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 | ADMINISTRATIVE DIRECTIVE |  
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TRANSMITTAL: 99 ADM-3

TO: Commissioners of  
 Social Services

DIVISION: Temporary  
 Assistance

DATE: June 2, 1999

SUBJECT: PA Budgeting: 1999 Changes to the Earned Income Disregard and  
 Poverty Level Income Test

SUGGESTED  
 DISTRIBUTION:

Temporary Assistance Staff  
 Medical Assistance Staff  
 Food Stamp Staff  
 CAP Coordinators  
 Directors of Services  
 Staff Development Coordinators

CONTACT  
 PERSON:

Call 1-800-343-8859 and ask for the following:  
 Temporary Assistance: Team 1, 3-0332; Team 2  
 4-9344, Team 3, 4-9307; Team 4, 4-9300; Team 5  
 3-1469; Team 6, 212-383-1658.  
 Medicaid: Sharon Burgess, (518)-473-5536, or  
 Priscilla Smith, (518)-473-5532

ATTACHMENTS:

Attachment A: Federal Poverty Guidelines  
 Attachment B: Notice of Intent (ROS)  
 Attachment C: Notice of Intent (NYC)  
 (Attachments available on line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
97 ADM-23	98 ADM-10	352.18 352.19 352.20 352.3(a)- (d) 352.8(b)(1)	131-a(8)(a) (iii)		

## I. Purpose

This directive advises social services districts (SSDs) of a change in the percentage of earned income which is disregarded during the public assistance budgeting process. Annually on June 1, as required by Social Service Law Section 131-a (8)(a)(iii), this percentage must be adjusted up or down to reflect the change in the most recently issued poverty guidelines of the United States Bureau of the Census (Attachment A). Additionally, this change in the earned income disregard requires that thresholds of the Poverty Level Income Test be updated.

## II. Background

The Welfare Reform Act of 1997 (WRA) required districts to use a new budgeting methodology which employs a flat percentage earned income disregard. This earned income disregard is applied to the difference between the eligible applicant's/recipient's (A/R) gross income and the \$90 work expense disregard. The WRA requires that on an annual basis, beginning on June 1, 1998, the rate of the earned income disregard be adjusted to reflect the most recently released federal poverty guidelines.

The WRA also imposes a Poverty Level Income Test which requires that a household's total gross earned and unearned income cannot exceed the federally established poverty level by family size. This test applies only to persons living in situations subject to the maximum shelter allowances under Department Regulations 18 NYCRR 352.3(a)-(d), or 352.8(b)(1). An update to the threshold is necessary on a yearly basis in order to prevent persons from becoming ineligible for assistance because their gross earned and unearned income is above federal poverty guidelines.

## III. Program Implications

The amount of the new earned income disregard amount increase is from 45% to 46%. SSDs will be required to begin budgeting the new earned income disregard for budgets with an effective June 1, 1999 date or later. The ABEL system will provide support for this change effective April 19, 1999.

The change in the earned income disregard is applicable to all Family Assistance (FA) households. In addition, Safety Net Assistance (SNA) households, which include a dependent child applying for or receiving SNA or SSI, are also eligible to receive the earned income disregard.

Effective June 1, 1999, gross earned and unearned income cannot exceed the 1999 monthly poverty level. This provision continues to only apply to those persons living in situations subject to normal Departmental shelter schedules. It does not apply to individuals residing temporarily in hotel/motels, domestic violence shelters, AIDS housing, congregate care facilities, etc. This test is fully supported by ABEL.

The change in the Poverty Income Level Test applies to all public assistance households residing in appropriate shelter situations.

IV. Required Actions

A. Applicants

An applicant's eligibility for public assistance must continue to be determined without application of the 46% earned income disregard unless not more than four months have elapsed since such person was off assistance. If eligible without the earned income disregard, the disregard is granted in calculating the net earned income.

The poverty level test will automatically be applied by ABEL to all applicants residing in appropriate shelter situations.

B. Recipients

A mass re-budgeting of all cases with earned income currently receiving the earned income disregard and an authorization "to" date 6/1 or greater, will take place prior to June 1 on an annual basis. A separate notice for Upstate (Attachment B) and a separate notice for New York City (Attachment C) have been prepared for this effort. Recipients with an authorization "to" date less than 6/1 who are eligible for assistance, will need to receive a notice which incorporates the information contained in the mass re-budgeting notice.

