. This means even if only one person in the household applies, the entire application must be completed. Also, your household may be eligible for Food Stamps, Medicaid, Child Care or Services. If you are also applying for these other programs, the information from filling out the entire application will help your worker to determine your eligibility for these other programs. You may choose, however, to apply for only Medicaid, Child Care or Food Stamp Benefits. Also, if your household is determined ineligible for TA for the children and you are applying for Food Stamp Benefits and Medical Assistance, your eligibility for Food Stamp Benefits and Medical Assistance will be separately determined.
- Your income and resources will not be considered when determining the TA grant for the child in your care. The only time your income and resources will be counted is if you are applying for TA also. Even then it will not count against the TA grant for the child you are caring for. Nonparent caregiver grants are based exclusively on the income and resources of the applying children.

- You will have to provide information on who lives with you, where you live and what expenses, income and resources the child has. If you are a non-parent relative of the child you are applying for, you will be asked to state your income and resources, but you do not have to provide proof of them unless you are also applying. You will be asked this information because it is a federal requirement that local social services districts obtain this information.
- You must cooperate with the requirements of the Child Support Enforcement program for any application for temporary assistance for your child(ren). You also have the right to claim good cause not to actively pursue child support if pursuing child support would adversely affect: you or your child(ren)'s health, safety or welfare. If you are afraid that the parent from whom you are seeking child support enforcement services will harm you or the child, let the temporary assistance worker know immediately. The worker will advise you of what you need to do to obtain a domestic violence waiver from child support cooperation requirements.

Q. If I Am The Caregiver Of A Child Who Lives With Me And Who Is Not My Biological Or Adopted Child, And I Need Additional Help Or Resources To Care For The Child, Can You Tell Me Where To Find Them?

A. The NYS Kinship Caregiver Program has been created to form a statewide network of community-based supportive programs that promote household stability and permanency through services for kinship caregivers and their kin. The Program includes 13 community-based programs, located in different parts of the State that provide services to help kinship caregivers who are raising their kin. Families providing informal kinship care, kin who are legal guardians or custodians of a child, as well as those providing kinship foster cares, are eligible to be served by these programs. Services offered may include:

- Counseling
- Legal information
- Support groups
- Respite
- Parenting skills
- Education advocacy
- Child Medicaid Information
- Case management
- Budgeting & tax information
- Housing
- Referrals
- Child-only payment information

In addition, a 14th program, the NYS Kinship Navigator Program, provides information and referral services to assist caregivers and the children in their care. A caregiver residing anywhere in New York can call a toll free number or go to a website to find information about the services that are available in or near their county. Trained specialists are also available to assess caregiver's needs and develop a plan of action. The Kinship Navigator Program can be reached, toll-free **1-877-6463 (1-877-4KinInfo**) Monday thru Friday from 9:30 am to 4:30 pm, or online via the Internet at "**http://www.nysnavigator.org/."**

Q. What Happens If I Apply For Temporary Assistance And I Feel I Am Unable To Work Or Participate In Work Activities Because Of A Medical Condition?

A. An individual who applies for Temporary Assistance and claims he/she is unable to work or participate in work activities because of a medical condition may be required to provide documentation from their doctor. The individual may also be required to participate in a medical examination which is completed by another doctor as arranged by the local department of social services to evaluate the individual's medical condition, to identify any limitations that the individual may have and to identify medical care, rehabilitation or treatment that may help restore or improve the individual's ability to work. The local department of social services will review the medical documentation available and inform you in writing of their decision as to whether you are required to participate in work activities (non-exempt or work limited) or are exempt from work requirements. This notice will also inform you of the right to request a fair hearing if you disagree with the local department of social services decision on your ability to work or participate in work activities and the timeframes in order to request a fair hearing.

Q. Are There Certain Individuals Who Are Not Eligible For Temporary Assistance?

A. Yes, Temporary Assistance cannot be given to individuals who:

1. are under the age of eighteen, who are not married, are caring for a child, but have no children under twelve weeks of age in their care, and who have not successfully completed or are not working towards a high school diploma or its equivalent, or not participating in an alternative program approved by your worker.
2. have been convicted in federal court of having made a fraudulent statement or representation with respect to their place of residence in order to receive Temporary Assistance from two or more states. The period of ineligibility is ten years.
3. are fleeing to avoid prosecution or custody or confinement under the laws of the place from which the individual flees for a crime or attempts to commit a crime which is a felony under the laws of the place from which the individual flees, or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that state.
4. are violating a condition of probation or parole imposed under federal or state law.
5. are penalized by an individual or program sanction because of failure to comply with certain eligibility rules.

Q. Can I Get Temporary Assistance If I Am Not A Citizen Of The United States?

A. If you are not a citizen of the United States, you must document that you are an alien in one of the categories listed below in order to be eligible for Temporary Assistance (some aliens may only get Safety Net Assistance):

1. a United States (U.S.) non-citizen national; or
2. an American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA); or
3. a member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S. C. 450b(e)); or
4. an alien admitted to the United States as a refugee under Section 207 of the Immigration and Nationality Act; or
5. an alien granted asylum under Section 208 of the Immigration and Nationality Act; or
6. an alien whose deportation has been withheld under Section 243(h) of the Immigration and Nationality Act as in effect prior to April 1, 1997, or whose removal has been withheld under Section 241(b)(3) of the Immigration and Nationality Act; or
7. an alien admitted to the United States as a Cuban and Haitian entrant; or
8. an alien admitted as an Amerasian immigrant; or
9. an alien admitted as a Hmong or Highland Laotian, including the spouse and dependent children, or,
10. an alien who is on active duty in the U.S. armed forces, or an honorably discharged veteran, their spouse or dependent children, or the unremarried surviving spouse and unmarried dependent children of an active duty member or veteran who has died; or
11. an alien who has been admitted as a lawful permanent resident; or
12. an alien who has been paroled into the United States under Section 212(d)(5) of the Immigration and Nationality Act, for a period of at least one year; or
13. an alien who has been granted conditional entry under Section 203(a)(7) of the Immigration and Nationality Act, as in effect prior to 4/1/1980; or
14. an alien who has been battered or subject to extreme cruelty in the United States by a family member and who meets certain other requirements; or
15. an alien who has been subjected to a Severe Form of Trafficking in Persons under the Victims of Trafficking and Violence Protection Act of 2000; or
16. an alien not listed above who is considered to be Permanently Residing in the United States Under Color of Law (PRUCOL), including:
    a. an alien paroled into the United States for less than one year;
    b. an alien residing in the United States pursuant to an Order of Supervision under Section 241(a)(3) of the INA;
    c. an alien granted cancellation of removal pursuant to Section 240A of the INA;
    d. an alien granted deferred action status, which defers their departure;
    e. an alien granted “K3” or “K4” visa established under the Legal Immigration Family Equity Act (LIFE Act);
    f. an alien granted “V” visa status under the LIFE Act;
    g. an alien granted “S” visa status;
    h. an alien granted deferred action as interim relief for a “U” visa; and
    i. an alien who demonstrates that s/he entered and has continuously resided in the United States since January 1, 1972 pursuant to Section 249 of the INA.

Q. What If An Undocumented Alien Lives In My Household?

A. Aliens who do not have documents that permit them to reside legally in the United States are eligible only for certain kinds of emergency benefits. When citizens or aliens who are legally present in the country live together with undocumented aliens all members of the household must be listed on the application. Any person who does not sign the certification in the application that he/she is a citizen or an alien with satisfactory immigration status cannot receive Temporary Assistance. However, if otherwise eligible, the rest of the household is entitled to benefits. NOTE: If the U.S. Citizenship and Immigration Services (USCIS) has made a final determination that a member of the household is illegally present in the country (for example, if USCIS has issued a final order of deportation) and that person applies for benefits, we will notify USCIS.

Q. Can I Get Extra Help When I Take Part In Training Or Education?

A. If you are receiving Temporary Assistance and/or Food Stamp Benefits and are participating in a training or education program approved by the local department of social services, you **may** be able to get extra help to pay for costs related to participation in training or education programs such as:

- Child care
- Work-related clothing
- Tuition, books and supplies
- Transportation
- Work tools

Q. What Happens If I Get A Job?

A. If you get a job, you may still be able to get Temporary Assistance and/or Food Stamp Benefits depending on how much you make.

If you have a child living with you, a large portion of your earned income may not be counted toward your Temporary Assistance.

If you get a job, and make enough money so that you no longer get Temporary Assistance, you may be able to get the following:

- Child Care and/or Medical Assistance for up to one year **(See "Transitional Help", Section E of this Book)**
- Food Stamp Benefits **(See "Food Stamp Benefits", Section D of this Book)**
- Earned Income Credits **(See "Other Benefits", Section H of this Book)**

Q. Can I Get Help With An Expense Which, If Not Paid, May Cause Me To Lose My Job?

A. You may be eligible for a "diversion payment". This is a payment which would deal with a specific crisis situation or episode when such a payment would enable the individual or a family to avoid the need for ongoing assistance. In order to be eligible for a "diversion payment" you must be without available financial resources of your own to meet the need. *Examples* of "diversion payments" are employment-related expenses, including employment-related transportation expenses, or relocation costs to a living arrangement that will allow the individual or family to be self-sufficient.

Q. What Will Happen If I Do Not Agree Or Fail To Take Part In A Required Employment Program?

A. If you are able to work and you willfully and without good cause, fail or refuse to participate in a required employment program, you could lose Temporary Assistance, Food Stamp Benefits, and other services. Before you lose your Temporary Assistance, Food Stamp Benefits or other services, you may be offered a meeting, called a Conciliation Conference or Agency Conference, to discuss why you failed or refused to participate.

You will not lose your Temporary Assistance, Food Stamp Benefits, or other services if you have good cause for failing or refusing to participate. You may be asked to provide documents to support your claim of good cause for not participating in an employment program as required by the local department of social services. You also have a right to a Fair Hearing. For how to request a Fair Hearing, **see Book 1 (LDSS-4148A) "What You Should Know About Your Rights And Responsibilities".**

Q. Does Everyone Who Lives With Me Have To Apply For Temporary Assistance?

A. When you apply for Temporary Assistance all of your children who live with you (under the age of 18) must also apply. If anyone else living in your household is a blood related or adoptive parent or blood-related or adoptive brother or sister (under age 18), of your children, they must also apply and have their income and resources applied toward the Temporary Assistance household. This is called the Filing Unit Rule. In addition, a parent cannot apply for Temporary Assistance without also applying for his or her children living with the parent.

Q. What Happens If My Child Gets Social Security Benefits?

A. If any of the children in your household have or must apply for Social Security benefits, and you are applying for Temporary Assistance for these children, you should know the following:

Congress and the Social Security Administration have deemed it legal for you to spend the Social Security benefits of a child in your care on that child's parents and siblings if they want to apply for or are in receipt of Temporary Assistance benefits. This means that the Social Security benefits will be counted as income to the filing unit and can be used for basic household expense items, such as food and shelter, in addition to providing for the child's immediate needs.

Q. If I Am Found Eligible, How Do I Access My Temporary Assistance Benefits?

A. You will receive a brochure entitled "EBT How to use your Benefit Card to get Food Stamp and/or Cash Benefits."

- You must access your cash benefits from participating retailers or Automatic Teller Machines (ATMs) that display the QUEST logo. To find the location of a non-surcharging participating retailer, or ATM that does not surcharge, call toll free **1-800-289-6739.**
- You will use your Common Benefit Identification Card (CBIC) and Personal Identification Number (PIN).
- Your regular monthly cash grant will be split into two benefits per month (if over $25.00).
- You will be given a form that will tell you your availability dates for each of your cash grants.
- Benefits can be used throughout the month. Unused benefits carry over in your cash benefit account from month to month.
- If your cash account goes unaccessed for a 90 consecutive day period, any cash benefits in the account that are at least 90 days old will be removed (expunged) and returned to the agency. You may ask your worker to reissue any expunged cash benefits for which you are eligible.
- Remember to check your receipts after any Electronic Benefit Transfer (EBT) transaction.

Q. Is There A Limit On How Long I Can Get Temporary Assistance?

A. There are two time limits on Temporary Assistance in New York State.

1. **State sixty-month time limit -** In New York State this time limit includes the following Temporary Assistance Programs:
   - Cash benefits received since December 1996 under the Aid to Families with Dependent Children (AFDC), Family Assistance (FA), Safety Net Assistance (SNA), Child Assistance Program (CAP) and the Refugee Cash Assistance (RCA) programs.
   - Temporary Assistance benefits from other states under the federal Temporary Assistance for Needy Families (TANF) Program.
   - Non-cash Safety Net benefits received by families in which the adult is required to participate in substance abuse treatment programs.
2. **Twenty-four month cash Safety Net time limit –** This time limit includes all cash Safety Net Assistance payments received since August 1997.

NOTE: Once you have reached the 24-month time limit you are only eligible for non-cash benefits.

NOTE: TANF assistance received in other states may include time periods before December 1996.

NOTE: If you are HIV positive or have an incapacity that prevents you from working you may be exempt from time limits.

NOTE: Temporary Assistance time limits do not affect your Food Stamp Benefits or Medical Assistance.

Q. I Believe I Am A Victim of Domestic Violence. How Can This Agency Assist Me?

A. You must meet certain requirements to be eligible for Temporary Assistance. However, if you are a victim of domestic violence and you think that meeting one or more of the Temporary Assistance requirements would put you or your children at further risk of harm, you may request a meeting with a domestic violence liaison to address the risk of harm. Some requirements can be waived if necessary. Your Temporary Assistance worker can give you more information during your interview.

Additionally, you can call a 24-hour hotline for information about emergency shelter, support groups, and counseling. These services will help keep you and your children safe.

To get information and referrals to your local domestic violence services provider you may call the following numbers, toll-free, 24 hours a day:

In New York City call **1-800-621-HOPE (1-800-621-4673)**

In any other area of New York State call the NYS Domestic Violence Hotline at **1-800-942-6906**

(**Spanish-speaking** call toll free **1-800-942-6908).**

A Services caseworker can also arrange for you to get this information.

Q. As An Alien Lawfully Residing In The United States, How Will My Sponsor's Income And Resources Affect My Eligibility And Grant?

A. The income and resources of the sponsor who signed an affidavit of support after December 1997 will be deemed available to you when determining eligibility for Family Assistance. If you are eligible, only the amount actually contributed by the sponsor is considered income for purposes of calculating your Temporary Assistance benefit. However, under the revised federal sponsorship agreement, the local department of social services will request and pursue reimbursement from the sponsor. This information as to the sponsor's obligation will be shared with the federal government.

Q. What Happens If Someone In My Household Has Resources That Are Not Counted Towards Temporary Assistance Eligibility?

A. Resources include, but are not limited to, real property, personal property, cash, bank accounts, insurance policies, trust funds, automobiles, etc. The resource limit for TA is $2,000.00 for a household. If the household contains a member who is disabled, or age 60 or over, the resource limit is $3,000.00.

Some resources such as Earned Income Tax Credit (EITC) payments, undergraduate educational grants and loans, bank accounts for a first or replacement vehicle to seek, obtain or maintain employment and savings from Supplemental Security Income are exempt resources. These funds should be kept in accounts separate from other funds. If they are not kept separate they could be counted toward the resource limit for your household.

