

## NOTIFICATION OF DECISION ON A CONTINUATION OF WAIVER TO ALLOW A TEMPORARY DELAY IN TEMPORARY ASSISTANCE REQUIREMENT(S) (TIMELY AND ADEQUATE)

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

This is to tell you our decision about continuing a temporary waiver (delay) of certain temporary assistance program requirement(s).

**Waiver Continuation Approved:** You have been approved for a continuation of a temporary waiver from the following program requirement(s). At the end of the waiver period, your waiver will end and you will be required to comply with all requirement(s) unless you contact your liaison or worker prior to the waiver end date noted below.

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Child Support Enforcement            | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Employment/Work Activities           | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Drug or Alcohol Assessment/Treatment | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Minor Parent Eligibility             | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Time Limits                          | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Alien Deeming                        | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Spousal Support                      | Waiver approved from _____ to _____ |
| <input type="checkbox"/> Property Lien                        | Waiver approved from _____ to _____ |

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This decision is based on Department Regulation 351.2(l).

**Waiver Continuation Denied:** Your request for a continuation of the temporary waiver from the following program requirement(s) has been reviewed and the agency has found you no longer meet the criteria for a waiver. Therefore, your request to continue your waiver has been denied. The reason for this decision is noted below. If a child support enforcement waiver is not being continued, you may still claim good cause. You will need to discuss a good cause claim with your temporary assistance worker.

Because a continuation has been denied, your waiver will end on \_\_\_\_\_

- Child Support Enforcement
- Employment/work Activities
- Drug or Alcohol Assessment/Treatment
- Minor Parent Eligibility
- Time Limits
- Alien Deeming
- Spousal Support
- Property Lien

Reason for denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This decision is based on Department Regulation 351.2(l).

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION  
 BE SURE TO READ THE FOLLOWING INFORMATION ON HOW TO APPEAL THIS DECISION**

NAME:	ADDRESS:	CASE NUMBER:
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**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision is wrong, you can ask for a review of our decision. You may request either or both of the following:

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

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

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.

If you only ask for a meeting with us and do not request a fair hearing, the waiver continuation decision on this notice will remain in effect and you will be required to comply with any requirement(s) for which a waiver continuation was denied.

2. **STATE FAIR HEARING** – YOU HAVE **60 DAYS** FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING:

**CONTINUING YOUR BENEFITS:** If you request a fair hearing by the date that the waiver(s) end, you will not have to comply with the requirement(s) for which a waiver continuation was denied unless and until a fair hearing decision is issued.

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

**Mail:** Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice 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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**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**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://www.otda.state.ny.us/oah/forms.asp>.

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.