C. Examples

Example #1: NYC Eligible Recipient Family

A three person household is residing in a private apartment with heat included in the rent and has gross earnings of \$900 monthly.

\$ 900.00	Gross Earnings	\$577.00	standard of need
- (\$90.00)	Work Expense Disregard	-(437.40)	net earned income
810.00	(remainder)	139.00	net grant (rounded)
- (372.60)	(46% of remainder)	\$ 900.00	gross earned income
437.40	net earned income	\$1039.00	grant+gross earnings

The family is eligible for a \$139.00 grant. The 1999 monthly poverty guideline for a family of three is \$1156.57. The family passes the poverty level income test and remains eligible for assistance.

Example #2: Ulster County Ineligible due to Poverty Level Income Test

A three person household is applying for public assistance and is residing in a private apartment with heat included in the rent and has gross earnings of \$1160.00 monthly.

\$ 1160.00 Gross Earnings  
- 1156.67 Poverty Income Limit  
\$ 3.33 GROSS SURPLUS

The family is ineligible for public assistance because they have failed the poverty level test by \$3.33.

D. Food Stamps Implications

An increase in available public assistance income due to an increase in the public assistance earned income disregard must be counted when budgeting for Food Stamps. Public Assistance/Food Stamp cases that are mass re-budgeted will have their Food Stamp benefits automatically adjusted. Food Stamp households are still entitled to a 20% earned income disregard from their gross earned income.

E. Medical Assistance Implications

For Medical Assistance implications, please contact your appropriate Medical Assistance representative.

F. Notice Requirements

Attachments B and C to this directive are copies of the increase letters.

G. Systems Implications

The new 46% Earned Income Disregard and the new poverty levels for the Poverty Income Level Test were migrated Upstate as of April 17, 1999, for budgets with Budget From Dates of June 1, 1999 or later. A Mass Re-budgeting/Reauthorization, on April 26, 1999, automatically re-budgeted public assistance cases with earned income and a 45% Earned Income Disregard. Cases listed as exceptions will need to be re-

budgeted by the SSD. See ABEL Transmittal 99-2 for additional information regarding the MRB/A.

V. Effective Date

Effective June 1, 1999.

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Patricia A. Stevens  
Deputy Commissioner  
Division of Temporary

1999 Federal Poverty Guidelines

<u>Size of Family Unit</u>	<u>Poverty Guideline</u>
1	\$8,240
2	11,060
3	13,880
4	16,700
5	19,520
6	22,340
7	25,160
8	27,980

For family units with more than 8 members, add \$2,820 for each additional member.

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**PUBLIC ASSISTANCE:** This Notice is to tell you that this agency intends to INCREASE your benefits effective June 1, 1999 due to a change in the amount of the earned income disregard.

This is because our records show that someone in your household has earned income which exceeds your assistance needs. Under State law (Social Services Law 131-a(8)(a)(iii)), the percent of earned income disregarded from your earned income must be adjusted annually beginning in June 1998. The income disregard reflects the changes in the most recently issued poverty guidelines issued by the Census. Under the law, effective June 1, 1999, we cannot count the first \$90 in earned income and the remainder. For example, if you have \$400 in earned income we could not count \$232. (which is 46% of the remainder).

**Recoupment** - If you have been notified previously that a recoupment is being taken against your benefits, it will continue at the same percentage rate.

The law which allows us to do this is Social Services Law 131-a(8)(a)(iii).

**FOOD STAMPS:** We count your public assistance grant against your food stamps. Your food stamps may decrease because your public assistance grant is increasing. For every \$3 your public assistance grant increases, your food stamps may decrease by about \$1. For example, if your public assistance goes up \$30, your food stamps may decrease by about \$10.

The Regulation which allows us to do this is 18 NYCRR 387.12.

**MEDICAL ASSISTANCE:** Your Medical Assistance benefits will continue unchanged.

The Regulation which allows us to do this is 18 NYCRR 360-3.3.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference as soon as possible. At the conference, if we discover that we made the wrong decision, you provide, we determine to change our decision, we will take corrective action and give you a conference by calling us at the number on the top of this notice or by sending a letter to the address listed at the top of this notice. This number is used only for asking for a conference. **request a fair hearing.** If you ask for a conference you are still entitled to a fair hearing. Your benefits continue unchanged (aid continuing) until you get a fair hearing decision, in the way described below. A request for a conference alone will **not** result in continuing your benefits. For more information on how to request a fair hearing, please call the number on the top of this notice.