For example, if someone in your household receives Supplemental Security Income (SSI) they should have a separate account for the SSI money to be deposited in. This way, the SSI money will not be counted toward your resource limit.

Q. What Happens If I Have Income That I Receive Regularly But Not Every Month? (For Example, Income That Only Comes In Once A Year)?

A. If you have earned or unearned income that is received on a regular periodic basis you should use the income in equal amounts for each month until the next payment is received.

For example, if you receive an annuity (once a year payment) of $1,200.00, you should use $100.00 every month for 12 months. Your worker would also budget $100.00 every month toward your monthly Temporary Assistance grant.

SECTION B MEDICAL ASSISTANCE

Q. What Is Medical Assistance (Also Called Medicaid)?

A. Medical Assistance is help for people who cannot pay for all of their medical care.

- Medicaid provides health care coverage for children and adults and who have income and resources below certain levels.
- Family Health Plus provides health care coverage for persons age 19 through age 64 who have incomes too high for Medicaid.
- The Family Planning Benefit Program provides family planning services, certain health education and related medical care to people of childbearing age who have income below certain levels. (See the Question and Answer "**Can Medical Assistance Help Me Get Family Planning Services?**" later in this section on Medical Assistance.)
- The Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). offers people with disabilities who are working, and earning more than the allowable limits for regular Medicaid, the opportunity to retain their health care coverage through Medicaid.

Q. Who May Get Medicaid?

A. You may get Medical Assistance if you:

- meet certain income, resource, age, disability or other requirements.
- generally, are eligible for Temporary Assistance or Supplemental Security Income (SSI).

Q. How Do I Apply For Medicaid?

A. You must fill out an application and check the Medicaid box.

- An application for Temporary Assistance is not an application for Medicaid. Persons who get Temporary Assistance do not automatically get Medical Assistance. If you want both Medicaid and Temporary Assistance, **you must check both boxes on the application.**
- When you are getting Supplemental Security Income (SSI), you do not have to apply separately for Medicaid If you want Medical Assistance before you get SSI, you must apply.
- If you wish to apply for family planning services only, you may apply at a Medicaid enrolled family planning provider who has an agreement with the local department of social services to accept applications. Your local department of social services will be able to provide you with a listing of these locations, or you may call tool free **1-800-541-2831.**

If you want to apply for Medicaid, you must do one of the following:

- If you live in New York City, call the Human Resources Administration Info Line at **(718) 557-1399** or **toll free 1-877-472-8411** for information about how and where to apply.
- If you live outside of New York City, call or visit your local department of social services in the county where you live and ask for an application packet.
- If you are a resident of a New York State Office of Mental Health or Office of Mental Retardation and Developmental Disabilities living arrangement, contact the office listed after the type of facility:
  - New York State Office of Mental Health facility - Patient Resource Office; or
  - New York State Office of Mental Retardation and Developmental Disabilities facility - Revenue Support Field Office
- If you are pregnant or applying for young children, call toll free at **1-800-522-5006**.
- Additional information concerning applying for Medicaid is available on the Internet at: **www.nyhealth.gov** and click on Medicaid.

There are enrollment facilitators throughout New York State who can assist you with applying for Medicaid. For the name of the organization nearest you, call toll free **1-800-698-4543** or toll free **1-877-934-7587**.

Q. How Can Medicaid Help Me?

A. Medicaid may help you pay for:

- Health Insurance Premiums
- Hospital inpatient and outpatient services
- Home health care
- Laboratory and X-ray services
- Nursing home care
- Treatment and preventive health and dental care (doctors and dentists)
- Family planning services
- Treatment in psychiatric hospitals (for persons under 21, or 65 and older), mental health facilities, and mental retardation and developmental disabilities facilities
- Medicine and supplies
- Clinic services
- Emergency ambulance transportation to a hospital
- Other health services

Medicaid may also help pay for the following, but you or the person/facility providing the service must have the service **approved ahead of time (prior approval)**:

- Transportation to medical appointments, including bus tokens and car mileage
- Personal care
- Private Duty nursing
- Certain dental care
- Durable medical equipment (wheelchairs, orthopedic shoes, etc.)
- Long term home health care, under the Long Term Home Health Care Program **(LTHHCP).** This is care in the home that is very much like nursing home care for people who require home care for more than 90 days and who need nursing or therapy services. (This program is not available in all local departments of social services).
- Home and community based services in special programs that help you stay at home so you do not need to go to a nursing home.

If you are pregnant or have a child, the following programs may be able to help you:

- **Prenatal Care Assistance Program (PCAP)** If you are pregnant, the **Prenatal Care Assistance Program** can help you get the care you need to have a healthy baby. You can have a higher income and still get care from Prenatal Care Assistance Program**.** There is no limit to the amount of resources you may have. At your first Prenatal Care Assistance Program visit, a worker will help you apply for Medical Assistance. For more information about this program, call the Healthy Baby Hotline at **1-800-522-5006**.
- **WIC** - You may also get **WIC** (Special Supplemental Food Program for Women, Infants and Children) –The **WIC** Program provides helpful information about nutrition and the importance of eating healthy foods. The **WIC** program provides checks that can be exchanged in participating stores for infant formula, milk, juice, eggs, cheese, cereal, peanut butter, dry peas and beans.

For more information about the WIC Program and where you can apply, call **1-800-522-5006**.

- **Managed Care Plans** will also help you to find a doctor who can give you prenatal care and will continue to see you for follow-up after your pregnancy. Managed Care Programs also provide the Child/Teen Health Plan Services for children and adolescents.

Child/Teen Health Plan For Children

All children need a "medical home". A medical home is the doctor, nurse, physician's assistant or healthcare team who takes care of your child's health as he or she grows and develops from an infant to a toddler, to a preschooler, and all throughout childhood and adolescence. A medical home is the place you always bring your child for a check up or when your child is sick. And a medical home is the place where you go with questions and concerns about your child's health and development.

Child/Teen Health Plan - The Child/Teen Health Plan helps you find a "medical home". It is a way for children and teens to receive preventive care (checkups), medical exams and follow-up care they need to make sure they are healthy and growing right.

The **Child/Teen Health Plan** is for children from birth up to age 21 who have Medical Assistance. It is free of charge.

The **Child/Teen Health Plan** gives your children:

- Complete medical exams
- Tests to see if your child is growing and developing and doing the right things for his or her age
- Blood lead level testing
- Hearing, lab, and eye tests
- Any shots they may need
- Dental care
- Necessary treatment for a condition or illness found during an examination, such as asthma, cystic fibrosis, diabetes, sickle cell anemia and vision and hearing problems

For more information about this program, or for help finding a doctor for your child, ask the **Child/Teen Health Plan Services** coordinator at your local department of social services.

Q. If I Move To A New County, Do I Have To Reapply To Get Medical/FHPlus?

A. No. If you move, you must notify your local department of social services of your new address. If there are no other changes in your circumstances that affect your eligibility. Your Medicaid case will be transferred to your new county of residence.

Q. Can Medicaid Help Me Get Family Planning Services?

A. Yes. If you are of childbearing age and are eligible for Medical Assistance or Family Health Plus, family planning services are included. If you were denied or terminated from Medical Assistance and/or Family Health Plus, you may be eligible for the Family Planning Benefit Program because the income level is higher and there is no resource limit. You can also apply for the Family Planning Benefit Program only, without applying for Medical Assistance or Family Health Plus.

The Family Planning Benefit Program (FPBP) provides Medical Assistance coverage for family planning services to eligible persons of childbearing age based on their income. Both the application process and the services provided are confidential.

If you are eligible, you will have access to family planning services from all Medical Assistance enrolled family planning providers. These services include: all FDA approved birth control methods, devices, and supplies, comprehensive reproductive health history and physical/gynecological examination, male and female sterilization, pregnancy testing and counseling, and preconception counseling. If you are eligible, coverage will begin on the first of the month in which you apply.

Most local county health departments, publicly-supported family planning clinics, and Prenatal Care Assistance Program providers (Medicaid enrolled family planning providers) may assist you in completing the application and obtaining required documentation. Eligibility for the Family Planning Benefit Program will continue for 12 months unless eligibility circumstances change. After the 12 months you will receive a renewal form in the mail. For more information about this program, call or visit your local department of social services and ask for an application. You may be able to apply at a family planning provider's office. To find out where a participating family planning provider is in your area, you may call **1-800-541-2831**. (See the description of Family Health Plus at end of the Medical Assistance section of this booklet.)

Q What Is The Medicaid Buy-In Program For Working People With Disabilities?

A. Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) offers Medical Assistance coverage for working people with disabilities who have net incomes at or below 250% of the Federal Poverty Level (FPL) and non-exempt resources at or below $10,000. The program is designed to help working people with disabilities retain their healthcare coverage. Depending on your income, you may be asked to pay a monthly premium.

Q. What Are The Eligibility Requirements For The MBI-WPD Program?

A. To qualify for the MBI-WPD program, you must:

- be certified disabled by either the Social Security Administration (SSA) or State or local Disability Review Team; and
- live in New York State; and
- be a U.S. Citizen, a National, a Native American or an Immigrant with satisfactory immigration status; and
- be at least 16 but less than 65 years of age; and
- be engaged in work activity for which all applicable State and Federal income and payroll taxes are paid; and
- meet the income and resource limits (see below); and

- pay a premium, if required.

Q. How Does Medicaid Work?

A. After an application is approved, most persons will get a plastic card called a **Common Benefit Identification Card (CBIC)**. When you get medical care, give this card to the doctor, pharmacist or other person from whom you want help. Your doctor, pharmacist or other person must agree to bill Medicaid and be a Medicaid enrolled provider. Your bills will be sent to the New York State Medical Assistance program to be paid. Persons enrolled in Family Health Plus will receive a card from the health plan that they selected. Eligible persons enrolled in Family Health Plus or a Medicaid managed care health plan must use providers in their health plan for services covered by the Plan.

In most counties in New York, you will have the option to join a managed care health plan. Most counties have mandatory managed care. (See the Question and Answer "What Is A Medicaid Managed Care Health Plan?")

Q. Do I Pay Any Money For My Medical Care?

A. Medical Assistance recipients age 21 or older may be asked to pay part of the costs of some medical care/items. This is called a co-payment or co-pay. Your health care provider is allowed to ask you for the co-payment. For each 12 months beginning April 1, there is a $200 maximum per recipient for all co-payments.

If you are unable to pay the requested co-payment, tell your health care provider when the provider asks you for payment. You can still get the services you need from your provider. The provider cannot refuse to give you services or goods because you tell the provider that you are unable to pay the co-payment. Call 1-800-541-2831 to report any provider who refuses to give you care or services because you are unable to pay the co-payment.

- **Co-payment amounts are as follows:**

Service	Amount($)
Inpatient Hospital	$ 25.00 per stay upon discharge
Outpatient Hospital and Clinic	$ 3.00 per visit
Non-emergency/Non-urgent Emergency Room Visits	$ 3.00 per visit
Prescription Drugs	
(preferred brand name)	$ 3.00
(generic)	$ 1.00
Over-the-Counter Drugs	$ .50
Drugs to treat Mental Illness	NO CO-PAYMENT
Tuberculosis Directly Observed Therapy	NO CO-PAYMENT
Family Planning	$ 1.00 per order/prescription
Nutritional Medical Formulas and Supplies	$ 1.00 per order
Medical/Surgical Supplies	$ .50 per procedure
Laboratory.	$ 1.00 per procedure
X-rays	$ 1.00 per procedure

- **Recipients exempt from a co-payment include the following:**
  - Recipients under the age of twenty-one;
  - Pregnant women (this exemption continues for two months after the month in which the pregnancy ends);
  - Recipients institutionalized in a medical facility who are required to spend all of their income, except for a personal needs allowance, on medical care. This includes all recipients in nursing facilities and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD);
  - Recipients enrolled in Medicaid Managed Care Health Plans except that such persons shall be subject to co-payments for each generic prescription drug dispensed, each brand name prescription drug dispensed, and each over-the counter medication ordered by a recognized practitioner;
  - Residents of New York State Office of Mental Health or Office Of Mental Retardation and Developmental Disabilities certified community residences and recipients enrolled in a Comprehensive Medicaid Case Management Program (CMCM) or in a Home and Community Based Services (HCBS) Waiver Program. Participants in the Long Term Home Health Care program are **not** exempt from co-payments.

- **Services exempt from co-payments include the following:**
  - Emergency services;
  - Family planning services (for example; birth control pills or condoms);
  - Tuberculosis Directly Observed Therapy;
  - Methadone Maintenance Treatment Programs, mental health clinic services, mental retardation clinic services, alcohol and substance abuse clinic services.

NOTE: Co-payments are not charged by practicing physicians and dentists or for home health and personal care services.

NOTE: If you are getting **Family Health Plus**, you have different co-payments. ("See the question "How Much Does It Cost?" In the **FAMILY HEALTH PLUS** subsection in this **MEDICAL ASSISTANCE** section, several pages after this note.)

Q. How Often And How Much Medical Assistance Help Can I Get?

A. The number of times Medical Assistance will pay for visits to doctors or clinics, labs and drug stores may be limited. This limit is called **"Medicaid Utilization Thresholds".** Your worker can tell you if **Medicaid Utilization Thresholds** apply to you.

Q. What Is A Medicaid Managed Care Health Plan?

A. Most counties have a Medicaid Managed Care program through one or more Medicaid Managed Care health plans. When you join a Medicaid Managed Care health plan, you use the providers and hospitals that are in your plan. You choose your own doctor or nurse practitioner who will keep track of all your health care. This person is called Primary Care Provider (PCP). Your Primary Care Provider will send you to a specialist if you need one. Under Family Health Plus, all services are received from managed care plan that you select.

Q. Why Join A Medicaid Managed Care Health Plan?

A. In many counties, you must join a managed care health plan to receive most of your Medicaid health care services. Call your local department of social services to find out if you can join or must join a Medicaid Managed Care health plan. Most Medicaid Managed Care health plans offer more providers to choose from than regular Medical Assistance. You get to choose your own Primary Care Provider (PCP), which means you don't need to use the emergency room for medical care that is not life threatening. Your Primary Care Provider will give you a referral when you need to see a specialist. You can call your Primary Care Provider or a health plan phone number 24 hours a day if you think you need medical care.

If you are pregnant, you will have your own doctor or nurse practitioner who will give you all the medical care and tests that you need. Your newborn baby will get follow-up visits. Your children will also have their very own Primary Care Provider.

There are no co-payments or utilization thresholds except for pharmacy services when you are in a Medicaid Managed Care health plan. You will get your own health plan card that is separate from your Common Benefit Identification Card (CBIC).

More information is available on the New York State Department of Health website at **www.nyhealth.gov** and click Health Insurance Programs, then click Managed Care.

Q. Can Medicaid Pay For Past Medical Bills?

A. We can pay you for some bills you paid before you asked for Medical Assistance – even if the doctor or other provider that you paid does not take Medical Assistance. The following explains when we will pay you for these bills.

What bills can be paid? You can be paid for bills you paid before you asked for Medical Assistance and for bills you pay until you get your Common Benefit Identification Card (CBIC). Bills you paid before you asked for Medical Assistance must be for services you received on or after the first day of the third month before the month that you asked for Medical Assistance. Example: If you ask for Medical Assistance on March 11, we can pay you for services you received and paid for from December 1 until you get your Common Benefit Identification Card (CBIC).

