

GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

March 14, 2014

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TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA and SNAP Directors,
HEAP Coordinators

FROM: Phyllis D. Morris, Deputy Commissioner
Center for Employment and Economic Supports

SUBJECT: Supplemental HEAP Payments

EFFECTIVE DATE: Immediately

CONTACT PERSON: HEAP Bureau at 1(800) 343-8859, extension 3-0332

The purpose of this GIS message is to inform Social Services Districts (SSDs) that the Office of Temporary and Disability Assistance (OTDA) will issue supplemental Home Energy Assistance Program (HEAP) benefits to recipients in certain eligible living situations and who received a 2013-2014 regular benefit in the amount of \$1.00, \$20.00 or \$25.00.

A mass authorization will begin on the evening of Friday, March 14, 2014, and will continue until all eligible cases are processed. Active TA, SNAP and HEAP (case types 11, 12, 16, 17, 31 and 60) that received a 2013-14 HEAP benefit of \$1.00 will receive a \$20.00 supplement, cases that received a 2013-14 HEAP benefit of \$20.00 will receive a \$10.00 supplement and cases that received a 2013-14 HEAP benefit of \$25.00 will also receive a \$10.00 supplement.

Cases that received a 2013-14 HEAP payment of \$1.00, \$20.00 or \$25.00 that are no longer active will not receive the supplemental benefit. If these households request a supplemental HEAP benefit payment, the SSD should complete the attached "Request for Supplement HEAP Benefit".

A Request form must be completed when a case containing the HX or H1 regular benefit payment is closed and there is no active SNAP, Temporary Assistance, or HEAP case.

If the recipient has moved to another county and does not have an active HEAP, TA or SNAP case in that county, the applicant must complete the non-income portions of the HEAP application (LDSS-3421) in the new county of residence. The LDSS of the new county of residence should open a HEAP case to issue the supplement.

The individual who was the applicant/payee (relationship code 01) on the case when the H1 or HX payment was issued must contact the district and request the supplement.

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Supplement Denial Notices and Reasons

A manual denial notice must be sent when a "Request for Supplement HEAP Benefit" form is completed or a HEAP application has been submitted and it is determined that the recipient is not eligible for the supplement.

Districts must issue the manual Notice of Eligibility Decision - Denial form (LDSS 3494B). This form is available via LDDS E-forms and may be ordered via the regular forms ordering process. The form is also available on Intelligent Auto-Fill (IAF).

The notice must be completed by checking the box for "Regular HEAP Benefits" and adding "Request for Supplement HEAP Benefit" in the space next to it.

When the District has determined that the recipient is not eligible for this supplement, one of the following appropriate denial reasons should be used. Either check off the third box which reads, "you live in an ineligible living situation" or check off the "other" box and add "you did not receive a 2013-14 regular benefit in the amount of \$1, \$20, or \$25."

If you have any additional questions regarding the eligibility criteria for this supplement, please contact the Office of Temporary and Disability Assistance HEAP Bureau.

Systems Implications

Please refer to our Dear WMS/CNS Coordinator letter dated March 12, 2014, for Systems implications.

Please note: Effective March 16, 2014, an ABEL logic migration will change the benefit amount for three different HEAP "Renter's Benefits Received" Benefit Types ('D-Dollar', 'X-Tier I' and 'W-Tier II') for all HEAP budgets stored on or after this date, and with a budget FROM date of 10/1/2013 or later. Displayed benefit changes are as follows:

- 'D': \$21.00
- 'X': \$35.00
- 'W': \$30.00

**2013-14 HOME ENERGY ASSISTANCE PROGRAM
REQUEST FOR SUPPLEMENTAL HEAP BENEFIT (J9)**

DATE OF REQUEST _____

CASE NUMBER _____

DOB _____

SSN _____

RECIPIENT NAME _____

ADDRESS _____

CONTACT NUMBER _____

NOTE: The recipient must currently be a NYS resident and must currently be residing in the dwelling/housing type for which assistance is provided. See the HEAP Manual for temporary absence exceptions.

RECIPIENT RECEIVED A 2013-14 REGULAR BENEFIT IN THE AMOUNT OF \$1, \$20, OR \$25:

COUNTY NAME _____

WORKER _____

DATE _____

SUPERVISOR _____

DATE _____