**RIGHT TO A FAIR HEARING:** If you believe that the above action(s) are wrong, you may request a State fair hearing by:

1. **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

**OR**

Notice of Intent to Increase  
Your Public Assistance and  
Decrease Your Food Stamps, 6/99  
Earned Income Disregard Increase (ROS)

+--+  
+--+ I want a fair hearing. The agency's action is wrong because:

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Name of client (PRINT) \_\_\_\_\_  
Signature of Client \_\_\_\_\_  
Client Address \_\_\_\_\_  
Client Phone Number \_\_\_\_\_ County \_\_\_\_\_  
Case Number \_\_\_\_\_

For Public Assistance, you have 60 days from the date your June 1999 Public Assistance request a fair hearing. For Food Stamps, you have 90 days from the date your June 1999 benefits become available to request a fair hearing.

The date your June 1999 benefits become available is:

- o The date you can access your public assistance and food stamp benefits with your plan

If you request a fair hearing, the State will send you a notice informing you of the time you have the right to be represented by legal counsel, a relative, a friend or other person at the hearing you, your attorney or other representative will have the opportunity to present and demonstrate why the action should not be taken, as well as an opportunity to question an attorney at the hearing. Also, you have a right to bring witnesses to speak in your favor. You may bring documents such as this notice, paystubs, receipts, medical bills, heating bills, medical bills that may be helpful in presenting your case.

If you request a hearing, a hearing will be scheduled: however, if at the hearing the hearing officer determines that you are not complaining about an incorrect computation of your public assistance grant, that you did not have a right to a hearing on your public assistance grant.

**CONTINUING YOUR BENEFITS:** If you request a fair hearing within 10 days after your June 1999 benefits become available, your food stamps will be reinstated to the amount you received before the hearing decision is issued. However, if you lose the fair hearing, you will owe any food stamps you received. We are required by Federal Law to recover any food stamp overpayments. We may collect any food stamps you receive that you were not entitled to, which may be collected by deductions from allotments, lump sum installment payments or through legal action. If you want to avoid this, check the box below. You can also indicate over the telephone or in a letter that you do not want your food stamps. If you check the box below, your benefit will not be reinstated to the amount you were receiving at the time of the hearing while you are waiting for your fair hearing.

If at the hearing, the hearing officer determines that you are not complaining about an incorrect computation of your public assistance grant, that you did not have a right to a hearing on your public assistance grant, the hearing officer may determine that you were not entitled to have your food stamp benefits continue and order that the reduction take effect immediately.

+--+  
+--+ I do not want my benefits reinstated and continued unchanged until the hearing decision is issued.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance from the Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you may request a copy of your file and documents.

NOTIFICACION SOBRE EL INTENTO DE AUMENTAR  
ASISTENCIA PUBLICA Y DISMINUIR SUS CUPONE  
INGRESO GANADO QUE NO SE TOMA EN CUENTA

Número de Caso:  
Oficina/Unidad/Trabajador(a):

No. de Teléfono General para  
Hacer Preguntas o  
Pedir Ayuda:

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**ASISTENCIA PUBLICA:** Esta Notificación es para informarle que esta agencia intenta AUMENTAR sus beneficios a partir de junio de 1999 debido a un cambio en la cantidad del ingreso ganado que no se toma en cuenta.

Esto se debe a que nuestros récords indican que alguien en su hogar ha ganado algún necesidades de asistencia pública. De acuerdo a la Ley Estatal (Ley de Servicios Sociales) el porcentaje del ingreso que puede dejarse de tomar en cuenta de su ingreso ganado debe ser el que se aplicó en junio de 1998. La nueva cantidad del ingreso ganado que no se toma en cuenta refleja lo emitida recientemente por el Buró del Censo de los Estados Unidos. De acuerdo a la ley, no podemos contar los primeros \$90 de su ingreso ganado y 46% del resto. Por ejemplo, si sus ingresos ganados, nosotros no podríamos contar \$232.60 (los primeros \$90 más \$ 142.60 que representan

**Reembolso:** Si usted ha sido notificado previamente que se está descontando un reembolso de sus beneficios, continuará al mismo porcentaje.

La ley que nos permite hacer esto es la Ley de Servicios Sociales 131-a(8) (a) (iii).

**CUPONES DE ALIMENTOS:** Nosotros contamos su asignación de asistencia pública contra sus cupones de alimentos. Por cada \$3 en el que su asignación de asistencia pública aumenta, puede ser que sus cupones de alimentos disminuyan \$1. Por ejemplo, si su asistencia pública sube en \$30, puede ser que sus cupones de alimentos disminuyan \$10.