What if the doctor or other provider that you paid doesn't take Medical Assistance? We can pay you for <u>some</u> bills even if the doctor or other provider you paid does not take Medical Assistance. If you paid the bills <u>before</u> you asked for Medical Assistance, we can pay you even if the doctor or other provider does not take Medical Assistance. <u>After</u> the day you ask for Medical Assistance, we can pay you <u>only</u> if the doctor or other provider takes Medical Assistance.

<u>Like public sponsored health insurance, once your application for Medicaid or Medicaid sponsored insurance with a managed care organization is approved, you must go to Medicaid providers or in network health care organizations to be paid for services rendered.</u>

Always ask the doctor or other provider if he or she takes Medicaid. After you ask for Medical Assistance, we will <u>not</u> pay you if the doctor or other provider does not take Medicaid.

Are there more rules? Yes. You also need to know that:

1. The bills you paid must be for services that the Medical Assistance program pays for. These services include, <u>but are not limited to</u>, doctors, home care, hospitals, and drugs.
2. We can only pay what Medical Assistance pays for these services. This may be less than the bill you paid.
3. We can pay you only when we decide you can get Medical Assistance and only if you could have gotten Medical Assistance when you paid the bill.
4. We can pay you only when the bills you paid were for services that you needed.

5. You must give us the bills and prove you paid them.

What if my family or friend paid the bills for me? If your bills were paid by a family member or friend, we may be able to pay them. Ask your worker.

Any questions? Please ask your worker if you have any questions.

Q. Can Medical Assistance Pay For Medical Care I Get Outside Of New York State?

A. Maybe. Medical Assistance will pay for medical care you get out of state if:

- people from your county usually get medical care in that state and you see a provider who is enrolled in and accepts New York State Medicaid; or
- your local department of social services placed or helped place you in a nursing home or foster care in another state; or
- your doctor has gotten approval for you to get medical care out of state (prior approval); or
- you need emergency medical care while traveling in another state, but **only** if the doctor or other person providing care agrees to bill the New York State Medicaid program.

If you are a member of a Medicaid Managed Care health plan, call the health plan member services number on the back of your card to find out how to get services if you are going out of state.

Q. What Is Medicare?

A. **Medicare** is not the same as Medical Assistance (Medicaid). Medicare is a federal insurance program administered by the Social Security Administration that pays for hospital bills (Part A) and doctor bills and some other medical services (Part B), and prescription drugs (Part D). You can apply for Medicare at your local Social Security Office.

Q. Can I Have Both Medicare And Medicaid?

A. Yes. If you are eligible for both programs, Medicare will be billed first and Medicaid will pay for services that Medicare does not cover but that are covered by the Medical Assistance program.

Q. Can Medical Assistance Pay My Medicare Premiums?

A. Yes, under certain conditions, Medical Assistance may pay for Medicare Part A or Part B premiums, coinsurance and deductibles. Medical Assistance does not pay for Part D premiums or co-payments.

Q. If I Have Both Medicare And Medical Assistance, Do I Have To Get My Prescription Drugs Through Medicare Part D?

A. Yes, if you have both Medicare and Medical Assistance, enrollment in Medicare Part D is a condition of eligibility for receiving Medical Assistance. The only exception to this rule is if you or your dependents have other health insurance through a retiree insurance plan, and you have been told that if you enroll in Medicare Part D, you will lose your health insurance coverage. Medical Assistance may sometimes pay for certain prescription drugs that are not available through Medicare Part D.

Q. Should I Cancel Any Other Health Insurance I Already Have?

A. No. Wait and ask this question at your interview.

Q. Can I Still Keep Some of My Income If I Am In A Nursing Home Or Other Medical Facility?

A. Yes. You can keep a small amount for your own personal use. You can also keep some of your income and resources for your family if they are dependent on you.

Q. Are There Higher Income And Resource Limits For Pregnant Women And Children?

A. Yes, if you are pregnant or want help for a child younger than age 19, you can have higher income and your family's resources are generally not considered.

CHILD HEALTH PLUS

If you have children and your income is too high for Medical Assistance, you may want to apply for **Child Health Plus** for your children. You can apply for **Child Health Plus** by calling toll free **1-800-698-4543**.

NOTE: If you are pregnant or want help for a baby under the age of one, there is no limit to the amount of resources the family can have.

Q. What Are Home And Community Based Services (HCBS) Waiver Programs?

A. Home and Community Based Services (HCBS) Waiver, programs permit a state to furnish an array of home and community based services that assist Medicaid-eligible individuals to live in the community and avoid medical institutionalization. These are Medical Assistance programs which may provide special services that are not typically paid for by Medical Assistance. The programs may also have different financial eligibility rules.

New York has HCBS Waiver programs for:

- Developmentally Disabled Adults and Children
- Adults with Traumatic Brain Injuries
- Long Term Home Health Care Program Needs
- Children with Serious Emotional Disturbance
- Children with Severe Physical Disabilities

In 2007 a new HCBS Waiver, "Bridges to Health" (B2H) was approved. The B2H Waiver allows for services to be provided to children who are in foster care and who have serious emotional disturbance, are medically fragile, or have developmental disability.

Q. What If I Have Emergency Medical Needs?

A. New York State law requires hospitals to give you emergency care, even if you cannot pay for it. If you have a medical emergency, like a heart attack or other life-threatening illness, go to a hospital **right away,** before you find out if you are able to get Medical Assistance or before you have applied for Medical Assistance. If you are sick and need medical care right away, and you have applied for but have not gotten your Common Benefit Identification Card, your worker may be able to help you get a temporary card for the medical help you need. You must show the card when you get medical treatment and the doctor or other person providing medical care must agree to bill Medical Assistance.

Medical Assistance may be able to pay medical bills for care you were given during the three months before you applied for help. Remember to tell your worker if you have any paid or unpaid medical bills.

Q. What Is Prospective Drug Utilization Review?

A. The Prospective Drug Utilization Review Program lets a pharmacist check a computer before you get your prescription filled to see if you recently received any other medicines that should not be taken with your new prescription. If the pharmacist sees a problem, the pharmacist may check with your doctor to find out if you should be given the new medicine. This is done to make sure you get the right medicine. By checking with the computer, your pharmacist will also be better able to answer any questions you may have about your medicines.

Q. If I Sell, Give Away Or Transfer Any Money Or Property, Can I Still Get Medical Assistance?

A. This section explains what may happen if you are institutionalized and you or your spouse transfer any property or money and apply for Medical Assistance. A transfer is when you give away money or property or sell property for less than it is worth. You **can keep** certain money or property for you and your family and still get Medical Assistance. If you or your spouse transferred **other** money or property, Medical Assistance **might not** pay for the following medical care for a period of time, depending on how much money or property you transferred:

1. Nursing home care
2. Certain care in your own home, which is like nursing home care
3. Care you get in a hospital, when you no longer need hospital care and you are waiting for nursing home care

However, Medical Assistance **will** pay for **other** medical care if you are eligible.

In most cases if you want full Medical Assistance coverage, you cannot transfer money or property. Sometimes, you can transfer money or property and still get full Medical Assistance coverage if:

- You transfer money or property to your husband or wife.
- You transfer money or property to your child who is certified blind or certified disabled. The local department of social services where you are applying must decide if your child is certified blind or certified disabled.
- The property transferred was your home, and it was transferred to your husband, wife, child under age 21 or child of any age who is certified blind or certified disabled. The local department of social services where you are applying must decide if your child is certified blind or certified disabled.
- You transfer your home to your brother or sister who already has a right to part of your home and lived in the home for at least one year immediately before you went into a nursing home.
- You may transfer your home to your child if your child was living in your home at least two years immediately before you entered a nursing home, and your child took care of you so that you could stay home rather than go into a nursing home.
- You set up a trust for a certified disabled individual under 65 years of age. The local department of social services must decide if the individual is certified disabled.

When the local department of social services decides that you have transferred any property or money and you think that they have made a mistake, you have a right to prove that you did not transfer the property or money by:

- proving that you meant to sell the property for what it was worth or to get something else of equal value in exchange
- proving that you got rid of the money or property only for some reason other than to get the medical care listed above as 1, 2, or 3 of this answer.
- proving that despite all your attempts, you cannot get the money or property back or get something of equal value, and that you cannot get the medical care you need without Medical Assistance. You must work with the local department of social services when trying to get the money or property back.

Q. Will A Claim Be Made Against My Estate When I Die?

A. If you receive medical services paid for by Medical Assistance on or after your **fifty-fifth** birthday, or when permanently residing in a medical institution, Medical Assistance **may** recover the amount of the cost of these services from the assets in your estate upon your death.

Q. Can I Get Medical Assistance If I Am Not A Citizen Of The United States?

A. For the Medical Assistance Program, identity, citizenship and/or satisfactory immigration status must be documented. If you are pregnant, you do not have to tell us about your citizenship or alien status. If you do not have satisfactory immigration status you may be eligible for Medicaid for the treatment of a medical emergency. For the purposes of qualifying as a United States citizen, the United States includes the 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands and the Northern Mariana Islands. Nationals from American Samoa or Swain's Island are also regarded as United States citizens for the purpose of Medical Assistance. Additionally, if you are a Native American born in Canada, with at least 50% Native American blood or a Native American who was born outside the United States and belong to a federally recognized tribe, you are also regarded as a United States citizen for the purpose of Medical Assistance.

Otherwise, if you are **not** a citizen of the United States, in order to be eligible for Medical Assistance you must provide documents that show you are an alien in one of the following immigration categories:

- an alien admitted to the United States as a refugee under Section 207 of the Immigration and Nationality Act (INA); or
- an alien granted asylum under Section 208 of the Immigration and Nationality Act; or
- an alien whose deportation or removal has been withheld under Sections 241(b)(3) or 243(h) of the Immigration and Nationality Act; or
- an alien admitted to the United States as a Cuban/Haitian entrant; or
- an alien admitted as an Amerasian immigrant; or
- an alien who is on active duty in the U.S. Armed Forces or, veterans who have received a discharge characterized as honorable or the spouse, unremarried surviving spouse or unmarried dependent children of any such immigrant; or
- an alien who has been admitted as a lawful permanent resident; or
- an alien who has been paroled into the United States under Section 212(d)(5) of the Immigration and Nationality Act for a period of at least one year; or
- an alien who has been granted conditional entry under Section 203(a)(7) of the Immigration and Nationality Act; or
- an alien who has been battered or subjected to extreme cruelty in the United States by a family member and who meets certain other requirements; or
- an alien who has been subjected to a Severe Form of Human Trafficking in Persons under the Victims of Trafficking and Violence Protection Act of 2000; or
- an alien who meets the DOH Permanently Residing Under Color of Law (PRUCOL) criteria and who may be eligible for Medical Assistance include:
  - a. an alien paroled for less than one year;
  - b. an alien residing in the United States pursuant to an Order of Supervision; under Section 241(a)(3) of the Immigration and Nationality Act (INA);
  - c. an alien residing in the United States pursuant to an indefinite stay of deportation; granted cancellation of removal pursuant to Section 240A of the INA;
  - d. an alien granted deferred action status, which defers their departure;
  - e. an alien granted "K3" or "K4" visa status established under the Legal Immigration Family Equity Act (LIFE Act);
  - f. an alien who has filed an application for adjustment of status to lawful permanent resident that the United States Citizenship and Immigration Services (USCIS) has accepted as properly filed or has granted;
  - g. an alien granted a stay of deportation;
  - h. an alien granted voluntary departure;
  - i. an alien who entered and has continuously resided in the United States since before January 1, 1972;
  - j. an alien granted suspension of deportation; or
  - k. alien living in the United States with the knowledge and permission or acquiescence of the federal immigration agency USCIS and whose departure such agency does not contemplate enforcing. Examples include, but are not limited to: permanent non-immigrants, pursuant to P.L.99-239, (applicable to citizens of the Federated States

of Micronesia and the Marshall Islands); applicants for adjustment of status, asylum, suspension of deportation or cancellation of removal or for deferred action; persons granted extended; voluntary departure or Deferred Enforced Departure due to conditions in their home country; immigrants granted Temporary Protection Status (TPS); and immigrants having a “K” “V” “S” or “U” visa.

If you are an alien who is not in any of the immigration categories listed above, you may be able to get help with your medical care if you are pregnant or you need medical care because of an emergency medical condition.

Q. Are There Limits On The Number Of Times I Can Receive Certain Medical Services Through The Medical Assistance Program?

A. Yes. There are limits on the following types of services:

	Number of visits, items or lab tests allowed in a year.	
Service Type	**Recipients who are:** - Under 21 or 65 or over - Certified disabled - Certified blind - Single caretaker of a child under 18	**Most Other People who are:** - between 21 and 65
Physician and/or Clinic	10 visits	10 visits
Laboratory	18 tests	18 tests
Pharmacy (prescription drugs and over-the-counter medicine.)	40 items	43 items
Mental Health Clinic	40 visits	40 visits
Dental Clinic	03 visits	03 visits

Emergency Medical Care Will Be Covered Even If You Have Reached These Limits.

There are no limits on the following services:

- Family planning services
- Methadone maintenance treatment
- Obstetric services (pregnancy)
- Care given under a managed care program (See Managed Care Programs in this booklet)
- Kidney dialysis
- Child Teen Health Plan
- Other services call **1-800-421-3891**

Benefit Year

Service limits are for a 12-month period called a benefit year, which begins the month you become eligible for Medical Assistance. You will have these same limits even if you go on and off Medical Assistance during this benefit year. After the benefit year is over, a new 12-month benefit year will begin with the full number of service limits (for example: 18 laboratory tests). Services not used from the last benefit year will not be carried over to the new benefit year.

During each benefit year we will keep track of the number of services you are using and will let you know by mail if you are using services quickly and are in danger of reaching your limit. We will also let you know by mail if you have reached your service limit.

Common Benefit Identification Card (CBIC)

When you go for a medical service, your doctor, clinic or pharmacy must first check with Medical Assistance to see whether you have reached the limit for medical services. It is important that you show your "Common Benefit Identification Card" (CBIC) each time you go for medical services. Each case member will receive a CBIC for Medical Assistance purposes.

If you are enrolled in a managed care plan, you will also get a health plan card that is separate from your CBIC. (See the Question and Answer "What is a Medicaid Managed Care Plan?")

If You Need More Services

Your doctor can fill out a special form called a "Threshold Override Application" to ask Medical Assistance to increase the number of services you can receive or to give you an exemption from service limits.

You should ask your doctor to fill out the Threshold Override Application to get more services when:

- you or other household members have a serious illness or are sick a lot; or
- you get a letter from Medical Assistance warning you that you are using services quickly and are in danger of reaching your service limit; or
- you get a letter from Medical Assistance telling you that you have reached your service limit.

If you need services above your limit make sure that you ask your doctor to fill out the Threshold Override Application. Remember, if you do not ask for more services and you reach your limit. Medical Assistance will not pay for additional services, <u>except for emergency medical care</u>, until your new benefit year begins.

