



**George E. Pataki**  
Governor

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
Commissioner

## Local Commissioners Memorandum

### Section 1

<b>Transmittal:</b>	04-LCM-09
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	July 20, 2004
<b>Subject:</b>	Development of the 2004-2005 NYS HEAP State Plan
<b>Contact Person(s):</b>	Western Regional Team at 1-800-343-8859, extension 8-3350
<b>Attachments:</b>	Notice of Public Hearing Registration Form Draft State Plan Draft State Plan Attachment
<b>Attachment Available On – Line:</b>	All

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18 NYCRR 393	SSL 97	HEAP Manual	

### Section 2

#### I. Purpose

The New York State Office of Temporary and Disability Assistance will conduct two needs assessment public hearings to provide for public input on the development of the 2004-2005 New York State Plan for the Home Energy Assistance Program (HEAP).

#### II. Background

The hearings will be held on the dates and locations listed below:

**New York City** - Friday, July 30, 2004 from 9:00 A.M. to 11:00 A.M.,  
105 West 125<sup>th</sup> Street, New York, New York 10027, 6th Floor, Training Center.

**Albany, New York** - Monday, August 2, 2004 from 11:00 A.M. to 1:00 P.M., 90 State Street, 6th Floor Conference Room, Cornell University Suite, Albany, New York 12207.

If you or a member of your staff is interested in testifying, please refer to the enclosed notice and registration form for details.

Written, faxed or e-mailed comments must be submitted by close of business, August 6, 2004.

Written comments may be mailed to:

Kathleen McMahon  
NYS Office of Temporary and Disability Assistance  
Division of Temporary Assistance  
Western Regional Team  
40 North Pearl Street (Section 11A)  
Albany, NY 12243

Faxed comments may be sent to:

Kathleen McMahon  
Division of Temporary Assistance  
(518) 474-9347  
or  
(518) 474-5281

E-mailed comments may be sent to:

NYSHEAP@dfa.state.ny.us

If you have any questions about the hearings please call Kathleen McMahon at (518) 408-3350.

### **III. Program Implications**

None

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**Issued By**

Name: Richard McElroy

Title: Acting Deputy Commissioner

Division/Office: Division of Temporary Assistance

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
NOTICE OF PUBLIC HEARING  
TO PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE  
NEW YORK STATE PLAN  
FOR THE 2004-2005 HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

In accordance with the Low Income Home Energy Assistance Act of 1981, as amended, the State of New York provides for input on the development of the 2004-2005 New York State Plan for the Home Energy Assistance Program (HEAP).

**PUBLIC HEARINGS:** Public hearings will be conducted at the following locations:

- **New York City**, Friday, July 30, 2004, from 9:00 A.M. to 11:00 A.M.,  
105 West 125<sup>th</sup> Street, New York, New York 10027, 6th Floor, Training Center.
- **Albany, New York**, Monday, August 2, 2004, from 11:00 A.M. to 1:00 P.M.,  
90 State Street, 6th Floor Conference Room, Cornell University Suite,  
Albany, N.Y. 12207.

Individuals/organizations wishing to present their views at these hearings should register by calling 1 (800) 343-8859, extension 3-0332. Persons who have pre-registered will be called upon to speak first. Others will be called in the order in which they register.

Speakers must limit their testimony to five minutes and submit three (3) written copies of their statements.

**COMMENTS:**

Written, faxed or E-Mailed comments on the development of the 2004-2005 New York State Plan for the Home Energy Assistance Program, will be accepted no later than close of business, August 6, 2004.

Written comments should addressed to:

Kathleen McMahan  
NYS Office of Temporary and Disability Assistance  
Division of Temporary Assistance, Western Regional Team  
40 North Pearl Street - 11A  
Albany, New York 12243

Faxed comments should be sent to:

Kathleen McMahan  
(518) 474-9347 or  
(518) 474-5281

E-mailed comments should be sent to: [NYSHEAP@dfa.state.ny.us](mailto:NYSHEAP@dfa.state.ny.us)



**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
PUBLIC HEARING REGISTRATION FORM  
TO PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE  
NEW YORK STATE PLAN  
FOR THE 2004-2005 HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

**New York City**, Friday, July 30 from 9:00 AM. to 11:00 A.M.  
105 West 125<sup>th</sup> Street, New York, New York 10027, 6th Floor, Training Center.

**Albany, New York**, Monday, August 2, 2004, from 11:00 A.M. to 1:00 P.M.,  
90 State Street, 6th Floor Conference Room, Cornell University Suite,  
Albany, New York 12207.

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Persons wishing to present their views at any of these hearings are requested to complete this registration form as soon as possible and mail to:

Kathleen McMahan  
New York State Office of  
Temporary and Disability Assistance  
Western Regional Team  
40 North Pearl Street, Section 11A  
Albany, New York 12243

Telephone: 1 (800) 343-8859  
Extension 3-0332

The reply form may also be faxed to (518) 474-9347 or to (518) 474-5281.

To assure your pre-registration, please respond three days prior to the scheduled hearing date, or call the above number if you have any questions.

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I plan to attend the public hearing in (please check):

\_\_\_\_\_ New York City, New York (July 30, 2004)

\_\_\_\_\_ Albany, New York (August 2, 2004)

I plan to make a public statement at the hearing. I will limit my statement to a maximum of five minutes and I will provide three copies of my prepared statement.

**STATEMENTS SHOULD BE LIMITED TO COMMENTS ON THE DEVELOPMENT OF THE  
NEW YORK STATE PLAN FOR THE 2004-2005 HOME ENERGY ASSISTANCE PROGRAM  
(HEAP).**

**NOTE:** There will not be any photocopying facilities available at the hearing.

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TITLE \_\_\_\_\_

AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_