La Regulación que nos permite hacer esto es la 18 NYCRR 387.12.

**ASISTENCIA MEDICA:** Sus beneficios de Asistencia Médica continuarán sin cambio alguno.

La Regulación que nos permite hacer esto es la 18 NYCRR 360.3.3.

USTED TIENE EL DERECHO DE APELAR ESTA DECISION. LEA ABAJO SOBRE COMO APELAR ESTA DECISION

**DERECHO A UNA CONFERENCIA:** Usted puede pedir una conferencia para revisar esta decisión. Si usted desea una conferencia, usted debe pedir una lo más pronto posible. Si durante la conferencia, nosotros determinamos que la decisión es errónea o si, debido a la información que usted provea, nosotros determinamos que tomaremos acción correctiva y le proporcionaremos una nueva notificación. Usted puede llamarnos al número que aparece en la parte superior de la versión en Inglés de esta notificación o solicitar por escrito a la dirección anotada en la parte superior de la versión en Inglés. El número se utiliza sólo para pedir una conferencia. Esa no es la manera de solicitar una audiencia imparcial. Si usted desea una conferencia, usted aún tiene derecho a una audiencia imparcial. Si usted desea una audiencia imparcial (que continúe la ayuda) hasta que usted obtenga una decisión de la audiencia imparcial, solicite una audiencia imparcial en la manera descrita a continuación. Una solicitud para una audiencia imparcial resultará en la continuación de beneficios. Lea más abajo para obtener información sobre



**DERECHO A UNA AUDIENCIA IMPARCIAL:** Si usted cree que la acción especificada arriba es incc una audiencia imparcial del Estado:

1. **Llamando por Teléfono al:** (POR FAVOR TENGA ESTA NOTIFICACION A MANO CUANDO LLAME)
2. **Por Correo:** Enviando una copia de esta notificación **completada**, a la Office of Administr State Office of Temporary and Disability Assistance, P.O. Box 1930, Alba guarde una copia para usted.

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+-+ Deseo una audiencia imparcial. La acción de la Agencia es errónea porque:

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Nombre del Cliente (en letra de molde) \_\_\_\_\_  
Firma del Cliente \_\_\_\_\_ Fecha \_\_\_\_\_  
Dirección del Cliente \_\_\_\_\_  
No. de Teléfono del Cliente \_\_\_\_\_ Condado \_\_\_\_\_  
No. de Caso \_\_\_\_\_

Para la Asistencia Pública, usted tiene 60 días a partir de la fecha en que sus beneficio de 1999 estén disponibles para solicitar una audiencia imparcial. Para Cupones de Alime fecha en que sus Cupones de Alimentos de junio de 1999 estén disponiles para solicitar un

La fecha en que sus beneficios de junio de 1999 estarán disponibles es:

o La fecha en que usted puede tener acceso a los beneficios de su asistencia públi tarjeta plástica de DBIC.

Si solicita una audiencia imparcial, el Estado le enviará una notificación informándole la audiencia. Usted tiene el derecho de ser representado(a) por un abogado, un familiar, puede representarse a sí mismo(a). Durante la audiencia, usted, su abogado u otro repres presentar evidencia escrita y oral para demostrar la razón por la cual la acción no también tendrá la oportunidad de interrogar a cualquier persona que aparezca en la audien de traer testigos que testifiquen en su favor. Usted debe traer a la audiencia cua notificación, talonarios de pagos salariales, recibos, cuentas de utilidades, verificac puedan ayudarle en la presentación de su caso

Si usted solicita una audiencia imparcial se coordinará una; sin embargo, si en l audiencia determina que usted no se está quejando acerca de un cálculo incorrecto de su a el funcionario de la audiencia puede determinar que usted no tuvo derecho a una audie asistencia pública.

**CONTINUANDO SUS BENEFICIOS:** Si usted solicita una audiencia imparcial dentro de 10 días ó cupones de alimentos de junio de 1999 estén disponibles, sus cupones de alimentos serán usted recibía antes del cambio, hasta que se emita una decisión en la audiencia imparcial la audiencia imparcial, usted deberá devolver cualquier beneficio de cupones de alim recibido. Por Ley Federal, se nos requiere recuperar cualquier exceso de pago de benef Nosotros debemos entablar una demanda contra usted por cualquier beneficio de cup recibido al cual usted no tenía derecho, el que puede ser recobrado mediante pagos parcia de acción legal. Si usted desea evitar esta posibilidad, usted puede marcar la casilla indicar por teléfono o en una carta que usted no quiere el restablecimiento de sus cupone la casilla de abajo, su beneficio de cupones de alimentos no será restablecido a la ca mientras usted espera su audiencia imparcial.