Managed Care Programs

If you enroll in a Medicaid Managed Care Program you will not be subject to the Utilization Threshold Program except for pharmacy. To find out if there is a Medicaid Managed Care Program available to you, please call your local department of social services. If you are enrolled in Family Health Plus, you are not subject to Utilization Thresholds, but there may be limits on some services.

If You Have Any Questions

Call your local department of social services and ask for the Medicaid Managed Care Coordinator (upstate New York). In NYC, call toll free **1-800-505-5678**.

Fair Hearing Rights

You have a right to a Fair Hearing when your application for an exemption or an increase in service limits is denied and you have reached your service limits. At this hearing you can raise the issue of whether we correctly figured the number of services you used.

Your eligibility for Medical Assistance will be determined by your local department of social services. Generally, you should contact your local department of social services with any questions concerning your application for Medical Assistance. If you have general questions concerning Medical Assistance in New York State, you may call toll free **1-800-541-2831**.

Q. Are There Any Program Requirements That May Limit What Drugs I May Get?

A. Medical Assistance law requires that New York State Medical Assistance recipients receive generic drugs in place of brand name drugs. The law requires doctors to prescribe the generic version of a drug, unless they get special approval for a brand name drug.

FAMILY HEALTH PLUS (FHPlus)

Q. What Is FHPlus?

A. FHPlus is a public health insurance program for adults age 19 through 64 who have incomes too high to qualify for Medical Assistance. FHPlus is available to single adults, couples without children, and parents with limited income who are not eligible for employer-sponsored health coverage through Federal, State, county, municipal or school-district benefits plans. Family Health Plus premium assistance is available to individuals who are covered by health insurance through other employers. To be eligible for FHPlus, you must be a resident of New York State, and be a United States citizen, or an alien who falls into one of the immigration categories listed earlier. There are also income and resource guidelines that must be met. Health care is provided through a participating managed care plan that you select, in your area.

Q. How Do I Qualify for FHPlus Premium Assistance?

A. If you have insurance through your employer you may be eligible for help in paying for your share of the insurance premiums.

Q. How Can I Apply?

A. When you apply for Medical Assistance, either at a local department of social services or with a facilitated enroller, eligibility determination for Medicaid or FHPlus is made automatically. If eligible, you will be given the appropriate coverage for which you are eligible.

Q. What Benefits Can I Get?

A. FHPlus provides comprehensive coverage, including: prevention, primary care, hospitalization, prescription and other services. Some services have limits. A co-payment may be required for some services. FHPlus does not cover: nursing home care, long term home health care, personal care and non-emergency transportation. Some FHPlus plans offer dental services; others do not.

Q. If I Move To A New County Do I Have To Re-Apply To Get Medicaid/FHPlus?

A. No. If you move, you must notify your local department of social services of your new address. If there are no other changes in your circumstances that effect your eligibility. Your Medicaid case will be transferred to your new county of residence.

Q. How Is Health Care Provided?

A. Health care in the FHPlus program is provided through managed care plans. You must select a participating health plan when you apply. When you choose a health plan, you use the providers and hospitals that are in that plan. You will get your own health plan card so you can get services from the plan. You will also receive a Common Benefit Identification Card (CBIC) to use for covered pharmacy benefits. If you received benefits in the past and were sent a card, a new card will not automatically be mailed to you. If possible, you should use the same card you received before. Please keep your card in a safe place and let you worker know immediately if your card does not work, is lost or stolen. Keep this card even if you stop receiving benefits. The same card will be used again if you become eligible again in the future.

Q. How Do I Choose A Health Plan?

A. In choosing a health plan, you should think about the doctors you want, the services you and your family need, and the health plans available to you. Make sure the doctor you want to see is in the health plan you choose. After you join a plan, you must use the hospital, clinics and doctors that work with that plan.

Q. How Much Does It Cost?

A. There is no cost to join FHPlus, and no yearly fee or deductibles. Once enrolled you may be asked to pay part of the costs of some medical care/services. This is called a co-payment or co-pay.

The co-payment amounts for FHPlus are as follows:

SERVICES	AMOUNTS ($)
• Brand Name Prescription Drugs	$6 for each prescription and each refill
• Generic Prescription Drugs	$3 for each prescription and each refill
• Clinic visits	$5 per visit
• Physician visits	$5 per visit
• Dental Services visits	$5 per visit up to a total of $25 per year
• Lab Tests	$0.50 per test
• Radiology Services (like diagnostic x-rays, ultrasound, nuclear medicine, and oncology services	$1 per radiology service
• Inpatient Hospital stays	$25 per stay
• Non-urgent Emergency Room visits	$3 per visit
• Covered Over-The-Counter drugs (e.g., smoking cessation products, insulin)	$0.50 per medication
• Covered medical supplies (e.g., diabetic supplies such as syringes, lancets, test strips, enteral formula)	$1 per supply

Pregnant women or individuals under the age of 21 will not have to pay the co-payment. In addition, enrollees do not have to pay co-payments for family planning services, including birth control, or if they are a permanent resident of a nursing home, a resident of an Intermediate Care Facility for the Developmentally Disabled, or an Office of Mental Health or Office of Mental Retardation and Developmental Disabilities Certified Community Residence. If you are a resident of an adult care facility licensed by the State Department of Health, you do not have to pay co-payments for prescription drugs.

If you cannot afford the co-payment at the time of services, tell your provider. The provider must still provide services but can bill you later.

Q. Can FHPlus Help With Past Medical Bills?

A. No. Unlike Medicaid, FHPlus cannot pay for any care you receive before your enrollment in your FHPlus plan.

Q. Where Can I Get Additional Information On FHPlus?

A. To obtain additional information on the FHPlus program, you can call at the toll free hot line at **1-877-9FHPlus (1-877-934-7587)** or log onto the FHPlus website at **http:/www.health.state.ny.us/nysdoh/whatisfhp.htm.**

Q. If You Have A Disability And Are Working And Have More Income And Resources Than Is Allowed For Medicaid, Is There Any Way To Get Or Keep Medicaid Health Care Coverage?

A. Yes, if you are between 16 and 64 years old, have a disability as defined by the Social Security Administration, and are working, you can have income up to 250% of the Federal Poverty Level (FPL) and resources as high as $10,000 by participating in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). A monthly premium may be charged for participants in this program who have countable income between 150% and 250% of the FPL.

Q. What If You Do Not Qualify For Medicaid Or FHPlus? Is There Any Other Help?

A. The New York State Department of Health Cancer Services Program provides breast, cervical, and colorectal screening at no cost to eligible individuals who are uninsured. If breast, cervical or colorectal cancer is found, you may be able to get Medicaid coverage. Also, if prostate cancer is found by a doctor in this program, you may be able to get Medicaid coverage for treatment. For more information call toll free **1-800-422-2262.**

SECTION C CHILD SUPPORT

Q. What Are Child Support Enforcement Services?

A. Child support enforcement services are those services provided by the Child Support Enforcement Unit (CSEU) within each social services district. The CSEU will do the following for you, as appropriate:

- find a noncustodial parent through computerized searches;
- establish legal fatherhood for a child either by helping both parents sign a voluntary acknowledgment of paternity or by referring the matter to court;
- obtain a support order including provisions for health insurance benefits and cash medical support based on the state's child support guidelines by filing petitions with the family court;
- modify a child support order by filing a petition with the court where there has been a substantial change in circumstances;
- collect and disburse child support, or child and spousal support, payments from the noncustodial parent;
- enforce child support, or child and spousal support, with administrative remedies including: income withholding, state and federal tax refund offset, bank account seizure, lottery offset and suspension of drivers' licenses or with court-based enforcement remedies, including: suspension of state professional or business licenses, suspension of recreational licenses, and any other court-based remedies permitted by law;
- review the support order for and, if appropriate, apply a cost-of-living adjustment.

If the noncustodial parent lives in another state, either your local CSEU or the child support agency in the other state can provide you with assistance in establishing paternity, and establishing, modifying and/or enforcing a support order as necessary and appropriate.

Q. Who May Get Child Support Enforcement Services?

A. Any custodial or noncustodial parent, or non-parent caregiver acting as a guardian of a child for whom support is needed, may obtain child support enforcement services.

These services are available to the general public, as well as to applicants/recipients of Temporary Assistance, Safety Net Assistance, Medical Assistance, Title IV-E or non-Title IV-E Foster Care, Food Stamp Benefits and Child Care.

Q. How Do I Apply?

A. You may apply by contacting the CSEU located in your local department of social services or, if you live in New York City, by contacting the Human Resources Administration Office of Child Support Enforcement (HRA OCSE) to obtain and complete a child support services application. If you are applying for Temporary Assistance for a child for whom legal fatherhood needs to be established or where there is a noncustodial parent, you will be automatically referred to the CSEU.

Q. What Happens When I Apply For Or I Am Referred For Child Support Enforcement?

A. You will have an interview with the CSEU to determine what services are necessary to secure support for your child(ren). During the interview you will be asked to provide information and documentation, such as:

- the noncustodial parent's name, Social Security number, date of birth and mailing and residential address;
- the name and address of the noncustodial parent's employer;
- copies of income information for yourself and noncustodial parent (e.g., tax records, pay stubs, bank and business records);
- information about available health care coverage;
- the child's birth certificate or a marriage certificate;
- copies of court orders for support, separation agreements, divorce decrees or acknowledgments of paternity; and
- information about your child-related expenses (e.g., child care, health care and educational expenses).

This information is critical to the ability of the child support enforcement program to expedite getting child support for you. Your child support worker will assist you with the next steps in the process.

Q. If I Apply For Temporary Assistance Am I Required To Cooperate With The Child Support Enforcement Program?

A. Yes, as a condition of eligibility you must:

- cooperate with the agency in establishing legal fatherhood for any child born out of wedlock; and
- cooperate with the agency in establishing, modifying and enforcing child support for any child for whom assistance is sought.

Q. What Happens If I Do Not Cooperate With The Child Support Enforcement Program?

A. When an individual, without good cause, fails to cooperate with the child support enforcement program, the Temporary Assistance benefit available to the household is reduced by 25 percent.

Q. What If I Do Not Want To Cooperate Because I Have Safety Concerns For My Child Or Myself?

A. You need to indicate what your concerns are to your worker. The worker will guide you through appropriate steps to determine if you have good cause or if you need a domestic violence waiver from child support requirements.

Q. When I Apply For Temporary Assistance, Do I Have To Assign My Rights To Receive Child Support Payments?

A. Yes. Beginning October 1, 2009, new Temporary Assistance applicants/receipts are required to assign any rights to support which accrue during the period of assistance that the applicant/recipient may have in his or her own right or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance. Individuals who are Temporary Assistance applicants/recipients prior to October 1, 2009 continue to assign all rights to support held on their own behalf or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance, whether or not those rights accrue during the period of assistance.

Support rights which were assigned to the State by applicants/recipients for Temporary Assistance prior to October 1, 2009 will continue to be assigned if such individuals re-apply for Temporary Assistance on or after October 1, 2009. However, for new applicants/recipients only the rights to support which accrue while they are in receipt of assistance will be subject to the new assignment made on or after October 1, 2009.

Q. If I Am Receiving Temporary Assistance Will I Also Get Child Support Payments?

A. When you assign your rights to support, the child support payments collected while you are receiving Temporary Assistance are first distributed to the agency to reimburse the benefits provided to you and other family members on your Temporary Assistance case. However, for each month in which current support is collected, you will receive on your EBT card a "pass-through payment" taken out of the funds distributed to the agency. Once all benefits paid to you have been reimbursed to the extent allowed by any existing assignment of support rights, any excess amount of support that is collected will paid be to you on your EBT card as an "excess support payment."

Q. What Is A "Pass-Through Payment?

A. A pass-through payment is a portion of the assigned current support collections which, when paid timely, the state passes through to families who are currently on Temporary Assistance. The pass-through payment is the lesser of an amount of up to the first $100 of current support collected each month or the current support obligation amount. Effective January 1, 2010, the $100 pass-through payment will continue where there is one individual under the age of 21 active in the Temporary Assistance case. Where there are two or more individuals under the age of 21 active in the same Temporary Assistance case, the pass-through payment will increase to the lesser of an amount up to the first $200 of current support collected each month or the current support obligation amount collected for the month. The pass-through payment is disregarded from budgeting when determining the amount of Temporary Assistance that the family will receive but may reduce your Food Stamp Benefits.

Q. What Happens To My Child Support Arrears When Support Collected Pays Back All Of My Temporary Assistance Benefits?

A. While you are on Temporary Assistance, if all of the benefits provided to you that were subjected to a child support assignment have been paid back, you are entitled to receive the support payments collected for any arrears/past-due support owed to you. Beginning October 1, 2009 these arrears will be paid directly to you by the Support Collection Unit as "family arrears." Additionally, the household may receive a "pass-through payment" if there is a current support collection.

Q. How Will The Family Arrears Payment Affect My Benefits?

A. The amount of family arrears payment will be reported to your local department of social services and reviewed to determine whether it affects your eligibility for Temporary Assistance, Food Stamp and/or Medicaid benefits.

Q. When I No Longer Receive Temporary Assistance, Will Child Support Services And Collections Continue?

A. Child Support Enforcement Services automatically continue after your Temporary Assistance case closes unless you request the CSEU to close your case. If you continue Child Support Enforcement Services, you will receive all the child support collected except any collections made for past-due support/arrears owed to the Agency under an assignment of rights made when you applied for Temporary Assistance.

Q. How Long Does A Parent Have To Pay Child Support?

A. A parent has an obligation to pay child support for a child until (s)he is 21 years of age. After the child reaches 21 years of age, the parent remains obligated to pay only past-due support/arrears.

SECTION D FOOD STAMP BENEFITS

Q. What Are Food Stamp Benefits?

A. Food Stamp Benefits are used to purchase food items and are redeemed when you use your Common Benefit Identification Card (CBIC). Most food stores accept the CBIC/EBT card. Look for the Quest sign on the door or window of the store.

Q. Who May Get Food Stamp Benefits?

A. You may be able to get Food Stamp Benefits if you:

- Work and get low wages
- Have little or no income
- Are elderly or disabled
- Get Supplemental Security Income (SSI) or Temporary Assistance
- Are homeless (even if you are staying with someone temporarily or you are staying at a shelter temporarily)

NOTE: Even if you own a home and a car you may still be able to get Food Stamp Benefits.

Q. Can I Apply For Food Stamp Benefits If I Have Reached The Temporary Assistance Time Limits?

A. Yes. Limits for cash assistance programs do not apply to the Food Stamp Benefits Program.

Q. How Do I Apply For Food Stamp Benefits?

A. In order to apply you must fill out a Food Stamp Benefits application. An application may be requested from your local department of social services. Additionally, you may download and print a food stamp application at **http://www.otda.state.ny.us/main/apps/4826.pdf**. A Food Stamp Benefits application must be accepted at your local department of social services, or in NYC your local food stamp center, if you have filled in at least your name, address (if you have one) and signature. This is important because the amount of your Food Stamp Benefits is figured from the day you turn in **(file)** your Food Stamp Benefits application. You could get more Food Stamp Benefits if you turn in your application the same day you get it. Please note, however, that you will have to fill out the rest of the application to see if you can get Food Stamp Benefits.

> **NOTE:** If everyone in your household has applied for Temporary Assistance, usually you do not have to apply separately for Food Stamp Benefits. Also, you do not have to apply for Temporary Assistance to get Food Stamp Benefits.

