

NOTICE DATE: _____ CASE NUMBER: _____ CIN NUMBER: _____ CASE NAME (And C/O Name if Present) AND ADDRESS <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 80%; height: 80%;"></div> <div style="border: 1px solid black; width: 20%; height: 20%; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> </div>	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE GENERAL PHONE NO. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____			
OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	PHONE NUMBER

The action(s) taken on your Application/Benefit are explained below and on Part B, next to the checked box(es) .

SEE PART B FOR FOOD STAMP AND FAIR HEARING INFORMATION.

- APPROVE** your request to transfer to the Child Assistance Program (CAP) effective _____ with assistance as follows:
 Effective _____ you will get a semi-monthly benefit of \$_____
 Effective _____ you will also get a semi monthly payment of \$_____ to pay for Child Care.
 CAP is a voluntary program. You may withdraw from it at any time and reapply for the Family Assistance Program (FA). To come back into to CAP, you must be getting FA benefits and must wait for a period of three (3) months from the date you withdraw from CAP. You may ask for a comparison of CAP benefits and FA benefits at any time.
- DENY** your request to transfer to the Child Assistance Program. You will continue to receive FA benefits until further notice.
- REDUCE** your Child Assistance Program benefit effective _____ from \$_____ to \$_____
- INCREASE** your Child Assistance Program benefit effective _____ from \$_____ to \$_____
- CONTINUE** your Child Assistance Program benefit unchanged at \$_____
 - A RECOUPMENT at the rate of _____ percent (%) is being taken against your public assistance. If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by medical assistance. Your worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If you are getting Family Assistance (FA), and we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. If you are getting Safety Net Assistance (SNA), and we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 15%. The recoupment rate must be at least 5%. This decision is based on Department Regulation 352.31(d). The reason for this recoupment is explained below.
- DISCONTINUE** your Child Assistance Program benefit effective _____.

The **REASON** for this action is _____

The above decision(s) is based on 18 NYCRR _____

MEDICAL ASSISTANCE

- CONTINUE** the medical assistance coverage for (name(s)) _____ unchanged.
- CONTINUE** the medical assistance coverage for (name(s)) _____ pending the receipt of information necessary to decide continued eligibility. Please contact us no later than _____ at _____ so we can tell you the information we need.
- CONTINUE** the medical assistance coverage for (name(s)) _____ pending our review of eligibility. We will send you our decision within thirty days.
- REDUCE** the medical assistance coverage effective _____ for (name(s)) _____ from full coverage to coverage with a SPENDDOWN. Your total gross monthly income is \$_____. Your total monthly deductions are \$_____. The difference between these is your monthly net income for medical assistance. This is \$_____. The allowable income standard for a family household your size is \$_____. The difference between your net income and this standard (\$_____) is your monthly excess income (18 NYCRR 360-4.8). The enclosed letter explains eligibility under the Excess Income Program and Optional Pay-In Program.
- DISCONTINUE** medical assistance for (name(s)) _____ effective _____ because _____

The above decision(s) is based on 18 NYCRR _____

SERVICES - If you are getting social services and lose your public assistance and medical assistance benefits, we will need to see if you still can get social services at your next scheduled recertification. This does not necessarily mean that you will no longer be able to get social services. At your recertification, we will do a redetermination to see if you can continue to get social services. If you have any questions, please contact your services worker or call the general phone number at the top of this notice.

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

Name:	Address:	Case Number:
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- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if you are no longer eligible for Public Assistance or Medical Assistance, you may get information and education about family planning for up to 90 days from the date of your application.
For further information, please contact your Services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this department of any changes in needs, income, resources, living arrangements or address.
- If you are getting public assistance, food stamp benefits, or medical assistance you may be able to get a discount on your phone service. For information on LIFELINE, call Verizon, toll free, at 1-800-555-5000.
- Although you may no longer be able to get Public Assistance, Food Stamp Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.