Si en la audiencia, el funcionario de la audiencia determina que usted no se está q incorrecto de sus beneficios, o de que ha habido una mala aplicación o una mala interpret regulaciones, el funcionario de la audiencia puede determinar que usted no tenía derecho de alimentos continuasen sin cambio alguno hasta que se emitiese una decisión en la a ordene que la reducción de beneficios se lleve a cabo inmediatamente.

+-+ Yo no quiero que mis beneficios se restituyan y que continúen sin cambio al  
+-+ decisión en la audiencia.

**ASISTENCIA LEGAL:** Si usted necesita asistencia legal gratis, puede que obtenga tal ayuda de Ayuda Legal de su localidad (Legal Aid Society) u otro grupo legal de abogacía.

Case Number:  
Loc. Off./Unit/Work

General Telephone  
Questions or Help

Notice Date: May 21, 1999

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LA NOTIFICACION ADJUNTA EN ESPAÑOL LE INDICARA INFORMACION QUE NECESITARA PARA AYUDARLE  
SUS BENEFICIOS.

This Notice is to tell you that this agency intends to CHANGE your benefits as follows:

**PUBLIC ASSISTANCE:** Beginning June 1, 1999 your public assistance benefit will go:

FROM \_\_\_\_\_ TO \_\_\_\_\_.

The benefit amount is the amount **before** recoupments or restrictions are taken.

**Recoupment:** If you have a recoupment in place, the same recoupment percentage will continue to be applied.

**Restriction:** An example of a restriction is an amount taken from your benefit and paid to the electric company.

This is because there is a change happening to the way we count earned income when we decide how much you can get.

This is because our records show that someone in your household has earned income which is used to determine your public assistance needs. Under State Law (Social Services Law 131-a(8)(a)(iii)), the percentage of earned income disregarded from your earned income must be adjusted annually beginning in June 1998. The percentage of income disregard reflects the changes in the most recently issued poverty guidelines issued by the Census. Under the law, effective June 1, 1999, we cannot count the first \$90 in earned income and 46% of the remainder. For example, if you have \$400 in earned income we could not count \$232. (which is 46% of the remainder).

**FOOD STAMPS:** Beginning June 1, 1999, your FOOD STAMPS will go: FROM \_\_\_\_\_ TO \_\_\_\_\_.

This is because of the change to your public assistance benefits. The change in the earned income disregard will result in a change in your Food Stamps benefits. For every \$3 increase in your Public Assistance earned income disregard, your Food Stamps may decrease by \$1. The Regulation which allows for this is 387.12.

**MEDICAL ASSISTANCE:** Your Medical Assistance benefits will continue unchanged.

The Regulation which allows us to do this is 18 NYCRR 360-3.3.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference as soon as possible. At the conference, if we discover that we made the wrong decision, you provide, we determine to change our decision, we will take corrective action and give you a new decision.

FAIR HEARING RIGHTS

RIGHT TO A FAIR HEARING: If you believe that the action(s) we are taking are wrong, you may request a fair hearing by:

- (1) Telephoning: (212) 417-6550 (please have this notice with you when you call)
- (2) FAX: Send this page to (518) 473-6735.
- (3) Walk-In: Bring a copy of this page to NYS Office of Temporary and Disability Assistance, 3rd Floor, New York, NY.
- (4) Writing: By sending a copy of this page, completed, to the Office of Administrative Services, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, NY. Please keep a copy for yourself.

+-+  
+-+ I want a fair hearing. The Agency's action is wrong because \_\_\_\_\_ IS

Signature of Client: \_\_\_\_\_  
Name (print): \_\_\_\_\_ Case Number: \_\_\_\_\_  
Your Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

You have the following number of days from the date of this notice to request a fair hearing:

- Public Assistance - 60 Days
- Food Stamps - 90 Days

If you request a fair hearing, the State will send you a notice informing you of the time you have the right to be represented by legal counsel, a relative, a friend or other person, the hearing you, your attorney or other representative will have the opportunity to present and demonstrate why the action should not be taken, as well as an opportunity to question the hearing officer. Also, you have the right to bring witnesses to speak in your favor. You should bring documents such as this notice, paystubs, receipts, medical bills, heating bills, medical records. These documents may be helpful in presenting your case.