Q. Where Do I Apply?

A. You may apply in person, by mail, or fax at your local department of social services. If you live outside New York City, call toll free **1-800-342-3009** for the address and phone number of the local department of social services nearest you. If you live in New York City, you can get the address and phone number of the center nearest you by calling toll free **1-877-472-8411** or toll free **1-800-342-3009 or 311.** If you have access to the internet, the following website will provide information of the agency or center nearest you: **http://www.otda.state.ny.us/main/workingfamilies/dss.asp.**

Q. Can Someone Apply For Food Stamp Benefits For Me?

A. You can choose a relative or friend to apply for your household. This person would be called an **"Authorized Representative**". You must print their name, address, and phone number on the application where indicated in the instruction booklet. The space is usually at the back, or end, of the application. Both you and the authorized representative must sign the application unless you reside in an institution. If you want, this person or someone else may also be authorized to access your Food Stamp Benefits and use them to shop for your food. To do this an Authorized Representative can get his or her own EBT card (CBIC).

Q. Do I Have To Apply For Food Stamp Benefits in Person?

A. No. You can also apply by mail or another person can apply for you.

> **NOTE:** If you have access to the Internet, find out if you may be eligible for Food Stamp Benefits and other work supports by visiting **www.myBenefits.ny.gov**. If everyone in your household is applying for or getting Supplemental Security Income (SSI,) you can also apply at your local Social Security Administration Office.

Q. What Happens When I Turn In My Application?

A. After you turn in your application, you will have a confidential interview with a worker. Usually, you must appear in person for this interview unless:

- you have an Authorized Representative who can go for you.
- you are 60 years of age or older, or disabled, and you do not have an Authorized Representative who can go for you.
- you have a hardship because of transportation difficulties or hardship conditions such as, but not limited to, residing in a rural or remote area, illness, care of a household member, prolonged severe weather, or work hours which make coming to the office difficult.
- you live alone and get Supplemental Security Income (SSI), or you live with your spouse who also gets SSI.
- you are homebound.
- your Non-Temporary Assistance Food Stamp Benefits (NTA-FS) household meets the Working Families Food Stamp Benefits Initiative criteria, that is:
  - any adult member of the food stamp household either works an average of 30 hours per week **or** earns an average weekly income equal to or greater than the federal minimum wage times 30 hours per week; or
  - any two adult members of the food stamp household each either work 20 hours per week **or earns** an average weekly income equal to or greater than the federal minimum wage times 20 hours per week.

Unless the local department of social services determines that you are exempt from Food Stamp Benefits work requirements, you may also be required to participate in Food Stamp Benefits work activities.

> **NOTE:** If you cannot go to the interview and you do not have anyone to go for you, you may be interviewed over the phone or a worker may ask to come to your home.

Q. How Long Will It Take To Get Food Stamp Benefits?

A. It may take up to 30 days from the date you first apply.

Q. Can I Get My Food Stamp Benefits Right Away?

A. Yes, you may be able to get your Food Stamp Benefits within five calendar days. This is called **Expedited Processing**.

Usually, you may be able to get **Expedited Processing** if you are eligible for Food Stamp Benefits and:

- your household has less than $100 in cash and other available resources **and** has or will get less than $150 in gross income during the month that you apply; or
- your income and available resources are less than your rent or mortgage, plus heat, utilities and phone, or
- you are a migrant or seasonal farm worker.

NOTE: You do not need to be out of food to get Expedited Processing of Food Stamp Benefits.

Q. If I Am Found Eligible, How Do I Access My Food Stamp Benefits?

A. Please refer to **Section K: "Getting Benefits With Electronic Benefit Transfer (EBT)"**, in this Book.

Q. When Do I Access My Food Stamp Benefits?

A. If you live *outside* of New York City:

The last number of your case, 1 through 9, will tell the earliest date of the month that you can access your Food Stamp Benefits. For example, if your case ends in 2, you can access your Food Stamp Benefits beginning on the 2nd day of the month. If your case ends in 0, you can access your Food Stamp Benefits beginning on the 1st of the month.

If you live *in* New York City:

You will get a form from your Food Stamp Benefits Office that will tell you the earliest date of the month that you can access your Food Stamp Benefits. For example, if the form tells you the first day you can access your Food Stamp Benefits is the 3rd, you can use your Common Benefit Identification Card (CBIC) on the 3rd and thereafter.

NOTE: If your Food Stamp Benefits account goes unaccessed for a 365 consecutive day period, any Food Stamp Benefits in the account that are at least 365 days old will be removed (***expunged***) and not replaced.

Q. Can Food Stamp Benefits Be Used At Senior Citizen Sites And For Home Delivered Meals?

A. You may be able to sign a voucher form for these services to charge your Food Stamp Benefits account.

Q. What Happens If A Person In My Household Does Not Follow A Food Stamp Program Work Requirement Or Quits A Job?

A. A person who does not comply with Food Stamp Benefits work requirements, or voluntarily quits or reduces work hours, without a good reason will be sanctioned (no Food Stamp Benefits for that person), usually for a certain amount of time.

Q. Can I Get Food Stamp Benefits If I Am Not A Citizen Of The United States?

A. Many non-citizens are qualified aliens who are eligible for Food Stamp Benefits. Even if you are not eligible for Food Stamp Benefits, you may receive Food Stamp Benefits for your children if they are eligible. Food Stamp Benefits should not affect your immigration status with respect to any United States Citizenship and Immigration Services' (USCIS) decision regarding your immigration matter.

You may be eligible for Food Stamp Benefits if you are a United States (U.S.) citizen, a non-citizen U.S. national (people born in American Samoa or Swain Island), or a qualified alien. A qualified alien for the purpose of Food Stamp Benefits eligibility is:

1. an American Indian born in Canada with at least 50 per centum of blood of the American Indian race under section 289 of the Immigration and Nationality Act (INA); or
2. a member of an Indian tribe that is a federally recognized Indian tribe (25 U.S.C. 450b(e)); or
3. an alien admitted as a Hmong or Highland Laotian, including spouse and dependent child(ren); or
4. a refugee admitted under section 207 of the INA; or
5. an alien granted asylum under section 208 of the INA; or
6. an alien whose deportation has been withheld under section 243(h) of the INA as in effect prior to April 1, 1997; or removal withheld under section 241(b)(3) of the INA; or
7. an alien admitted as a Cuban or Haitian entrant; or
8. an alien who is a victim of trafficking under section 103(8) of the Trafficking Victims Protection Act; or
9. an alien who is on active duty in the U.S. armed forces or, an honorably discharged veteran, their spouse and dependent children, and the un-remarried surviving spouse and unmarried dependent children of an active duty member or of a veteran who has died; or
10. an alien admitted as an Amerasian; or
11. an alien paroled under section 212(d)(5) of the INA for at least 1 year and who has 5 years in status; or
12. an alien or parent or child of an alien who has been battered or subjected to extreme cruelty in the U.S. by a family member and entered the U.S. before August 22, 1996 or has 5 years in status; or

13. an alien lawfully admitted for permanent residence under the INA and who meets one of the following:
    - has 5 years in a qualified status, or
    - has earned or can be credited with 40 qualifying quarters of work, or
    - is in a qualified status and in receipt of certain disability benefits, or
    - is in a qualified status and under eighteen years old.

Fair Hearing Rights

You have a right to a Fair Hearing if you have been denied Food Stamp Benefits, if your benefits have been discontinued, suspended or reduced, or if you disagree with the decision of the local department of social services. For more information about your Fair Hearing Rights, please refer to Book 1 (LDSS-4148A) "What You Should Know About Your Rights And Responsibilities".

Questions?

For further information about Food Stamp Benefits, you may also go to the following internet website: **http://www.otda.state.ny.us/main/foodstamps/.**

SECTION E TRANSITIONAL HELP

Q. Can I Still Get Child Care Assistance When My Temporary Assistance Stops?

A. Recipients who voluntarily close their assistance case, or who are otherwise ineligible for assistance, may be eligible for a child care subsidy. If you need child care because you are working, and your household income falls within the allowable limits, your worker should determine your eligibility for this child care assistance before your Temporary Assistance stops. You will have to pay a share of the cost of child care. This child care is called transitional child care and is available for up to 12 months after you are no longer eligible for Temporary Assistance.

Q. What If My Medical Assistance Case Closes?

A. Transitional Medical Assistance - If your Low Income Family Medical Assistance case closes because you have increased earned income, or the combination of your earned and unearned income increase to make you ineligible, you may still be able to get Transitional Medical Assistance. Low Income Family Medical Assistance is the Medical Assistance program for families who are eligible for Temporary Assistance, but you do not have to be getting Temporary Assistance to get Low Income Family Medical Assistance.

You may be able to get this extra help for up to 6 months if:

- you have been getting Low Income Family Medical Assistance in 3 out of the last 6 months.
- you have a child under the age of 21 living with you.

After the 6 months are up, you may be able to get **6 more** months of Transitional Medical Assistance if:

- your income, less child care cost necessary for employment, is less than 185% of the federal poverty level.
- you fill out the reports sent to you by your local department of social services so that they can see if you are still able to get this help.
- you have a child under the age of 21 living with you.

A woman eligible for Medical Assistance during any month of her pregnancy remains eligible for Medical Assistance until 60 days after the end of her pregnancy. To receive the 60-day postpartum extension, the woman must have applied for Medical Assistance prior to the end of her pregnancy.

An infant, born to a woman eligible for and receiving Medical Assistance during her pregnancy, is eligible for Medical Assistance until the end of the month in which the child turns age one. Medical Assistance includes Medicaid, Family Health Plus, the Family Planning Benefit Program and women presumptively eligible within 3 months of the birth. If a woman applies for Medicaid within 3 months of giving birth and is eligible for the retroactive period when she gave birth, the child is eligible for one year of coverage.

Children up to the age of 19 who are **fully** eligible for Medical Assistance are given Medical Assistance from 12 months from the date that they were determined or redetermined eligible or until their 19th birthday, whichever is sooner, regardless of any changes in income or circumstances.

An individual enrolled in a Managed Care Organization (MCO) is guaranteed six months of Medical Assistance coverage for the capitated benefits offered through the MCO even if he or she loses Medical Assistance eligibility.

Q. Can I Still Get Help With Collecting Child Support After My Temporary Assistance Stops?

A. Yes, as a former recipient of Temporary Assistance child support services continue for you automatically unless you request in writing that such services stop. You should have received notice of the continuation of services at the time your case closed.

Q. Can I Still Get Food Stamp Benefits After My Temporary Assistance Stops?

A. If you work and get low wages, have other low income, or are unable to work, you still may be able to get Food Stamp Benefits **(see "Food Stamp Benefits", Section D of this Book).**

SECTION F CHILD CARE

Q. What Is Child Care Assistance?

A. Child care assistance helps a parent(s)/caretaker(s) who needs care and supervision for his or her child(ren) when the parent(s)/caretaker(s) is not available to care for his or her child(ren). Child care assistance helps a parent(s)/caretaker(s) to pay some or all of the cost of child care services.

Q. Who May Get Child Care Assistance?

A. There are certain families that are guaranteed child care, some families that are eligible if the local department of social services has funds available, and other families that are eligible if the district has funds available and has decided to pay for child care for those categories of families.

The following families are guaranteed child care, when such services are needed for a child under the age of 13:

- Families applying for or on Temporary Assistance that are participating as required in work activities or involved in other activities required by the local department of social services such as orientation or assessment.
- Families on Temporary Assistance who are participating as required in work activities.
- Families who have applied for and would otherwise be eligible for Temporary Assistance or were receiving Temporary Assistance and voluntarily closed their case while still eligible. The parent(s)/caretaker relative(s) must be in need of child care so the parent(s)/caretaker relative(s) can work, as required.
- Families transitioning off Temporary Assistance, when child care is needed for the parent(s) to work.

The following families are eligible for child care assistance when the local department of social services has funds available and the family has applied for or is receiving Temporary Assistance for an eligible child 13 or older, who either has special needs or is under court supervision, and child care is needed. So that a parent/caretaker/relative can participate in activities required by the local department of social services including orientation, assessment, or work activities.

The following families are eligible for child care assistance when the local department of social services has funds available and, if the family is on Temporary Assistance and child care is needed:

- for a child 13 or older who has special needs or is under court supervision, so that the parent(s)/caretaker(s) relative(s) can work.
- to enable the parent/caretaker relative to engaged in work, or to participate in required work activities, and
- the child has special needs or the child is under court supervision.

The following families are eligible for child care assistance when the local department of social services has funds available:

- The family has applied for or is receiving Temporary Assistance for a child 13 or older,
- Child care is needed to enable the parent/caretaker relative to engage in work or, to participate in required work activities.
- The child has special needs or the child is under court supervision.

Child care is available for families in the following circumstances if the local department of social services has decided to serve these families, the family is on Temporary Assistance, and the local department of social services has funds available. Ask your worker whether your local department of social services pays for child care assistance for one or more of these categories:

- parent(s)/caretaker relative(s) who is participating in an approved activity in addition to their required activity

- parent(s)/caretaker relative(s) is sanctioned but the parent(s)/caretaker relative(s) is participating in unsubsidized employment and receives earned wages at a level equal to or greater than the minimum level required under Federal and State labor law.

Child care is available for families in the following circumstances if the local department of social services has decided to serve these families, the family has income within the allowable limits, the local department of social services has funds available, and the activity has been determined to be a necessary part of a plan for family's self-support. Ask your worker if your local department of social services pays for child care assistance for this category:

- parent(s)/caretaker(s) is looking for a job for a period of up to six months and the parent(s)/caretaker(s) is registered with the New York State Department of Labor's Division of Employment Services Office.
- parent(s)/caretaker(s) is engaged in certain educational or vocational activities.

Child care is available for families in the following circumstances if the local department of social services has decided to serve these families, the family is either on Temporary Assistance or has income within the allowable limits, and the local department of social services has funds available. Ask your worker if your local department of social services pays for child care assistance for one or more of these circumstances:

- parent(s)/caretaker(s) is participating in an approved substance abuse treatment program, or in screening for or an assessment of the need for substance abuse treatment,
- parent(s)/caretaker(s) is homeless or receiving services for victims of domestic violence and is participating in an approved activity or in screening for or an assessment of the need for services for victims of domestic violence,
- parent(s)/caretaker(s) is in an emergency situation for short duration such as cases where the parent(s)/caretaker(s) is absent from the home for a large part of the day because of such things as a fire, looking for housing or providing chore/housekeeping services for an elderly or disabled relative,
- parent(s)/caretaker(s) is physically or mentally incapacitated or has family duties away from home,
- parent(s)/caretaker(s) is involved in certain educational or vocational programs. For some of these programs the parent(s)/caretaker(s) must be working at least 17 ½ hours per week, and must be earning wages equal to or greater than the minimum level required under Federal and State labor law. The local department of social services must decide if the program is expected to improve your ability to earn more money. The local department of social services must also decide whether you are likely to successfully complete the program.

Child care is available for families in the following circumstance if the local department of social services has decided to serve these families, the family has income within the allowable limits and the activity has been determined to be a necessary part of a plan for family's self support. Ask your worker if the local department of social services pays for child care assistance for the following circumstance:

- regardless of income, when there is an open child protective services or preventive services case and it has been determined that the child care is needed to protect the child(ren) or to prevent a foster care placement.

