

## Home Energy Assistance Program Notice Of Eligibility Decision - Approval

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: 100px; height: 100px; margin: auto;"></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.

**ACTION TAKEN: Your Household Has Been Approved For The Following Home Energy Assistance Program (HEAP) Benefits:**

- Regular HEAP Benefits. Amount \$ \_\_\_\_\_ .
  - Heater  
Your type of fuel is \_\_\_\_\_.
  - Your income is \$ \_\_\_\_\_. This puts you in  Tier 1  Tier 2.
  - You have a vulnerable  Yes  No
  - Heat Included. Your income is \$ \_\_\_\_\_. This puts you in  Tier 1  Tier 2.
  - You reside in subsidized housing or a congregate care facility and have been determined to incur minimal indirect costs for heating.
  - Your household has been authorized for a HEAP supplemental benefit.

This benefit is a one-time supplement to assist you in meeting your annual heating costs or as a supplement to your indirect energy costs because you pay rent which includes heating costs. If you pay a vendor directly for heat or utilities, this payment is not intended to replace your personal payments and you must continue to pay your bills.
- Emergency HEAP Benefits of:
  - \$ \_\_\_\_\_ to prevent shut off or restore natural gas or electric service to heat your home or to operate your primary heating equipment.
  - \$ \_\_\_\_\_ to obtain non-utility fuel for heating.
  - \$ \_\_\_\_\_ to repair or replace primary heating equipment.
  - \$ \_\_\_\_\_ to provide temporary relocation or to \_\_\_\_\_.
  - \$ \_\_\_\_\_ a propane deposit to obtain a new vendor.
- You have been determined eligible for HEAP benefits but we are unable to provide a benefit at this time due to a lack of federal funds. If federal funds become available and a benefit will be issued, you will be notified of your benefit amount.

**BENEFITS ISSUANCE:**

YOUR BENEFIT(S) WILL BE PROVIDED AS CHECKED BELOW.

**PLEASE NOTE:** BENEFITS WILL NOT BE ISSUED BEFORE PROGRAM OPENING AND NOT UNTIL FEDERAL FUNDS ARE AVAILABLE.

- Your benefit will be sent directly to \_\_\_\_\_ for account number \_\_\_\_\_.  
Allow at least 90 days for your vendor to credit your account. Credits will not be cashed out.
  - Your benefit will be issued to you electronically since you are in receipt of Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance. Please see the information section of the reverse side of this form on how to access your HEAP benefit.
  - Your benefit will be issued as a check to you.
  - Your benefit will be issued as a two party check and will be mailed  to you  to your vendor \_\_\_\_\_. The check must be signed by both you and your vendor and will be applied to your account. No cash refunds are permitted.
- Please Note:** Checks that expire may only be reissued if the request is made by September 30<sup>th</sup> of the HEAP program year for which the benefit was issued.

**BENEFITS CALCULATIONS:**

HOW HEAP BENEFITS ARE CALCULATED.

If your heat is included in your rent, your regular benefit is based on your household's gross monthly income.

If you pay for heat directly, your regular benefit is based on the following factors:

- Your household's gross monthly income
- The presence of an individual who is under age 6, age 60 or over, or disabled
- Primary heating source type

Emergency benefits are calculated based on the following factors:

- The type of emergency situation
- The number of people in your household
- Your household's gross monthly income and income level
- Primary heating source type

If you would like to know how your specific benefit has been calculated, please contact the agency listed above.

**This decision is based on New York Social Services Law § 97, 18 N.Y.C.R.R. Part 393, and the current NYS 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/>.**

**INFORMATION SECTION**

**HEAT INCLUDED BENEFIT ISSUED ON AN EBT CARD:** Your benefit may be issued electronically if you are in receipt of Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance (TA). You can access your benefit using your EBT (Electronic Benefit Transfer) card and PIN number. You will receive your benefit when you access your cash account AFTER the HEAP funds become available. You may check your cash account balance, your case status, and amount of the benefit online at [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov). To create your account, you will need your CIN number, which is on this notice; case number; your county of residence; and your date of birth. You may also check your cash account balance by calling, toll-free, 1-888-328-6399. The HEAP benefit will automatically expire 90 days from the date of issuance and can only be re-issued if the request is made by September 30<sup>th</sup> of the HEAP program year for which the benefit was issued.

**HEATER BENEFITS:** Any HEAP benefit you are eligible for is paid directly to your vendor. Funds remain on your account until used up. Funds paid directly to a vendor not expended within 24 months of receipt by your vendor will be returned to NYS and will not be re-issued or cashed out. HEAP funds will not be cashed to you for any reason. Your benefit is for your household's use only. Unspent funds are not issued to estates. Fuel purchased with HEAP funds may not be resold. Vendor funds may be re-issued to another vendor if you change vendors.

You may be referred for weatherization assistance or to your utility company's low income program. You may be contacted by the weatherization provider and/or your utility company about these services. You are not obligated to accept these services.

You may also 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.

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.
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.)

\_\_\_\_\_  
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.