



# HOME ENERGY ASSISTANCE PROGRAM (HEAP)

## COOLING ASSISTANCE

### NOTICE OF ELIGIBILITY DECISION

NOTICE DATE		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 5px; left: 5px; border: 1px solid black; width: 40px; height: 40px;"></div> <div style="position: absolute; bottom: 5px; right: 5px; border: 1px solid black; width: 40px; height: 40px;"></div> </div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR    Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance Information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

#### THE FOLLOWING ACTION HAS BEEN TAKEN ON YOUR APPLICATION FOR A HEAP COOLING BENEFIT

#### APPROVED

- ☐ Your household has been **approved** for a Cooling Benefit in the amount of \_\_\_\_\_.
- This benefit has been provided directly to your Cooling initiative vendor:
- Name of company: \_\_\_\_\_
- Account number: \_\_\_\_\_
- This is a one-time benefit for the purchase and installation of an air conditioner.
- ☐ Your household has been determined eligible for a cooling benefit **but** we are unable to provide a benefit at this time due to a lack of federal funds for this component. If additional cooling funds become available and a benefit will be issued to you, you will be notified of the benefit amount.

#### DENIED

- ☐ Your household is **not eligible** for a cooling benefit because:
- ☐ Your household's gross monthly income of \$\_\_\_\_\_ is over the cooling income guideline of \$\_\_\_\_\_ for your household size of \_\_\_\_\_.
  - ☐ Your household does not contain an individual that has a medical condition that is worsened by heat.
  - ☐ You failed to provide the following information: \_\_\_\_\_
  - ☐ You failed to sign the application.  
If you apply again, you must complete a new application, sign it and provide all required information, including the information listed above.
  - ☐ Your application was received after the Cooling Component closing date.
  - ☐ Your household has received all of the cooling benefits for which you are eligible.
  - ☐ Other: \_\_\_\_\_

This decision is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current New York State HEAP State Plan. The State Plan is available online at the New York State Office of Temporary and Disability Assistance website at: <http://otda.ny.gov/programs/heap/>.

**BE SURE TO READ THE SECOND PAGE OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.**

**DISTRIBUTION:**      **White – Client/Fair Hearing Copy**

**Yellow – Client Copy**

**Pink – Agency Copy**

**INFORMATION SECTION**

You may be eligible for food assistance. Check your eligibility and apply for SNAP at <https://www.mybenefits.ny.gov/>.

**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** – You have 60 days from the date of this notice to ask for a fair hearing.

**HOW TO ASK FOR A FAIR HEARING:** You can request a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this *completed* notice to:

**New York State Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
P.O. Box 1930  
Albany, New York 12201**

Please keep a copy for yourself.

- ☐ I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

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**Signature of Client** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**To request a Fair Hearing, by telephone, you can call, toll-free:  
1-800-342-3334**

**Fax:** Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

**Online:** Complete an online request form at: <http://otda.ny.gov/oah/>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.