Q. What Does Child Care Guarantee Mean?

A. A child care guarantee means that if you meet the eligibility requirements, the local department of social services will provide a child care subsidy to an eligible child care provider for your child care. You will be required to pay for part of the child care cost if you are not receiving Temporary Assistance. Also, if your child care provider charges more than the local department of social services is allowed to pay, you will have to pay the difference between the amount the local department of social services is allowed to pay and the amount your provider charges.

Q. Is There A Time Limit To The Child Care Guarantee?

A. Families on Temporary Assistance that are eligible for a child care guarantee will receive child care assistance for as long as they are on Temporary Assistance and are participating in an activity required by the local department of social services. Families that fall under transitional child care guarantee are limited to twelve months of transitional child care assistance. There is no time limit for Child Care In Lieu of Temporary Assistance as long as your income is at or below the amount that would allow you to remain eligible for Temporary Assistance.

Q. What Is The Age Range Allowed For A Child To Receive Child Care Assistance?

A. In general, a child is eligible for child care if they are under 13 years of age. However, exceptions are made for children under 18 years of age who are either under court supervision or who have special needs. Children who have special needs or who are under court supervision and are under 19 years of age are eligible so long as the student is a full-time student in an approved educational or vocational program.

Q. How Do I Apply For Child Care Assistance?

A. If you live outside of New York City, call or visit your local department of social services and ask for an application package. If you live in New York City and you are on Temporary Assistance or applying for Temporary Assistance, call or visit your local

Job Center. If you are applying only for child care assistance, call the New York City information helpline at 311 and they will direct you where to call. You must complete the application package and turn it in either in person or by mail. Remember, you may turn in the application the same day you get it.

Q. What Happens When I Apply For Child Care Assistance?

A. You will be asked to prove certain things within 30 days of the date the local department of social services receives your application. See Book 1 (LDSS-4148A) "What You Should Know About Your Rights and Responsibilities". The local department of social services will, within 30 days of receiving your application, determine if you are eligible for child care assistance, and will notify you in writing of their eligibility decision within 15 days of the date they make it.

Q. Can I Get Child Care Assistance If I Am Not A Citizen Of The United States?

A. Yes, however, the child who needs child care services must be legally in the United States.

Q. If I Apply For Child Care Assistance Am I Required To Pursue Child Support From An Absent Parent?

A. No, it is not a requirement to pursue child support in order to receive child care assistance. However, establishing paternity and placing responsibility for supporting children on those parents that have the financial resources provides a step toward family self-sufficiency and economic security. Child support is a vital source of income for New York State's single parent households. Next to the custodial parent's earnings, child support is the second largest source of income for low income families. Obtaining child support income and any health care insurance benefits for your child from the absent parent is important for the well being of your family.

Each local social services district has a Child Support Enforcement Unit (CSEU) that will help to establish paternity of your child. The CSEU will help you file a petition with family court to get a support order that is based on the child support guidelines. Child support may cover some of your child care costs. Also, the CSEU will make sure you get the child support you are entitled to and will help you file a petition with family court to collect unpaid support. Upon your request the CSEU will review your support order and if eligible apply a cost of living adjustment to the child support amount.

Your child is legally entitled to health insurance, if it is available from you or the noncustodial parent. The CSEU will help you file a petition with family court to get this coverage if it is available through the noncustodial parent's employer.

These services are available to you whether the noncustodial parent lives in or outside of New York State. A $25 dollar annual services fee will be charged when you receive child support services in any year if you have never been in receipt of Temporary Assistance for Needy Families and child support collects at least $500 for you during a 12-month period beginning October 1st each year.

Q. How Much Help Can I Get Paying For Child Care?

A. If you are on Temporary Assistance you are not required to pay a family share of the cost for child care assistance. If you are not on Temporary Assistance you have to pay a share of the cost of child care. The amount depends on the size of your family and your income. If your provider charges more than the local department of social services is allowed to pay you will also have to pay the difference between what your provider charges and the amount the local department of social services is allowed to pay.

Q. How Do I Get Help In Finding A Child Care Provider?

A. The Child Care Resource Referral Agency in your area can help you locate a child care provider. If you live outside of New York City you can contact the New York State Child Care Coordinating Council at **(518) 690-4217** to find a Child Care Resource and Referral Agency that serves your area. If you live in New York City you can call toll free **888-469-5999** for help in locating a child care provider. Or you can visit the New York State Office of Children and Family Services website at **http://www.ocfs.state.ny.us**, then go to "Programs and Services", then go to "child day care", and then go to "child care" for help in choosing the right child care setting for your family. You can search all the programs in your area and get information on their record of compliance with New York State standards for child day care providers.

Q. Who Can Care For My Child?

A. You have the right to choose any legally-permissible child care. This includes:

- licensed or registered day care centers
- licensed group family day care
- registered family day care homes
- registered school-age child care programs
- friends, neighbors and relatives who are enrolled with the appropriate legally-exempt caregiver enrollment agency
- caregivers of legally-exempt group child care such as summer day camps that are enrolled with the appropriate legally-exempt caregiver enrollment agency

Q. What Is Transitional Child Care?

A. Transitional child care is for families who were receiving Temporary Assistance, but became ineligible when their income increased due to employment or child support. You may be eligible to receive transitional child care assistance for up to 12 months after you become ineligible for Temporary Assistance.

Your worker should determine your eligibility for transitional child care before your Temporary Assistance or guaranteed child care case is closed. As long as you inform your worker before or soon after your Temporary Assistance case is closed, the worker cannot require you to complete a new application. However, they may need some additional information from you in order to find out if you are eligible. Ask your worker if you are eligible for transitional child care.

Requirements for transitional child care are:

- your family's income cannot exceed certain limits;
- you must have been on Temporary Assistance in three out of the last six months, or have received Child Care In Lieu of Temporary Assistance in three of the last six months;
- your child must be under the age of 13 and need child care so you can work; and

You will be responsible to pay a portion of the child care cost each month. The amount you pay depends on the size of your family and your income. If your provider charges above the amount, the local department of social services is allowed to pay, you will also have to pay the difference between what your provider charges and the amount the local department of social services is allowed to pay.

Your transitional child care assistance will be stopped if:

- you are not fulfilling the responsibilities listed above; or
- you are at the end of the twelve month eligibility period; or
- you quit your job without good cause; or
- you no longer need child care to allow you to work; or
- your income exceeds the maximum allowed for your family; or
- your child reaches the age of 13. However, if your child has special needs or is under court supervision, your worker can tell you if there may be other child care programs that can assist you.

Q. What Is Child Care In Lieu Of Temporary Assistance?

A. Child Care In Lieu of Temporary Assistance is for families who are applying for or are receiving Temporary Assistance and need child care in order to work; and who choose child care instead of Temporary Assistance.

Requirements for Child Care In Lieu of Temporary Assistance are:

- your household is eligible for Temporary Assistance;
- you are working the required number of hours or are earning gross wages (or if employed in a job where minimum wage is made by the combination of gross earnings and tips you have total wages, or if self-employed you have gross receipts less allowable deductions) equivalent to or greater than the minimum level required under Federal and State Labor law times the required number of hours;
- you need child care for a child under the age 13 so you can work;
- you are using an eligible child care provider.

If you are eligible for Temporary Assistance and decide that all you really need is child care, your worker can tell you how to apply. If you are already receiving Temporary Assistance and are otherwise eligible for Child Care In Lieu of Temporary Assistance, you will need to close your Temporary Assistance case in order to get Child Care in Lieu of Temporary Assistance. If you change your mind and decide that you need Temporary Assistance, as well as child care, you can still apply for Temporary Assistance at any time. If you are found eligible for Temporary Assistance you may still be eligible for child care.

If you choose to receive child care assistance instead of receiving Temporary Assistance and child care, you will have to pay part of your child care costs. This is called your family share. If you live outside of New York City, the minimum amount that you will pay will be $1 per week. If you live in New York City, the minimum family share for full time care is $3 per week, and the minimum family share for part time care is $2 per week. Additionally, if your provider charges more than the amount the local department of social services can pay, you will need to pay the amount that your child care provider charges above the amount the local department of social services can pay.

Fair Hearing Rights

You have a right to a Fair Hearing if you have been denied child care benefits, if your benefits have been discontinued, suspended or reduced, or if you disagree with the local department of social services decision. For more information about your Fair Hearing Rights please refer to Book 1 (LDSS-4148A) "What You Should Know About Your Rights And Responsibilities".

SECTION G SERVICES

Q. How Can Services Help Me?

A. Services programs may be able to help you and/or your family with:

- Getting child care
- Placing a child in foster care or placing a child for adoption
- Budget problems
- Family abuse problems (child abuse and domestic violence)
- Children's behavior
- Safely keeping families together
- Preventing removal of a child from my home

Besides these, there are other ways that Services may be able to help you and/or your family. They are described in the rest of this **Services** section.

Q. How Do I Apply For Services?

A. If you live **outside** of New York City, call or visit your local department of social services and ask for an application package.

If you live **in** New York City, call or visit your local Income Support/Job Center or look for the Human Resources Administration (HRA), Administration for Children's Services (ACS), in the Government pages of the telephone book for your borough. Call the number listed for the type of help you need.

Q. What Services Can I Get?

A. You can get or apply for the following services:

1. Child Care - Services to help families who need care and supervision for their children. Children may get child care if the parent in a single parent household or both parents in a two parent household are:

- Sick or disabled
- Looking for a job
- Taking part in an education, job training or employment program which has been approved by the local department of social services
- Taking part in a substance abuse treatment program
- Receiving domestic violence services
- Working
- Required to be away from the home for a large part of the day due to unusual situations
- Homeless
- In an emergency situation

Children may also get child care in conjunction with protective services to keep them safe, or as part of child preventive services to keep them from entering foster care.

For a more detailed description of child care services and requirements, see **Section F CHILD CARE**, in this book.

2. Preventive Services To Children and Families - Services given to children and families to safely keep the family together and to prevent foster care placement, or to safely return the children from foster care as soon as possible. These services may include:

- Child care
- Parent training and counseling
- Housing services (to enable discharge from foster care)
- Homemaker, housekeeper, parent aide
- Emergency cash, goods, shelter or other essential items
- Clinical services, including drug abuse and alcohol abuse treatment
- Respite care for crisis situations, including AIDS/HIV
- Transportation

Other services may also be available.

There is no income limit to get these services. It is possible that fees could be charged for certain of these services, although that is usually not done.

3. Foster Care

Voluntary Placement – Voluntary placement of a child into foster care is available to provide out-of-home care and services when circumstances or conditions exist that affect the health and safety of the child, to help meet certain parent and child services needs, or if the parent(s) has surrendered the child for adoption.

Birth Families/Legal Guardians – Services given to birth parents or legal guardians of a child who is placed in foster care may include:

- Counseling
- Arranging visits between the child and parent(s)/legal guardian(s)
- Services to help safely return the child home as soon as possible
- Aftercare for children who have been discharged from foster care

Foster Parents – Families who want to provide foster care for a child must apply and be certified (non-relative of a child) or approved (child's relative). Foster parents must undergo a New York State and national criminal background check and meet a number of other licensing requirements, **and** are required to attend training prior to certification or approval. Once certified or approved, upon placement of a child in their care foster parents will receive:

- Monthly payments toward the costs of caring for the foster child, including clothing allowance
- Medical assistance for the foster child including appropriate waiver services, for eligible foster children

Foster parents may receive, as appropriate:

- Child Care for the foster child, if the foster parent has a job or is involved in other activities approved by the local department of social services
- Respite services, where appropriate

4. Adoption –

A. Services given to the birth parent(s) or legal guardian(s) of a child who is being adopted may include:

- Assistance in planning for the child
- Arranging for the surrender of the custody and guardianship of the child to the agency
- Medical, social, counseling and casework services
- Assistance regarding the rights and interests of birth fathers of out-of-wedlock children

B. Services given to families who want to adopt a child may include:

- Help in finding a child to adopt
- Training relating to parenting of an adopted child
- Home Study
- Post-adoption services

Families who want to adopt a child must apply, and will be accepted, for an adoption study. The priority given to the family's application for an adoption study will be based on the characteristics of the children awaiting adoption and the interest that the prospective adoptive parent(s) expresses in adopting children with these characteristics.

In addition, once a child is placed with you for adoption, adoption assistance in the form of extra money (adoption subsides) and medical assistance may be provided to support children who are handicapped or considered "hard-to-place". There may also be one-time payments for non-recurring costs of adoption.

5. **Teenage Pregnancy Programs and Unmarried Parent Services** - Social Services to help pregnant teens and unmarried parents may include:

- Education and parent training
- Medical and legal help
- Counseling
- Employment help
- Family planning
- Transportation
- Housing
- Health care and nutrition
- Placement in foster care (A minor mother under age 18 and her baby may be placed in foster care together, with the minor mother retaining custody of her child.)
- Child care

6. **Domestic Violence (Physical or Emotional Abuse or Threat of Abuse) -** Services given to family or household members, with or without children, to help them with physical or emotional abuse, or threats of physical abuse or emotional abuse. You may be able to get help with:

- Finding a safe place to stay
- Transitional housing
- Medical care
- Assistance with legal issues
- Counseling
- Finding a job
- Child care
- Transportation
- Advocacy services

There is no income limit to get these services.

7. **Preventive Services for Adults** - Services given to single adults 18 years of age and older or to families without children under age 18. These services may include:

- Counseling
- Support and referral services to prevent or delay having to get long term care outside the home

8. **Protective Services For Adults** – Services given to individuals 18 years of age or older who are physically or mentally impaired, have been harmed or are at risk of harm, cannot protect themselves, and have no one able and willing to responsibly help them. These services may include:

- Providing prompt response and investigation of referrals of abuse, neglect or exploitation
- Assessing the individual's situation and services needed
- Arranging for appropriate alternative living arrangements in the community where appropriate
- Help getting legal assistance
- Help getting medical care
- Homemaker or housekeeper/chore services for a limited time
- Helping with managing money
- Help obtaining other benefits or services
- Guardianship
- Counseling

There is no income limit to get these services.

9. **Residential Placement Services For Adults** - Services given to individuals 18 years of age and older who are mentally or physically impaired and need supervised living outside their own homes.

These services include:

- Finding family type homes in the community which can take care of these adults.
- Assisting adults in finding homes that will meet their level of need.
- Providing supportive services for the adults who are placed in these homes.

10. **Housing Improvement Services** - Services to help with:

- Home repairs and maintenance
- Working out problems with landlords or neighbors
- Getting help from local housing or legal aid agencies
- Finding a place to stay, if necessary

11. **Home Management Services** - Services to help with learning about budgets, fixing good meals, caring for children, health care, and home care.

12. **Housekeeper/Chore Services** - Services to help with chores such as shopping, light housework, simple repairs and errands when you, or a child or adult's caretaker, is ill, disabled or absent.

13. **Homemaker Services** - Services to help with personal care, home management and household tasks from a trained homemaker when you, or a child or adult's caretaker is ill, disabled or absent.