**Note:** If you request a hearing, a hearing will be scheduled; however, if at the hearing the hearing officer determines that you are not complaining about an incorrect computation of your public assistance grant, the hearing officer may determine that you did not have a right to a hearing on your public assistance grant.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date of a regulation change, you will continue to receive your benefits unchanged until the fair hearing decision is issued unless the hearing officer determines that the only thing you are complaining about is the change in State Regulation, the action specified in this notice will take effect immediately.

If you lose the fair hearing, you will owe any public assistance and food stamps that you were entitled to. Check the box(es) below if you wish to indicate that you do not want your aid continued until your hearing request. If you do check the box(es), the action(s) described will be taken as identified under the appropriate program.

I do not want the following benefits to continue unchanged until the fair hearing decision is issued:

- +-+ Public Assistance
- +-+ Food Stamps

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance from the Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society by checking your Yellow Pages under "Lawyers".

ACCESS TO RECORDS: To help you get ready for the hearing, you have a right to look at and receive copies of the documents in your file. To write to us, we will send you free copies of the documents from your file which we will use for the fair hearing. Also, if you call or write to us, we will send you free copies of other documents in your file.

Número de Caso:  
Oficina/Unidad/Tr

No. de Teléfono G  
Hacer Preguntas o  
Pedir Ayuda:

Fecha de la Notif  
21 de mayo de 199

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Esta Notificación es para informarle que esta agencia intenta CAMBIAR sus beneficios de la siguiente manera:

ASISTENCIA PUBLICA: A partir del 1 de junio de 1999, su beneficio de asistencia pública cambiará:

DE \_\_\_\_\_ A \_\_\_\_\_

La cantidad del beneficio es la cantidad antes de efectuar los reembolsos o las restriccio

**Reembolso:** Si usted tiene un sistema de reembolso en vigor, el mismo porcentaje de reembols

**Restricción:** Un ejemplo de una restricción es una cantidad descontada de su beneficio propietario(a) de su vivienda o a la compañía eléctrica.

Esto se debe a que hay un cambio en la manera en que nosotros contamos el ingreso asistencia pública usted puede obtener.

Esto se debe a que nuestros récords indican que alguien en su hogar ha ganado algún ingre necesidades de asistencia pública. De acuerdo a la Ley Estatal (Ley de Servicios porcentaje del ingreso que puede dejarse de tomar en cuenta de su ingreso ganado debe aju junio de 1998. La nueva cantidad del ingreso ganado que no se toma en cuenta refleja lo recientemente por el Buró del Censo de los Estados Unidos. De acuerdo a la ley, a part podemos contar los primeros \$90 de su ingreso ganado y 46% del resto. Por ejemplo, ganados, nosotros no podríamos contar \$232.60 (los primeros \$90 más \$ 142.60 que represen

CUPONES DE ALIMENTOS: A partir del 1 de junio de 1999, sus CUPONES DE ALIMENTOS cambiarán: DE \_\_\_\_\_

Esto se debe al cambio en sus beneficios de asistencia pública. El cambio en el ingreso puede causar un cambio en sus beneficios de Cupones de Alimentos. Por cada aumento de \$ Pública ocasionado por la nueva cantidad de ingresos ganados que no se toman en cuent disminuirán en \$1. La Regulación que nos permite hacer esto es la 18 NYCRR 387.12.

ASISTENCIA MEDICA: Sus beneficios de Asistencia Médica continúan sin cambio alguno.

USTED TIENE EL DERECHO DE APELAR ESTA DECISION. LEA ABAJO SOBRE COMO APELAR I

**DERECHO A UNA CONFERENCIA:** Usted puede pedir una conferencia para revisar estas conferencia, usted debe pedir una lo más pronto posible. Si durante la conferencia, noso decisión errónea o si, debido a la información que usted provea, nosotros determinamos ca tomaremos acción correctiva y le proporcionaremos una nueva notificación. Usted po llamándonos al número que aparece en la parte superior de la versión en Inglés de est solicitud por escrito a la dirección anotada en la parte superior de la versión en Inglés número se utiliza sólo para pedir una conferencia. Esa no es la manera de solicitar una audiencia im desea una conferencia, usted aún tiene derecho a una audiencia imparcial. Si usted des sin cambio alguno (que continúe la ayuda) hasta que usted obtenga una decisión de la