14. **Kinship Caregiver and Kinship Navigator Programs –** There is a statewide network of community-based supportive programs, and a telephone hotline, that provide services for kinship caregivers and their kin, whether or not the children are in foster care. See the Question and Answer "**If I Am The Caregiver Of A Child Who Lives With Me And Who Is Not My Biological Or Adopted Child**, **And I Need Additional Help Or Resources To Care For The Child**, **Can You Tell Me Where To Find Them?**" in the middle of **Section A**, **TEMPORARY ASSISTANCE**, in this book.

15. **Other Services** you may be able to get:

- Education services
- Employment services
- Family planning services
- Information and referral services
- Health-related services
- Social group services for senior citizens
- Transportation services

Q. **What If I Emergency Services Are Needed To Protect Adults, Children or Other Family Members?**

A. The following are some services you can get to help you with an emergency.

If you live **outside** of New York City, your local department of social services may be able to help you, in addition to the help that you can get by calling the phone numbers listed below.

If you live **in** New York City, call or visit your local Job Center or look for the Human Resources Administration (HRA) or Administration for Children's Services (ACS) listings in the Government pages of the telephone book for your borough. Call the number listed for the type of help you need. You can also get help by calling the phone numbers listed below. There is no income limit to get these services.

- **Child Protection** - Services given to children under the age of 18 who are abused or maltreated, and to their families.

  If you have reasonable cause to suspect that a child has been abused or maltreated, call the Statewide Central Register of Child Abuse and Maltreatment toll free **1-800-342-3720.**

  If a report is registered, an investigation will be conducted and, as appropriate, services offered to the family to protect the child(ren).

  It is also appropriate to call the Statewide Central Register of Child Abuse or Maltreatment if you have concerns about possible abuse or neglect that may have occurred in a residential child care setting. You may call toll free **1-800-342-3720** to discuss your concerns. If a report is registered, an investigation will be conducted at the residential child care program.

  If you are in Monroe County (Rochester and vicinity) or Onondaga County (Syracuse and vicinity) there is a local number you can call instead if you have concerns about child abuse or maltreatment in either a family or a residential child care setting. It is **461-5690** in Monroe County and **422-9701** in Onondaga County.
- **Adult Protection** - Services given to individuals 18 years of age or older who are physically or mentally impaired, have been harmed or may be at risk of harm, cannot protect themselves, and have no one who is able and willing to help them.

  To make a referral or to report suspected adult abuse, neglect or exploitation, please call your local Protective Services for Adults (PSA) unit directly at your local department of social services. You may call toll free **1-800-342-3009** (press option 6) to obtain the phone number to reach your local PSA unit.

- **Domestic Violence (Physical or Emotional Abuse or Threat of Abuse) -** Services given to family and other household members, with or without children, to help them with problems of physical or emotional abuse, or the threat of physical or emotional abuse.

To get information and referrals to your local domestic violence services provider you may call the following numbers, toll-free, 24 hours a day:

In New York City call **1-800-621-HOPE (1-800-621-4673)**

In any other area of New York State call the NYS Domestic Violence Hotline **1-800-942-6906** (**Spanish-speaking** call **1-800-942-6908)**

A Services caseworker can also arrange for you to get this information.

SECTION H OTHER BENEFITS

1. **Supplemental Security Income (SSI)** If you are certified blind, certified disabled or age 65 or older and your income and resources are below certain limits, you may be able to get money from the Supplemental Security Income Program. You can apply for Supplemental Security Income at your nearest **Social Security Office**. Most people who get Supplemental Security Income also get Medical Assistance.

2. **Interim Assistance** -You may be able to get money called Interim Assistance through the Safety Net Assistance Programs if:

   - You have applied for Supplemental Security Income (SSI) but your application has not been approved or denied.
   - You are appealing a denial or suspension of your SSI.
   - You are appealing a termination of your SSI because SSA determined you were no longer eligible.

   This Interim Assistance will stop once you start getting your SSI, or when your SSI is reinstated. The Social Security Administration (SSA) will reimburse some or all of the interim assistance owed directly to the local department of social services from any retroactive SSI benefits you are eligible to receive. To get interim assistance you must sign an Interim Assistance Reimbursement (IAR) authorization. You must sign a new authorization consistent with NYS rules if you reapply for SSI after this authorization terminates, or if you file a new SSI claim while you have an SSI application or appeal pending. This authorization gives the SSA permission to repay the agency for interim assistance paid to you. If you live **outside** of New York City, you may apply for Interim Assistance at your local department of social services. If you live in New York City, call or visit your local Income Support Center.

   Q. What Is Interim Assistance?

   A. Interim assistance is payments you receive from Safety Net Assistance (SNA) funds for basic expenses such as shelter utilities and fuel when:

   - You have applied for Supplemental Security Income (SSI) but the Social Security Administration (SSA) has not yet made a decision on your pending application.
   - You had been receiving SSI payments but they were stopped incorrectly and then are paid to you retroactively. This is called post-eligibility interim assistance.

   Q. Do I Have To Repay Interim Assistance?

   A. Yes, you must repay interim assistance. The law requires repayment to prevent people from receiving both Temporary Assistance (TA) benefits and SSI benefits for the same period.

   Q. For What Months Must I Pay Back The Interim Assistance I Received?

   A. If you receive SNA benefits while your SSI application was pending, you must repay for the months beginning with the first month you were eligible to receive an SSI payment and ending in the month your SSI payments actually began, or the following month if the local department of social services cannot stop your last TA payment.

   If you received post eligibility interim assistance, you must repay beginning with the first day of the month for which retroactive SSI payments are paid and ending in the month your SSI payments actually began, or the following month if the local department of social services cannot stop your last TA payment.

   Q. How Is Interim Assistance Repaid To The Local Department Of Social Services?

   A. The Social Security Administration (SSA) will pay the interim assistance directly to the local department of social services from any retroactive SSI benefits you are eligible to receive.

Q. How Does The SSA Get My Permission To Reimburse The Local Department Of Social Services For Interim Assistance?

A. You give the SSA permission when you sign the Temporary Assistance application or recertification form, or the Mail-in Recertification/Eligibility Questionnaire.

Q. How Does SSA Determine How Much Of My SSI Money To Pay The Local Department Of Social Services District.

A. SSA looks at the amount of money the state claims and also looks at the amount of your retroactive SSI money that can be used to repay the state. SSA matches the months you received interim assistance and the months you received SSI payments. After this matching, SSA pays the amount for each month claimed by the local department of social services district.

A. How Will I Receive Any Balance From My Retroactive SSI Payment?

Q. After the SSA reimburses the local department of social services for interim assistance owed, SSA will send you a notice explaining how they will pay you any remaining SSI money. If you have questions about your SSI payments, or any other questions, you can contact you local SSA office or call 1-800-772-1213.

Q. What Happens If The Amount Of My First Retroactive SSI Payment Is Not Enough To Pay Back All The Interim Assistance Received?

A. The local department of social services will not collect any more money from your SSI Payments. The local department of social services can only be repaid interim assistance by the SSA from your retroactive SSI Payment. They cannot collect from any other SSI Payments.

A .How Long Does The Interim Assistance Reimbursement Authorization Last?

Q. The authorization is in effect for any SSI application or appeal you have pending at the time you apply for TA. The authorization is in effect for 12 months beginning with the date the local department of social services correctly notifies SSA through an electronic system that they receive the authorization. However, if you file for an SSI appeal within the time permitted under SSA's regulations, the authorization will remain in effect, even beyond the 12 month period. The authorization ends when your SSI claim is completely decided; SSA first pays you; or you and the state agree to terminate the authorization. You must sign a new authorization consistent with NYS rules if you reapply for SSI after this authorization terminates, or if you file a new SSI claim while you have an SSI Application or appeal pending.

Q. How Long Is The Interim Assistance Reimbursement Authorization In Effect For A Post-Eligibility Retroactive Payment?

A. The authorization is in effect for 12 months beginning with the date the local department of social services notifies SSA through an electronic system that the local department of social services has received the authorization. However, if you file for an SSI administrative or judicial review within the time permitted under SSA's regulations, the authorization will remain in effect, even beyond the 12 month period unit. SSA makes the initial SSI post-eligibility payment following a suspension or termination of your SSI benefits; or SSA makes a final determination on your appeal; or you and the local department of social services **both** agree to terminate the authorization. You must sign a new authorization consistent with NYS rules if you reapply for SSI after this authorization terminates, or if you file a new SSI claim while you have an SSI application or appeal pending.

Q. Where Do I Get Interim Assistance Reimbursement Authorization?

A. At your local department of social services.

Q. What Can I Do If I Think The Local Department Of Social Services Made A Mistake In The Amount Of Interim Assistance I Received, Or Made A Mistake About The Amount Of Interim Assistance I Got Back?

A. You can request a fair hearing. You must follow the fair hearing instructions listed in Book 1 "What You Should Know About Your Rights and Responsibilities" (LDSS-4148A).

Q. What Is A Protective Filing Date For SSI Benefits?

A. Temporary Assistance (TA) applicants and recipients who apply for SSI within sixty days of signing a TA application or recertification form may be entitled to a "protective filing date" given by the SSA. The SSA may treat the TA application or recertification date as the SSI application date under the "protective filing date" rule. If the SSA establishes a protective filing date, this may give an SSI applicant up to two extra months of SSI.

3. Work Supports –The programs and benefits described in sections A (Temporary Assistance), B (Medical Assistance), C (Child Support), D (Food Stamps Benefits), E (Transitional Help), F (Child Care), and this section H (Other Benefits) can be very helpful if you are struggling to make ends meet, particularly if you are working. Also, if your earnings are less than $41,646 per year, (the new EITC threshold for two children, married filing jointly) you may be able to bring home more money to support yourself/ your family by filing your tax returns and getting the tax credits you are eligible for.

- **Earned Income Credit** - If you are working or worked last year, you may be able to get additional money from the State and Federal Earned Income Tax Credits (EITC). In order to get these credits, you must file tax returns even if you do not owe any taxes. To get the Earned Income Tax Credits (EITC) federal (EITC), you must file a federal income tax return using either the 1040 or 1040A form and the form Schedule (EITC). (Only workers who are not raising children may use form 1040EZ to claim the Federal EIC.) To get the State (EITC), you must file a State income tax return and the State form IT-215.

  If you had earned income <u>and</u> file State and Federal income tax returns, you may still be eligible for the Earned Income Tax Credit (EIC) from both the State and Federal governments. If you owe income tax, the EIC will reduce the amount of tax that you owe. If your EIC exceeds the amount of tax that you owe, you will receive the difference as a refund. Even if you do not owe taxes, you can receive the EIC.

  If you are eligible for the EIC and you would like the money spread out over the whole year (advance payments) and get a reduced EIC at the end of the year, ask for a "W-5" is (EIC Advance Payment Certification) from your employer, fill it out and return it to your employer.

- **Child Tax Credit** - The federal Child Tax Credit can be worth up to $1,000 for each qualifying child under the age 17.

  New York State has it own version of the Child Tax Credit called the Empire State Child Credit. Workers can claim a credit equal to the greater of $100 times the number of children who qualify for the federal Child Tax Credit <u>or</u> 33% of their federal Child Tax Credit.

  A working family can claim both of these credits in addition to the EITCs.

- **Non-custodial Parent (NCP) New York State EITC** – This New York State Child Credit is available to noncustodial parents if the following qualifications are met:

  - be a New York State resident tax payer;
  - be between the ages of 18 and 65;
  - be a noncustodial parent and have a child(ren) that does not reside with him or her;
  - have a child support order through a New York State Support Collection Unit (SCU) for at least one-half year; and
  - have paid 100% of the current amount of child support due for any tax year in which the NCP EITC is claimed.

- **Child And Dependent Care Credit –** The federal Child and Dependent Care Credit is a tax benefit that helps families pay for child care for at least one child under the age of 13. It can also help families that must pay for the care of a spouse or adult dependent who is incapable of caring for himself or herself. The credit can be worth as much as $1,050 for families with one child or dependent in care and up to $2,100 for families with more than one child or dependent in care.

  The New York State Child And Dependent Care Credit is a minimum of 20% and as much as 110% of the federal credit, dependent upon the amount of the NYS adjusted gross income. Home Energy Assistance Program (HEAP), women, infants and children (WIC), and School Breakfast and Lunch Meals.

- **Education Credits** – There are two education credits that may be claimed by each eligible student:

  - Hope Credit: This credit applies to the first two taxable years of post-secondary education. $1,800 is the maximum credit per student that may be claimed.
  - Lifetime Learning Credit: This credit is available for students at any point in their post-secondary education. The maximum credit is $2,000 for one household, regardless of the number of eligible students in the family.

- **Get connected...to myBenefits!**

Anyone in New York can visit a new website, **www.myBenefits.ny.gov**, to find out if they might qualify for Food Stamp Benefits, Earned Income Tax Credits, Child and Dependent Care credits, and other programs designed to help low-income working households make ends meet. It will also provide information on where and how to apply. The site will be expanded regularly to allow screening for other programs.

4. **Home Energy Assistance Program (HEAP) -** The Home Energy Assistance Program can help you with heating and utility costs and certain essential heating equipment repairs. You may be able to get Home Energy Assistance if:

   - You receive Temporary Assistance
   - You receive Food Stamp Benefits
   - Your income is at or below current guidelines
   - You receive Supplemental Security Income (SSI)

   YOU DO NOT NEED TO HAVE A HEATING OR UTILITY EMERGENCY IN ORDER TO GET HEAP.

5. **Grants of Assistance to Guide Dogs -** If you are able to get (SSI) and use a guide dog, you may be able to get money to buy food for your dog. If you live **outside** of New York City, you can apply for this money at your local department of social services. If you live **in** New York City, call or visit your local Job Center.

6. **LifeLine** - If your income is low, you may be able to get a telephone discount service called LifeLine for a little more than $1.00 a month. You may be able to get LifeLine if you get:

   - Temporary Assistance
   - Medical Assistance
   - Food Stamp Benefits
   - Home Energy Assistance
   - Supplemental Security Income (SSI)

   For information on LifeLine, call your telephone services provider.

7. **WIC** (The Special Supplemental Program For Women, Infants and Children) - If you have little or no income, are pregnant, breastfeeding or have children up to age 5, and are at nutritional risk, the **WIC Program** may be able to help you. The WIC Program provides helpful information about nutrition and the importance of eating healthy foods. The WIC Program provides checks which can be exchanged in participating stores for infant formula, milk, juice, eggs, cheese, cereal, peanut butter, dry peas and beans.

   For more information about the **WIC Program** and where you can apply, call **1-800-522-5006**.

8. **Burial** -The local department of social services provides for burial when a Temporary Assistance recipient or other person dies leaving no funds or insurance sufficient to pay the burial cost, and there are no relatives, friends or other persons liable or willing to take responsibility for the burial expense. This is true only if the local department of social services limit for the cost of the burial is not exceeded.

   Sometimes relatives and friends make burial arrangements for a person. They might be eligible for some reimbursement, provided that no more has been spent on the burial than the local department of social services allows.

   Application may be made for burial or for limited burial reimbursement at the burial unit or resource unit of your local department of social services. Contact that agency to find out where you should apply and what the limit is on the length of time you have to apply.

   Do not make arrangements with a funeral director until you find out the county limit on how much may be spent on an indigent burial.

9. **Voter Registration -** You have a right to obtain an application for voter registration, to receive assistance in filling out that application, and to file that application for forwarding to the appropriate local board of elections at any government office accepting applications for benefits described in this book. For further information call the State Board of Elections toll free **1-800-367-8683** or **1-800-533-8683** (TDD) for the hearing impaired.

10. **Veteran Benefits** – If you ever served in the United States Military (including National Guard or Reserves if ever ordered to active duty by the President), and were discharged under other than dishonorable conditions, there are an array of social, economic, and vocational benefits and services you may be entitled to receive through the US Department of Veterans' Affairs. These include, but are not limited to, the following:

    - Healthcare Services
    - Service-Connected Disability Compensation
    - Non-Service Connected Disability Benefits
    - Family and Survivor Benefits
    - Substance Abuse Treatment
    - Educational Benefits
    - Vocational Rehabilitation
    - Employment Services

    If you are a "low-income" veteran in receipt of SSI, or have otherwise been determined to be permanently and totally disabled, **and** served a minimum of 90 days with at least one day during a period of war, you may be eligible to receive a monthly benefit from the

VA that is significantly more than SSI – even if your disability is not the result of military service. If you are age 65 or over and meet the above service requirements, you could also qualify even if you are not disabled.

Veterans suffering from an illness, disease, or injury they feel was incurred or aggravated as the result of military service should pursue eligibility for Service-Connected Compensation benefits - even if the condition was not diagnosed until years later – such as those who served in Vietnam and have since been diagnosed with Type II Diabetes, prostate cancer, respiratory cancers, or Hodgkin's disease, to name just a few.

For more information about the above or other available benefits and services, contact a federal, state, or county veteran benefits counselor today. Counselors are available to assist you at no cost. To locate one nearest you, call **1-888-VETS-NYS (1-888-838-7697).**

SECTION I PEOPLE WITH DISABILITIES

Q. Can I Get Help From The Local Department Of Social Services Office. If I Am Disabled And Cannot Go To The Local Department Of Social Services Office, Or Do Other Things The Local Department Of Social Services May Want Me To Do?

A. If you have a physical or mental condition that substantially limits what you are able to do, you may have rights under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Some examples of physical or mental conditions include, but are not limited to:

- loss of hearing or vision;
- inability to move around easily;
- a learning disability;
- mental retardation;
- history of drug or alcohol addiction;
- depression.

Q. If I Am Disabled And Cannot Go To The Social Services Office, Or Do What The Local Department Of Social Services Asks Me To, What Should I Do?

A. If you cannot do something we ask you to do, we may help you do it or find a different way for you to meet the rules or we may change what you have to do. This is called reasonable accommodations. If you have a disability and you need reasonable accommodations you can let us know. Here are some of the ways we can help a person with a disability:

- If you are not able to come to our office, we can give you the address of another office location that is accessible, or tell you another way that can get access to our social services programs. We may also be able to call or visit if you are not able to come to our office.
- We can tell you what a letter that you have gotten from us means.
- We can help you develop an employability plan that allows you to work even though you have a disability, or we can help if you cannot do something in your plan.
- We can help you appeal a denial of benefits, such as Supplemental Security Income (SSI).
- If you need some other kind of help, let your worker know.

Q. Can I Just Tell The Local Department Of Social Services That I Need Help To Find A Different Way To Meet The Rules To Get The Benefits I Need?

A. Yes. You can tell the local department of social services that you need help. But, the help to find a different way to meet the rules (reasonable accommodation) is for individuals who meet the necessary eligibility requirements for receiving services or participation in the program or activity and who qualify for protection under the ADA. Those are people who have a physical or mental limitation that prevents them from doing certain activities. The local department of social services may ask a person who requests a reasonable accommodation under the ADA to provide documentation or to take part in initial screening and further assessment processes to identify possible disabilities and limitations to ensure that appropriate reasonable accommodations and other services are provided.

Q. What If The Local Department Of Social Services Finds A Different Way For Me To Meet The Program Rules But I Don't Like That Way?

A. If the local department of social services finds a way for you to meet the rules and get the benefits that you need (reasonable accommodation), but you refuse that way, you may be found ineligible for the program and benefits you need, or you may get less of the benefit you need. For example, although drug addiction is a disability under the ADA, a local social services district may withhold services or benefits when an addict is currently and illegally using drugs or abusing alcohol and refuses to take part in required screening for alcohol and/or substance abuse. If the

local department of social services finds you ineligible for the program and benefits you need, or decides that you should get less of them, you will get a notice telling you about your application and your benefits and if your benefits are denied or reduced, or your case is closed.

Q. Will I Automatically Be Eligible For The Programs Of The Local Department Of Social Service If I Am Disabled?

A. You cannot be denied benefits **only** because you are disabled. But you may be ineligible for a benefit that you want for the same reasons that a non-disabled person is ineligible. For example, if your income is above the limit for the program(s) and benefits you want, you will not be eligible.

Q. What If I Disagree With The Decision Of The Local Department Of Social Services?

A. You can request a fair hearing if you do not agree with the decision of the local department of social services. To request a fair hearing follow the instructions listed in the "YOUR RIGHTS" section of Book 1 (LDSS-4148A), ("What You Should Know About Your Rights and Responsibilities"), which you received at the same time that you received this book.

Q. What Can I Do If I Think I Have Been Discriminated Against?

A. Discrimination by the New York State Office of Temporary and Disability Assistance (OTDA), by the New York State Department of Health (DOH), by the New York State Office of Children and Family Services (OCFS), by the New York State Department of Labor (DOL), or by your local department of social services based on race, religion, ethnic background, marital status, disability, sex, national origin, political belief or age is illegal.

If you think you have been discriminated against you should follow the instructions listed in the "YOUR RIGHTS" section of Book 1, (LDSS-4148A) "What You Should Know About Your Rights and Responsibilities", which you received at the same time that you received this book.

SECTION J IMMUNIZATIONS

Immunizations have reduced, and in some cases, eliminated, many diseases that routinely killed or harmed many infants, children, and adults. However, the viruses and bacteria that cause preventable disease and death still exist and can be passed on to people who are **not protected by immunizations.** Immunizations are the single most important way parents can protect their children against the following childhood diseases:

- Diphtheria
- Haemophilus influenza type b (Hib)
- Hepatitis A
- Hepatitis B
- Measles
- Pneumococcal Disease (pneumonia)
- Rotavirus
- Human Papilomavirus (HPV)
- Mumps
- Pertussis (whooping cough)
- Rubella (German measles)
- Tetanus (lockjaw)
- Varicella (chicken pox)
- Influenza (flu)
- Meningococcal meningitis

SECTION K ELECTRONIC BENEFIT TRANSFER (EBT)

Q. What Is EBT?

A. EBT is Electronic Benefit Transfer. This refers to the method by which your Temporary Assistance and/or Food Stamp Benefits are issued to you. With Electronic Benefit Transfer (EBT) recipients will have accounts set up for Food Stamp Benefits and/or Temporary Assistance benefits. These benefits are electronically transferred into your account(s) on your benefit availability dates.

Q. How Do I Access My Benefits?

A. You will receive a Common Benefit Identification Card (CBIC) that you will use to access your Temporary Assistance, Food Stamp Benefits and Medical Assistance benefits. The Common Benefit Identification Card (CBIC) may be used:

- To get cash at Automated Teller Machines (ATM's) that display the QUEST logo
- To buy food at any store where the QUEST logo is displayed
- To make cash purchases at participating EBT locations
- To access medical benefits

You will receive receipts for all of your Cash and Food Stamp Benefits transactions. These receipts will show the amount of the transaction and the balance remaining in your Cash account or Food Stamp Benefits account. Keep your receipt to make sure it matches the transaction you authorized, and to help you keep track of your account balances.

Q. What Is A PIN?

A. PIN stands for Personal Identification Number (PIN). Your PIN is a 4-digit number that was either assigned to you or that you chose. Your PIN is equal to your *electronic signature* and should always be kept a secret. **Remember** - if someone has your Common Benefit Identification Card (CBIC) and knows your PIN they can access ALL of your benefits. These benefits will NOT be replaced. It is YOUR responsibility to keep your card safe and your PIN secret. You may change your PIN at any time.

NOTE: If your Common Benefit Identification Card (CBIC) needs to be replaced you can continue to use the same Personal Identification Number (PIN).

Q. How Can I Change My Personal Identification Number (PIN)?

A. You have **three** options:

- Call Customer Service toll free **1-888-328-6399**.
- Go to your local department of social services and choose a new Personal Identification Number (PIN).
- Go online via the internet to the EBT Account website at **www.ebtaccount.jpmorgan.com**.

Q. My CBIC Card–How Does It Work And What Kind Of Information Does It Contain?

A. The back of your CBIC has a black magnetic stripe. When the card is inserted or swiped through the card opening at the ATM or retailer Point of Sale (POS) device the machine "reads" information coded into the stripe on your card, which in turn initiates a transaction with your Food Stamp Benefits or Cash account. In order for a transaction to be completed, your PIN must be entered. The back of your card also contains the toll free EBT Customer Service number **(1-888-328-6399)**.
The front of your card contains your name, your 19 digit card number, your date of birth, your Client Identification Number (CIN) and may contain your photo.

Q. When Should I Contact My Worker About My Benefits?

A. You should contact <u>your local department of social services worker</u> regarding the following questions or problems:

- Questions about the Food Stamp Benefits for which I am eligible, including benefit amounts and frequency.
- To report changes in your circumstances that may affect your benefits.
- For replacement of a lost, damaged or stolen Common Benefit Identification Card (CBIC), (after you have called Customer Service).
- Questions about an Authorized Representative (a person other than yourself who is able to access your Food Stamp Benefits with your permission).

Q. Do I Have To Use My Benefits All At Once?

A. No, the benefits in your Cash account and Food Stamp Benefit account can carry over from month to month. However, if you do not use your Cash account for a period of 90 consecutive days, any cash benefit in your account that is 90 days old or older will be expunged (removed) and returned to the agency. You may ask your worker to reissue expunged cash benefits for which you are eligible. If your Food Stamp Benefit account goes unused for a period of 365 consecutive days, any benefit in that account which is 365 days old or older will be expunged (removed) and will not be reissued.

Q. Are There Charges For Using My Common Benefit Identification Card (CBIC)?

A. You may use your card at a Point of Sale (POS) device in a QUEST participating store to make purchases from your Cash and Food Stamp accounts at no charge. Some EBT participating stores and retailers will allow customers to get cash back from their Cash account. Ask the store about its policy on cash back. If you are getting cash from an ATM machine, you may withdraw money 2 times during each month without having to pay a transaction fee. After the 2 free uses, there will be a 50 cent transaction fee taken from your Cash account every time you use an ATM to withdraw cash for the rest of that month. In addition, some ATMs impose a surcharge per transaction to withdraw cash. The cost to use the ATM should be clearly posted. To find locations of ATMs that do not surcharge in your area, you may call the EBT Locator Service toll free **1-800-289-6739**.

There Is Never A Charge To Access Your Food Stamp Benefits Or Medical Benefits With Your Common Benefit Identification Card (CBIC).

Q. Will I Be Able To Get Any Change Back From My Food Stamp Account?

A. No, your Food Stamp Benefits account may only be used to purchase eligible food items at participating stores. No cash will be issued as a result of a Food Stamp account transaction.

Q. What Is Electronic Benefit Transfer (EBT) Customer Service? And What Information Can They Help Me With?

A. You may call Customer Service toll free **1-888-328-6399**, 24 hours a day/7 days a week, or contact Customer Service~~s~~ online via the internet at **www.ebtaccount.jpmorgan.com** if you have a concern about your benefits with EBT. Effective August 15, 2007 the EBT Customer Service number **(1-888-328-6399)** will no longer accept calls from public payphones. People with disabilities may use the following relay center numbers: TTY users **1-800-662-1220**; Non TTY users **1-800-421-1220**; and VCO users **1-877-826-6977**. **Most of the questions and answers that follow are examples of how Customer Service can help you.**

Q. What Should I Do If My Common Benefit Identification Card (CBIC) Is Lost, Stolen Or Does Not Work?

A. Immediately call EBT Customer Service toll free **1-888-328-6399** and they will cancel your lost or stolen card. This will avoid the possibility of someone else being able to use this card. To replace your card you need to contact your local department of social Services. EBT Customer Service cannot replace the card for you.

Q. How Can I Find Out How Much Cash Or Food Stamp Benefits I Have In My Accounts? How Can I Find Out Where And When I Spent My Benefits?

A. Call Customer Service toll free **1-888-328-6399** and the Automated Response Unit (ARU) will provide answers to your questions regarding account transactions and balances.

When using the Automated Response Unit (ARU), be prepared to provide your 19-digit card number found on the front of your Common Benefit Identification Card (CBIC). You may also access this information online, via the internet at **www.ebtaccount.jpmorgan.com.**

Q. What Should Be Done If I Think The Account Balance On The Last Receipt Is Wrong?

A. Contact Customer Service and compare your last several receipts to the information provided regarding your past account record**.**

Any differences between the account record and your receipts should be reported to a Customer Service representative toll free **1-888-328-6399** so that a claim may be investigated. With regard to Food Stamp Benefits account claims, your claim will be investigated and resolved within 10 business days from the date you filed the claim with Customer Service.

A claim number will be given to you. Remember to write this claim number down because it will be needed when you telephone Customer Service to check on the progress of the claim.

NOTE: A Cash account claim investigation can take up to 30 days from the date you report it to EBT Customer Service to resolve. For both your Cash account and Food Stamp Benefits account, a claim can be taken by EBT Customer Service only if you report it within 90 days of the date of the account transaction that you want investigated.

Q. Can I Get A Written Record Of My Account?

A. Yes, Customer Service will provide the last ten transactions from either your Cash account and Food Stamp Benefits account or you may also request that a Customer Service Representative mail a report of the last two months of transactions to your home. You can also access this information online via the internet at **www.ebtaccount.jpmorgan.com.**

Q. How Can I find The Location Of ATMs And Retailer Point Of Sale (POS) Devices That Do Not Surcharge To Withdraw Cash?

A. You may call the EBT Locator Service toll-free **1-800-289-6739.** This information is also available from your local department of social services office, or via the Internet at **http://www.otda.state.ny.us/ebt/zips.**

Q. What Is A "Retailer Adjustment"?

A. When you buy food with your Food Stamp Benefits account, but a computer error happens and your account is not charged, the store can ask Customer Service to investigate their claim. If the investigation shows that the store did not get paid from your account, your account will be charged to pay the store for the food you bought. When a retailer adjustment is requested, you will receive a notice about the request.

Q. Can The State Make An Adjustment To My Cash And/Or Food Stamp Benefits Accounts?

A. If, as a result of an error in the benefits issuance process your account is unjustly enriched with a benefit to which you are not entitled, the State may adjust your account to correct the situation.

Q. Can I Continue To Access My Account(s) After My Case Is Closed?

A. Yes, your card will remain active and you will be able to access your account(s) as long as there are benefits remaining in the account(s).

Q. If I Still Have Paper Food Stamp Coupons To Use, Will Stores Still Redeem Them?

A. After June 17, 2009, stores will no longer accept paper Food Stamp coupons. If you have any paper coupons in your possession, you should redeem them at a participating Food Stamp retailer before that date.